

PROGRAM SPECIFIC INFORMATION
VIEW/PRINT VERSION

SUBMISSION TYPE: FINAL YEAR PERFORMANCE REPORT

SUBMISSION TRACKING NUMBER: C9EB5370-9BA0-41E5-B6AD-7803B2

GRANT NUMBER: H61MC00035

REPORTING PERIOD: 4/1/2013 - 3/31/2014 (FY2013)

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

1. MCHB GRANT AWARD AMOUNT		\$	██████████
2. UNOBLIGATED BALANCE		\$	0
3. MATCHING FUNDS (Required: No)		\$	0
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)		\$	0
A. Applicant/Grantee Funds (includes in-kind)	\$ 0		
B. State Funds	\$ 0		
C. Local Funds	\$ 0		
D. Other Funds (including private sector, e.g., Foundations)	\$ 0		
E. Program Income (Clinical or Other)	\$ 0		
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)		\$	██████████
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	\$ 0		

**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>	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
2. Unobligated Balance <i>(Line 2, Form 1)</i>	\$ 0	\$ 0	\$ 0	\$ 67,275	\$ 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	\$ 0
5. Total Project Funds <i>(Line 5, Form 1)</i>	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
6. Total Collaborative Federal Funds <i>(Line 7, Form 1)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 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	\$ 0	\$ 0	\$ 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	\$ 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	\$ 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.)	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
V. TOTAL	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

I. Project Identifier Information

1. Project Title: UNIVERSAL NEWBORN HEARING SCREENING
2. Project Number: H61MC00035
3. Email address: [REDACTED]@n.us [REDACTED]@tate.n

II. Budget

1. MCHB Grant Award Amount: (Line 1, Form 1) \$ [REDACTED]
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) \$ [REDACTED]

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):

Delays and loss to follow-up continue in all stages: initial hearing screen, referral to audiologist, definitive diagnosis, and linkage with early intervention. MDH EHDH will work to identify children who are lost to follow-up and those with hearing loss and connect them to needed services.

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: MDH will reduce loss to follow-up and delays to EHDH supports for infants/children at risk or diagnosed with hearing loss through the implementation of a state-wide coordinated system of follow-up.

Objective 1: By March 2014, decrease the number of infants who were never documented as screened from 2.4 percent to 0.5 percent.

Objective 2: By March 2014, decrease the number of infants lost to follow-up from 13.9 percent to 1.5 percent and those lost to documentation from 6.2 percent to 1 percent between screening and diagnosis.

Objective 3: By March 2014, decrease the number of infants lost to follow-up/documentation between initial diagnosis of hearing loss and entry into a program of early intervention from 77 percent to 10 percent.

Goal 2: MDH will facilitate and support Community EHDH Coalitions across the state to build collaborative relationships and advocate for best practices for early hearing detection and follow-up.

Objective 1: By March 2014 there will be a higher level of community partnerships and a common understanding of best practices to effectively promote changes in systems for care of children who are deaf or hard of hearing.

Objective 2: By March 2014, local public health nurses providing EHDH follow-up will have a greater understanding of EHDH systems and services, care coordination, and family centered care.

Objective 3: By March 2014, state and local EHDH partners will have stronger relationships with primary care/health care home so that primary care will have a greater understanding of EHDH systems and services.

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

Goal 1: Connections to local public health (LPH) agencies will be vital in the implementation and outcome evaluations for this project. Public health nurses are uniquely suited to this role as they work in concert with education, human services, health care, community organizations, and families on a routine basis in their local communities. MDH will enhance follow-up coordination of local public health agencies to facilitate and document screening, rescreening, diagnostic testing and connection to supports and services for children with hearing loss. Required documentation will be entered by the public health nurse into Minnesota's Electronic Disease Surveillance System. Defined data elements will be required for counties to receive reimbursement for case coordination. The MDH will monitor incoming data and care coordination on incomplete or outstanding reports and data will be run monthly to monitor loss to follow-up/documentation rates. County specific EHDH follow-up data will be provided to individual counties. Goal 2: Statewide regional coalition meetings that include EHDH community partners such as Part C, Head Start, parents, and others will be conducted annually. Focus of the meeting will be for regions to implement one measurable quality improvement project/year. In partnership with the Birth Defects Program, EHDH staff will provide annual state-wide training to enhance the knowledge and expertise of LPH nurses who provide EHDH and Birth Defects follow-up.

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

- (1). MICH-30: Increase the proportion of children, including those with special health care needs who have access to a medical home
- (2). MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems
- (3). PHI-1: Increase the proportion of Federal, Tribal, State and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluation
- (4). PHI -3: Increase the proportion of Council on Education for Public Health (CEPH) accredited schools of public health, CEPH accredited academic programs, and schools of nursing (with a public health or community health component) that integrate Core Competencies for Public Health Professionals into curricula
- (5). PH-5: (Developmental) Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors which are consistent with the core competencies for undergraduate public health education
- (6). MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems
- (7). PHI-15: Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan
- (8). MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems
- (9). PHI-15: Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan
- (10). MICH-30: Increase the proportion of children, including those with special health care needs who have access to a medical home

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

Local Public Health/Home visiting; MN Hands and Voices; Early Intervention – Part C; MN Departments of Education & Human Services, Head Start; Medical Home; and the Newborn Hearing Screening Advisory Committee.

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

Evaluation will include bi-monthly data analysis to determine loss to follow-up rates. MDH will use performance measures, data reports, parent surveys & health indicators to monitor the effectiveness of the linkage system to ensure that families of infants identified with hearing loss will have appropriate referral to early intervention and services.

B. Continuing Grants ONLY

1. Experience to Date (maximum 1500 characters):

The MDH EHDI program has continued to reduce loss to follow-up and delays to EHDI services/supports for infants and children at risk or diagnosed with hearing loss through the implementation of a statewide coordinated system of follow-up. Efforts over the last year have contributed to nearly meeting our established grant objectives by March 2013 decreasing the number of infants never documented as screened (.08%), lost to follow-up (6.9%), lost to documentation between screening and diagnosis (2%) , and lost to follow-up/documentation between diagnosis and EI (16.6%). During this grant year, MDH completed an out of hospital birth initiative working with the midwife community to improve reported hearing screening for children birthed at home. In addition, MDH contracted with all 87 counties for local public health nurses to facilitate and document rescreening, diagnosis and connection to early intervention programs for families whose infants are lost to follow-up or have an identified hearing loss. Improvements in the ability to share data with the MN Department of Education Part C program greatly enhanced the ability to assess connection to and delivery of Early Intervention services designed to meet the unique language and communication needs of children who are deaf and hard of hearing.

2. Website URL and annual number of hits:

URL: www.improveehdi.org/MN

Number of web hits: 8,864

Number of unique visitors: 1,116

No website or section funded by MCHB for the reporting period.

V. Key Words

Keyword 1: Deafness

Keyword 2: Early intervention

Keyword 3: Families

Keyword 4: Hearing disorders

Keyword 5: Hearing screening

Keyword 6: Infants

Keyword 7: Medical home

Keyword 8: Minnesota

Keyword 9: Screening

Keyword 10: CSHN programs

VI. Annotation(maximum 750 characters):

Large numbers of children are not receiving needed follow-up services after failure to pass hearing screening. This initiative will reduce the number of infants lost to follow-up/documentation at each stage of the EHDI process. Local public health nurses will work with MDH to build EHDI Coalitions and provide dedicated EHDI care coordination to families to assure follow-up services.

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.

8. Population Served

This section is not applicable for 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>21</u>	<u>22</u>	<u>23</u>
Score	<u>21</u>	<u>22</u>	<u>22</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: 4/1/2013 - 3/31/2014 (FY 2013)

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>3</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>3</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>3</u>

Total Score (possible 0 - 24) 22

**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>24</u>	<u>26</u>	<u>28</u>
Score	<u>23</u>	<u>24</u>	<u>25</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: 4/1/2013 - 3/31/2014 (FY 2013)

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>2</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>3</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>3</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) 25

**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>18</u>	<u>19</u>	<u>19</u>
Score	<u>18</u>	<u>19</u>	<u>19</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: 4/1/2013 - 3/31/2014 (FY 2013)

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>5</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>1</u>
3. Informing and educating the public and families about MCH issues.	<u>2</u>
Policy Development Function Activities:	Category total: <u>6</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>2</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>2</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) 19

**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>22</u>	<u>23</u>	<u>24</u>
Score	<u>22</u>	<u>23</u>	<u>24</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: 4/1/2013 - 3/31/2014 (FY 2013)

Indicate the population focus:

<input 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, habilitative 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>22</u>	<u>24</u>	<u>25</u>
Score	<u>22</u>	<u>23</u>	<u>26</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: 4/1/2013 - 3/31/2014 (FY 2013)

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>3</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>3</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>3</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>3</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>3</u>

Total Score (possible 0 - 27) 26

**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	<u>58</u>	<u>60</u>	<u>64</u>
Score	<u>55</u>	<u>59</u>	<u>62</u>

Data Collection Form For Performance Measure #41

Reporting Period: 4/1/2013 - 3/31/2014 (FY 2013)

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>19</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>2</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>2</u>
6. The grantee has developed/implemented tools for the monitoring and improvement of quality within medical homes.	<u>3</u>
7. The grantee has disseminated validated tools such as the Medical Home Index to practice sites and trained providers in their use.	<u>2</u>
8. The grantee has developed/implemented quality improvement activities to support medical home implementation.	<u>2</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>16</u>
9. Referral resource guides.	<u>3</u>
10. Coordination protocols.	<u>2</u>
11. Screening tools.	<u>3</u>
12. Web sites.	<u>3</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>2</u>
14. The grantee has provided information to policymakers in issues related to the medical home.	<u>3</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>7</u>
15. The grantee has developed Web sites and/or other mechanisms to disseminate medical home information to the public.	<u>3</u>
16. The grantee has provided social service agencies, families and other appropriate community-based organizations with lists of medical home sites.	<u>2</u>
17. The grantee has engaged in public education campaigns about the medical home.	<u>2</u>
Category D: Partnership-Building Activities:	Category total: <u>11</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>3</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>3</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>2</u>
21. The grantee has worked with health care providers and social service agencies to implement integrated data systems.	<u>3</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) 62

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	1
Reports and monographs (including policy briefs and best practices reports)	4
Conference presentations and posters presented	3
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)	2
Pamphlets, Brochures, or Fact sheets	0
Academic course development	0
Distance learning modules	1
Doctoral dissertations/Master's theses	0
Other	0
Total	11

List of Products, Publications and Submissions

Data collection form for Book chapters	
Chapter Title:	Chapter 4 Utilizing Public Health Partners: Opportunities for Integrating & Improving State EHDl Programs
Chapter Author(s):	Nicole Brown, MSN, PHN, CPNP; Nicole Brys, MPH, Kirsten Coverstone, AuD
Book Title:	EHDl E-Book; A Resource Guide for Early Hearing Detection and Intervention
Book Author:	National Center for Hearing Assessment and Management, Utah State University
Publisher:	National Center for Hearing Assessment and Management, Utah State University
Year Published:	2014
Target Audience:	Professionals Policymakers Students
Keyword:	Early Hearing Detection and Intervention Hearing Loss Maternal Child Health Newborn Hearing Screening
Data collection form for Reports and monographs (including policy briefs and best practices reports)	
Title:	Minnesota Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs in the Well-Baby Nursery
Author(s)/Organization(s):	Minnesota Department of Health
Year Published:	2013
Target Audience:	Consumers/Families Professionals Policymakers Students
To obtain copies (URL or email):	http://www.improveehdi.org/mn/library/files/wbnguidelines.pdf
Keyword:	Hearing screening Well baby Nursery
Data collection form for Reports and monographs (including policy briefs and best practices reports)	
Title:	Minnesota Guidelines for Hearing Screening After the Newborn Period to Kindergarten Age
Author(s)/Organization(s):	Minnesota Department of Health
Year Published:	2014
Target Audience:	Consumers/Families Professionals Policymakers Students
To obtain copies (URL or email):	http://www.improveehdi.org/mn/library/files/afternewbornperiodguidelines.pdf
Keyword:	Hearing Screening
Data collection form for Reports and monographs (including policy briefs and best practices reports)	
Title:	Minnesota Guidelines for Otolaryngologists
Author(s)/Organization(s):	Minnesota Department of Health
Year Published:	2014
Target Audience:	Consumers/Families Professionals Policymakers Students

To obtain copies (URL or email):	http://www.improveehdi.org/mn/library/files/entguidelines.pdf
Keyword	Hearing Loss Otolaryngologists
Data collection form for Reports and monographs (including policy briefs and best practices reports)	
Title:	Minnesota Guidelines for the Organization and Administration of Universal Newborn Hearing Screening Programs for Out-of-Hospital Births
Author(s)/Organization(s):	Minnesota Department of Health
Year Published:	2014
Target Audience:	Consumers/Families Professionals Policymakers Students
To obtain copies (URL or email):	http://www.improveehdi.org/mn/library/files/oohguidelines.pdf
Keyword	Hearing screening Out of Hospital Birth
Data collection form for Conference presentations and posters presented	
Title:	'Always Getting Better: Using Quality Improvement in EHDI Programs'
Author(s)/Organization(s):	Nicole Brown, MSN, PHN, CPNP
Meeting/Conference Name:	2013 Annual EHDI Meeting
Year Presented:	2013
Media Type:	Presentation
Target Audience:	Consumers/Families Professionals
To obtain copies (URL or email):	http://ehdimeeting.org/2013/Schedule/videos/Plenary4.cfm
Keyword	Newborn Hearing Screening Quality Improvement
Data collection form for Conference presentations and posters presented	
Title:	'Using Maternal and Child Public Health Program Connections to Reduce EHDI Loss to Follow-up'
Author(s)/Organization(s):	Nicole Brown, MSN, PHN, CPNP; Kirsten Coverstone Aud; Minnesota Department of Health
Meeting/Conference Name:	2013 Annual EHDI Meeting
Year Presented:	2013
Media Type:	Presentation
Target Audience:	Professionals
To obtain copies (URL or email):	http://ehdimeeting.org/2013/System/Uploads/pdfs/892NicoleBrown.pdf
Keyword	EHDI Loss to Follow-up Newborn Hearing screening
Data collection form for Conference presentations and posters presented	
Title:	The Advisory Committee Advantage
Author(s)/Organization(s):	Nicole Brown, MSN, PHN, CPNP; Kirsten Coverstone Aud; Minnesota Department of Health
Meeting/Conference Name:	2013 National EHDI Annual Meeting
Year Presented:	2013
Media Type:	Presentation
Target Audience:	Professionals
To obtain copies (URL or email):	http://ehdimeeting.org/2013/System/Uploads/pdfs/880NicoleBrown.pdf
Keyword	Advisory Committee Legislation Newborn Hearing screening
Data collection form for Newsletters (Electronic or Print)	
Title:	Local Public Health EHDI Key Contact Monthly Newsletter
Author(s)/Organization(s):	Minnesota Department of Health; EHDI Program
Year:	2013
Type:	Electronic
Target Audience:	Professionals
To obtain copies (URL or email):	http://www.health.state.mn.us/divs/cfh/program/cyshn/lph.cfm
Frequency of distribution:	Monthly
Number of Subscriber:	75
Keyword	follow-up Hearing screening Local Public Health
Data collection form for Newsletters (Electronic or Print)	
Title:	Sound Matters
Author(s)/Organization(s):	Minnesota Department of Health; EHDI Program
Year:	2013

Type:	Electronic
Target Audience:	Professionals
To obtain copies (URL or email):	http://www.improvehdi.org/mn/pediatric/tools.cfm
Frequency of distribution:	Quarterly
Number of Subscriber:	200
Keyword	Audiology Early Hearing Detection and Intervention Newsletter
Notes	MN EHDI Audiologist Electronic Newsletter
Data collection form for Distance learning modules	
Title:	Minnesota Electronic Disease Surveillance System Training Modules for EHDI LPH Key Contacts
Author(s)/Organization(s):	Minnesota Department of Health; EHDI Program
Year:	2014
Media Type:	Web-ex training
Target Audience:	Professionals
To obtain copies (URL or email):	nicole.brys@state.mn.us
Keyword	Early Hearing Detection and Intervention Local Public Health Training Modules