R. H. Care Services Outreach (RHCSO)

Grant: D04RH23613   **Start Date:** 2013-05-01   **End Date:** 2014-04-30   **Report Date:** 2014-05-31

Organization:

Demographics

Access To Care

Information collected in this table provides an aggregate count of the number of people served through program. Please refer to the detailed definitions and guidelines in answering the following measures. Please indicate a numerical figure or DK for do not know, if applicable.

Number of Counties	Number
Number of counties served in project	2
Denotes the total number of counties served through the program. Please include entire, as well as partial counties served through the grant program. If your program is serving only a fraction of a county, please count that as one (1) county	
Total	2

Number of People	Number
Number of people in the target population	24,361
Denotes the number of people in your target population (not necessarily the number of people who availed your services). For example, if a grantee organization's target population is females in county A, then the grantee organization reports the number of females that resides in county A.	
Number of direct unduplicated encounters served	4,771
Denotes the number of unique individuals in the target population who have received documented services provided directly to the patient (patient visits, health screenings etc.)	
Number of indirect encounters	18,488
Denotes the number of people reached through mass communication methods, such as mailings, posters, flyers, brochures, etc.	

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Organization:

Type(s) of new and/or expanded services provided through grant fundings Please check the box that applies to your project. Please check at least one.	
Cardiovascular Disease (CVD)	
Case Management	
Diabetes / Obesity Management	
Elderly / Geriatric Care	
Emergency Medical Services (EMS)	
Health Education	
Health Literacy / Translation Services	
Health Promotion / Disease Prevention	
Maternal and Child Health/Women's Health School Board	
Mental / Behavioral Health	
Nutrition	
Oral Health	
Pharmacy	
Primary Care	
Substance Abuse Treatment	
Telehealth / Telemedicine	
Transportation	
Workforce	
Other	✓

Other - please specify type:	CATCH was expanded to 7 new/additional sites this year.

Population Demographics

Please provide the total number of people served by race, ethnicity, and age. The total for each of the following questions should equal to the total number of direct unduplicated encounters provided in the previous section (Access to Care section). Please indicate a numerical figure. There should not be a N/A (not applicable) response since all measures are applicable.

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Organization:

Number of people served by ethnicity	Number
Hispanic or Latino	510
Hispanic or Latino origin includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban and other Hispanic, Latino or Spanish origin (i.e. Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.)	
Not Hispanic or Latino	4,257
Unknown	4
Total	4,771

Number of people served by race	Number
American Indian/Alaska Native	102
Asian	54
Asian Indian	1
Black or African American	25
Native Hawaiian/Other Pacific Islander	2
White	3,807
More than one race	266
Unknown	514
Total	4,771

Number of people served by age group	Number
Children (0-12)	4,771
Adolescents (13-17)	0
Adults (18-64)	0
Elderly (65 and over)	0
Unknown	0
Total	4,771

Uninsured

Please respond to the following questions based on these guidelines. Please indicate a numerical figure or DK for do not know, if applicable. If your grant program was not funded to provide these services, please type N/A for not applicable.

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Organization:

Number of People	Number
Number of uninsured people receiving preventive and/or primary care Uninsured is defined as those without health insurance and those who have coverage under the Indian Health Service only. The response should be based of the total number of direct unduplicated encounters provided on 'Access to Care' section	N/A
Number of total people enrolled in public assistance, i.e., Medicare, Medicaid, SCHIP or any State-sponsored insurance Denotes the number of people who are uninsured but are enrolled in any of these public assistance insurance programs.	N/A
Number of people who use third-party payments to pay for all or part of the services received, i.e. employer-sponsored, private non-group Denotes number of people who use private third-party payers such as employer-sponsored or private non-group insurance to pay for health services.	N/A
Number of people who pay out-of-pocket for the services received Denotes the number of people who are uninsured, not enrolled in any public assistance (i.e. Medicare, Medicaid, SCHIP or State-sponsored insurance), not enrolled in private third party insurance (i.e. employer-sponsored insurance or private non-group insurance) and do not receive health services free of charge.	N/A
Number of people who receive health services free of charge, i.e. no public or private third party payers	N/A
Total	0

Staffing

Please provide the number of clinical and non-clinical staff recruited on the program and the number of staff that are shared between two or more Network partners. Please indicate a numerical figure. There should not be a N/A (not applicable) response since all questions are applicable.

Number of new clinical staff recruited to work on the project

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Organization:

Number of new clinical staff recruited to work on the project	Full-Time	Part-Time
Dental Hygienist	0	0
Dentist	0	0
Health Educator / Promotoras	0	0
Licensed Clinical Social Worker	0	0
Nurse	0	0
Pharmacist	0	0
Physician Assistant	0	0
Physician, General	0	0
Physician, Specialty	0	0
Psychologist	0	0
Technicians (medical, pharmacy, laboratory, etc)	0	0
Therapist (Behavioral, PT, OT, Speech, etc)	0	0
Other	0	0

Number of new Non-Clinical staff recruited to work on the project for each type

Number of new Non-Clinical staff recruited to work on the project for each type	Full-Time	Part-Time
HIT/CIO	0	0
Case Manager	0	0
Medical Biller / Coder	0	0
Translator	0	0
Enrollment Specialist	0	0
Other	0	0

Number of other types	Number
Number of Staff positions shared between two or more Network partners	0

Workforce/Recruitment & Retention

If your grant funds support traineeships, please provide the number of new and existing trainees by type (student or resident).

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Organization:

Number of New Students/Residents Recruited to Work on the Program

Trainees are considered "New" if: 1. They have never engaged in a training/rotation within a rural community as a part of their certificate/degree/residency program and/or2. They do not self identify as "having lived"/ "living"/ "claiming residence" within a rural area.Trainees are considered "Existing" if:1. They have had prior exposure to rural areas by either engaging in a training/rotation within a rural area as a part of their certificate/degree/residency program prior to the respective budget year and/or 2. They self identify as "having lived"/ "living"/ "claiming residence" within a rural area.

Number of New Students/Residents Recruited to Work on the Program	Students	Residents
Number of new	0	0
Number of existing	0	0
Of the total number recruited, how many completed the training/rotation	0	0
Of the total number that complete the training/rotation, how many plan to practice in a rural area	0	0
Of the total number that complete the training/rotation, how many returned to formally practice in rural areas	0	0
Percentage of trained that plan to practice in a rural area	NaN	NaN

Trainee Primary Care Focus Area(s)	
Please check all that apply.	
Medical	
Mental / Behavioral Health	
Oral Health	

Trainee Discipline Type(s)	
Please check all that apply.	
Allied Health Professional	
Dentist	
Mid-Level Provider	
Nurse	
Physician (DO)	
Physician (MD)	

Number of New Trainings/Rotations	Number

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Organization:

Please provide the number of trainings/rotations provided during the respective budget period as well as the number of training sites by type where the trainings/rotations were conducted. Please indicate a numerical figure. If the total number of trainings/rotations is zero (0), please put zero in the appropriate section. Do not leave any sections blank	
Number of New Trainings/Rotations provided	0

Number of Training Site(s) by Type	Number
Critical Access Hospital	0
Other Rural Hospital	0
Clinics	0
Rural Health Clinics	0
Community Health Center	0
Federally Qualified Health Center	0
Health Department	0
Indian Health Service (IHS) or Tribal Health Sites	0
Migrant Health Center	0
Other Community Based Site	0

Demographics Form Comments
CATCH is a program aimed at increasing physical activity and improving nutrition in children. For this grant period, our program was implemented in 12 schools, 4 after-school programs, and 3 early childhood sites.

Is Demographics Form Complete?	Y

Demographics Form File Attachment			
File Name	**File Type**	**File Size**	**Upload Date**

R. H. Care Services Outreach (RHCSO)

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Organization:

Environment and Technology

Network

Please identify the types of formal member organizations in the consortium or network by non-profit and for-profit status for your program. Please indicate a number for each category. Please provide the total number of member organizations in the consortium or network. Then, out of the total number of organizations in consortium/network, please provide the total number of new member organizations acquired within the budget year. Please refer to the detailed definitions for consortium/networks, as defined in the program guidance.

Non-Profit Organization	Number
Hospital	2
Community Health Center	1
School District	3
Critical Access Hospital	3
Migrant Health Center	
Social Services Organization	3
Rural Health Clinics	2
Health Department	3
Free Clinic	1
AHEC	
Faith-based organization	
Private Practice	1
University	2
Community College	
Other	5
Total	26

Other - please specify type:	Dr. Ewanchyna, SHSRI, IHN-CCO, Samaritan Health Plans, Inc, Samaritan Health Services, Inc.

R. H. Care Services Outreach (RHCSO)

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Organization:

For-Profit Organization	Number
Hospital	
Community Health Center	
School District	
Critical Access Hospital	
Migrant Health Center	
Social Services Organization	
Rural Health Clinics	
Health Department	
Free Clinic	
AHEC	
Faith-based organization	
Private Practice	
University	
Other	
Community College	
Total	0

Type(s) of Member Organizations in the Consortium/Network	Number
Total Number of member organization in the consortium/network	26
Total Number of new member organizations in the consortium/network	2

Sustainability

R. H. Care Services Outreach (RHCSO)

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Organization:

Funding/Revenue	Number
Annual program award	$149,387
Please provide the annual program award based on box 12a of your Notice of Grant Award (NGA).	
Annual program revenue	$0
Please provide the amount of annual revenue made through the services offered through the program. If the total amount of annual revenue made is zero (0), please put zero in the appropriate section. Do not leave any sections blank.	
Additional funding secured to assist in sustaining the program	$0
Please provide the amount of additional funding secured to sustain the program. If the total amount of additional funding secured is zero (0), please put zero in the appropriate section. Do not leave any sections blank.	
Estimated amount of cost savings due to participation in network/consortium	$0
Please provide the estimated amount of savings incurred due to participation in a network/consortium. If the total amount of savings incurred is zero (0), please put zero in the appropriate section. Do not leave any sections blank.	
Sustainability Activities	
Please select your sustainability activities. Check all that apply.	
Business Plan Development	
Communication Plan Development	✓
Community Engagement Activities	✓
Consolidation of activities, services and purchases	
Economic Impact Analysis	✓
Incorporation	
Local, State and Federal Policy changes	
Marketing Plan Development	
Media Campaigns	✓
Organization Bylaws	
Return on Investment Analysis	
SWOT Analysis	✓
Other	

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Organization:

Sources of Sustainability	
Select the type(s) of sources of funding for sustainability. Please check all that apply.	
Program revenue	
In-Kind contributions	✓
Member fees	
Fundraising	
Contractual Services	
Other grants	✓
Other	✓
None	

Other - please specify type:	School staff will have the knowledge, skills and materials to continue the program after funding has ended.

Has a sustainability plan been developed using sources of funding besides grants?	Y

Health Information Technology

Type(s) of technology implemented, expanded or strengthened through this project	
Please select all types of technology implemented, expanded or strengthened through this project. If your project does not do any of these activities, please check Not Applicable.	
Not Applicable	✓
Computerized laboratory functions	
Computerized pharmacy functions	
Electronic clinical applications	
Electronic medical records	
Health Information Exchange	
Patient/Disease Registry	
Telehealth / Telemedicine	
Other	

Quality Improvement

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Organization:

Quality Improvement	Number
Number of quality improvement clinical guidelines / benchmarks adopted by network/consortium Report the number of quality improvement clinical guidelines/benchmarks adopted. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	N/A
Number of network/consortium members using shared standardized quality improvement benchmarks Report the number of network members using shared standardized benchmarks. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	N/A
Total	0

Pharmacy

Pharmacy	Number
Number of people receiving prescription drug assistance annually	N/A
Average amount of dollars saved per patient through prescription drug assistance annually	N/A

Health Promotion/Disease Management

Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

Health Promotion and Disease Management	Number
Number of people who participated in the health promotion/disease management activities offered to the public through this program Report the number of people that participated health promotion/disease management activities offered to the public through this program. Some examples include: health screenings, health education, immunizations, etc.	N/A
Number of people referred to health care providers Report the number of people that were referred to a health care provider. The response to this question should be based on the number reported in the previous question (Number of health promotion/disease management activities offered to the public through this program). Therefore, the number reported here should not be more than the number reported in the previous question.	N/A
Total	0

Mental/Behavioral Health

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Organization:

Mental/Behavioral Health	Number
Number of people receiving mental and/or behavioral health services in target area	N/A
Report the number of people receiving mental and/or behavioral health services through your program. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	
Number of network members integrating primary and mental health services	N/A
Report the number of network members integrating primary and mental health services. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	
Total	0

Oral Health

Number of People	Number
Number of people receiving dental/oral health services in target area	N/A
Report the number of people receiving dental/oral health services in target area. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	
Number of network members integrating primary and dental/oral health services	N/A
Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.	
Total	0

Type(s) of dental / oral health services provided	
Please select the appropriate types of services and provide the number of network/consortium members integrating oral health services. Please check all that apply.	
Not Applicable	✓
Screenings/Exams	
Sealants	
Varnish	
Oral Prophylaxis	
Restorative	
Extractions	
Other	

Environment and Technology Form Comments
Although our program does aim to improve the health of children through increased physical activity and improved nutrition, we do not consider it a health promotion/disease management program. As a result, we did not complete that section.

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Organization:

Is Environment and Technology Form Complete?	Y

Environment and Technology Form File Attachment			
File Name	**File Type**	**File Size**	**Upload Date**

R. H. Care Services Outreach (RHCSO)

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Organization:

Measures

Clinical Measures

Please refer to the specific instructions for each field below. Please indicate a numerical figure or N/A for not applicable if your grant program did not fund this.

Clinical Measures	Numerator	Denominator	Percent
Percentage of adult patients, 18 -85 years of age, who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year	N/A	N/A	0.00 %
Percent of adult patients in the target population who have been screened for depression	N/A	N/A	0.00 %
Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c less than 8.0%	N/A	N/A	0.00 %
Percent of adult patients, 18-75 years of age with diabetes (type 1 or type 2) who had blood pressure less than 140/90 mmHg	N/A	N/A	0.00 %
Percent of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of Body Mass Index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year	N/A	N/A	0.00 %
Percent of patients aged 18 years and older with a calculated Body Mass Index (BMI) in the past six months or during the current visit documented in the medical record and if the most recent BMI is outside parameters, a follow-up is documented	N/A	N/A	0.00 %
Percent of children by 2 years of age with appropriate immunizations (please see types of immunizations as listed in the instructions)	N/A	N/A	0.00 %
Percent of adolescents 13 years of age with appropriate immunizations documented according to age group	N/A	N/A	0.00 %

Measures Form Comments

Is Measures Form Complete?	Y

Measures Form File Attachment

File Name	File Type	File Size	Upload Date