

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

**I. PURPOSE**

The purpose of this Memorandum of Understanding (MOU) is to express the commitment of the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) and the Administration for Children and Families (ACF), Office of Head Start (OHS), Migrant and Seasonal Head Start (MSHS) Regional Office (the "Parties") to coordinate resources and align policies at the national level. This MOU will foster partnerships at the national, state and local levels for assuring access to comprehensive, high quality, culturally-competent preventive and primary health services to migratory and seasonal agricultural workers (MSAWs) and their families.

**II. PROGRAM DESCRIPTION**

**A. Bureau of Primary Health Care**

The HRSA/BPHC provides funding to health centers<sup>1</sup> across the United States that deliver comprehensive, culturally competent, quality primary health services to underserved, special and vulnerable populations within defined service areas, including urban, rural, and frontier communities. Health centers provide and/or arrange for provision of comprehensive primary health services and additional supporting services, including oral health, vision, behavioral and mental health and substance use services, health education, and enabling services such as transportation, interpretation, and case management services. In addition, health centers targeting MSAWs and their families also address environmental health needs and hazards.

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<sup>1</sup> In this document, unless otherwise noted, the term "health center" is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as "awardees") and FQHC Look-Alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants. It does not refer to FQHCs that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.

## B. Migrant and Seasonal Head Start Program

The MSHS program provides comprehensive child development services, and promotes social competency and school readiness to infants, toddlers, and preschool age children of low-income. The MSHS program services are designed to address:

- Continuity of services to children as they migrate and/or settle out (no longer moving from one geographic location to another for the purpose of agricultural work) with their families;
- Individualized bilingual/multicultural programs relevant to the migrant and seasonal population at each location;
- The incidence of abuse and neglect of children in the fields; and
- Health disparities related to MSAWs and their children in areas such as oral health, behavioral health, and substance use.

## III. GOALS AND EXPECTATIONS

This MOU sets forth the following goals and expectations of the Parties at the national, state and local levels. The Parties, within their respective program authorities and consistent with HHS policy, will:

- Seek to eliminate barriers to primary medical, dental, mental health, and substance use services;
- Provide educational trainings and networking opportunities through such venues as the three Migrant Stream Forums, the National Conference for Agricultural Worker Health, the National Migrant and Seasonal Head Start Association conferences and other national, state, or local training venues on migrant health and other vulnerable populations and special populations;
- Promote partnership opportunities between HRSA-supported health centers, State and Regional Primary Care Associations, and National Cooperative Agreements; MSHS program grantees; and community-based organizations to address factors having a significant impact on health outcomes of MSAWs and their families, including education, health literacy, interpretation/translation services, housing, nutrition, transportation, etc.;
- Enhance services to **MSHS** enrollees and health center patients by making available training and technical assistance resources and access to quality comprehensive health services;

- Improve the quality of care services received by MSAWs and their families receiving care at HRSA-supported health centers by supporting awardees in adopting and utilizing electronic health records;
- Seek to increase the representation of MSAWs and their families serving on HRSA-supported health center and MSHS program awardee/grantee governing board of directors, advisory, and planning committees:
- Coordinate with the Department of Labor on the National Agricultural Workers Survey to better assess the demographic, employment and other characteristics of agricultural workforce;
- Seek to increase the number of MSHS program and HRSA-supported health center grantees/awardees with formal partnership agreements;
- Seek to increase the numbers and percentage of MSHS children receiving care at HRSA-supported health centers; and
- Share programmatic and aggregate data, where permissible, to evaluate progress in meeting program performance goals and improve access to care for MSHS children and their families.

## **V. SCOPE OF WORK**

This MOU describes the collaboration between the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) and the Administration for Children and Families, Office of Head Start, Migrant and Seasonal Head Start Regional Office (ACF/OHS/MSHS) to promote venues for MSHS children to obtain medical, dental, and other 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). HRSA/BPHC and ACF/OHS/MSHS program staff will develop and support linkages between their awardees/grantees and other community partners at the local level by promoting partnerships and collaboration with their respective awardees/grantees to increase access to primary health care for MSAWs and their families.

### **A. Health Services**

The Parties will collaborate to plan joint training and technical assistance for their respective awardees/grantees to develop and support linkages through partnerships and collaboration to increase access to health care for MSHS children. Awardees/grantees from both programs will also be able to gain a better understanding of their respective roles and responsibilities (i.e., scope of services, continuity of health record information, diagnostic and treatment services, and information on health insurance reimbursement). In addition, awardees/grantees from both programs will be encouraged to:

- Provide outreach to MSHS children and their families during the period they are in the area;
- Provide and/or arrange for access to comprehensive primary health services, oral health, vision, behavioral and substance use services, health education, and enabling services such as transportation, interpretation, and case management services, for MSAWs and their families;
- Extend treatment, referrals and follow-up health care as needed to MSHS children;
- Adopt, wherever feasible, common health records to facilitate continuity of services for MSHS children, team-based care, and accurate and secure transfer of health data;
- Coordinate and collaborate, when feasible, in areas including recruitment of families, case management, transportation, interpretation and translation, needs assessment and data sharing;
- Support awardees/grantees in assisting MSAWs and their families in applying for Medicaid, CHIP, Medicare, and other health plans; and
- Encourage awardees/grantees to invite staff from each community to serve on each other's board of directors and advisory committees to further develop linkages between the two programs.

#### B. Health Education

The Health Center Program and the MSHS program will promote joint trainings, the development of shared technical assistance resources and materials regarding such matters as health literacy, parenting skills, prevention and control of infectious diseases, behavioral health, Sudden Infant Death Syndrome (SIDS), allergies, trauma, emergency preparedness and response planning, nutrition, and physical activity with the goal of avoiding childhood obesity.

### C. Clinic Visits, Hours of Operation and Referral System

The Health Center Program will work jointly with the MSHS program to support awardees/ grantees in creating community-wide referral systems to:

- Schedule appointments when MSHS children and their families are available and within the time frame (30 days) mandated by the Head Start Program's performance standards;
- Conduct evening and weekend clinics, wherever practicable, in order to improve access to services for MSHS children and their families;
- Improve the availability of and access to quality, culturally and linguistically coordinated health services for MSHS children, and their families;
- Establish parental consents to support MSHS program staff to represent children seeking health screenings at HRSA-supported health centers. This effort must be initiated by the MSHS program and comply with applicable state and local regulations; and
- Link MSHS parents to family support programs in the community, such as family literacy programs, parent support groups, and behavioral health services, when needed.

The MSHS Regional Office will support and encourage MSHS grantees to:

- Prepare and transport MSHS children and parents to clinic visits;
- Assist in supervising children during clinic visits as needed;
- Assist health center staff to keep parents informed about their children's health; and
- Inform parents about the Health Center Program, including location, hours of operation, enrollment procedures, case management, and patient education.

VI. DURATION AND TERMINATION

This MOU is effective on the date of the last signature of the Parties. Modifications within the scope of this MOU must be made by mutual consent of the Parties, by the issuance of a written modification signed and dated by all properly authorized, signatory officials, prior to any changes being performed. Either Party may terminate this MOU in whole, or in part, upon written 60 day notice at any time prior to the date of expiration.


This MOU will be reviewed within five years after the effective date to evaluate its viability and effectiveness.



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James Macrae  
Associate Administrator, Bureau of Primary Health Care  
Health Resources and Services Administration  
U.S. Department of Health and Human Services

8/1/18  
Date



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Ann Linehan  
Deputy Director, Office of Head Start  
Administration for Children and Families  
U.S. Department of Health and Human Services

7/23/18  
Date