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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE MEASURES	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00105541	U30CS09742
	Project Period	09/01/2011 - 06/30/2014

Core Function: National Grantee Satisfaction

Performance Measure: Overall T/TA Grantee Satisfaction			
Target Goal Description	In response to the HRSA/BPHC Grantee Satisfaction Survey question "On a scale from 1 to 10, where 1 is Poor and 10 is Excellent, please rate the overall T/TA services provided by the NCA", average score will increase from 82 in 2010 to 85 in 2014.		
Numerator Description	Cumulative ratings of survey respondents		
Denominator Description	Number of respondents		
Baseline Data	Baseline Year: 2010 Measure Type: Ratio Numerator: 82.00 Denominator: 100.00 Calculated Baseline: 0.82 (Ratio)	Projected Data (by End of Project Period)	0.85 (Ratio)
Data Source & Methodology	Baseline is from 2010 HRSA/BPHC Grantee Satisfaction Survey; subsequent measurements will be from future annual HRSA/BPHC Grantee Satisfaction Surveys.		
Progress Towards Goal	Quantitative: 82.00 (Ratio)		
	Qualitative: As indicated in the 2011 Performance Measures. MCN also provides opportunity for participants of MCN T/TA to give feedback about their experience. "On a scale from 1 to 10, where 1 means Not Very Helpful and 10 means Very Helpful, please rate the overall T/TA services provided by the NCA", participants of MCN training report overall satisfaction at 9.09		
Comments			

Core Function: Program Requirements T/TA

Performance Measure: Helpfulness of NCA T/TA services in assisting Health Centers to successfully meet Health Center Program requirements.			
Target Goal Description	In response to the HRSA/BPHC Grantee Satisfaction Survey question "On a scale from 1 to 10, where 1 means Not Very Helpful and 10 means Very Helpful, how helpful are the NCA T/TA services in assisting Health Centers to successfully meet Health Center Program requirements?", average score will increase from 82 in 2010 to 85 in 2014.		
Numerator Description	Cumulative ratings of survey respondents		
Denominator Description	Number of respondents		
Baseline Data	Baseline Year: 2010 Measure Type: Ratio Numerator: 82.00 Denominator: 100.00 Calculated Baseline: 0.82 (Ratio)	Projected Data (by End of Project Period)	0.85 (Ratio)
Data Source & Methodology	Baseline is from 2010 HRSA/BPHC Grantee Satisfaction Survey; subsequent measurements will be from future annual HRSA/BPHC Grantee Satisfaction Surveys.		
Progress Towards Goal	Quantitative: 82.00 (Ratio)		
	Qualitative: As indicated in the 2011 Performance Measures.		

Comments	

Performance Measure: Number of T/TA presentations performed by MCN			
Target Goal Description	By the end of 2014 the number of presentations performed by MCN will increase from the 2010 baseline of 119 per year to at least 145 per year—representing at least a 5% increase each year.		
Numerator Description	Number of MCN presentations performed in a 12 month period starting September 2011		
Denominator Description	Number of MCN presentations performed in a 12 month period starting September 2010		
Baseline Data	Baseline Year: 2010 Measure Type: Percentage Numerator: 119.00 Denominator: 119.00 Calculated Baseline: 100.00%	Projected Data (by End of Project Period)	115.00%
Data Source & Methodology	Quarterly queries to MCN TA Database		
Progress Towards Goal	Quantitative: 141.00 %		
	Qualitative: MCN conducted 168 presentation during this project year.		
Comments	Changed Reporting time frame from September to July starting with July 1st 2012		

Core Function: Performance Improvement T/TA

Performance Measure: Helpfulness of NCA T/TA services in enhancing the performance and operations of Health Centers.			
Target Goal Description	In response to the HRSA/BPHC Grantee Satisfaction Survey question "On a scale from 1 to 10, where 1 means Not Very Helpful and 10 means Very Helpful, how helpful are the NCA T/TA services in enhancing the performance and operations of Health Centers?", average score will increase from 82 in 2010 to 85 in 2014.		
Numerator Description	Cumulative ratings of survey respondents		
Denominator Description	Number of respondents		
Baseline Data	Baseline Year: 2010 Measure Type: Ratio Numerator: 82.00 Denominator: 100.00 Calculated Baseline: 0.82 (Ratio)	Projected Data (by End of Project Period)	0.85 (Ratio)
Data Source & Methodology	Baseline is from 2010 HRSA/BPHC Grantee Satisfaction Survey; subsequent measurements will be from future annual HRSA/BPHC Grantee Satisfaction Surveys.		
Progress Towards Goal	Quantitative: 82.00 (Ratio)		
	Qualitative: As indicated in the 2011 Performance Measures report.		
Comments			

Performance Measure: Percentage of births less than 2,500 grams to Health Network participants	
Target Goal Description	The percentage of births less than 2,500 grams to Health Network participants will be maintained through the project period at the 2010 level of 3.7%.

Numerator Description	Women in the "Universe" whose child weighed less than 2,500 grams during the measurement year, regardless of who did the delivery		
Denominator Description	(Universe): Total number of live births for all women who received Health Network prenatal services during the measurement year regardless of who did the delivery		
Baseline Data	Baseline Year: 2010 Measure Type: Percentage Numerator: 3.70 Denominator: 100.00 Calculated Baseline: 3.70%	Projected Data (by End of Project Period)	3.70%
Data Source & Methodology	Health Network electronic database; percent of births to Health Network participants during measurement year with infants weighing <2500 gms		
Progress Towards Goal	Quantitative: 2.90 %		
	Qualitative: Health Network electronic database; 2012 percent of births to Health Network participants during measurement year with infants weighing <2500 gms		
Comments	The 2010 baseline percentage has been adjusted to reflect corrected data. Percentage of births less than 2,500 grams to Health Network participants from 2006-2012 is 4.6%. The National LBW rate for 2011 is 8.3%, the HRSA LBW rate for 2011 is 7.4% and the Healthy People 2020 goal is 7.8%.		

Core Function: Program Development/Analysis T/TA

Performance Measure: Helpfulness of NCA T/TA services in supporting the Program Development/Analysis of Health Centers.			
Target Goal Description	The HRSA/BPHC Grantee Satisfaction Survey question "On a scale from 1 to 10, where 1 means Not Very Helpful and 10 means Very Helpful, how helpful are the NCA T/TA services in supporting the Program Development/Analysis of Health Centers?" has not previously been assessed; MCN's preliminary goal will be to determine a baseline in 2011 and subsequently will determine a realistic improvement goal for the remainder of the project period.		
Numerator Description	Cumulative ratings of survey respondents		
Denominator Description	Number of respondents		
Baseline Data	Baseline Year: 2011 Measure Type: Ratio Numerator: 8.00 Denominator: 10.00 Calculated Baseline: 0.80 (Ratio)	Projected Data (by End of Project Period)	0.85 (Ratio)
Data Source & Methodology	Evaluation of TA recipients as well as Training evaluations.		
Progress Towards Goal	Quantitative: 0.83 (Ratio)		
	Qualitative: MCN provides opportunity for participants of MCN T/TA to give feedback about their experience. "On a scale from 1 to 10, where 1 means Not Very Helpful and 10 means Very Helpful, how helpful are the NCA T/TA services in supporting the Program Development/Analysis of Health Centers?", participants of MCN training report 8.35		
Comments			

Performance Measure: Number of TA encounters performed by MCN			
Target Goal Description	By the end of 2014 MCN will consistently perform at least 6,000 TA encounters per quarter, compared to the baseline of 4,064 per quarter in 2010		
Numerator Description	Number of encounters per quarter starting in September 2011		
Denominator Description	Number of encounters per quarter starting September 2010		
Baseline Data	Baseline Year: 2010 Measure Type: Percentage Numerator: 4064.00	Projected Data (by End of Project Period)	148.00%

	Denominator: 4064.00 Calculated Baseline: 100.00%		
Data Source & Methodology	Quarterly queries to MCN TA Database and Health Network Database		
Progress Towards Goal	Quantitative: 149.00 %		
	Qualitative: MCN responded to 24,276 (6069 per quarter) technical assistance encounters during this project period.		
Comments			
Performance Measure: Number of unique visits to MCN's website			
Target Goal Description	By the end of 2014 MCN's unique website visits will increase from the 2010 baseline of 467,000 per year to at least 506,600—representing at least a 10% increase each year.		
Numerator Description	Number of unique website visits in 12 months starting September 2011		
Denominator Description	Number of unique website visits in 12 months starting September 2010		
Baseline Data	Baseline Year: 2010 Measure Type: Percentage Numerator: 467000.00 Denominator: 467000.00 Calculated Baseline: 100.00%	Projected Data (by End of Project Period)	110.00%
Data Source & Methodology	MCN's website utilization data retrieved quarterly		
Progress Towards Goal	Quantitative: 122.00 %		
	Qualitative: MCN had 571,633 unique website hits in 2012		
Comments	Changed Reporting time frame from September to July starting with July 1st 2012		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PROJECT WORK PLAN	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
	00105541	U30CS09742

Section A - Training and Assistance in Fiscal and Program Management (Program Requirements)	
Target Audience	Health Centers Serving Special Populations
Goal A1: Provide national, state and local-level training to health centers and other safety net programs on the unique features of special populations and the programs that serve them.	
Justification Comments	Not Applicable
Objective A1.1: Develop and provide a CEU accredited orientation to migrant health for MHC clinical leaders and frontline clinicians.	

Progress Report: MCN has completed the development of a 7 module orientation to Migrant Health for clinicians on program requirements, performance improvement, special population characteristics, meaningful use, and PCMH applications for MSFWs. All modules have been accredited for CEU for Physicians, Nurses and Health Educators. The first 3 of 7 webinars have been completed and the remaining webinars are scheduled for May 15, June 12, July 17 and August 14, 2013. Five hundred eighteen (518) clinicians participated in the first three webinars; Critical Issues in Migration Health, Cultural Proficiency in the Context of Migration, The Intersection of Primary Care and Migration Health with more than 83% of participants indicating that they can apply this knowledge, tools and resources to their practice.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Develop accredited migrant health orientation for clinicians on program requirements, performance improvement, special population characteristics, meaningful use, and PCMH applications for MSFWs. (Hide) 2. Pilot test Orientation to Migrant Health Curriculum in 1 MHC with a minimum of 5 clinicians. (Hide) 3. Package for use as a comprehensive orientation (Hide) 4. Accredited for Physicians, nurses and health educators (Hide) 5. Present Orientation to Migrant Health Curriculum as a series of 7 CEU accredited webinars with accompanying online resources. (Hide)	1. A completed clinical Orientation to Migrant Health curriculum for use in-person as well as online. (Hide) 2. Pilot tested curriculum revised based on participant feedback. (Hide) 3. Comprehensive Orientation to migrant health bundled into (7) sections (Hide) 4. Submitted for Physician, nurse and health educator Accreditation (Hide) 5. For 50% of test questions there will be a demonstrated 25% increase in knowledge. At least 80% of participants will indicate that they can apply this knowledge, tools or resources to their practice. (Hide)	1. • Documented peer review (Hide) 2. • Participant evaluations (Hide) 3. • Documented design review (Hide) 4. • Accredited orientation (Hide) 5. • # of trainings given • # of participants • Participant evaluations • Pre/post test data (Hide)	1. Jennie McLaurin, Jillian Hopewell, Candace Kugel, Ed Zuroweste, Deliana Garcia and Karen Mountain (Hide) 2. Jennie McLaurin, Jillian Hopewell and Karen Mountain (Hide) 3. Jillian Hopewell and Jennifer Sanne (Hide) 4. Jillian Hopewell and Erin Sinclair (Hide) 5. Jillian Hopewell, Jennie McLaurin, Ed Zuroweste, Candace Kugel, and Karen Mountain (Hide)	Activity 1 March 2012, Activity 2 June 2012, Activity 3 September 2013, Activity 4 August 2012, Activity 5 beginning September 2012 through June 2014	Revised curriculum includes an additional module to provide appropriate time to fully cover topic. Packaging of all 7 modules into a comprehensive orientation to migrant health will be completed by September 2013.

Objective A1.2: Provide Clinical Fundamentals training to new and existing clinicians of C/MHCs on program requirements, quality improvement, PCMH, special populations' needs, leadership responsibilities, and career development.

Progress Report: Pilot test of CMO training completed and reported on in previous grant period. Based on feedback from "CMO Orientation" pilot, MCN revised the curriculum to include quality improvement and PCMH and renamed curriculum "Clinical Fundamentals". The new revised curriculum is expanded to include all new and existing clinicians.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Create and implement training modules on Clinical Fundamentals for new and existing Clinicians. (Hide) 2. Pilot test CMO Orientation in 1 MHC. (Hide) 3. Conduct 4 Clinical	1. Six (6) completed peer reviewed Clinical Fundamentals module developed (Hide) 2. At least 1000 individuals will participate in at	1. Documented peer review (Hide) 2. MCN TA Registry 3. Participant evaluations (Hide) 4. • # of trainings given • # of	1. Jennie McLaurin, Jillian Hopewell, Ed Zuroweste (Hide) 2. Jennie McLaurin, Jillian Hopewell, Ed Zuroweste (Hide) 3. Jennie	Activity 1 June 2014, Activity 2 July 2012, Activity 3 October 2013- June 2014,	Changed Chief Medical Officer training to Clinical Fundamentals training and expanded audience to include more clinicians. Added

<p>Fundamentals webinars. (Hide)</p>	<p>least one webinar from the series. (Hide) 3. Pilot tested curriculum revised based on participant feedback. (Hide) 4. For 50% of test questions there will be a demonstrated 25% increase in knowledge. At least 80% of participants will indicate that they can apply this knowledge, tools or resources to their practice. (Hide)</p>	<p>participants</p> <ul style="list-style-type: none"> Participant evaluations Pre/post test data (Hide) 	<p>McLaurin and Ed Zuroweste (Hide) 4. Jennie McLaurin and Ed Zuroweste (Hide)</p>	<p>the following additional elements; quality improvement and patient centered medical home based on feedback from pilot. Also added one additional webinar to replace peer-reviewed non-Streamline journal article (see C3.1) Due dates for activity 1 and 3 adjusted to accommodate changes in curriculum and expanded audience.</p>
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Objective A1.3: Provide specialized TA mentoring to new clinician leaders.

Progress Report: MCN contacted all Newly funded MHC's and provided follow up phone calls to introduce MCN and services of the Farmworker Health Network as well as gather information about the Health Center and it's needs. MCN Provided an orientation to migrant health, CHCs, and a discussion on developing community-based programs for at risk youth with Dr. Sue Lee, pediatrician at the Pamlico site of Greene County (new site). MCN also provided one-on-one mentoring and consultation with the Chief Medical Officer at the Kalihi-Palama Health Center. This activity is ongoing.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. MCN will respond to T/TA needs of new clinician leaders with mentoring that includes site visits to at least two new start C/MHCs to assist incorporation of training concepts (Hide)</p>	<p>1. Participants will report a satisfaction level of 80% or higher. (Hide) 2. At least 80% of participants will indicate that they can apply this knowledge, tools or resources to their daily practice. (Hide)</p>	<p>1. • # site visits</p> <ul style="list-style-type: none"> Participant evaluations TA Registry (Hide) 	<p>1. Jennie McLaurin, Ed Zuroweste and Karen Mountain (Hide)</p>	<p>September 2012 -June 2014</p>	<p>Change Time Frame "end date" from September 2014 to June 2014 - Activity on track for completion.</p>

Objective A1.4: Collaborate with the Primary Care Associations to disseminate an orientation to migrant health for clinical leaders and frontline clinicians.

Progress Report: MCN shared information regarding the following introduction to the "Clinician Orientation to Migration Health"; A series of 7 webinars for C/MHC through State and Regional PCA's 1. Overview of Critical Concerns in Migration Health - Feb 13, 2013 2. Cultural Proficiency in the Context of Migration Health - Mar13, 2013 3. The Intersection of Primary Care and Migration Health - Apr 17, 2013 4. Workers and Health: How Frontline Providers Make a Difference in the Protection of Migrant Workers and Their Families - May 15, 2013 5. Creating a Patient Centered Medical Home for Patients on the Move - Jun 12, 2013 6. Women's Health at the Intersection of Migration and Health - Jul 17, 2013 7. Quality and Meaningful Use in Migration Care - Aug 14, 2013 The following PCAs have disseminated information regarding the webinar series to their constituencies; Iowa PCA, Kansas Association for the Medically Underserved, California Primary Care Association, New Mexico Primary Care Association, Arkansas Primary Care Association, Puerto Rico Primary Health Care Association. On track for completion

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Share seven webinars described in A1.1 with State and Regional PCAs to</p>	<p>1. Webinars disseminated to a minimum of 100 PCA participants.</p>	<p>1. • # of PCA participants</p> <ul style="list-style-type: none"> Participant 	<p>1. Jillian Hopewell and Jennifer Sanne (Hide)</p>	<p>November 2012 -February 2014</p>	<p>Expanded activity from six to seven webinars to</p>

provide National Health Service Corps clinicians and medical students with a comprehensive clinical orientation to migrant health (Hide)	(Hide) 2. Participants will report a satisfaction level of 80% or higher. (Hide)	evaluations (Hide)		allow time to adequately discuss each topic.
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Objective A1.5: Collaborate with FHN partners to provide timely and appropriate orientation to migrant health grantees.

Progress Report: MCN collaborated with FHN partners to schedule MH101 for all the Regional Migrant Health Conferences. MCN also provided documentation and CEU's for participants of the 22nd Annual Midwest Stream Farmworker Health Forum and dispensed Certificates.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Jointly collaborate with FHN to schedule a total of 9 Migrant Health 101 workshops designed for a multi-disciplinary audience at Regional Migrant Health Conferences (1 workshops given each year). (Hide)	1. 10% of Stream Forum attendees will attend the session. (Hide) 2. Participants will report a satisfaction level of 80% or higher. (Hide)	1. • # of participants • Participant evaluations (Hide)	1. Karen Mountain, Deliana Garcia and Candace Kugel with all FHN members collaborating (Hide)	October 2011- February 2014	Changed wording from "provide" to "collaborate with FHN to" and changed "3 workshops given each year" to "1 workshop given each year" to more accurately reflect work effort and to allow for full FHN participation in the presentation of the MH 101.

Objective A1.6: Collaborate with FJ to promote the clinician role and involvement in policy relevant to migrant health.

Progress Report: MCN jointly organized and facilitated 2 conference sessions reported on in the previous reporting period. We are on track to complete a 3rd conference session added to replace peer-review of non-Streamline journal article (see C3.1) and one (1) Streamline Article (C4.5) MCN also reviewed guides for the following topics and distributed them in the Oct/Dec 2011 Streamline: WPS, Field Sanitation, FIFRA, FQPA. An update to previously developed workers' comp materials are being prepared for MCN to review. We are on track for completion by the end of the project period.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Jointly organize and facilitate a total of 3 conference sessions with FJ with conference materials posted online for greater access. (Hide) 2. Review guides and fact sheets developed by FJ for C/MHCs on developments in federal and state policies affecting MSFWs' physical & mental health and the provision of healthcare to FW communities (Hide) 3. Disseminate information about guides and fact sheets developed by FJ for C/MHC professional staff. (Hide)	1. Participants will report a satisfaction level of 80% or higher. (Hide) 2. 100% of submitted FJ materials are reviewed for relevance to a clinical audience. (Hide) 3. 100% of MHCs will receive information about how to access available resources. (Hide)	1. • # of participants • Participant evaluations (Hide) 2. • Documented peer review of FJ guides and fact sheets. (Hide) 3. • # of resources distributed • Website distribution #s (Hide)	1. Amy Liebman and Jillian Hopewell (Hide) 2. Amy Liebman, Ed Zuroweste and Jennie McLaurin (Hide) 3. Jillian Hopewell, Jennifer Sanne, Amy Liebman (Hide)	Activity 1 September 2011 -June 2014, Activity 2 September 2011 -June 2014, Activity 3 September 2011 -June 2014	Change Time Frame "end date" from August 2014 to June 2014 - Added a 3rd conference session to replace peer-review of non-Streamline journal article. (see C3.1) and one (1) FJ Streamline Article (C4.5) based on identified need. All activities on track for completion.

Objective A1.7: Expand our resources to provide technical assistance and training to MHCs through bringing in additional funding from sources outside of BPHC

Progress Report: MCN has identified and responded to opportunities to increase resources, staffing and partnerships to bring additional funding from outside the BPHC. MCN has increased the ability to respond and to maximize the dissemination of MCN solutions and resources by 8% and is on track to increase to 10% by the end of the project period. Below are a few examples of this effort: MCN responded to a Wal-Mart Foundation grant proposal from American Cancer Society to increase colorectal cancer screening rates among Hispanic populations in the High Plains region of the US. MCN choose Vida Y Salud in Crystal City, TX as the partner to pilot a colorectal screening effort. We also met with the Angelina Esparza, Director of Health Equity, American Cancer Society and Suncerria Tillis, Director, Prevention and Disparities Reduction, High Plains division of the American Cancer Society to discuss a formal National collaboration to benefit M/CHCs. MCN collaborated with Migrant Health Promotion (MHP) for a future DV project through the RWJ Forward Promise competition. MHP signed an MOU to be a site if selected to compete by RWJ. MCN provided Letters of Support for Virginia Ruiz with Farmworker Justice to serve on Pesticide Program Dialogue Committee and for Earl Dotter in support of a Guggenheim Fellowship.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Identify and respond to opportunities to increase resources, staffing and partnerships (Hide)	1. A 10% increase in the ability to respond and to maximize the dissemination of MCN solutions and resources (Hide)	1. • % increase in resources leveraged (Hide)	1. Del Garcia, Theresa Lyons, Elaine Penn, Jillian Hopewell, Jennie McLaurin, (Hide)	July 2012 – June 2014	

Objective A1.8: Provide prompt clinical expertise to the BPHC in response to both ongoing and emerging issues

Progress Report: MCN provided prompt clinical expertise to the BPHC in response to both ongoing and emerging issues. The following examples include: Jul 2012 - MCN provided update on MCN HIV/AIDS activities. Aug 2012 - MCN responded to request regarding heat stress and to a request for information on "mixed immigration status families". Sept 2012 - MCN provided updated information on MCN's environmental justice activities for the period from 07/01/2011 to 06/30/2014. Oct 2012 - MCN responded to request from BPHC for a list of MCN's webinars/trainings from 1/1/2012 to 10/10/2012 and activities on cultural/linguistic competency and health literacy resources from 9/1/2011 to 10/30/2012. MCN also reviewed a Multistate Meningitis Outbreak publication and posted to MCN's website. Nov 2012 MCN responded to the BPHC regarding a request for Viral Hepatitis information and to Rachel Yalowich with National Academy for State Health Policy regarding clinical expertise in improving cervical cancer screenings.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Monitor and respond to BPHC TA requests, ongoing reporting requirements, and special needs (Hide)	1. Provide exemplary responses to 100% of requests (Hide)	1. • Monthly reports • Monthly updates with project officer • Monthly TA logs • Semiannual reports • Formal and informal satisfaction interviews with BPHC staff (Hide)	1. Karen Mountain, Theresa Lyons, Jennie McLaurin, Jillian Hopewell, Ed Zuroweste (Hide)	July 2012- June 2014	

Goal A2: Provide assistance to special population grantees on how to maximize special population consumer involvement in health center governance.

Justification Comments | Not Applicable

Objective A2.1: Provide T/TA to MHC clinicians on strategies to maximize MSFW involvement in health center governance.

Progress Report: MCN provided T/TA to MHC clinicians on strategies to maximize MSFW involvement in health center governance. In November 2012 MCN in collaboration with Migrant Health Promotion (MHP) field tested revised tools to assist in the recruitment of Migrant and Seasonal Farmworker consumer board members. Feedback on the tools was received by twelve (12) health centers. In December 2012 MCN distributed a new updated resource to assist in the recruitment of Migrant and Seasonal Farmworkers as Board Members via the Network News enewsletter. MCN is on track for completion to incorporate the new updated resource for Recruiting MSFW Patients as Consumer Board Members into modules in clinical orientation to migrant health and into at least one webinar session.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Collaborate with MHP to develop and field test specific resources and tools to assist promoters in the recruitment of MSFW board members. (Hide)</p> <p>2. MCN will develop and distribute specific strategies to share with clinicians on how to recruit MSFW patients as consumer board members. (Hide)</p> <p>3. MCN will incorporate strategies for recruiting MSFW patients as consumer board members into modules on clinical orientation to migrant health and into at least one webinar session (Hide)</p>	<p>1. Promotor tool developed and field-tested. (Hide)</p> <p>2. Participants will report a satisfaction level of 80% or higher. (Hide)</p> <p>3. Participants will report a satisfaction level of 80% or higher. (Hide)</p>	<p>1. • Field test data</p> <p>• Participant evaluation (Hide)</p> <p>2. • Website download #s</p> <p>• Streamline distribution #s (Hide)</p> <p>3. • # of participants</p> <p>• Participant evaluations (Hide)</p>	<p>1. Del Garcia, Jennie McLaurin in collaboration with MHP staff. (Hide)</p> <p>2. Jennie McLaurin and Jillian Hopewell in collaboration with MHP staff. (Hide)</p> <p>3. Jennie McLaurin and Jillian Hopewell in collaboration with MHP staff. (Hide)</p>	<p>Activity 1 June 2012, Activity 2 March 2012, Activity 3 September 2013</p>	

Goal A3: Provide leadership for the integration of special population health centers into statewide and community preparedness and response plans and provide direct assistance to centers in the area of emergency preparedness planning.

Justification Comments Not Applicable

Objective A3.1: Collaborate with FHN to provide culturally/linguistically appropriate emergency response guidance for C/MHCs to support coordinated responses with schools, community organizations, and patient homes

Progress Report: MCN provides emergency preparedness resources in conjunction with our FHN partners on our website. From July 2012 to April 2013 these resources were accessed a total of 1,137 times.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Collaborate with FHN partners to widely distribute migrant specific emergency planning tools. (Hide)</p>	<p>1. Distribution of emergency preparedness materials to all six Regional Migrant Health Coordinators, Stream Forum conference attendees, and regional PCOs/PCAs. (Hide)</p>	<p>1. • MCN TA Registry</p> <p>• # Distributed (Hide)</p>	<p>1. Jillian Hopewell and Theresa Lyons (Hide)</p>	<p>Activity 1 June 2012 -June 2014</p>	

Goal A4: Assist newly-funded special population grantees through providing peer-to-peer matching and information exchange.

Justification Comments Not Applicable

Objective A4.1: Provide T/TA to new start migrant health grantees through peer mentoring of clinical leaders and distribution of promising practices in migrant health.

Progress Report: MCN provided 100% of newly funded C/MHC grantees information about promising practices in migrant health and clinical leadership opportunities. On August 2, 2012 and January 30, 2013 Karen Mountain, MBS, MSN, RN and Ed Zuroweste, MD introduced all newly funded grantees to MCN's services and clinical resources and the MCN toolbox which allows searching for FHN member's promising practices. On July 18, 2012 Jennie McLaurin, MD, MPH provided mentoring to Dr. Sue Lee, pediatrician at Pamlico site of Greene County (new site). Resources utilized, included MCN's Orientation to Migrant Health, CHCs, and discussion on developing community-based programs for at risk youth. On January 28, 2013 Ed Zuroweste, MD provided TA mentoring to Charu Sawhney of Hope Clinic regarding the use of Rifampin in the treatment of LTBI. Follow up phone calls to introduce MCN and FHN services as well as gather information about the Health Center and its needs were also conducted. This activity is on track for completion.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Identify, compile, promote and distribute best practices in migrant health (with particular attention given to clinical leadership roles) to newly funded grantees via MCN's website. (Hide) 2. Contact all new MHC grantees to offer opportunity matched mentoring with senior leaders in migrant health resulting in improved clinician capacity and career satisfaction with migrant health program. (Hide) 3. Work with at least 2 new MHC grantees (1/year) to provide on-site intensive T/TA and mentoring (Hide)	1. 100% of newly funded C/MHC grantees receive information about promising practices in migrant health (Hide) 2. 100% of new MHC grantees receive information about clinical leadership opportunities. (Hide) 3. At least 30% of new MHC grantees engage in mentoring program. (Hide) 4. 2 site visits that results in 80% satisfaction in T/TA provided (Hide)	1. • MCN TA Registry • Website data (Hide) 2. • MCN TA Registry • # of participants • Participant evaluations (Hide) 3. • # of site visits • Site visit evaluation (Hide)	1. Jillian Hopewell, Ed Zuroweste, Jennie McLaurin, (Hide) 2. Jennie McLaurin, Ed Zuroweste (Hide) 3. Jennie McLaurin, Karen Mountain, Ed Zuroweste (Hide)	Activity 1 April 2012-June 2014, Activity 2 January 2012-June 2014, Activity 3 June 2012-June 2014	Change Time Frame "end date" from August 2014 to June 2014 - All activity on track for completion.

Goal A5: Develop and implement a workforce training/technical assistance plan to support special population health center recruitment and retention efforts, including strategies focused on health center managers, providers/staff, and board members.

Justification Comments Not Applicable

Objective A5.1: Collaborate with multiple partners to update and disseminate best practices in clinician recruitment and retention strategies for C/MHCs

Progress Report: MCN completed a semi-annual review of 34 high quality peer-reviewed resources and tools for effective clinician recruitment and retention (R/R). Highlights of the resources and tool were disseminated to 100% of C/MHC thru Streamline; MCN's bi-monthly newsletter, Network News; MCN's e-newsletter, the Migrant Health listserve, letters to New Access Points and MCN's website. These resources were accessed 984 times during this project period. MCN responded in a timely manner to all TA requests regarding clinician R/R. The following examples include: Aug 2012 - MCN provided a letter of reference for Erin Daley regarding her previous work in the area of Migrant Health. Sept 2012 - MCN provided TA to Jefferson College of Health Sciences regarding placement of a student. Oct 2012 - MCN provided TA to Agrisafe re: improving their human resource and corporate policies. MCN discussed internship and practicum opportunities for students at Georgetown University in an environmental justice course and students pursuing pre-med, health professions and public health. MCN met with a Pennsylvania Office of Rural Health student and intern to discuss a CHC career. MCN provided T/TA to six (6) East Carolina Univ. School of Nursing doctoral students on migrant health and behavioral health. MCN responded to a student at Dickinson College regarding beginning her career in migrant health as she approaches graduation. MCN provided TA regarding clinician R/R at Community Health of Central WA. Nov 2012 - MCN provided TA at Univ. of North Carolina, Chapel Hill School of Public Health re: clinician R/R and internships during Summer 2013. Jillian Hopewell, MA, MPA provided TA to Dr. Baudino in Aptos, CA area regarding volunteering at local M/CHC. MCN provided TA to Shawn Jones, student at the Univ. Incarnate word, San Antonio, TX re: working in migrant health. MCN met with the Mountain AHEC to discuss health center career options for residents. MCN provided TA to Simone Bennett re: opportunities to collaborate on her research/outreach during her next year of medical school at Harvard. Dec 2012 - MCN provided training to students of a Health Policy Administration class at Pennsylvania State

Univ. about CHCs and comparative health care systems. MCN also provided TA to InterCare Community Health Network regarding clinician R/R and potential participants for a summer outreach program.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Semi-annual review of MCN's peer reviewed resources and tools for effective recruitment and retention of culturally proficient quality clinical staff available on MCN's website. (Hide)</p> <p>2. Collaborate with NCFH for wide distribution of recruitment and retention resources (Hide)</p> <p>3. Annual query of all migrant health centers for promising practices in clinician recruitment and retention. (Hide)</p> <p>4. Develop and disseminate an annual report of promising practices in clinician recruitment and retention (Hide)</p> <p>5. Respond in a timely manner to all TA requests from C/MHCs regarding clinician recruitment and retention (Hide)</p>	<p>1. At least 25 high quality, peer-reviewed recruitment and retention resources available on MCN's website. (Hide)</p> <p>2. 100% of MHCs receive information about available recruitment and retention resources. (Hide)</p> <p>3. 100% of MHCs queried about best practices in recruitment and retention. (Hide)</p> <p>4. 100% of MHCs receive information about best practices in clinician recruitment and retention. (Hide)</p> <p>5. Documented response within a week to all TA requests (Hide)</p>	<p>1. • Documentation of semi-annual review</p> <ul style="list-style-type: none"> • # of resources available • Website downloads (Hide) <p>2. • MCN TA Registry</p> <ul style="list-style-type: none"> • Website utilization data (Hide) <p>3. • # of responses</p> <p>4. • MCN TA Registry</p> <p>5. • MCN TA Registry</p> <ul style="list-style-type: none"> • Performance Measures (Hide) 	<p>1. Jillian Hopewell, Ed Zuroweste, Jennie McLaurin and Candace Kugel (Hide)</p> <p>2. Jillian Hopewell</p> <p>3. Jillian Hopewell, and Jennie McLaurin (Hide)</p> <p>4. Jillian Hopewell, Ed Zuroweste (Hide)</p> <p>5. Candace Kugel, Ed Zuroweste, Jillian Hopewell, Jennie McLaurin, Karen Mountain (Hide)</p>	<p>Activity 1 May 2012-June 2014, Activity 2 May 2012-June 2014, Activity 3 May 2012-March 2014, Activity 4 June 2012-June 2014, Activity 5 September 2011 -June 2014</p>	<p>Change Time Frame "end date" from August 2014 to June 2014 - Activity on track for completion.</p>

Section B - Operational and Administrative Support (Performance Improvement)

Target Audience	Health Centers Serving Special Populations
Goal B1: Assist in the development of innovative models of care for the target population (e.g. training, development and technology transfer of models that work).	
Justification Comments	Not Applicable
Objective B1.1: Spread utilization of Health Network patient navigation services for MSFWs as an innovative model of care and to assist C/MHC in Performance Improvement.	
<p>Progress Report: Audits of Health Network (HN) performance on meeting clinical measures and completing timely follow up as defined for the program and health condition occur on quarterly basis throughout project period. Activity 1 completed and reported in previous update to HRSA. MCN has responded in a timely manner to all TA re: Health Network (HN). The following examples include: Jul 2012 - MCN provided intensive on-site visit to Green County Health Care in NC to conduct a review of QI program and Meaningful Use determinations, we also gave training on HN and MCN materials on establishing PCMH for mobile populations. Aug 2012 - MCN provided HN training with in-depth Q & A session specifically tailored to address needs of voucher MH grantees to 5 participants at Proteus, Inc. Sep 2012 - MCN provided T/TA to Dr. Yau with Hope Clinic on how to set-up a program for treating LTBI, including enrollment in HN to maintain continuity of care for mobile populations. MCN provided T/TA to Puente de la Costa Sur staff re: HN and improving healthcare for farmworkers in their area. Oct 2012 - MCN provided TA for the Illinois Migrant Voucher program on PCMH for migrant communities. Provided a summary of the Puerto Rico meeting and Strengthening the Safety Net PCMH demonstration, including the use of HN as a patient portal. MCN provided NJMS Global TB Institute with a HN presentation as an innovative model of care to assist Community and Migrant Health Centers. MCN presented HN as a Promising Practice and Clinical and Patient Education Resource for Farmworkers as well as Environmental and Occupational Health. We also hosted a booth in support of Migrant Health at the East Coast Stream Forum. Nov 2012 - MCN provided training on TB and HN at the Margaret R. Pardee Memorial Hospital. MCN in collaboration with Sony Fermin and Hilda Bogue, provided TA to the Voucher Group regarding PCMH, Health Network, PIN, priorities for care. MCN published the following article and insert in Streamline Vol. 18, Issue 3, Winter 2012 "Providing Health Quality Care</p>	

to a Tuberculosis Patient on the Move" by Ricardo Garay and Edward Zuroweste, MD and "How Health Network Works" insert by Ricardo Garay, Health Network Manager

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Health Network patient navigation system adapted to core clinical measure reporting, starting with low birth weight measure. (Hide)</p> <p>2. Health Network training and assistance tailored to needs identified by voucher migrant health grantees. (Hide)</p> <p>3. Information about Health Network model disseminated through website and Streamline publication. (Hide)</p> <p>4. Respond in a timely manner to all TA requests from C/MHCs regarding Health Network (Hide)</p> <p>5. Health Network Staff will train 5 PCA's not previously trained on the benefits of Health Network's continuity-of-care patient navigation services for mobile patients. (Hide)</p> <p>6. Health Network Staff will recruit 15 new C/MHC as patient enrollment sites for mobile patients. (Hide)</p>	<p>1. Enrolled Health Network patients will meet or exceed health center performance standards in annual audit. (Hide)</p> <p>2. At least 3 Voucher programs receive T/TA on Health Network & utilize the program. (Hide)</p> <p>3. At least 80% of participants indicate that they can apply this knowledge, tools or resources to day-to-day practice. (Hide)</p> <p>4. Article disseminated via mail to at least 2,500 individuals and archived on website in first project year. (Hide)</p> <p>5. Documented response within a week to all TA requests (Hide)</p> <p>6. At least 3 PCA's will disseminate information regarding Health Network Patient Navigation services to their constituents (Hide)</p> <p>7. At least 80% of participants indicate they can apply this knowledge, tools or resources to day-to-day practice. (Hide)</p> <p>8. At least one (1) patient enrolled from each C/MHC site. (Hide)</p>	<p>1. • MCN Health Network Database</p> <p>• Annual LBW performance measure report (Hide)</p> <p>2. • MCN TA Registry</p> <p>• MCN Health Network Database (Hide)</p> <p>3. • Documented peer review</p> <p>• Streamline distribution #</p> <p>• Website utilization data (Hide)</p> <p>4. • MCN TA Registry</p> <p>• Performance Measures (Hide)</p> <p>5. • Documented peer review</p> <p>• Streamline distribution #</p> <p>• MCN TA Registry (Hide)</p> <p>6. • MCN TA Registry • Post Test Evaluation (Hide)</p> <p>7. • MCN Health Network Database (Hide)</p>	<p>1. Ed Zuroweste, Ricardo Garay, Del Garcia, Bertha Armendariz, Candace Kugel (Hide)</p> <p>2. Ricardo Garay, Ed Zuroweste, Bertha Armendariz (Hide)</p> <p>3. Jillian Hopewell, Ricardo Garay (Hide)</p> <p>4. Ed Zuroweste, Ricardo Garay, Karen Mountain (Hide)</p> <p>5. Ricardo Garay, Ed Zuroweste (Hide)</p> <p>6. Ricardo Garay</p>	<p>Activity 1 October 2011- June 2014, Activity 2 October 2011- June 2014, Activity 3 March 2012, Activity 4 September 2011-June 2014 Activity 5 July 2013-June 2014 Activity 6 July 2013-June 2014</p>	<p>Change Time Frame "end date" from September and August 2014 to June 2014 - All activity on track for completion. Added additional MCN Health Network Activities to reflect work being done.</p>

Objective B1.2: In alignment with NCFH, MCN will promote promising practices in migrant health by highlighting the impact of voucher programs in providing quality care to MSFW as a part of models for change

Progress Report: MCN highlights best practices in the areas of behavioral health, immunizations, flu prevention, HIV, women's health and cancer prevention on our website. From July-April, 2013 these best practices were accessed by 844 individuals. MCN promotes best practices through documented peer-review and Streamline articles, MCN's enewsletter and in collaboration with NCFH through the migrant listserve that NCFH maintains. Streamline is distributed to 2800 individuals.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Disseminate promising practices to MCN constituency through web and print modalities (Hide)	1. At least 2 models of voucher promising practices shared with MCN each project year with dissemination via Streamline to 2,500 individuals as well as on MCN's website. (Hide)	1. • Documented peer review • Streamline distribution # • MCN TA Registry (Hide)	1. Karen Mountain and Jillian Hopewell (Hide)	July 2012-June 2014	Change Time Frame "end date" from August 2014 to June 2014 - All activity on track for completion. Made corrections to description to better reflect activity.

Objective B1.3: MCN will collaborate with FJ to develop a webinar highlighting best practices and model collaborations between migrant legal services providers and C/MHCs.

Progress Report: MCN is on track for completion of this activity. Planning has begun and a webinar is schedule for June 26, 2013 titled "The Clinician's Role in Caring for the Injured Worker"

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Develop a joint webinar with FJ highlighting model collaborations between migrant legal providers and C/MHCs. (Hide)	1. Participants will report a satisfaction level of 80% or higher. (Hide)	1. • Session evaluation • # of trainings • # of people who participate (Hide)	1. Amy Liebman and Jillian Hopewell (Hide)	June 2013	

Goal B2: Identify successful special population health center clinical quality and performance improvement activities, and disseminate this information to HRSA-supported special population health centers.

Justification Comments Not Applicable

Objective B2.1: Address needs identified for improving clinician knowledge and skills related to improving quality in clinical performance for services to MSFWs.

Progress Report: MCN provides access regarding resources on the migrant specific clinical and financial supplemental quality measures to 100% of C/MHCs via MCN's website and T/TA. The following examples include: Jul 2012 - MCN provided TA to San Benito Health Foundation, H80CS08223, regarding a quality improvement program. Aug 2012 - Karen Mountain MBA, MSN, RN conducted operational assessment and clinical review for Proteus Inc. Oct 2012 - MCN provide TA to Association of Clinicians for the Underserved regarding providing continuing education credits for asthma education activities. MCN provided TA to Erin Sologaistoa with the Florida Association of Community Health Centers regarding HRSA required screenings and immunizations. Karen Mountain MBA, MSN, RN conducted operational assessment and clinical review at Friend Family Health Center. Nov 2012 - MCN provided TA to Amy Korbe at Univ. of North Carolina-Chapel Hill School re: research project concerning perinatal quality measures. Dec 2012 - MCN provide TA and referral to Cowlitz Family Health Center re: Spanish and English materials in areas of Diabetes, Depression and Hypertension. Activity 8 is pending review and update of new performance measures. MCN has highlighted best practices in the areas of behavioral health, immunizations, flu prevention, HIV, women's health and cancer prevention on our website. From July 2012 thru April, 2013 these best practices were accessed by 844 individuals. The number of Individuals impacted overall by MCN training this project period is 3,498.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Disseminate information and resources on the migrant specific clinical and financial supplemental quality measures. (Hide) 2. Respond in a timely manner to all TA requests from C/MHCs regarding clinical performance measures (Hide)	1. 100% of C/MHCs will receive information about how to access resources on the migrant specific clinical and financial supplemental quality measures. (Hide) 2. Documented response within a	1. • MCN TA Registry • Website utilization data (Hide) 2. • MCN TA Registry • Performance Measures (Hide) 3. • # of site visits • Site visit	1. Jennie McLaurin, Candace Kugel and Jillian Hopewell (Hide) 2. Ed Zuroweste, Candace Kugel, Jennie McLaurin, Karen Mountain (Hide) 3. Jennie McLaurin, Karen	Activity 1 March 2012-June 2014, Activity 2 September 2011-June 2014, Activity 3 January 2012-June 2014, Activity 4 September 2012, Activity 5 September 2011-June	Changed time frame due date from August and September 2014 to June 2014. Activity 6 & 8 due date changed to June 2014 to allow for more time to fully present Models of Change. All

<p>3. Work with at least 4 MHC grantees (2/year) to provide on-site intensive T/TA on performance measures and clinical quality (Hide)</p> <p>4. Provide at least 1 training in cultural competency to migrant health centers to reduce risk and improve quality of care. (Hide)</p> <p>5. Provide T/TA to C/MHCs working to effectively incorporate the required Clinical Core Measures issued by HRSA. (Hide)</p> <p>6. Partner with Dr. Kris McVea at One World Health Center to showcase a Model for Change in incorporating all staff into core clinical measures performance improvement activities. (Hide)</p> <p>7. Provide promising practices in clinical systems management through the Clinical Systems Toolbox on MCN's website. (Hide)</p> <p>8. Provide T/TA on a system of aligned clinical, nursing, & support staff protocols easy to customize, update and interface with performance improvement, risk management & FTCA deeming efforts. (Hide)</p>	<p>week to all TA requests. (Hide)</p> <p>3. 2 site visits that results in 80% satisfaction in T/TA provided. (Hide)</p> <p>4. Participants will report a satisfaction level of 80% or higher. (Hide)</p> <p>5. At least 80% of participants indicate that they can apply this knowledge, tools or resources to their day-to-day practice. (Hide)</p> <p>6. TA to at least 40 clinicians on incorporation of core clinical measures in each project year (Hide)</p> <p>7. Post online resources featuring One World's incorporation of clinical core measures as a Model For Change (Hide)</p> <p>8. Clinical Toolbox available to 100% of C/MHCs with a minimum of 900 best practices tools and templates. (Hide)</p> <p>9. At least one conference/webinar presentation will be made in first year (Hide)</p> <p>10. Online access to policy development tool completed by April 2012 and made available to 100% of C/MHCs. (Hide)</p>	<p>evaluation (Hide)</p> <p>4. • # participants</p> <ul style="list-style-type: none"> • Participant evaluations (Hide) <p>5. • MCN TA Registry</p> <ul style="list-style-type: none"> • Performance measures (Hide) <p>6. • # participants</p> <ul style="list-style-type: none"> • Participant evaluations • Website utilization data (Hide) <p>7. • MCN website utilization data:</p> <ul style="list-style-type: none"> • # resources accessed and downloaded (Hide) <p>8. • # presentations</p> <ul style="list-style-type: none"> • # participants • MCN website utilization data: • # resources accessed and downloaded (Hide) <p>9. • MCN website utilization data:</p> <ul style="list-style-type: none"> • # resources accessed and downloaded (Hide) 	<p>Mountain, Ed Zuroweste (Hide)</p> <p>4. Jennie McLaurin, Del Garcia, Bertha Armendariz (Hide)</p> <p>5. Ed Zuroweste, Karen Mountain and Jennie McLaurin (Hide)</p> <p>6. Jillian Hopewell, Jennifer Sanne and Jennie McLaurin (Hide)</p> <p>7. Karen Mountain, Ed Zuroweste, Jennie McLaurin and Candace Kugel (Hide)</p> <p>8. Candace Kugel, Karen Mountain, Ed Zuroweste, Jillian Hopewell (Hide)</p>	<p>2014, Activity 6 June 2014, Activity 7 September 2011-June 2014, Activity 8 April 2012-June 2014</p>	<p>activities on track for completion</p>
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Objective B2.2: Assist C/MHCs in understanding and applying the FTCA requirements in order to address risk management and risk reduction.

Progress Report: MCN assists health centers by providing TA and migrant specific resources dealing with MSFW populations. Risk management resources available through MCN include statements related to transportation, immigration and outreach services from a risk management perspective. From July 2012-April 2013, there were a total of 413 risk management tools downloaded from MCN's website. Dec 2012 - Karen Mountain, MBA, MSN, RN provided TA to Proteus Inc. regarding sharing farmworker data while maintaining HIPPA compliance in partnering with the State of Iowa Workforce Development.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Risk management, risk reduction, FTCA protocols available through MCN's online Toolbox. (Hide)	1. 100% of C/MHCs have access to resources. (Hide)	1. • MCN website utilization data: • # resources accessed and	1. Candace Kugel and Ed Zuroweste (Hide)	April 2012-June 2014	Change Time Frame "end date" from August 2014 to June 2014,

	downloaded (Hide)	Activity on track for completion
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Objective B2.3: Collaborate with FHN partners to provide newly-funded special population grantees with best practice models for culturally proficient service delivery.

Progress Report: MCN has highlighted best practices in the areas of behavioral health, immunizations, flu prevention, HIV, women’s health and cancer prevention on our website. From July 2012 -April 2013 these best practices were accessed by 844 individuals. In August 2012 and January 2013 - Karen Mountain, MBS, MSN, RN and Ed Zuroweste, MD introduced all newly funded grantees to MCN’s services and clinical resources and the MCN toolbox which allows for searching of the FHN member promising practices.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. FHN members will compile best practices from their respective areas of scope and expertise. (Hide) 2. FHN members will promote and distribute best practices in Migrant Health to newly funded special population grantees through website and email services. (Hide)	1. All newly-funded special population grantees will have access to information about proven models and practices in migrant health through FHN websites. (Hide) 2. At least one email highlighting available resources will be sent to all newly-funded and existing migrant health grantees. (Hide)	1. • Website utilization data (Hide) 2. • MCN TA Registry	1. Jillian Hopewell, Karen Mountain and Theresa Lyons (Hide)	Activity 1 December 2012 -June 2014, Activity 2 September 2012-June 2014	Global Time frame Change, changed activity 1 and 2 end due date to June 2014, Activity 1 ongoing and on track for completion, Activity 2 ongoing and complete for 2012-2013

Objective B2.4: Collaborate with MHP to train and equip promoters to facilitate access and appropriate utilization of culturally appropriate care through C/MHCs by special populations.

Progress Report: MCN in collaboration with MHP developed a promotores curriculum that prioritizes health topics specific to the clinical core measures. A pilot of the Clinical Core Measures curriculum "Promotores de Salud: A Part of the Team Meeting the Clinical Core Measures" was presented at the Western Stream Forum to 45 participants. MCN has also provided an intro to MCN services and programs as well as completed an assessment of services currently being provided at the each Ventanillas de Salud across the US. In Oct 2012 MCN presented a Promotores Cancer Prevention Webinar at the Multicultural Prevention Conference of South Florida, continued Education Units were provided for all participants. MCN also conducted a webinar for Vida y Salud titled "Changing Minds, Measures, and Mortality: Colorectal Cancer Prevention in Migrant Communities" to 14 participants. In Nov 2012 MCN provided C/MHCs with Health Network and MCN's cancer program information via the Migrant Health listserv. MCN also provided intensive TA regarding PCMH, Health Network and cancer care at Vida y Salud Health Systems, Inc. In Nov and Dec 2012 MCN provided ACS cervical cancer screening resources totaling 400 pieces in support of a new cervical cancer program at Community Health Center of the Black Hills. This project period MCN has worked with the following C/MHC in proximity to VdS to engage in Models of Change focused on cancer control activities: South Texas Rural Health Systems, Vida Y Salud, CommuniCare SA, North Texas Community Health Centers. (Leveraged activities) Theresa Lyons participated with the Local Organization Committee and LIVESTRONG Foundation to promote cancer survivorship awareness and resources for promotores in the US. She and Deliana Garcia, MA presented "Moving Against Cancer - Promotores de Salud Assessing Community Cancer Knowledge, Attitudes, Beliefs and Behaviors" poster at the CPRIT Innovations Conference. Amy Liebman, MA, MPA provided the Keynote presentation for the 2012 National Latino Cancer Summit and Theresa Lyons and Jennie McLaurin, MD, MPH participated in monthly Colorectal screening program meetings with Vida Y Salud.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. MCN to develop promoter curriculum collaboratively with MHP and Ventanillas de Salud that prioritizes health topics specific to the clinical core measures. (Hide) 2. Train promotores working in Ventanillas de Salud (VdS), and include information on	1. Completed curriculum marketed to 50 Ventanillas de Salud. (Hide) 2. Provide a list of resources including health center contact information to all promotores trained by MCN (Hide) 3. Documented	1. • Documented peer review (Hide) 2. • # of participants • Participant evaluations (Hide) 3. • MCN TA Registry	1. Bertha Armendariz, Theresa Lyons and Del Garcia (Hide) 2. Bertha Armendariz Theresa Lyons, and Jillian Hopewell (Hide) 3. Bertha Armendariz, and	Activity 1 February 2013, Activity 2 May 2013, Activity 3 September 2011-June 2013	Global time frame due date changed from August 2013 to June 2013. All activities are on track for completion.

<p>locating C/MHC geographically accessible to the Ventanillas de Salud. (Hide)</p> <p>3. Work with C/MHCs in proximity to VdS to engage in Models for Change focused on cancer control activities for MSFWs. (Hide)</p>	<p>interactions with at least 3 C/MHCs in proximity to VdS. (Hide)</p>	<p>Theressa Lyons (Hide)</p>
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Goal B3: Develop and implement a training/technical assistance plan to support health center providers in achieving national meaningful use standards, including assessing health centers' current readiness to achieve meaningful use.

Justification Comments | Not Applicable

Objective B3.1: Provide leadership in the development and adoption of meaningful use applied to MSFWs.

Progress Report: Activity 1 has been completed and included in previous reporting period. MCN provides training to C/MHCs on the use of MCN's Health Network (HN) patient navigation system to achieve meaningful use criteria. In July 2012 MCN provided intensive on-site T/TA at Green County Health Care in NC including a review of Greene County QI program and Meaningful Use determinations where conducted along with an explanation of HN and a review of MCN materials on PCMH. In Oct 2012, MCN participated in a conference call on planning the 2013 Migrant and Immigrant Conference with the Pennsylvania Office of Rural Health. MCN provided meaningful use criteria to Dr. Sawhney with Hope Clinic. MCN also participated in a National dialogue and contributed to Occupational Health and Safety Section meeting of the American Public Health Association (APHA). MCN's Director of Environmental and Occupational Health, Amy Liebman, MA, MPA, provided TA to Dr. David Michaels with OSHA regarding recommended discussions at HHS Health Disparities meeting regarding EOH in EHR, meaningful use, PCMH and why this is important to the care of the patient population who access C/MHC. In December 2012, Amy Liebman, MA, MPA continued the dialogue at 2012 Summit on the Science of Eliminating Health Disparities during a session titled "The Hidden Toll of Occupational Disparities - Health of the Low-Income Workforce: Integrating Occupational Health and other Public" in which meaningful use criteria and other special population criteria were discussed. The number of Individuals impacted overall by MCN training this project period is 3,498. MCN has enrolled 586 new participants into Health Network patient navigation system from Jul 1, 2011 to April 23, 2013. MCN disseminates information about Health Network Patient Navigation systems, meaningful use and quality of care for Migrant and Seasonal farmworkers, etc. to 2800 individuals on a quarterly basis through Streamline, MCN's bi-monthly newsletter.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Provide training to C/MCHs on the use of Health Network to achieve meaningful use criteria to improve the quality of care to MSFWs. (Hide)</p> <p>2. Respond in a timely manner to all TA requests from C/MHCs regarding meaningful use criteria to improve the quality of care to MSFWs. (Hide)</p> <p>3. Participate in national dialogue & provide T/TA on meaningful use criteria & use of EHRs to improve quality of care with better recognition & management of envr & occ exposures & injuries in MSFWs. (Hide)</p> <p>4. Continue participation in national dialogue on meaningful use criteria, championing criteria that include</p>	<p>1. At least one conference/webinar presentation related to meaningful use requirements will be performed by December 2011. (Hide)</p> <p>2. Documented response within a week to all TA requests. (Hide)</p> <p>3. At least one conference presentation or poster by December 2011. (Hide)</p> <p>4. Participate in at least 2 national meeting and contribute to the conversation about meaningful use criteria specific to MSFWs. (Hide)</p> <p>5. At least one article in Streamline distributed to 2,500 individuals</p>	<p>1. • MCN TA Registry</p> <ul style="list-style-type: none"> • Health Network enrollment data (Hide) <p>2. • MCN TA Registry</p> <ul style="list-style-type: none"> • Performance Measures (Hide) <p>3. • MCN TA Registry</p> <ul style="list-style-type: none"> • # of trainings • # of participants • Streamline distribution numbers (Hide) <p>4. • Documentation of meeting participation (Hide)</p> <p>5. • Streamline distribution numbers (Hide)</p>	<p>1. Ed Zuroweste, Ricardo Garay and Al Osborn (Hide)</p> <p>2. Ed Zuroweste, Jennie McLaurin, Karen Mountain and Amy Liebman (Hide)</p> <p>3. Amy Liebman and Ed Zuroweste (Hide)</p> <p>4. Ed Zuroweste and Amy Liebman (Hide)</p> <p>5. Ed Zuroweste, Amy Liebman and Jillian Hopewell (Hide)</p>	<p>Activity 1 September 2011-June 2014, Activity 2 September 2011-June 2014, Activity 3 June 2014, Activity 4 September 2011-June 2014, Activity 5 June 2013</p>	<p>Global time change for activities ending in August or September 2014 to June 2014. Activity 1 has been completed and included in previous reporting period. All other activities on track for completion.</p>

special populations. (Hide)	or in a peer-reviewed journal. (Hide)			
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Objective B3.2: Provide clinical special populations expertise in the adoption of meaningful use criteria in collaboration with NACHC.

Progress Report: MCN collaborates with NACHC to develop resources around meaningful use and special populations, the following examples include: Jul 2012 - MCN's Ed Zuroweste, MD provided a demonstration of MCN's PCMH tool and discussion about integration with existing PCMH efforts and NACHC tool to HRSA and the Bureau of Primary Health Care for inclusion of special populations to achieve meaningful use criteria. Aug 2012 MCN's Jennie McLaurin, MD, MPH joined with the National Association of Community Health Centers (NACHC), American Institutes for Research (AIR), MacColl Center for Health Care Innovation and Qualis Health, for a foundational meeting to implement a national system for supporting health centers in the CMS Advanced Primary Care Practice Demonstration.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Collaborate with NACHC to develop resources around meaningful use & special populations, with an emphasis on increasing the use of Health Network to address health information exchange criteria. (Hide)	1. Development of expertise within MCN and dissemination of resources via Streamline mailed to at least 2,500 individuals and archived on website in first project year. (Hide)	1. • MCN TA Registry • Website utilization data • Streamline distribution #s (Hide)	1. Ed Zuroweste and Jillian Hopewell (Hide)	September 2011-June 2014	Change Time Frame "end date" from August 2014 to June 2014, Activity on track for completion

Goal B4: Develop and implement a training/technical assistance plan to support health centers in becoming nationally recognized patient-centered medical/ health homes, assessing health centers' current readiness to become patient centered medical/health homes.

Justification Comments	Not Applicable
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Objective B4.1: Provide training and technical assistance to migrant health centers on the special aspects of providing a medical home for migrants and other mobile patients.

Progress Report: MCN responds in a timely manner to all TA request regarding incorporating MSFW into Patient Centered Medical Home (PCMH). In Jul 2012, MCN's Jennie McLaurin, MD, MPH provided intensive on-site T/TA at Green County Health Care in NC. A review of Greene County QI program and Meaningful Use determinations were conducted along with an explanation of Health Network (HN) and review of MCN materials on PCMH. Amy Liebman, MA, MPA provided overview of MCN's EOH Program to Choptank Community Health System, Inc. including a discussion on PCMH and HN. She also provided outreach to the area migrant camp. Jennie McLaurin, MD, MPH, provided TA regarding MCN, practice transformation and PCMH that includes MSFWs to the following Primary Care Associations: Oregon Primary Care Association, Iowa Primary Care Association, Louisiana Primary Care Association, Inc. In Aug 2012, MCN's Jennie McLaurin, MD, MPH joined the National Association of Community Health Centers (NACHC), American Institutes for Research (AIR), MacColl Center for Health Care Innovation and Qualis Health, for a foundational meeting to implement a national system for supporting health centers in a CMS Advanced Primary Care Practice Demonstration. In Sept 2012, Jennie McLaurin, MD, MPH provided TA to Illinois Primary Health Care Association regarding HN and PCMH tools for M/CHCs and Karen Mountain, MBA, MSN, RN and Ed Zuroweste, MD, provided TA to the Florida Association of Community Health Centers, Inc. regarding providing TA for clinical issues, specifically with developing a healthcare plan that includes MSFW. In October 2012 Ed Zuroweste, MD, provided training for Michigan PCA staff in Lansing, Michigan regarding Health Network; creating PCMH that includes MSFWs and general migrant health. Candace Kugel, MS, CRNP, CNM participated in a 2 hours Auger Communications' Community Advisory Board meeting regarding PCMH. Resources regarding PCMH were also provided. Amy Liebman, MA, MPA, provided TA to Dr. David Michaels with OSHA regarding recommended discussions at HHS Health Disparities meeting regarding EOH in EHR and PCMH and why this is important to the care of the patient population who access C/MHC.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Respond in a timely manner to all TA requests from C/MHCs regarding the incorporation of MSFWs into Patient Centered Medical Homes. (Hide) 2. Work with at least 3	1. Documented response within a week to all TA requests (Hide) 2. 3 site visits that results in 80% satisfaction in T/TA provided (Hide)	1. • MCN TA Registry • Performance Measures (Hide) 2. • # of site visits • Site visit	1. Candace Kugel, Ed Zuroweste, Jennie McLaurin, Karen Mountain (Hide) 2. Jennie McLaurin, Karen Mountain, Ed	Activity 1 September 2011-June 2014, Activity 2 March 2012-June 2014	

MHC grantees (1/year) to provide on-site intensive T/TA on creating a PCMH that includes MSFWs (Hide)	evaluation (Hide)	Zuroweste, Karen Mountain and Candace Kugel (Hide)	
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Objective B4.2: Offer training and enrollment in Health Network to all C/MHCs providing a medical home to patients that regularly move in and out of the C/MHC's catchment area (see B1)

Progress Report: MCN provided Health Network trainings in October 2012. Candace Kugel, MS, CRNP, CNM, presented "When Women Leave 'Home': Health Care Disparities for Migrant Women" to 100 participants, mostly clinicians at the Maya Angelou International Women's Health Summit. Health Network and its application to PCMH were also discussed. In November 2012, Jennie McLaurin, MD, MPH and Ricardo Garay provided presentation on PCMH and Health Network at Mid West Stream Forum. The number of individuals impacted overall by MCN training this project period is 3,498, with 83% indicating that they can apply this knowledge, tools and resources to their practice. Five hundred eighty-six (586) participants have been enrolled in Health Network from July 1, 2012 to April 23, 2013.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. At least 2 trainings on Health Network and its application to medical home status offered at national level via webinar or conference (Hide)	1. Participants will report a satisfaction level of 80% or higher. (Hide) 2. At least 2 new MHCs enroll patients in Health Network each year. (Hide)	1. • Health Network enrollment data • # of training participants • Training evaluation (Hide)	1. Ed Zuroweste, Deliana Garcia and Ricardo Garay (Hide)	September, 2011-June 2014	Change Time Frame "end date" from August 2014 to June 2014, Activity on track for completion

Goal B5: Develop and implement a training/technical assistance plan to support health center outreach and enrollment for special populations.

Justification Comments Not Applicable

Objective B5.1: Collaborate with FHN partners to provide T/TA on effective needs assessments for MSFWs focusing on future planning and current scope of service.

Progress Report: MCN highlighted a newly revised algorithm tool for Identify MSFW in the current issue of Streamline and is on track for completion to highlight in a webinar.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. 1 webinar on how to identify MSFWs in clinic and outreach, and at least 1 print article on this subject. (Hide)	1. Participants will report a satisfaction level of 80% or higher. (Hide) 2. 100% of MHCs have access to information about effective needs assessments for MSFW populations (Hide)	1. • # Participants • Streamline distribution # • Training evaluations (Hide)	1. Karen Mountain and Jillian Hopewell with FHN partners (Hide)	March 2012-June 2014	On track for completion

Objective B5.2: Assist migrant health center staff in identifying migrant and seasonal MSFW patients and dependents to support enrollment in C/MHCs.

Progress Report: MCN responds in a timely manner to the following request for TA regarding the identification of MSFW to support enrollment in C/MHCs. In Aug 2012, MCN provided TA regarding identification of MSFW and program planning for a Promotora and community health worker outreach project at Skagit Valley Hospital. In Nov 2012 MCN provided TA to Gloria Merton regarding the identification of MSFW to support enrollment in C/MHCs. In Dec 2012, Amy Liebman, MA, MPA provided TA to Family Health/La Clinica regarding definition of migrant/ seasonal farmworkers and issues surrounding dairy workers. Eighty-three percent (83%) of participants in MCN T/TA indicate they can apply this knowledge, tools, and resources to their practice. 12/12/2012 - Amy Liebman, MA, MPA provided TA to Family Health/La Clinica regarding definition of migrant/ seasonal farmworkers and issues surrounding dairy workers.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Respond in a timely manner to all TA requests from C/MHCs regarding the identification of MSFW to support enrollment in C/MHCs. (Hide)	1. Documented response within a week to all TA requests (Hide)	1. • MCN TA Registry • Performance Measures (Hide)	1. Jennie McLaurin, Karen Mountain, and Ed Zuroweste (Hide)	September 2011-June 2014	

Section C - Program Development/Analysis

Target Audience	Health Centers Serving Special Populations
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Goal C1: Develop and distribute information on health center funding and other opportunities to maximize access to resources for special populations, including: Medicaid, other state and national funding, and foundation and private funding.

Justification Comments	Not Applicable
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Objective C1.1: Leverage additional funding in support of health center services to MSFWs.

Progress Report: MCN collaborated with the following C/MHC to assist in expansion of their resources through grant funding. In Jul 2012, MCN reviewed a grant for Farmworker Justice. In Aug 2012 MCN reviewed a grant proposal for Harvard School of Public Health regarding a project to engage farmworkers in Vermont dairies. Also staff from MCN met to discuss the possibility of MCN and the Humanities Institute at Univ of Texas at Austin partnering for funding and program development opportunities in support of health center services for MSFWs. In Oct 2012, MCN provided TA to Erin Sologaistoa with the Florida Association of Community Health Centers regarding assistance with writing a HRSA grant proposal. MCN also provided a letter of support for NIH proposal and agreed to participate in an advisory committee for a project titled Prevent and Reduce Adverse Health Effects of Pesticides on Indigenous Farmworkers. Jennie McLaurin, MD, MPH nominated Dr. Tina Castanares for a \$25,000 award from the Hastings Center Cunniff-Dixon Physician Award for providing exemplary end of life care to patients for more than 20 years. In Nov 2012, MCN responded to TA request from Center for Human Services to review data collected on LIFT patients and discuss changes to the HN database to accommodate data collection needs of Latinas/Ladies Involved in Full Treatment(LIFT) project. MCN also reported on all referrals to health care and support services for the HRSA/Ryan White project. In Dec 2012, Karen Mountain, MBA, MSN, RN signed a letter of support for San Benito Health Foundation is support of their HRSA SAC 330 grant renewal and Jennie McLaurin, MD, MPH worked with Spencer at Whitman College to assist in pursuing a grant to do a family health inventory on WA farmworkers. MCN has leveraged funds totaling \$84,414.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Collaborate with at least 6 (2/year) C/MHCs and /or other migrant focused organizations/ university partners per project year to directly assist expansion of their resources through grant funding (Hide)	1. Collaboration with 6 health centers or other organizational partners resulting in increased capacity for special population services each year. (Hide)	1. • MCN TA Registry • Amount of \$ leveraged (Hide)	1. Deliana Garcia and Karen Mountain (Hide)	September 2011 -June 2014	

Goal C2: Support community development and expansion planning activities to expand access to comprehensive, culturally competent, quality primary health care services for special populations.

Justification Comments	Not Applicable
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Objective C2.1: Support C/MHCs considering expansion access to MSFWs through T/TA services, clinical resources, and organizational linkages that may be appropriate.

Progress Report: MCN promotes access to healthcare in community health centers through partnerships with Ventanilla de Salud and providing T/TA to C/MHC planning expansion services. In Aug 2012, MCN provided TA regarding program planning for a Promotora and community health worker outreach project at Skagit Valley Hospital, conducted needs assessments at the Ventanilla de Salud at Mexican Consulates across the US, and provided TA to ICF International regarding conducting an audience needs assessments on migrant and seasonal farmworkers. In Sept 2012, MCN provided TA to Migrant Health Services Inc., Grafton, ND for two providers interested in submitting an NIH grant focused on diabetes and obesity. In Nov 2012, MCN provided Ms. Hinih and Dr. Palakanis at Crisfield Clinic in Somerset County, MD operational assistance regarding opening a mobile clinic. MCN also provided a list of CHCs with mobile clinics they

may consult. In Dec 2012, MCN provided Cowlitz Family Health Center with referral to culturally appropriate Spanish and English materials in areas of Diabetes, Depression and Hypertension.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Promote access to health care in community health centers through partnerships with the Ventanillas de Salud and Mexican Consulates (Hide)</p> <p>2. Provide T/TA to C/MHCs planning expansion services including promoter programs; education links; community partners; primary care priorities; and culturally appropriate care. (Hide)</p> <p>3. Respond in a timely manner to all TA requests from C/MHCs regarding the identification of MSFW to support enrollment in C/MHCs. (Hide)</p>	<p>1. Partner with at least 5 Ventanillas de Salud to provide increased access to care for MSFWs. (Hide)</p> <p>2. 100% of sites considering expansion to MSFWs will be given opportunities for T/TA through publicity on website & printed materials. (Hide)</p> <p>3. At least 75% of centers expanding services to MSFWs will receive targeted TA from a FHN member (Hide)</p> <p>4. Documented response within a week to all TA requests (Hide)</p>	<p>1. • MCN TA Registry</p> <p>2. • MCN TA Registry</p> <ul style="list-style-type: none"> • Website utilization data • Streamline distribution #s (Hide) <p>3. • MCN TA Registry</p> <ul style="list-style-type: none"> • Performance Measures (Hide) 	<p>1. Bertha Armendariz, Theresa Lyons and Deliana Garcia (Hide)</p> <p>2. Karen Mountain</p> <p>3. Ed Zuroweste, Ricardo Garay, and Deliana Garcia (Hide)</p>	<p>Activity 1 September 2011 -June 2014,</p> <p>Activity 2 September 2011 -June 2014,</p> <p>Activity 3 September 2011 -June 2014</p>	

Objective C2.2: Spread Health Network patient navigation services for mobile special populations as an innovative model of care that facilitates linguistically appropriate continuity of care, timely follow up, and patient centered medical home for mobile populations to MHCs.

Progress Report: Ricardo Garay provided T/TA on how to enroll and participate in Health Network for the following C/MHC: In Jul 2012; Westside Family Health Services, Inc., Vineland Health Department, Choptank Community Health System, Inc., Three Lower Counties Community Services, Inc., South Carolina Migrant Health Program. In Aug 2012, Proteus, Des Moines, IA, Family Health La Clinica, Wautoma, WI. In Oct 2012, Rural Women's Health Project, Rural Health Services, Inc, Low Country Health Care Systems, Inc, El Paso County Health Department, ReGenesis Health Care. In Nov 2012, Nuestra Clinica del Valle, Inc, Migrant Farmworkers Project, Valley-Wide Health Systems, Inc., Pueblo Community Health Center-Medical, National Center for Farmworker Health, Nuestra Clinica del Valle - San Juan, Nuestra Clinica del Valle, Inc., Ampla Health, Proteus Inc.-Main Office, Migrant Farmworkers Project, Parkland Community Health Plan, Migrant Farmworkers Project, Health Delivery, Inc., Nuestra Clinica del Valle- Mercedes, Health Outreach Partners, Proteus Inc.-Main Office, Florida Community Health Centers, Inc., Southeast Georgia Communities Project, United Medical Centers, Inc., RCHN Community Health Foundation, Community Health Centers of the Central Coast, Inc, Wyoming Migrant Health Program – Powell, Fenway Community Health Center, Additional TA regarding appropriate continuity of care for mobile patient was provided for the following: University Research Co., LLC, "LIFT Project", Wicomico County Health Department "Komen Breast Cancer Program", Organización Internation para las Migraciones (OIM), San José, Costa Rica In August 2012 Ricardo Garay also provided on-site Health Network training at the California STD/HIV Prevention Training Center, 90 participants. Five hundred eighty-six (586) participants have been enrolled in MCN's Health Network patient navigation system from July 1, 2012 to April 23, 2013. Eighty-three percent (83%) of participants in HN trainings indicate they can apply this knowledge, tools and resources to their practices.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Provide training and TA on how to enroll and participate in Health Network C/MHCs that have not previously utilized Health Network services. (Hide)</p>	<p>1. At least 2 new C/MHCs enroll patients in Health Network each year. (Hide)</p>	<p>1. • Health Network enrollment data</p> <ul style="list-style-type: none"> • Participant evaluations (Hide) 	<p>1. Ed Zuroweste, Ricardo Garay, and Deliana Garcia (Hide)</p>	<p>September 2011 -June 2014</p>	

Goal C3: Prepare, develop and distribute information (publications, issue briefs, etc) on emerging primary care issues affecting special populations.

Justification Comments	Not Applicable
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Objective C3.1: Provide expert clinical T/TA on emerging primary care issues for MSFWs, including: Infectious diseases; immunizations needs in a global setting; toxic exposure research; morbidity & mortality findings related to access issues as part of health care reform & barriers to immigrant provision of healthcare; food insecurity & nutritional risk associated with migrant status; & women’s healthcare issues.

Progress Report: MCN published the following articles in Streamline Vol. 18, Issue 2 (Summer 2012) "Introduction to the Neglected Tropical Diseases" by Adam Hoverman, DO, DTMH "Spotlight on Dengue Fever" by Rachel Die, "Hansen’s Disease Stillan Issue for Migrant Populations" by Sarah Martin, "Chagas Disease: "The New HIV/AIDS of the Americas" by Peter J Hotez, etal, "Field Study of Ticks Produces Lyme Risk Map" by American Society of Tropical Medicine and Hygiene, "Preventing Tick Bites Among Outdoor Workers" [excerpted with permission from Occupational Health Watch, a regular online publication -from the California Dept of Occupational Health], "Work-related Injuries and Illnesses Carry Hefty Price Tag Cost of Occupational Injuries, Illness and Death Surpass the Cost of Cancer, Coronary Heart Disease and Stroke" by Michael Piorunski "New NIOSH-Funded Center Focuses on Safety and Health in Changing Agricultural Landscape" by Scott Heiberger, Bruce Alexander, PhD, Jeff Bender, DVM, MS, and Matthew Keifer, MD, MPH, "Protecting Children in Agriculture is Focus of 2012 National Action Plan", "Database to Aid in Clinical Pesticide Training", "Cholinestrase Testing Protocols for Healthcare Providers", and "New Comic Book for Injury Prevention" Vol.18, Issue 3, (Winter 2012) "Cultural Humility and Compassionate Presence at the End of Life" by Silvia Austerlic, "Among the Most Vulnerable: Palliative and End-of-Life Care for Latino Immigrants" by Tina Castiñares, MD, "Providing Health Quality Care to a Tuberculosis Patient on the Move" by Ricardo Garay and Edward Zuroweste, MD, "How Health Network Works" insert by Ricardo Garay, Health Network Manager. Streamline is distributed to 2800 individuals. MCN also engages constituents through a variety of social media including Facebook, Twitter and You Tube. During the project period MCN had an average weekly reach of 337 individuals on Facebook. During that same period MCN sent 392 tweets to alert followers about key resources, new research, and interesting work being done by our partners. MCN responded in a timely manner to following TA requests from C/MHC: In Aug 2012, MCN provided TA to Novant Health re: Health Care Disparities Conference for Migrant Women. In Sept 2012, MCN provided T/TA to Univ. of Portland, Migrant Head Start regarding pertussis. In Nov 2012 MCN provided TA to Kansas Statewide Farmworker Health Program re: cultural needs of Low German Mennonite Mexican farmworkers.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
1. Publish a series in Streamline entitled "Emerging Issues in Primary Care to Migrant Populations" drawing from MCN staff and experts in the field who collaborate with MCN on specific clinical topics. (Hide) 2. Post "Breaking News" updates headlining emerging issues in primary care that affect migrant populations on social media sites and webpage with brief summaries of new findings. (Hide) 3. Respond in a timely manner to all TA requests from C/MHCs regarding emerging primary care issues (Hide)	1. A total of 12 (4/yr) Streamline articles written and distributed on emerging clinical issues in 1st project year. Distribution via Streamline mailed to 2,500 individuals and archived on MCN’s website (Hide) 2. At least 12 "Breaking News" updates/year will be posted on social media sites and/or MCN’s website to rapidly disseminate emerging issues of critical importance in care to special populations. (Hide) 3. Documented response within a week to all TA requests (Hide)	1. • Documented peer review • Streamline distribution #s (Hide) 2. • # of website or social media posts • Community response rate to MCN posts. (Hide) 3. • MCN TA Registry • Performance Measures (Hide)	1. Ed Zuroweste, Jennie McLaurin, Jillian Hopewell, Candace Kugel, and Amy Liebman (Hide) 2. Jennie McLaurin, Jillian Hopewell, Ed Zuroweste, Deliana Garcia and Amy Liebman (Hide) 3. Ed Zuroweste, Jillian Hopewell, Jennie McLaurin, Karen Mountain (Hide)	Activity 1 November 2011 -June 2014, Activity 2 October 2011- June 2014, Activity 3 December 2011- June 2014, Activity 4 September 2011 -June 2014	Removed "Publish at least 4 articles (1/year) on emerging primary care issues for MSFWs in health related peer reviewed journals." and replaced with one additional conference and additional Clinical Fundamentals webinar. (see A1.2 and A1.6)

Goal C4: Prepare and distribute training materials, monographs, etc., and conduct training workshops on selected administrative, financial and clinical topics that are unique to special population programs.

Justification Comments	Not Applicable
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Objective C4.1: Provide expert clinical T/TA to all C/MHCs through workshops, webinars, and publications addressing cultural, occupational, environmental, behavioral, dental, medical, and preventive aspects of MSFW health

Progress Report: MCN provides a compendium of peer-reviewed promising practices so C/MHCs will have access to cutting edge information and resources to provide quality care to their MSFW patients. From Jul 2012 thru Apr 2013, 257,771 clinical program resources were distributed via mail, conferences, site visits and MCN's website. In Aug 2012, MCN conducted a national webinar entitled "Palliative and End of Life Care for Latino Migrants", presenters: Tina Castanares and George David, MD, 80 participants. MCN also collaborated with NACHC and the SAMHSA-HRSA Center for Integrated Health Solutions in a national webinar entitled "Integrating Behavioral Health in Community Health Centers & Migrant Health Programs: Motivation, Readiness, & Cultural Challenges" presenters: Tillman Farley, MD and Jennie McLaurin, MD, MPH, 350 participants. In Nov 2012 MCN and David Parker, MD, with Park Nicollet Institute along with NCFH and HOP met to discuss methods of improving diabetes care for migrating farmworkers from MN/ND. MCN provides T/TA to C/MHCs on use of IRB in clinical practice setting of research and program development. In Jul 2012 MCN provided support to Dr. Quach regarding submitting a research protocol for review to the MCN IRB and in September 2012, MCN provided TA to the Association of Asian Pacific Community Health Organizations regarding MCN's IRB and IRB development. In Jul 2012, MCN's Candace Kugel, CNM, FNP, MS presented "Migrant Farmworkers and the Role of Advanced Practice Nurses: Successfully Integrating Environmental and Occupational Health into Primary Care Practice" at the National Nurse Practitioner Symposium Copper Mountain, CO, 12 participants. Jennie McLaurin, MD, MPH discussed the integration of behavioral health into migrant health at East Carolina University. In Nov 2012, Amy Liebman, MA, MPA and Ed Zuroweste, MD provided onsite T/TA at Blue Ridge Community Health Services TA included outreach, enabling svcs, needs and an agricultural tour of area. EOH Training topics addressed: migration health, exposure to EOH hazards, workers' comp for ag workers and the clinicians role. 27 participants, 1.5 hrs CEU. In Mar 2013 MCN conducted a national webinar entitled "Coughing Up the Facts on Pertussis presented by Stacey Martin, MSc, with CDC, 92 participants (Leveraged activity) In Aug 2012, Amy Liebman, MA, MPA conducted a focus group and pilot training with intro to Hazard Identification module of Seguridad training curriculum. 18 participants.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Create compendium of peer-reviewed promising practices so C/MHCs will have access to cutting edge information and resources to provide quality care to their MSFW patients. (Hide)</p> <p>2. Develop and present at least 9 (3/year) accredited webinars on emerging primary care issues facing MSFWs. (Hide)</p> <p>3. Work with at least 12 C/MHC grantees (4/year) to provide on-site intensive T/TA on clinical topics unique to MSFWs (Hide)</p> <p>4. Collaborate with MHP and HOP to provide MHCs with expertise in strategies for effectively integrating clinical, promoter and outreach services. (Hide)</p> <p>5. Provide T/TA to C/MHCs to facilitate the integration of environmental and occupational health (EOH) into primary care. (Hide)</p> <p>6. Work with at least 4 C/MHC grantees (2/year) to provide on-site intensive T/TA on incorporating EOH into primary care. (Hide)</p>	<p>1. 100% of MHCs have access to promising practises via MCN's website. (Hide)</p> <p>2. Participants will report a satisfaction level of 80% or higher. (Hide)</p> <p>3. At least 80% of participants indicate that they can apply this knowledge, tools or resources to their day-to-day practice. (Hide)</p> <p>4. 3 site visits that results in 80% satisfaction in T/TA provided (Hide)</p> <p>5. 100% of MHCs have access to effective integration strategies via MCN's website. (Hide)</p> <p>6. At least 3 C/MHCs will receive intensive on-site training in the integration of EOH into primary care. (Hide)</p> <p>7. 2 site visits that results in 80% satisfaction in T/TA provided (Hide)</p> <p>8. At least 80%</p>	<p>1. • Documented peer review</p> <p>• # of resources downloaded (Hide)</p> <p>2. • # of participants</p> <p>• Participant evaluations (Hide)</p> <p>3. • # of site visits</p> <p>• Site visit evaluation (Hide)</p> <p>4. • # website utilization data</p> <p>• # of resources offered (Hide)</p> <p>5. • Participant evaluations</p> <p>• Pre/post tests</p> <p>• # of participants (Hide)</p> <p>6. • # of site visits</p> <p>• Site visit evaluation (Hide)</p> <p>7. • Documented use of IRB</p> <p>• Training evaluations</p> <p>• Pre/post test (Hide)</p> <p>8. • Strategic plan developed by MCN Board Spring 2012 and adopted by staff (Hide)</p>	<p>1. Jillian Hopewell and Jennifer Sanne (Hide)</p> <p>2. Jillian Hopewell, Theresa Lyons, Ed Zuroweste, Candace Kugel, Deliana Garcia and Amy Liebman (Hide)</p> <p>3. Jennie McLaurin, Karen Mountain, Ed Zuroweste, Amy Liebman, Theresa Lyons (Hide)</p> <p>4. Jillian Hopewell</p> <p>5. Amy Liebman</p> <p>6. Amy Liebman</p> <p>7. Becca Pride and Deliana Garcia (Hide)</p> <p>8. Karen Mountain</p>	<p>Activity 1 June 2012-June 2014, Activity 2 December 2011-June 2014, Activity 3 November 2011-June 2014, Activity 4 June 2012-June 2014, Activity 5 September 2011-June 2014, Activity 6 November 2011-June 2014, Activity 7 June 2012-June 2014, Activity 8 June 2012</p>	

<p>7. Provide T/TA to C/MHCs on use of IRB in clinical practice setting of research and program development, with IRB provision available from MCN (Hide)</p> <p>8. Analyze, refine and create new strategic vision with MCN Board of Directors to maximize MCN impact in reaching grantee TA needs. (Hide)</p>	<p>of participants will indicate that they can apply this knowledge, tools, or resources to their day-to-day practice. (Hide)</p> <p>9. At least 2 research projects will be submitted to MCN's IRB from C/MHCs. (Hide)</p> <p>10. MCN with engaged informed board which provides governance promoting special population TA effectiveness (Hide)</p>		
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Objective C4.2: Facilitate C/MHC staff access to selected resource materials produced by FHN members through centralized archiving and distribution within the NCFH Library and Resource Center.

Progress Report: NCFH has highlighted MCN's clinical resources in the areas of Environmental and Occupational Health and Family Violence Prevention. MCN also includes a search option on our website to search for resource materials on all FHN websites. In the project report period, MCN's website had 571,633 unique visits. MCN actively engages constituents through a variety of other social media outlets including Facebook, Twitter and You Tube. During the project period MCN had an average weekly reach of 337 individuals on our Facebook page. During that same time period MCN sent 392 tweets to our followers to alert them about key resources, new research, and interesting work being done by our partners.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. Determine criteria for selecting resource materials to be disseminated through NCFH Resource Center (Hide)</p> <p>2. MCN markets availability of FHN Member materials through established venues. (Hide)</p>	<p>1. A minimum of two selected resources from MCN will be added to FHN Resource Center and Library per year for the 3 year period, for a total (minimum) of 6. (Hide)</p> <p>2. 10% increase in the number of downloads of FHN resource materials through this link for each of the three years (Hide)</p>	<p>1. • NCFH website review (Hide)</p> <p>2. • Website utilization data (Hide)</p>	<p>1. Jillian Hopewell, Theresa Lyons (Hide)</p> <p>2. Jillian Hopewell, Karen Mountain (Hide)</p>	<p>Activity 1 December 2011-June 2014,</p> <p>Activity 2 October 2011-June 2014</p>	

Objective C4.3: Collaborate with FHN member organizations to conduct a joint assessment of MHC training and technical assistance needs

Progress Report: MCN participated with our FHN partners in a FQHC needs assessment in August and September 2012. A total of 93 individuals responded to the survey, results of which were distributed to HRSA in September 2012. The results of this needs assessment have been used to guide program development among all FHN members. In addition, the FHN issued a joint program report which was also distributed to HRSA in September 2012.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. MCN will collaborate with FHN partners to review needs assessment findings</p>	<p>1. Revised needs assessment tool available to distribute to</p>	<p>1. • Documented review of needs assessment tool (Hide)</p>	<p>1. Karen Mountain, Jillian Hopewell (Hide)</p> <p>2. Jillian Hopewell</p>	<p>Activity 1 June 2012-June 2014, Activity 2 June 2012-June</p>	

<p>from previous year to assess usefulness and adjust assessment questions accordingly. (Hide)</p> <p>2. MCN to promote response to needs assessment from MHC clinicians (Hide)</p> <p>3. Summarize findings, analyze, and make recommendations for joint consideration and submission to OSPH and OTAC with implications for all TA Providers (Hide)</p>	<p>C/MHCs. (Hide)</p> <p>2. MCN will promote needs assessment to a minimum of 5,000 clinicians working in MHCs. (Hide)</p> <p>3. Summary report developed, analyzed and distributed. (Hide)</p>	<p>2. • # of respondents to needs assessment (Hide)</p> <p>3. • Completion of summary report (Hide)</p>	<p>3. Jillian Hopewell with FHN Workgroup (Hide)</p>	<p>2014, Activity 3 August 2012- June 2014</p>
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Objective C4.4: Collaborate with FHN members to inform funders and constituents of T/TA activities and outcomes.

Progress Report: MCN works closely with our FHN partners to coordinate T/TA services for FQHC In Aug 2012, Jillian Hopewell, MA, MPA in collaboration with members of the FHN completed a report of FHN activities and outcomes July 2011-June 2012. To best illustrate the broad scope of FHN services, this document presents the collective impact of FHN activities. Specifically, the FHN reports on five indicators that jointly illustrate the scope of FHN activities: TA encounters, TA encounters >3 hours, Number of Individuals trained in migrant health, Number of resources distributed, Number of encounters per Migrant Health Grantee. Additionally, beginning in July 2011, the Farmworker Health Network began collecting and jointly analyzing data on the following two indicators: Satisfaction with training received and Usefulness of training for health center operations. This report present a summary of activities from the most recent program year, July 2011-June 2012, followed by a summary of four years of T/TA activities provided through the Farmworker Health Network.

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. MCN will collaborate with FHN to define parameters of T/TA data to be gathered as a group. (Hide)</p> <p>2. Each FHN Member with the exception of NACHC will setup the internal capacity to gather data in compatible format. (Hide)</p> <p>3. Format results and descriptive report and share with OSPH and OTAC. (Hide)</p>	<p>1. A consolidated report reflecting the summary of all TA provided to MHCs and potential MHCS by FHN Members (Hide)</p>	<p>1. • # TA activities</p> <p>• # recipients of TA</p> <p>• # time expended</p> <p>• # type/topic of TA (Hide)</p>	<p>1. Karen Mountain, Theresa Lyons and Jillian Hopewell (Hide)</p>	<p>November 2012 -June 2014</p>	

Objective C4.5: Collaborate with FJ to provide C/MHCs with relevant information about key policy issues impacting migrant health

Progress Report: 10/23/2012 Following up to an immigration policy Streamline article, Jillian Hopewell, MA, MPA provided additional TA to Dr. Mann with the Wake Forest University School of Medicine regarding their research project that looks at the impact of local immigration enforcement policies on the health of immigrants and on their health services. On track for completion. Amy Liebman MA, MPA reviewed Eye On Farmworker Health #6.4 and #7.1

Activity	Expected Outcome	Data Evaluation and Measurement	Person/Area Responsible	Time Frame	Comments
<p>1. At least 3 (1/year) peer-reviewed Streamline articles per year on clinically relevant policy topics unique to migrants (Hide)</p> <p>2. Collaborate with FJ to offer editorial review and suggest</p>	<p>1. 100% of MHCs will receive information about critical policy issues impacting migrant health via Streamline mailed to 2,500 individuals and archived on</p>	<p>1. • Peer review of at least 3 articles</p> <p>• Distribution to over 2,500 individuals (Hide)</p> <p>2. • Documented</p>	<p>1. Jillian Hopewell and Amy Liebman (Hide)</p> <p>2. Jillian Hopewell and Amy Liebman (Hide)</p>	<p>Activity 1 January 2012- June 2014, Activity 2 September 2011 -June 2014</p>	<p>We changed the number of FJ Streamline articles from "6" to "3" and replaced the activity with additional collaboration on conference</p>

<p>content guidance relevant to clinicians of at least 6 (2/year) issues of Eye on Farmworker Health and Policy Briefs (Hide)</p>	<p>MCN's website (Hide) 2. 100% of MHCs will receive information about critical policy issues impacting migrant health. (Hide)</p>	<p>peer review (Hide)</p>	<p>sessions. We also changed collaborate with FJ to offer editorial review ... "9" to "6" and changed "(3/year)" to "2" per year issues of Eye on Farmworker Health and Policy Briefs due to higher demand for that activity. (see A1.6)</p>
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<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</p> <p>FORM 12: ORGANIZATION CONTACTS</p>		<p>FOR HRSA USE ONLY</p>	
		<p>Application Tracking Number</p>	<p>Grant Number</p>
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