

# Transcription

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Megan Hiltner: Hello, everyone, and welcome to today's webinar, "From Assessment to Assistance: Using Assessment Results to Prioritize Support." I'm Megan Hiltner. I'm a coordinator for the training and technical assistance team with the Healthy Start EPIC Center. With me also on the line are other members of the EPIC Center team, as well as Maternal and Child Health Bureau's Division of Healthy Start and Perinatal Services staff. I'll be moderating the webinar today. We have 90 minutes set aside for this webinar, but we may not use that full amount of time. I wanted to let everyone know that this webinar is being recorded.

And before I introduce the great speakers for today, I wanted to let you know that we want your participation during the webinar activity, so at any point if you have questions or comments, please chat them in at the bottom left-hand corner of your screen. We will be taking questions only through the chat function today, and we'll be breaking a few times during the webinar to answer your questions and comments. If we don't get to all of your questions or comments, we'll be sure to include them in a frequently asked questions document that we'll be posting with the webinar slides and the recorded webinar on the EPIC Center website.

The only other housekeeping reminder that I have for you is that we really want you to give us your feedback, so you will have a chance to complete an evaluation survey at the end of this webinar. And so please provide your feedback about this webinar and future training and technical assistance activities through that evaluation survey.

So now let me introduce two of my EPIC Center colleagues who'll be presenting today. You may have met them at the convention. First is Katie DeAngelis. She'll be speaking about the organizational assessment, or the capacity-building worksheets. Katie leads the evaluation of the EPIC Center's effectiveness, helping Healthy Start grantees achieve program goals. The other presenter is Ms. Naomi Clemmons. She coordinates the EPIC Center's technical assistance team. And so without further ado, I'm going to turn it over to your first speaker. Katie, take it away.

Katie DeAngelis: Okay. Thank you, Megan. Again, I'm Katie, and welcome to "From Assessment to Assistance: Using Assessment Results to Prioritize Support." Here's what we're hoping you know after listening to this webinar. By the end of

this hour and a half, we hope that you can, first, identify some areas of overlapping support needs and interests identified by you all when you filled out the CBA worksheet at the November convention and also describe how the EPIC Center will be using these results to choose types of and topics for support that we will be offering you. And finally, we hope you will feel comfortable describing the types of support that will be available and how to get that support.

To achieve those objectives, this is how we've laid out this webinar. First we will look at the results of the CBA worksheets in the aggregate across all Healthy Start grantees and then how the EPIC Center is and will be using those results to offer effective support.

So, let's start with the results of the CBA worksheets. But before we dive into the results, let's just take a step back for a refresher of what those organizational assessments are all about. As you will probably remember, at the November convention we asked you to complete an assessment looking at each of the four EPIC categories: evaluations, partnership, evidence-based practices, and considering the context.

The goal of these assessments was to give the EPIC Center a sense of areas where grantees would benefit from support, so we can plan accordingly. You were asked to assess your organization's progress in implementing a number of activities and your interest in receiving support related to those activities. These activities have been previously identified by the division as key to the success of the Healthy Start program. The list of practices that you chose from were also identified as the menu of evidence-based options that a Healthy Start project can choose from, based on what fits the needs of the community.

A couple of caveats. You all should have received the results of your CBA worksheets already, and we understand that you completed these worksheets very early on in the process and that things are rapidly ramping up.

As we'll discuss today, the EPIC Center has used these results to inform both the topics and the opportunities for support, which include opportunities to hear from your peers in the form of webinars and discussion groups, opportunities to ask the experts, and opportunities to connect grantees based on similar areas of strength

and opportunities for improvement. The EPIC Center's goal is to provide data-driven training and technical assistance.

I wanted to first start with some general areas where the Healthy Start community is strong. According to your CBA worksheets, Healthy Start grantees as a group have generally completed a community needs assessment, potentially as part of your Healthy Start application process. In general, considering the participant context and ensuring access to services are also overall strengths, although there are also areas of potential opportunities for support.

So, let's get started looking at the data. On the left hand of your screen, you will see a list of the activities on the CBA worksheet. At the bottom of the left side, you will see the legend, which shows three shades of blue, with the darker colors indicating that the respondent had not started or is in the process of completing this activity, and the lighter blue indicating that the process is complete.

For example, here we see different needs assessment activities. Since there are about 100 grantees, in general, the percentage corresponds to the number of grantees in each category. So for the first line, almost 75% of you, or about 75 grantees, said you had completed a community needs assessment. As you can see, there is also a lot of work currently happening with partner engagement and identifying community assets.

As you remember, you were asked to identify your progress as well as your interest in receiving support. In general, the group did not express interest in receiving support on topics related to community needs assessments. There were two exceptions: root cause analysis and developing a written action plan based on community needs assessment results.

On the right hand of the screen, you will see how important this issue is to Healthy Start program staff. The darkest color indicates the proportion of Healthy Start programs whose staff consider this issue a priority. Of note, one in five of you said you disagree that there was staff buy-in on the importance of a community needs assessment. In comparison, almost everyone agreed that the other elements of the EPIC model -- partnership, evidence-based practices, and context -- were staff priorities.

Now let's look at some activities related to the participant context. In general, over half of you said you had completed the activities related to assessing and responding to the participants' individual life factors. Although half of you were still in the process of implementing these activities, there was generally little interest in learning more. Between 10 and 20% of you expressed interest in these topics.

On the right, you can see which life conditions were most assessed by grantees, with almost everyone asking about the first five: employment, housing, transportation, education. Access to healthy food is also commonly being assessed.

Here are the activities related to ensuring access to services. Again, the lighter color blue indicates the proportion of programs who completed each activity. The more light blue, the better, since that means the group is generally doing well. The more darker blues, the more opportunities there are for us at the EPIC Center to provide support to the Healthy Start community.

Most of you have completed the process of ensuring access to key service. That said, across these different services, there are between 40 and 60% of grantees who are still in the process of ensuring access. Healthy weight services is the area where the fewest of you have implemented a process to ensure that participants have access.

Next I'm going to talk about the activities related to implementing the CAN and evidence-based practices. Here there were areas of common strength, but more opportunities for support. Let's look at them one by one.

As you know, the CAN is an important piece of Healthy Start activities. I wanted to first give you a general picture of how CAN involvement looks across grantees. For background, approximately four in five grantees are already a part of a CAN, and in many cases that CAN existed before the current CAN cycle. Most of you have had a CAN for over two years, but a little over 10% have a CAN that is brand new. There was a pretty even split in terms of the CAN's relationship to other coalitions. Half of CANS are a part of a broader coalition and half are standalone. The EPIC Center recognizes that these differences in tenure and structure may lead to different needs for support.

So now let's look at specific activities related to implementing a CAN. Again, the light blue indicates that respondents had completed this activity, while darker blues indicate that respondents were still in the process of starting or implementing the activity.

You can see here that between 10% and 20% of you have completed the different activities related to getting the CAN up and running. Of all the activities, the highest percent of you have completed the process of establishing relationships with partners.

On the flip side, there is still a lot of work underway. Over three-quarters of you have either not started or still are in the process of many other activities, such as recruiting members, establishing a shared agenda, and implementing a data collection system.

Similarly, there is a lot of work still underway in terms of operating the CAN and documenting CAN success. With the exception of having standard operating procedures, over three-quarters of you are still in the process of negotiating MOUs, figuring out how to measure and document CAN's progress, and making sure that the CAN's priorities include strategies to address social determinants of health.

In terms of opportunities for support from the EPIC Center, we saw a lot of interest in the CAN process, with approximately three-quarters of you indicating a medium or high level of interest in support on topics related to the CAN. Based on these results, we intend to offer a yearlong intensive opportunity to hear from your peers and engage with experts about collective impact and developing and implementing a CAN. The first of these training opportunities will be February 12th. Registration information for that opportunity will come later.

Finally, we asked about CAN membership diversity and partnership strength. Many of you highlighted in the open-ended responses that a challenge is getting community members and Healthy Start participants to participate in the CAN.

This chart shows the percent of all members, a total of 569 across all grantees, that are in each category of member type. You can see that 4% of all members are community members and Healthy Start participants, respectively. That will

definitely be a topic for conversation in the discussion groups about CAN and collective impact.

With regards to strength of partnerships, you were asked to identify relationships as cooperative, which is limited to information exchange, coordinated, which means engaging in efforts to enhance each others' capacity, and integrated, which is the complete unification of knowledge and programming. Over half of all relationships were reported as cooperative, the weakest type. But by the end of the year, after the opportunities for engagement on the topic, we hope to see a shift in the strength of those relationships from cooperative to integrated.

Now let's shift gears to the work that you do with participants. First, of course, is getting participants in the door. As you know, there is a specific target: the number of participants to be served by your project. To that end, just about one in five of you have completed that goal of recruiting participants in your program. The vast majority are still in the process. This is not surprising, given the early stage of the project. Relatedly, about two-thirds of you said you had some interest in getting support in this area. We also heard many questions at the conference about how to realistically meet this goal. Based on these results, the EPIC Center plans to hold a webinar on recruitment and retention strategies in March.

Now let's look at some specific services, starting with case management. Looking at the graph on the left, you'll see that over half of you have implemented your care coordination and case management programs, but the other half are still working on that. The list on the right shows the most frequently used case management approaches, with home visiting, supportive, strengths-based, and comprehensive case management being particularly common.

Seeing what others are doing may be helpful for those of you that are still deciding on what approach to take. I should mention that this is a select-all-that-apply question, so many of you offered more than one strategy.

We heard from many grantees at the conference that there was a desire for standardization. In an effort to move toward standardization, the EPIC Center will be working closely with grantees to develop recommended guidelines for care coordination and case management in terms of which approaches are most

appropriate under which circumstances and phases of the perinatal period. We will be hosting a webinar on February 26th to kick off that discussion.

As noted on the previous screen, almost everyone offers a home visiting approach in addition to at least one other approach. Here is the ranking of home visiting models by the percent of grantees who are implementing them. This is also a select-all-that-apply question. You will see that Parents as Teachers, NFP, Partners for Healthy Babies, Healthy Families America, and Early Head Start were the most commonly-used models.

You'll also see that more than a third of you indicated you have some other type of model not on this list. This includes some who are still deciding, some who are implementing models other than the ones that are listed, and some that are implementing a self-developed model. Again, part of what the EPIC Center hopes to do is move toward standardization. That includes moving some of you out of this "other" category into some of the other buckets of practices that are evidence-based.

Moving on to risk assessment. A little over half of grantees are in the process of implementing a risk assessment. Eleven percent of you said you did not yet have a risk assessment, which you can see on the right-hand side of your screen. The list on the right lists the most commonly asked items in a risk assessment. Again, this was a check-all-that-apply question. The vast majority of you are assessing for depression, tobacco use, alcohol and drug use, and intimate partner violence. BMI, diabetes, and hypertension were asked about less frequently. It's worth noting that this list does not include social determinants of individual life factors that we talked about earlier.

As I mentioned, almost everyone, 99%, are screening women for depression. While multiple screening tools could be selected in this question, you will see that the Edinburgh and PHQ-9 were most commonly used. Ages and Stages was by far the most commonly used socio-emotional development tool, with 85% of all grantees reporting that they use it. On the other hand, almost half of grantees are not implementing any fetal alcohol spectrum disorder screening. Of those who do [inaudible 00:16:16] screen, about 12% are using the 5 P's. Based on these results,

the EPIC Center would like to work with grantees to see if standardization of screening tools is an option.

Parenting and partner involvement were other topics where, one, many grantees are still in the early stage of implementation, and, two, many of you expressed interest in receiving some support. Specifically, more than two-thirds of you are still in the process of implementing a parenting program and partner involvement strategy, and almost three-quarters of you indicated that you were at least somewhat interested in learning more about this topic.

With respect to specific parenting education programs, over a quarter of you are using Parents as Teachers. The other parenting education programs are used by approximately 10% of you. This is another check-all-that-apply question, so some of you may be implementing more than one parenting education program. Of note, over a third of you selected "other." This "other" category included those of you who had not yet decided, or are implementing a self-developed model, or a practice not included in this list.

For those of you who have no parenting education program available for your participants, we will be offering support to help you choose an evidence-based practice and adapted to your setting. This is another area where there is an opportunity for the EPIC Center to work with grantees to see if there's potential for standardization.

Now on to partner involvement. Over half of you said that you were not yet implementing a male involvement curriculum. Again, we understand that this was at the very beginning and that this may have changed in the past month. Of those of you who said you were implementing a fatherhood involvement program, over half are using 24/7 Dad. Dr. Dad and Boot Camp are also commonly being used. Again, this is a question where more than one strategy could be reported. Based on these results, the EPIC Center plans to host a training in March on partner involvement, where we will be asking Healthy Start grantees to share their experiences so that others may learn.

Finally, let's talk about evaluation. Seventy-five percent of you have selected your local evaluator. Nevertheless, many grantees are still early on in setting up the evaluations. The majority of you are still in the process of implementing quality

measures, writing a QI plan, and launching your program evaluation. With respect to training opportunities, 38% of you indicated an interest in learning about developing a written QI plan, and two-thirds indicated at least some interest in learning about launching a program evaluation.

At the end of this webinar, the evaluation survey includes two questions which ask you to rank your interest in some of these topics that we've discussed so far. The topics we highlight on the evaluation, which includes launching a program evaluation, were selected based on the results of the CBA worksheets. We'll be using the results of the evaluation to prioritize opportunities to hear from your peers and ask the experts in March and beyond. Naomi will be talking more about this in the second half of this presentation.

So, this is my final slide before I pass it over to Naomi. Many of you remember the discussions that we had in the breakout sessions at the convention. We want you to know that we are also incorporating findings from the breakout sessions as we develop our training and technical assistant plans.

This table highlights some of the common questions we heard across breakout sessions. Under evaluations, performance measures and issues around data were important topics. There was interest expressed in all elements of CAN development, from moving from theory to application, developing objectives, evaluating, etc. With regards to evidence-based practices, we heard an interest in selecting impactful practices and adapting them, and recruitment strategies, among other topics. These findings confirmed what we saw in the results of the CBA worksheets. We are also using the questions that are posed for development of training and sharing them with HRSA,

With that, I would like to open it up for questions. Megan, do we have any questions in the chat box?

Megan Hiltner: Katie, yes, actually we do. Thanks for the presentation. The first is actually a comment. This person says "Many of those using Healthy Families America model are using the Growing Kids curriculum. I do not see it listed." Katie, do you have any thoughts or comments on that?

Katie DeAngelis: Yes. Yeah, sure. So, the list of practices that we showed were the ones originally identified by the divisions, but on January 29th, we will be doing a tour of the website, including a searchable database of practices, some of which are not on this list but are evidence-based. And one of the things we will be doing in the next year is working with grantees to see if there are preferred evidence-based practices that are appropriate for Healthy Start, so the list of evidence-based practices that we presented may increase, including adding Growing Great Kids, or be streamlined according to what grantees prioritize as the most appropriate evidence-based practices. So those lists are living lists.

Megan Hiltner: Great. So, another question came in, Katie. "What assessments are you using for smoking cessation? Have you heard of SCRIPT?"

Katie DeAngelis: So, I think I was probably referencing the fact that the smoking evidence-based practice questions were pretty broad. And I know a lot of grantees did mention SCRIPT in the write-in area of the "other" category, so, again, I think that that would be something that we would potentially add to the list of smoking cessation evidence-based practices that we will ask about in the next iteration of the CBA worksheets.

Megan Hiltner: Great. And one other question, Katie. "When will we have the chance to update the results of our CBA worksheets?"

Katie DeAngelis: Sure. So, we plan to implement the CBA worksheets annually so we can see how we're doing as a group over time so we can make sure that the EPIC Center is providing support that's tailored to the most current needs. So we anticipate implementing these again in a year, and at that point, we'll get updated information from everyone.

Megan Hiltner: Okay. Thanks, Katie. Okay. We have one more question, and then we're going to move along with the presentation. And that question is, "Will EPIC host a training on recruitment and retention for CAN?"

Katie DeAngelis: Sure. So, as I mentioned, there is going to be a yearlong intensive opportunity to engage for all grantees specifically related to the CAN and collective impact. And part of that will be discussion groups and opportunities to ask the experts, both of which Naomi will be talking about more. And I anticipate

that recruitment and retention of partners for CAN would definitely be something that the discussion groups will cover once that conversation gets going. And I mentioned that that will start in February.

Megan Hiltner: Great. Thanks, Katie. Just so you know, if you do have a question or a comment throughout the presentation, you're welcome at any point in time to chat that in at the bottom left-hand corner of your screen. But with that, I'm going to turn it over to Naomi Clemmons to continue on with the presentation. Naomi, over to you.

Naomi Clemmons: Thank you, Megan, and hello and good afternoon. I was really excited to hear how many there are on this webinar. I think that's fantastic, so thanks for all of you for attending.

I want to take a few minutes to take you back in time a bit to the convention in November. Some of you commented in your convention evaluation that it's not always technical assistance that you need, but rather opportunities to connect, to share experiences and learn from your peers.

In Katie's presentation, she highlighted a lot of strengths. Many of you are really proficient in areas and will be tapped for your expertise. And her presentation also highlighted where the EPIC Center will begin to focus its TA efforts proactively, getting Healthy Start programs relevant information as soon as possible. So this next part of the presentation will describe both: how the EPIC Center intends to create as many of those peer exchange or sharing opportunities as possible and how we will tap you as experts in the field.

At the convention, we mentioned that the EPIC Center's approach to training and technical assistance is data driven or data informed, based on the CBA worksheet self-assessment results, which help us to prioritize topic areas. And we also try to integrate what you told us at the convention. You wanted more forums for peer exchange, and you also expressed a need for standardization across the Healthy Start program. And we want to balance both of these things with what the data is telling us. So it's a combination of these two things that will help us achieve the goal of a Healthy Start model.

So training and technical assistance will be available through virtual group learning opportunities and technical assistance or tailored technical assistance. Let's take a look at the virtual TA opportunities first. As I mentioned, the topics for these opportunities were, and they will continue to be, identified through the CBA worksheet self assessments. Katie's presentation highlighted some priority topic areas based on your responses. And because of the number of topic areas, we knew we had to do quite a few webinars, and we also knew that there is a lot of expertise in the Healthy Start community.

What was great about the convention was how you each referred to your colleagues as these experts and highlighted their expertise. And the veteran Healthy Start program, you guys are really legends. So the interest in having the EPIC Center coordinate forums for you to access this peer knowledge base was really clear.

I'm thinking back again in time to the convention. What the EPIC Center team really enjoyed about the breakout sessions at the convention was the peer knowledge sharing that took place. And to be honest with you, it was the frank and honest discussions that you all had with us. During these sessions, you all identified a lot of topics for webinars, and at the same time, you often would mention a Healthy Start program person with expertise in that area. "Hear from Your Peers" webinars take what we witnessed at the convention and really bring it to life in a platform that ensures tremendous access to all of you through webinars. And these webinars will be archived on the EPIC Center website for access at a later date.

But "Hear from Your Peers" webinars will launch into virtual discussion groups, essentially carrying on the discussion that was started during the webinar, but more in depth. And there's something important to note: These discussion groups are replacing the learning collaboratives that we mentioned at the convention. Discussion groups will meet up to three times and will be co-facilitated by a grantee. They will be capped at about 20 participants, but if there is a lot of interest in the topic and more than 20 people want to sign up to participate, we think that's great. We will set up a second group that will run concurrently.

Okay. So from these discussion groups will come a report out of recommendations. So, for example, say we hold a webinar on screening and assessment. A discussion group will form to explore this topic in greater depth. We all know that there are a lot of evidence-based screening tools, and [inaudible 00:28:39] some of the questions that were chatted more about those screening tools. The discussion groups might decide and recommend which screening tools are most appropriate at which phases of the perinatal period and how and when to implement those tools.

These are great ideas, and these ideas need to be captured in a report. And I'll tell you about what happens to that report out of recommendations in a minute, but I wanted to make sure that I get to talk about the "Ask the Expert" first.

Okay. So, "Ask the Expert." It's another type of webinar. These will be shorter on presentation time. Say an expert is going to present for 15 or 20 minutes, and then the remaining time is dedicated to Q & A. So while the virtual discussion groups will result in a report out of recommendations, the "Ask the Expert" will result in a frequently asked questions document, or a FAQs document.

So I know I've talked a lot so far about experts within the Healthy Start community. And there are a lot of you experts out there, but it's also really critical to tap into the experts outside of this community, particularly as we strive toward standardization and the use of evidence-based programs. This is how we will challenge our thinking about the Healthy Start model.

So, back to what happened to this great information that you all started developing. What happened to this knowledge base, and how is it shared? So, our goal at the EPIC Center is to build the knowledge base, and we really do take this charge seriously. And part of building the knowledge base is documenting the collective Healthy Start community expertise and the external expertise. So, the report out of recommendations is a formal summary report that will be passed on to the CoIIN for review and approval and subsequently shared with the project officers, which will then be disseminated.

The Healthy Start EPIC Center staff is really excited about this process because this process means that the Healthy Start grantees will be shaping the Healthy Start model. You all will be actively involved in thinking through the Healthy Start

model elements. We want to ensure that you have a lot of opportunities to contribute to what the Healthy Start model will be and how it will be standardized.

Okay. Briefly, I want to talk about the "Ask the Expert" webinar and the frequently asked questions document that will come out of it. So the "Ask the Expert" webinar and FAQs document, the ideas that are captured in this FAQs document are really the key takeaways, you know, those golden nuggets of lessons learned. These things will also be shared with the CoIIN, and from the CoIIN, these things will be shared with the project officers for review and approval, and then disseminated.

So I know I've covered a lot of information, but let's check out some summary slides. So, "Hear from Your Peers," again, data driven, meaning the topics were identified from the self-assessment worksheets. So, for example, we saw a lot of interest in the CBA worksheet results about partner involvement. I think that was towards the end of Katie's presentation.

We'll be reaching out to grantees with strong fatherhood initiatives, and Ken Harris, I'm thinking of you if you're out there in cyberspace. But I'm thinking of you, and we all are. We will be approaching you and hope that you will be interested in leading a "Hear from Your Peer" webinar and to facilitate subsequent virtual discussion groups. And while we have not talked to you about this, Ken, we're looking at the end of March for this topic. It's super important.

The EPIC Center team will support the grantee in prepping for these presentations, so you're not on your own when you're being tasked to lead a webinar. We're going to help you, and we want you to have a successful webinar. We'll be posting the webinar dates and the topics on our website, as well as in the EPIC e-newsletters that you'll be receiving. We'll also send out reminders.

So for February, "Collective Impact and Care Coordination." And looking ahead, there was a question about recruitment and retention. I know it was for the CAN, but we will be talking about recruitment and retention strategies, and some of these things will be directly relevant to the CAN. And also on the docket is "Fatherhood."

And we do want to hear from you, so let us know if there are topics that you would like to learn about, and we'll see what we can do, keeping in mind that we want to make sure that we are addressing the priority areas Katie talked about from the CBA worksheets. And we want to make sure that the information is helping you make steady progress towards meeting the Healthy Start performance measures.

So following February's webinars will be discussion groups. As I mentioned, we heard that you wanted opportunity to talk to each other and to talk to each other quickly, so these discussion groups are replacing the learning collaboratives. The discussion groups are launched from the webinar. Again, these are a great chance to have more in-depth conversation about a topic that one-time webinars just don't provide time for. Discussion groups will meet up to three times, and you'll have a chance to register for them following each webinar.

"Ask the Expert" webinars. So think of it as office hours with an expert, where you can ask questions. We hope you will come prepared to ask questions. And if you come prepared to ask questions, you'll have a much more meaningful experience. It's really just another great learning opportunity, very, very interactive. The frequently asked questions, the products that will result from the "Ask the Experts," these will be posted to the website and in our e-newsletters.

So, we all understand that there are going to be a lot of webinars, interesting webinars with great peer presenters and non-peer presenters. So we encourage you to look at the schedule of webinars as a team and think about who can attend which webinar.

So, we just finished talking about group TA opportunities. Now let's talk about what a tailored TA looks like. For some of you, your needs may be met through those group opportunities that I just described. For others, you may want to discuss with your project officer the need for more tailored assistance. So, by now you should have received your CBA worksheet results. We really encourage you to use those results to prioritize and plan for technical assistance needs. Look at your results and see what makes the most sense for your program, your team moving forward.

If the Healthy Start grantee has a specific need to be addressed, the process will be that you first discuss the request or the need with your project officer. All

individual technical assistance requests must be approved by your PO. After that conversation, the grantee will be directed to submit a TA request via the EPIC Center website. The TA request will be reviewed by the TA team, who will then identify the appropriate TA provider.

For peer mentoring, we'll be contracting with the National Healthy Start Association to coordinate the peer mentoring technical assistance activities. For both the individual TA and for the peer mentoring TA, TA work plans will be developed in collaboration with the grantee seeking assistance. And at the close of that TA, a summary of TA activities and outcomes will be generated.

So, what does this mean? This means that these summary reports will help us identify common themes or topic areas that require further TA, which will feed into future webinar topics and other TA opportunities.

So, a quick summary. Individual TA is addressing a specific need identified from the CBA worksheets. A TA request must be discussed first with your PO before submitting it through the EPIC Center website.

And for our peer mentoring, the priority will be given to new grantees and for those grantees who are really struggling in a particular area. Grantees will be partnered with an experienced Healthy Start grantee, and again, you know, working with the National Healthy Start Association on coordinating this part of the technical assistance services.

The EPIC Center website. So, there is going to be a webinar scheduled for January 29th to orient you to this fantastic resource, and it's not just a resource for accessing archived webinars, but materials, articles, the catalog of evidence-based practices. Please be sure to save the date, the 29th of January, so you can be oriented to this great resource.

Okay. Wrapping up. There are a lot of learning opportunities, a lot of opportunities to connect with your peers. And interspersed with some of those webinars that I talked about, the "Hear from Your Peers" or the "Ask the Experts," interspersed with those are some special initiative webinars, such as "Community Health Workers" or [inaudible 00:39:53]. We will give you plenty of notice about these special initiative webinars, so be on the lookout.

So remember, go to the website, check out the various TA opportunities and other resources. Email us. Oh, and the helpline. Feel free to call the helpline if you have any questions.

So, how about some questions?

Megan Hiltner: Thanks, Naomi. We do have a couple of questions in the hopper. The first one is for you. "Who are the Head Start quote, unquote 'experts?'" I'm sorry. Healthy Start.

Naomi Clemmons: Healthy Start?

Megan Hiltner: Quote, unquote "experts." "Do we look to the Level 3s, the past projects, or is it the National Healthy Start Association, as a resource?"

Naomi Clemmons: So, as I talked about this, we heard loud and clear at the convention that, yes, there are experts within the Level 3, but there are also experts within all levels of the Healthy Start community. So we're going to be working closely with the project officers to identify the...we've started to call it the Healthy Start faculty among the Healthy Start community.

We also see that the National Healthy Start Association has expertise within it, and we will definitely be tapping into them. And that's part of the reason why we reached out to them to assist with the peer mentoring technical assistance coordination activities. They know you grantees really well, so we're hoping that they'll help with matching [inaudible 00:41:36] nicely. I hope that answers your question.

Megan Hiltner: Okay. So, another question has come in. This person says, "I am the project director, but I have three sites with great staffs. How can they learn about webinars? Will any staff be able to attend?"

Naomi Clemmons: We believe the more, the merrier, and I think the webinars are a great professional development opportunity. It strengthens the Healthy Start workforce. So I would say share. When you receive an e-newsletter that's announcing a webinar, I would say share it with those key staff. This is a great resource, and not everyone is going to be able to attend all webinars. But if you as

a collective team can attend webinars and then report back to each other what you learned, I think it's great.

Megan Hiltner: Great. So, here's another question. "What type of support is available via the helpline?"

Naomi Clemmons: I would say a lot of help. We have a fantastic staff person who is staffing the helpline, and she is quick to take your phone number, take your question, and send it to the TA team. So we answer any types of questions, and it's all sorts. I mean, the helpline, if you have a question about CBA worksheet or if you still can't figure out how to access the webinar schedule on the website, you could call the helpline. If you are still confused about the TA process and how to submit a TA request, you could call the helpline. Any question that comes to mind about the EPIC Center and the technical assistance that's available to you, call the helpline.

Megan Hiltner: And I did want to add to the question about experts, that we will be identifying other Healthy Start experts from CBA worksheets. So that's another place where we will be identifying experts to look to.

So another question that's come in. "Are there going to be any leadership trainings for new Healthy Start directors?"

Naomi Clemmons: I think that's a great question, and we will discuss that as an EPIC Center team and with the project officers, but an excellent question. And [inaudible 00:44:09] it back to you. Maybe it's something that we can post in a e-newsletter or on the website just what that might look like.

Makeva Rhoden: Hi. This is Makeva. Can I provide some feedback on that, please?

Naomi Clemmons: Great, Makeva.

Megan Hiltner: Sure.

Makeva Rhoden: So, I think the question is coming up because this has been done in the past. And I think usually it was done through the National Healthy Start Association, so we will definitely look into whether or not we can provide training to new leadership. We haven't assessed how many of the Healthy Starts actually

have what we call new project officers. Not project officers, but project directors. We will have to poll our project officers to ask them this question as well, and then once we receive that information, we can determine some of the topic areas which those new project directors will need some assistance on. So I'll write that question down, and I will again discuss it with our EPIC Center.

Megan Hiltner: Thanks, Makeva. Okay. Another question has come in. "Who will be providing education regarding core competencies required for staff development?"

Naomi Clemmons: I do not know.

Megan Hiltner: Naomi, want to take that one?

Naomi Clemmons: I do not know the answer to that question. That's a great question, and we can get back to the person who chatted it in.

Makeva Rhoden: Hi. This is Makeva again. [laughs]

Megan Hiltner: Thanks, Makeva.

[laughter]

Makeva Rhoden: So, core competencies is definitely one of the areas that we are looking at in general within the Healthy Start, so, again, this is on our task list. We have not put a plan together in terms of what those core competency areas are and what type of training is needed. But again, as we do these breakout sessions or these virtual discussions, we'll learn more about what type of specific training is possibly needed for the staff.

I know we have a couple of other projects in the works that will look at the workforce especially as it relates to community health workers, and so that may provide some information to us as well. So we'll definitely keep that on our list. It was originally part of the plan, anyway, and so we'll provide just some more feedback at a later date.

Megan Hiltner: Okay. Thanks, Makeva, again. So, folks, we still have some time. If you have questions or comments, feel free to chat them in. I did want to mention to everyone that if you do go check out the website at this point, I want you to note

that it is being relaunched on January the 23rd. So you'll see after the 23rd an even more robust website. Keep that in mind.

Let's just take another moment and see if anybody else has any more questions. Maybe not.

Suze Friedrich: Hey, this is Suze from the EPIC Center. I did just want to sort of comment on the core competencies issue. In general, the CBA worksheet was designed with the intent of really defining those requirements for Healthy Start programs to be successful and effective, and so we are aligning all of our training activities with that CBA worksheet and really targeting those areas where grantees have indicated gaps, precisely to improve the competencies of staff in key areas.

So if you look at the CBA worksheet, it, as a starting point, really does define some of the key competencies that we know are important for program activities going forward. And that's certainly the starting point for us. You know, they may not be as spelled out specifically as they will be over time, but they certainly provide an overview of the competencies we anticipate building on in the short term.

Megan Hiltner: Thanks, Suze. A couple more questions have come in. This question is about the CoIIN, and it is, "Does Healthy Start now report to the CoIIN? I understand sharing, but not why they must approve recommendations before they go to HRSA."

Suze Friedrich: This is Suze from the EPIC Center. I would clarify that a little bit. The CoIIN is serving as an advisory committee to the EPIC Center and really a resource for helping to organize the information that we collect from the field through discussion groups and other mechanisms to be able to look at lessons learned that are identified from the community and evaluate and then see if there's anything they can add to them or sort of expand upon.

The intent of the CoIIN is really to serve as a helpful clearinghouse to figure out what kinds of information we really need to disseminate to the whole community. And since they have been sort of tasked with that role as part of their grant expectation, we're hoping to work with them closely to be able to perform that function.

The CoIIN will be kicking off in February, and we'll start having monthly meetings to really build on the work that's happening across the program and to support both the Healthy Start Program and the EPIC Center in identifying opportunities for where we can be most helpful to the field as the EPIC Center and how we can begin to move toward standardizing the Healthy Start model as appropriate and where it may be indicated. So they're not meant to be a barrier. They're really just meant to be an additional resource and an opportunity for us to aggregate information and to think it through with a smaller group, but a group that has a responsibility to serve as the liaison to all the Healthy Start grantees and really represent all of your interests.

Makeva Rhoden: Hi. May I add something on there, Suze?

Suze Friedrich: Sure.

Makeva Rhoden: So, I know we used the CoIIN term frequently, so I want people to understand we're not talking about the larger infant mortality CoIIN effort that's going on with MTAC. We're talking about the separate Healthy Start CoIIN that we have created. Again, this was a part of our requirement for the EPIC Center, so this was written as part of their grant. So we'll work with the CoIIN as an advisory committee. And again, the CoIIN right now includes the Level 3 grantees, so as Suze was saying, again, they are being like an advisory committee for the EPIC Center, and they are just reviewing things to make sure it makes sense to disseminate certain things for the entire Healthy Start community.

Megan Hiltner: Thank you. So, a couple more questions. One question: "Will webinars and PowerPoints be recorded and available on the websites for later viewing?" I can answer that question, and the answer is yes. In addition to the webinar recordings, PowerPoints, there will be frequently asked question documents that will be posted there as well. And if there were any handouts or supporting materials, those will be housed on the website as well. And that way, if you aren't able to attend a webinar, you can always go back to the website and listen to it on your own time or check out the slides.

And so another question. It's come in. "When are we needing to start an evidence-based curriculum? Will we receive extra funding for training? These are very

expensive to train staff, such as Growing Great Kids." I don't know if that's something that, Katie, you want to take a shot at.

Katie DeAngelis: [inaudible 00:52:21].

Suze Friedrich: Okay. This is Suze. I could make a further comment. One of the things we did here at the convention, which we are very sensitive to, is that some evidence-based practices, obviously, have substantial costs associated with them. And we were asked, as part of our inventory of evidence-based practices that is going to be available and searchable on the web, to really provide some insight to potential cost of various models or curriculum or programs.

It is certainly not the intent to require grantees to invest in expensive evidence-based programming, so, you know, to the extent to which there are less expensive options available to you, that's an option you may pursue. I will defer to Makeva on additional funding, but the intent is that within your grant resources, trying to best serve the community, your participants, and identifying those programs that may meet their needs but also be realistic within your budgeting capabilities. So, Makeva, I don't know if you wanted to add anything to that.

Makeva Rhoden: Right. So, intensive evidence-based curriculum, when all of you put in your application to [inaudible 00:53:34] Healthy Start, you stated in your application the curriculum that you were going to use. So the thought was that if you put that in your application, you also set aside money for the types of training that would be needed for your task to actually implement that particular curriculum. So in terms of extra funding to do training, I would say no.

However, we, again, in talking with the EPIC Center, we are thinking about ways in terms of, like, training of trainers for certain types of skill sets or competencies that you guys will need, for instance, collective impact. We know that getting training on collective impact is very expensive, so thinking through ways that we could do training the trainer and then have internal Healthy Start trainers to go out and then train other Healthy Starts around that particular topic.

So we're internally thinking about those ways, but for evidence-based curriculum that you put in your application, the assumption is that you set aside money also for training that is associated with that. And for other particular questions that are

related to funding and things like that, I would refer you to your project officer so that you can have a more in-depth discussion about what that means for you.

Megan Hiltner: Okay. Well, I don't see any more questions that are pending right now. I guess I would like to thank Katie and Naomi for presenting and for Suze and Makeva for being available to respond to some questions. I wanted to let you know that if you do have any follow-up questions that come to mind, feel free to email us or give us a call on the toll-free number. I want to thank you all for participating on today's webinar. And please mark your calendar for the website webinar on January 29th from 3:00 to 4:30 Eastern standard time. So with that, thanks to all, and we'll hope to talk with you again on the next webinar. Take care.