

MEMORANDUM OF UNDERSTANDING
BETWEEN
OFFICE OF HEAD START
MIGRANT AND SEASONAL HEAD START PROGRAM
ADMINISTRATION FOR CHILDREN AND FAMILIES
AND
MIGRANT HEALTH CENTER PROGRAM
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF PRIMARY HEALTH CARE

I. PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to coordinate resources and align policies at the national level and to express the commitment of Health Resources and Services Administration's Migrant Health Center Program (MHCP) and the Administration For Children and Families (ACF)'s Office of Head Start's (OHS) Migrant and Seasonal Head Start Program (MSHSP) to foster strong working relationships at the national and local levels for assuring access to quality, culturally competent comprehensive primary health care services in each State where programs exist. This agreement commits the MHCP and MSHSP to work collaboratively to support the development and strengthening of linkages between their programs at the local level.

II. PROGRAM DESCRIPTION

A. Bureau of Primary Health Care

The BPHC supports the planning, development, and delivery of quality primary health care services at a national level for migrant and seasonal farmworkers and their families through the MHCP. BPHC provides funding support to non-profit and public entities which provide or arrange for provision of comprehensive primary health services through the five life cycles (prenatal through gerontology) and additional services, health education, and enabling services such as transportation and translation services to migrant and seasonal farmworkers and their families. In addition, migrant health centers are expected to 1) screen for and control infectious diseases, including parasites; and 2) support injury prevention programs, including prevention of exposure to unsafe levels of agricultural chemicals including pesticides. The MHCP is authorized by Section 330(g) of the Public Health Service Act.

B. Migrant and Seasonal Head Start Program

The MSHSP provides comprehensive child development services to the infant/toddler and preschool age children of low-income, migratory and seasonal farmworkers throughout the contiguous States. While these programs have the goal of all other Head Start programs to bring about a greater degree of social competency and school readiness within each child, there are additional goals unique to migrant.

Head Start Services:

- To provide continuity of services to children as they migrate with their families.
- To implement individualized bilingual/multicultural programs relevant to the migrant population at each location.
- To reduce the incidence of abuse and neglect of unattended children in the fields.
- To address health disparities related to migrant and seasonal farmworkers and their children in areas such as oral and behavior health, and substance abuse.

III. SCOPE OF WORK

This agreement sets forth the collaboration between MHCP and MSHSP to provide venues for migrant and seasonal Head Start children to obtain dental and health services inclusive of assessments and treatment and other primary health care services (i.e. health education, referrals, and facilitation of enrollment into appropriate health and dental insurance programs). MHCP and MSHSP will develop and support linkages between their grantees at the local program level by encouraging their respective grantees to jointly plan for the health services to be provided to the migrant farmworkers' children and their families. The objectives of this activity are as follows:

1. To help eliminate barriers to primary medical and dental care and improve access to quality health care services for multicultural migrant and seasonal farmworker populations.
2. Ensure collaboration between both agencies to identify and enroll uninsured children who are eligible and qualify for Medicaid and the CHIP programs.
3. Facilitate educational networking opportunities between migrant health centers and community-based organizations on migrant and seasonal farmworkers and multicultural health issues.
4. Facilitate networking opportunities between migrant health centers and community-based organizations that address health disparities issues relevant to migrant and seasonal farmworkers' families.
5. To enhance services to MSHSP enrollees and MHCP patients by assuring that technical assistance resources and access to quality comprehensive health services are available.

6. To improve the quality of primary health care services received by migrant and seasonal farmworkers and their families by adopting the development of electronic health records system.
7. To improve the transfer system of health records from one Migrant Health Center (MHC) site to another to ensure continuity of care.

A. Health Services

1. The MHCP will encourage its grantees to:
 - a) Provide outreach to MHC enrollees and their families during the period they are in the area.
 - b) Provide comprehensive dental and medical assessments and treatment as well as other primary health care services to migrant and seasonal Head Start children (i.e., using the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) format for screenings, physicals, and diagnostic services for identifying children with disabilities);
 - c) Extend treatment and follow-up health care as needed to migrant and seasonal Head Start children, including referring children and their families to a MHC near their future work site or home.; and
 - d) Adopt, wherever feasible, common health records to facilitate continuity of services and accurate transfer of health data to ensure children obtain Medical and Dental homes.
2. The MSHSP will encourage grantees to:
 - a) Assist migrant families in applying for Medicaid, Medicare, and, particularly, SCHIP coverage for uninsured children.
 - b) Whenever feasible, when using vouchers or making referrals MSHSPs will be encouraged to utilize other Migrant/Community Health Centers (M/CHC) to obtain health services for MSHSP children and their families.
 - c) Invite MHC staff to serve on the Head Start Health Services Advisory Committee to further develop linkage between the two programs.

B. Funding Health Services

While the legislation of both programs provides for last dollar use of the program funds, the essence of this agreement is to insure that joint planning and funding of health services is assured for migrant children eligible for services.

The efficiency and effectiveness of services to these children can be strengthened by joint planning for budget expenditures. Through collaborative efforts, maximum use can be made of the resources available from both MHCs and MSHSPs (i.e., continuity of health record information (including electronic health records), diagnostic and treatment services and information on health insurance enrollment. In keeping with the spirit of cooperation, we encourage the respective grantees of MHC and MSHSP to establish local agreements which include scope of services and levels of support. The establishment of linkages between M/CHC and MSHSP, as well as other community service providers is to be appropriately reflected in the respective grantee application.

C. Health Education

MHC and the MSHSP will:

1. Collaborate in designing an organized health education program for children, parents and staff, as resources permit.
2. Provide ongoing health education activities for MSHSP children and their families.
3. Share health education resources for the maximum benefit of the migrant children and their families.

D. Clinic Visits, Hours of Operation and Referral System

1. The MHC will:

- a) Schedule appointments when MSHSP families and children are available and within the time frame (30 days) mandated by the Head Start Performance Standards.
- b) Conduct evening and weekend clinics, wherever practicable, in order to improve access to services.
- c) Work jointly with MSHSP to create a community-wide referral system.
- d) Inform families participating in MHCP of available MSHSPs.

The MSHSP Will:

- a) Assume responsibility for preparing and transporting children and parents for medical and dental screenings and physicals or dental examinations as needed.
- b) Assist in supervising children during clinic visits as needed.
- c) Assist MHC staff to keep parents informed about their child's health.

- d) Provide parents whose children are enrolled in Head Start Programs with information such as location, hours of services, and enrollment procedures regarding the MHC services, to include case management and patient education.

E. Data Sharing

The MHCP and the MSHSP will:

1. The ACF/OHS and HRSA/BPHC will share HIPA compliant data from their respective programs in order to better identify other areas of further improvement and collaboration. In addition, ACF/OHS and HRSA/BPHC will identify the number of other programs which are working collaboratively at the local level which directly or indirectly impact health outcomes. The participation of other primary health care, social and support services organization will be important in maximizing the health outcomes for this population.
2. The partners will work collaboratively to improve health equity and reduce health disparities.

F. Workforce Development

The MHCP and the MSHSP will:

1. ACF/OHS and HRSA/BPHC will work together with other federal departments and agencies to improve the health workforce by strongly encouraging their respective grantees to work with Hispanic Serving Institutions, Historically Black Colleges and Universities and Native American Colleges to perform social, support, translation and other services as needed.

IV. COMMENCEMENT DATE

This Interagency Agreement is executed as of the date of the last signature and will be reviewed in a period of two years thereafter to evaluate its viability and effectiveness.



Jim Macrae, M.A., M.P.P.
Associate Administrator for Primary Health Care
Health Resources and Services Administration
Dept. of Health and Human Services

11/29/12
Date



Yvette Sanchez Fuentes
Director, Office of Head Start
Administration for Children and Families
Dept. of Health and Human Services

11/4/11
Date