

PROGRAM SPECIFIC INFORMATION
VIEW/PRINT VERSION

SUBMISSION TYPE: NON-COMPETING PERFORMANCE REPORT

SUBMISSION TRACKING NUMBER: 14983

GRANT NUMBER: H61MC09033

APPLICATION YEAR: 2013

REPORTING PERIOD: 4/1/2012 - 3/31/2013 (FY2012)

Form 1
MCH Project Budget Details For 4/1/2013 to 3/31/2014 (FY 2013)

1. MCHB GRANT AWARD AMOUNT		\$ <u>255,382</u>
2. UNOBLIGATED BALANCE		\$ <u>0</u>
3. MATCHING FUNDS (Required: No)		\$ <u>0</u>
A. Local Funds	\$ _____	
B. State Funds	\$ _____	
C. Program Income	\$ _____	
D. Applicant/Grantee Funds	\$ _____	
E. Other Funds	\$ _____	
4. OTHER PROJECT FUNDS (Not included in 3 above)		\$ <u>0</u>
A. Applicant/Grantee Funds (includes in-kind)	\$ <u>0</u>	
B. State Funds	\$ <u>0</u>	
C. Local Funds	\$ <u>0</u>	
D. Other Funds (including private sector, e.g., Foundations)	\$ <u>0</u>	
E. Program Income (Clinical or Other)	\$ <u>0</u>	
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)		\$ <u>255,382</u>
6. FEDERAL COLLABORATIVE FUNDS (Source(s) of additional Federal funds contributing to the project)		
A. Other MCHB Funds		
1) Special Projects of Regional and National Significance (SPRANS)	\$ _____	
2) Community Integrated Service Systems (CISS)	\$ _____	
3) State Systems Development Initiative (SSDI)	\$ _____	
4) Healthy Start	\$ _____	
5) Emergency Medical Services for Children (EMSC)	\$ _____	
6) Traumatic Brain Injury	\$ _____	
7) State Title V Block Grant	\$ _____	
8) Other _____	\$ _____	
9) Other _____	\$ _____	
10) Other _____	\$ _____	
B. Other HRSA Funds		
1) HIV/AIDS	\$ _____	
2) Primary Care	\$ _____	
3) Health Professions	\$ _____	
4) Other _____	\$ _____	
5) Other _____	\$ _____	
6) Other _____	\$ _____	
C. Other Federal Funds		
1) Center for Medicare and Medicaid Services (CMS)	\$ _____	
2) Supplemental Security Income (SSI)	\$ _____	
3) Agriculture (WIC/Other)	\$ _____	
4) Administration for Children and Families (ACF)	\$ _____	
5) Centers for Disease Control and Prevention (CDC)	\$ _____	
6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____	
7) National Institutes of Health (NIH)	\$ _____	
8) Education	\$ _____	
9) Bioterrorism	\$ _____	
10) Other _____	\$ _____	
11) Other _____	\$ _____	
12) Other _____	\$ _____	
7. TOTAL COLLABORATIVE FEDERAL FUNDS	\$ <u>0</u>	

**Form 2
Project Funding Profile**

	4/1/2011 - 3/31/2012 (FY 2011)		4/1/2012 - 3/31/2013 (FY 2012)		4/1/2013 - 3/31/2014 (FY 2013)	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
1. MCHB Grant Award Amount <i>(Line 1, Form 1)</i>	\$ 300,000	\$ 264,692	\$ 270,000	\$ 217,949	\$ 255,382	\$
2. Unobligated Balance <i>(Line 2, Form 1)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$
3. Matching Funds <i>(Line 3, Form 1)</i>	\$	\$	\$	\$	\$	\$
4. Other Project Funds <i>(Line 4, Form 1)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$
5. Total Project Funds <i>(Line 5, Form 1)</i>	\$ 300,000	\$ 264,692	\$ 270,000	\$ 217,949	\$ 255,382	\$
6. Total Collaborative Federal Funds <i>(Line 7, Form 1)</i>	\$ 20,789,092	\$ 0	\$ 21,643,418	\$ 217,949	\$ 0	\$

Form 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

TYPES OF SERVICES	4/1/2011 - 3/31/2012 (FY 2011)		4/1/2012 - 3/31/2013 (FY 2012)		4/1/2013 - 3/31/2014 (FY 2013)	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 0	\$ 264,692	\$ 0	\$ 0	\$ 0	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/ Public Education.)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 300,000	\$ 0	\$ 270,000	\$ 217,949	\$ 255,382	\$
V. TOTAL	\$ 300,000	\$ 264,692	\$ 270,000	\$ 217,949	\$ 255,382	\$ 0

I. Project Identifier Information

1. Project Title: Universal Newborn Hearing Screening and Intervention
2. Project Number: H61MC09033
3. Email address: DSHSAwards@dshs.state.tx.us

II. Budget

1. MCHB Grant Award Amount: (Line 1, Form 1) \$ 255,382
2. Unobligated Balance: (Line 2, Form 1) \$ 0
3. Matching Funds: (if applicable) (Line 3, Form 1) \$ _____
4. Other Project Funds: (Line 4, Form 1) \$ 0
5. Total Project Funds: (Line 5, Form 1) \$ 255,382

III. Type(s) of Service Provided (Choose all that apply)

- Direct Health Care Services
- Enabling Services
- Population-Based Services
- Infrastructure Building Services

IV. Project Description on Experience to Date

A. Project Description

1. Problem (maximum 300 characters):

The TEHDI Program needs to expand statewide partnerships, and reduce incidence of infants with hearing loss who are lost to follow-up services. There is a need to develop and implement strategies to overcome gaps in partnership with audiologists, and provide ongoing educational outreach.

2. Goals and Objectives: (maximum characters for Goal is 200, for Objective is 300): List up to 5 major goals and time-framed objectives per goal for the project.

Goal 1: Implement educational initiatives for health care providers with the knowledge and information necessary to educate families about universal newborn hearing screening and intervention.

Objective 1: Expand the pre-existing outreach and training by providing 30 presentations using the TEHDI curriculum and toolkit with emphasis on education of the virtual options, such as teleconferences and webinars.

Objective 2:

Objective 3:

Goal 2: Expand the care coordination system to enhance the TEHDI continuum of services to ensure infants who do not pass the newborn hearing screening receive follow-up services.

Objective 1: Continue the pilot program until the end of 2013 with a 20% increase in newborn and infants diagnosed with hearing loss of those piloted sites.

Objective 2: Prepare a report on the evaluation of the 3-year pilot program.

Objective 3: Utilize report to design potential statewide care coordination system.

Goal 3: Enhance the comprehensive TEHDI program educational website that encompasses Texas' needs in follow-up and early intervention.

Objective 1: Evaluate effectiveness of the TEHDI website and make necessary changes.

Objective 2: Increase the number of visits to the TEHDI program website by 20%.

Objective 3:

Goal 4: Develop quality improvement initiatives and recommendations for statewide TEHDI using the improvement model: Improving Follow-up to Newborn Hearing Screening - A Learning Collaborative Experience.

Objective 1: Coordinate with HRSA in the EHDI Learning Collaborative over a 15-month period.

Objective 2: Establish a Texas EHDI Learning Collaborative core team of 4 - 6 to work together towards an agreed set of goals, track and report common improvement measures over time, and learn together how to improve the system of care through the use of shared strategies.

Objective 3: Establish a larger Texas EHDI Learning Collaborative Task Force to develop locally applicable PDSA (Plan, Do, Study, Act) cycles and test impact.

Goal 5: Establish Early Childhood Hearing Outreach (ECHO) pilot sites in collaboration with the Texas Head Start State Collaboration Office.

Objective 1: Explore possible mechanisms for providing hearing screens to children enrolled in the Early Head Start pilot sites.

Objective 2: Provide hearing screens to children at the pilot sites.

Objective 3: Electronically import screening results into the TEHDI MIS.

3. Activities/Methodology planned to meet project goals (maximum 1500 characters):

Provide one or more audiology subject matter experts through a contract vendor to develop strategies and partnerships with pediatric audiologists in an effort to expand care coordination. Provide two TEHDI Program mini-conferences to facilitate discussion with audiologists to improve partnerships and integration with the TEHDI Program and the TEHDI Management Information System (MIS). Increase awareness and encourage participating in the Early Hearing Detection and Intervention - Pediatric Audiology Links to Services (EHDI-PALS) information system. Expand partnerships established through the statewide NICHQ quality improvement initiative. Study and implement PDSAs that reveal improvement to the statewide system of care. Provide a co-sponsored TEHDI Summit with the Texas Education Agency and other stakeholders within the TEHDI continuum.

4. The first three *Healthy People 2010* objectives which this project addresses are listed below.

- (1). Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.
- (2). Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.
- (3). Related to Objective 23.11 (Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.
- (4). Related to Objective 23.15 (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.
- (5). Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling

conditions as required by Public Law 101-239.

5. Coordination (maximum 500 characters): List the State, local health agencies or other organizations involved project and their roles.

OZ Systems - tracking system and audiologist outreach. Department of Assistative and Rehabilitative Services Early Childhood Intervention - coordinating with TEHDI to ensure infants receive early intervention. Texas Education Agency - facilitate efforts between DSHS and early intervention. American Academy of Pediatrics TX Chapter Champions - audiologist outreach. Statewide NICHQ Leadership - quality improvement development. University of Texas - School of Nursing - TEHDI educational outreach.

6. Evaluation (maximum 500 characters): briefly describe the methods which will be used to determine whether process and outcome objectives are met.

Baseline data will be utilized from the TEHDI MIS. At the end of the audiology outreach project data will be analyzed and compared to the baseline data. OZ Systems will provide and evaluate measures led by Drs. Ken Pool and Terese Finitzo.

B. Continuing Grants ONLY

1. Experience to Date (maximum 1500 characters):

University of Texas - School of Nursing provided six Medical Home outreach presentations to a total of 61 attendees. The statewide NICHQ collaboration took place, with quality initiatives developed and steps taken to implement an expansion of those initiatives. The TEHDI Program initiated a partnership with ECHO, introducing stakeholders to both ECHO and the TEHDI Program through a face-to-face presentation. The care coordination pilot was completed with significant improvement to hospital coordination outcomes when intensive coordination and support was given. A TEHDI Outpatient Outreach Education webinar was established.

2. Website URL and annual number of hits:

URL: <http://www.dshs.state.tx.us/tehdi/>

Number of hits: 95,452

V. Key Words

Keyword 1: Audiology

Keyword 2: Communication disorders

Keyword 3: Early intervention services

Keyword 4: Educational materials

Keyword 5: Newborn screening

Keyword 6: Provider participation

Keyword 7: _____

Keyword 8: _____

Keyword 9: _____

Keyword 10: _____

VI. Annotation(maximum 750 characters):

TEHDI goals are to: implement educational initiatives to providers with knowledge and information to educate families about universal newborn hearing screening and intervention; and develop care coordination that enhances the TEHDI continuum of services ensuring infants who do not pass the screening receive follow-up services. The TEHDI program proposes to: implement outreach, education and training strategies using approved curriculum; provide modeled care coordination services; provide a comprehensive educational website; implement National Initiative for Children's Healthcare Quality learning collaborative strategies to improve follow-up; and participate in a Texas Early Childhood Hearing Outreach initiative.

Form 7
Discretionary Grant Project Summary Data

1. Project Service Focus

- Urban/Central City
- Suburban
- Metropolitan Area (city & suburbs)
- Rural
- Frontier
- Border (US-Mexico)

2. Project Scope

State-wide

3. Grantee Organization Type

State Agency

If Other, specify: _____

4. Project Infrastructure Focus (from MCH Pyramid) if applicable

- Guidelines/Standards Development and Maintenance
- Policies and Programs Study and Analysis
- Synthesis of Data and Information
- Translation of Data and Information for Different Audiences
- Dissemination of Information and Resources
- Quality Assurance
- Technical Assistance
- Training
- Systems Development
- Other _____

5. Demographic Characteristics of Project Participants for Clinical Services Projects

This section is not applicable for your project

6. Clients' Primary Language(s)

This section is not applicable for your project.

7. Resource/TA and Training Centers ONLY

This section is not applicable to your project.

**Form 9
Tracking Project Performance Measures**

Performance Measure # 07

The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.

Maximum Score: 24

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	<u>16</u>	<u>18</u>	<u>20</u>
Score	<u>16</u>	<u>18</u>	<u> </u>

Data Collection Form For Performance Measure #07

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met	
Element	Score
1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.	<u>2</u>
2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.	<u>2</u>
3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.	<u>3</u>
4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.	<u>2</u>
5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.	<u>3</u>
6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.	<u>3</u>
7. Family members/youth/consumers work with their professional partners to provide training (pre service, in-service and professional development) to MCH/CSHCN staff and providers.	<u>2</u>
8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.	<u>1</u>

Total Score (possible 0 - 24) 18

**Form 9
Tracking Project Performance Measures**

Performance Measure # 10

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

Maximum Score: 30

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	<u>18</u>	<u>20</u>	<u>24</u>
Score	<u>23</u>	<u>24</u>	<u> </u>

Data Collection Form For Performance Measure #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural competence elements into your policies, guidelines, contracts and training.

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

0 = Not Met	
1 = Partially Met	
2 = Mostly Met	
3 = Completely Met	
Element	Score
1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).	<u>3</u>
2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.	<u>3</u>
3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.	<u>3</u>
4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.	<u>2</u>
5. Community and family members from diverse cultural groups are partners in planning your program.	<u>2</u>
6. Community and family members from diverse cultural groups are partners in the delivery of your program.	<u>2</u>
7. Community and family members from diverse cultural groups are partners in evaluation of your program.	<u>2</u>
8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.	<u>2</u>
9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.	<u>3</u>
10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.	<u>2</u>

Total Score (possible 0 - 30) 24

**Form 9
Tracking Project Performance Measures**

Performance Measure # 24

The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.

Maximum Score: 20

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	<u>15</u>	<u>16</u>	<u>17</u>
Score	<u>18</u>	<u>18</u>	<u>18</u>

Data Collection Form For Performance Measure #24

Use the scale below to describe the extent to which your program or initiative has contributed to the implementation of each of the following Public MCH Program core function activities at the local, State, or national level.

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

0 = Grantee does not provide or contribute to the provision of this activity	
1 = Grantee sometimes provides or contributes to the provision of this activity	
2 = Grantee regularly provides or contributes to the provision of this activity	
Element	Score
Assessment Function Activities:	Category total: <u>6</u>
1. Assessment and monitoring of maternal and child health status to identify and address problems, including a focus on addressing health disparities. [Examples of activities include: developing frameworks, methodologies, and tools for standardized MCH data in public and private sectors; implementing population-specific accountability for MCH components of data systems, and analysis, preparation and reporting on trends of MCH data and health disparities among subgroups.]	<u>2</u>
2. Diagnosis and investigation health problems and health hazards affecting maternal and child health populations. [Examples of activities include conduct of population surveys and reports on risk conditions and behaviors, identification of environmental hazards and preparation of reports on risk conditions and behaviors.]	<u>2</u>
3. Informing and educating the public and families about MCH issues.	<u>2</u>
Policy Development Function Activities:	Category total: <u>4</u>
4. Mobilization of community collaborations and partnerships to identify and solve MCH problems. [Examples of stakeholders to be involved in these partnerships include: policymakers, health care providers, health care insurers and purchasers, families, and other MCH care consumers.]	<u>1</u>
5. Provision of leadership for priority setting, planning and policy development to support community efforts to assure the health of maternal and child health populations.	<u>2</u>
6. Promotion and enforcement of legal requirements that protect the health and safety of maternal and child health populations.	<u>1</u>
Assurance Function Activities:	Category total: <u>8</u>
7. Linkage of maternal and child health populations to health and other community and family services, and assuring access to comprehensive quality systems of care.	<u>2</u>
8. Assuring the capacity and competency of the public health and personal health workforce to effectively and efficiently address MCH needs.	<u>2</u>
9. Evaluate the effectiveness, accessibility and quality of direct, enabling and population-based preventive MCH services.	<u>2</u>
10. Research and demonstrations to gain new insights and innovative solutions to MCH-related issues and problems.	<u>2</u>

Total Score (possible 0 - 20) 18

**Form 9
Tracking Project Performance Measures**

Performance Measure # 31

The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.

Maximum Score: 24

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	<u>12</u>	<u>14</u>	<u>20</u>
Score	<u>22</u>	<u>24</u>	<u> </u>

Data Collection Form For Detail Sheet #31

Using the scale below, indicate the degree to which your grant has assisted in developing and implementing an integrated system of care for MCH populations.

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

Indicate the population focus:

<input checked="" type="checkbox"/> Pregnant Women
<input checked="" type="checkbox"/> Children
<input type="checkbox"/> Adolescents
<input checked="" type="checkbox"/> Children and Youth with Special Health Care Needs
0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Part A	
Element	Score
*1. Collaboration with Other Public Agencies and Private Organizations on the State Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and assets and the provision of services within a community-based system of care for MCH populations. The programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services.	<u>3</u>
*2. Collaboration with Other Public Agencies and Private Organizations on the Local Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and provision of services within a community-based system of care for MCH populations. The grantee facilitates electronic communication, integration of data, and coordination of services on the local level.	<u>3</u>
*3. Coordination of Components of Community-Based Systems: The grantee has assisted in the development of a mechanism in communities across the State for coordination of health and essential services across agencies and organizations. This includes coordination among providers of primary care, rehabilitative services, other specialty medical treatment services, mental health services, early care and education, parenting education, family support, and home health care.	<u>3</u>
*4. Coordination of Health Services with Other Services at the Community Level: The grantee has assisted in the development of a mechanism in communities across the State for coordination and services integration among programs including early intervention and special education, social services, and family support services.	<u>3</u>

Part A Total Score (possible 0 - 12) 12

Part B	
Support for Communities:	
*1. Technical assistance and consultation	<u>3</u>
*2. Education and training	<u>3</u>
*3. Common data protocols	<u>3</u>
*4. Financial resources for communities engaged in systems development	<u>3</u>

Part B Total Score (possible 0 - 12) 12

Total Score (possible 0 - 12) 24

**Form 9
Tracking Project Performance Measures**

Performance Measure # 33

The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

Maximum Score: 27

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	<u>20</u>	<u>22</u>	<u>23</u>
Score	<u>20</u>	<u>21</u>	<u> </u>

Data Collection Form For Detail Sheet #33

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

0 = Not Met	
1 = Partially Met	
2 = Mostly Met	
3 = Completely Met	
Element	Score
1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.	<u>2</u>
2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.	<u>2</u>
3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.	<u>3</u>
4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.	<u>3</u>
5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.	<u>3</u>
6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.	<u>2</u>
7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.	<u>2</u>
8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.	<u>2</u>
9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.	<u>2</u>

Total Score (possible 0 - 27) 21

**Form 9
Tracking Project Performance Measures**

Performance Measure # 41

The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

Maximum Score: 72

Annual Objective and Performance Data	4/1/2011 - 3/31/2012 (FY 2011)	4/1/2012 - 3/31/2013 (FY 2012)	4/1/2013 - 3/31/2014 (FY 2013)
Annual Performance Objective	50	55	60
Score	37	38	

Data Collection Form For Performance Measure #41

Reporting Period: 4/1/2012 - 3/31/2013 (FY 2012)

Using the scale below, indicate the degree to which your grant has assisted in the development and implementation of medical homes for MCH populations. Grantees may identify specific categories as not applicable to their grant program by selecting a score of 0 for every item within the category.

0 = Not Met
1 = Partially Met
2 = Mostly Met
3 = Completely Met

Indicate the population focus:

Pregnant And Postpartum Women

Infants

Children

Children With Special Health Care Needs

Adolescents

Element	Score
Category A: Establishing and Supporting Medical Home Practice Sites:	Category total: <u>12</u>
1. The grantee has conducted needs and capacity assessments to assess the adequacy of the supply of medical homes in their community, state, or region.	<u>2</u>
2. The grantee has recruited health care providers to become the medical homes.	<u>0</u>
3. The grantee has developed or adapted training curricula for primary care providers in the medical home concept.	<u>3</u>
4. The grantee has provided training to health care providers in the definition and implementation of the medical home and evaluated its effectiveness.	<u>3</u>
5. The grantee has assisted practice sites in implementing health information technologies in support of the medical home.	<u>1</u>
6. The grantee has developed/implemented tools for the monitoring and improvement of quality within medical homes.	<u>1</u>
7. The grantee has disseminated validated tools such as the Medical Home Index to practice sites and trained providers in their use.	<u>1</u>
8. The grantee has developed/implemented quality improvement activities to support medical home implementation.	<u>1</u>
Category B: Developing and Disseminating Information and Policy Development Tools: The grantee has developed tools for the implementation of the medical home and promoted the medical home through policy development:	Category total: <u>8</u>
9. Referral resource guides.	<u>1</u>
10. Coordination protocols.	<u>2</u>
11. Screening tools.	<u>2</u>
12. Web sites.	<u>2</u>
13. The grantee has developed and promoted policies, including those concerning data-sharing, on the State or local level to support the medical home.	<u>1</u>
14. The grantee has provided information to policymakers in issues related to the medical home.	<u>0</u>
Category C: Public Education and Information Sharing: The grantee has implemented activities to inform the public about the medical home and its features and benefits:	Category total: <u>5</u>
15. The grantee has developed Web sites and/or other mechanisms to disseminate medical home information to the public.	<u>1</u>
16. The grantee has provided social service agencies, families and other appropriate community-based organizations with lists of medical home sites.	<u>1</u>
17. The grantee has engaged in public education campaigns about the medical home.	<u>3</u>
Category D: Partnership-Building Activities:	Category total: <u>4</u>
18. The grantee has established a multidisciplinary advisory group, including families and consumers representative of the populations served, to oversee medical home activities.	<u>1</u>
19. The grantee has coordinated and/or facilitated communication among stakeholders serving MCH populations (e.g., WIC, domestic violence shelters, local public health departments, rape crisis centers, and ethnic/culturally-based community health organizations)	<u>1</u>
20. The grantee has worked with the State Medicaid agency and other public and private sector purchasers on financing of the medical home.	<u>0</u>
21. The grantee has worked with health care providers and social service agencies to implement integrated data systems.	<u>2</u>
Category E: Mentoring Other States and Communities:	Category total: <u>9</u>

22. The degree to which the grantee has shared medical home tools with other communities and States.	<u>3</u>
23. The degree to which the grantee has presented its experience establishing and supporting medical homes to officials of other communities, family champions, and/or States at national meetings.	<u>3</u>
24. The degree to which the grantee has provided direct consultation to other States on policy or program development for medical home initiatives.	<u>3</u>

Total Score (possible 0 - 72) 38

Products, Publications and Submissions Data Form

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	0
Peer-reviewed publications in scholarly journals – submitted	0
Books	0
Book chapters	0
Reports and monographs (including policy briefs and best practices reports)	1
Conference presentations and posters presented	0
Web-based products (Blogs, Podcasts, Web-based video clips, Wikis, RSS feeds, News aggregators, Social networking sites, web sites)	0
Electronic products (CD-ROMs, DVDs, audio or videotapes)	0
Press communications (TV/Radio interviews, Newspaper interviews, Public service announcements, and Editorial articles)	0
Newsletters (Electronic or Print)	0
Pamphlets, Brochures, or Fact sheets	0
Academic course development	0
Distance learning modules	0
Doctoral dissertations/Master's theses	0
Other	0
Total	1

List of Products, Publications and Submissions

Data collection form for Reports and monographs (including policy briefs and best practices reports)	
Title:	Texas Early Hearing Detection and Intervention (TEHDI) Program Annual Report for Calendar Year 2011
Author(s)/Organization(s):	Mary Gwyn Allen, James Goolsby, Sarah Shaw, Camden Frost, Texas Department of State Health Services, Mary Catherine Hess - Oz Systems
Year Published:	2012
To obtain copies (URL or email):	http://www.dshs.state.tx.us/tehdi/TEHDI-Annual-Report.aspx