

REFUGEE MEDICAL ASSISTANCE TRIMESTER PROGRAMMATIC REPORT

Base Contract Number	RMS Clinic Name	Fiscal Year
Reporting Period	Prepared by:	
	1.	
	2.	
	3.	
	4.	
	5.	

This trimester programmatic report (TPR) will be used for reporting, performance evaluations and ongoing monitoring and technical assistance by USCRI. The deadlines for submitting this form are: **February 9, June 8, and October 5, 2018.**

Local RMS Provider Instructions:

- Type your name and date on the signature line and email the TPR to your USCRI Administrative Contact, copying the Refugee Health Coordinator, along with any additional work products (i.e., reports, grants, communications) by the reporting deadline outlined in your fiscal contract. Names of each county and the respective administrative contact can be found on the last page of this document.
- It is critical to save the TPR file as a **.doc OR .docx** using the following convention:
 - COUNTY-MMDDYYYY-TPR.docx
 - JEFFERSON-06092017-TPR.docx
- Please type answers in the space provided using Times New Roman, 12pt., single space.

SECTION I: QUANTITATIVE MEASURES

Refugee Medical Screening		
	M	F
A. Number of refugees screened in 30 days from arrival		
B. Number of refugees screened 31-90 days from arrival		
C. Number of refugees not screened in 90 days		
If there is a response for section C, please describe main reasons for refugees not being screened: (e.g. out-migrated, patient refused, etc.)		

Refugee Medical Screening	Number of Persons
D. Number of Medical Screenings Initiated during reporting period	
E. Number of Medical Screenings Completed during reporting period	
F. Number of Medical Screenings during reporting period funded by RMA (USCRI contract)	
G. Number of Medical Screenings during reporting period NOT funded by RMA (not funded by USCRI contract)	

SECTION II: PROGRAM NARRATIVE

A. Noteworthy Achievements: Describe noteworthy achievements and/or major problems in providing timeline health assessment and referral services (in general or to any specific population under this contract).

B. Unusual Cases: Describe medically remarkable, medically complex cases, or unusually prevalent medical conditions identified. Please include referral and/or treatment outcomes and information on arriving refugees with disabilities, including the nature of the disability and care required, paying attention to mobility concerns and the impact on housing.

C. Programmatic Changes: Identify programmatic changes, such as changes in staff and/or major subcontracting changes.

D. Best Practices: Describe best practices and innovative methods and procedures.

E. Program Feedback: Describe feedback on program needs, or suggestions regarding USCRI process changes, activities, or actions that will enhance Contractor's ability to perform requirements of this contract.

SECTION III: HEALTH PROFILES

A. Top Health Issues: Identify the top 5 health issues for all referrals during the reporting period. Include training, new procedures and protocols, etc. Attach any supporting documentation.

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REFERRALS TO HIGH PUBLIC HEALTH CONCERN SERVICES

B. High Public Health Concern Services (Hepatitis, HIV, Syphilis, Tuberculosis)	M	F
Hepatitis B		
HIV		
Syphilis		
Tuberculosis		
C. Number of ADULT refugees referred to:	M	F
Primary care		
Mental Health Services		
Dental Care		
Vision Care		
Disability Services		
D. Number of CHILDREN (under 18) referred to primary care.		

E. Successes: Discuss any additional successes for your LHD this trimester.

F. Lessons Learned: Discuss any challenges, efforts, and intended plans for improvement in the future.

G. Additional Comments: Discuss anything that you may not have had the opportunity to outline in the text above.

Submitter Name (typed)

Date (MM/DD/YYYY)



EVERYONE.
EVERYWHERE.
EQUAL VALUE.

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