

# Transcription

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Megan: Hello, everyone and welcome to this webinar today, The Conversation with the Division of Healthy Start and Perinatal Services. I'm Megan Hiltner. I'm with the Healthy Start EPIC Center and I'll moderating today's event. We have approximately 90 minutes set aside. The webinar is being recorded and the recording, along with the transcript and slides will be posted to the EPIC Center's website following the webinar. I did want to just give tell you a brief couple of housekeeping announcements before we do get started.

I wanted to let you know we will be taking questions, just via the chat box today. To ask those questions or make comments, you can type information into the chat box in the lower left hand corner of your screen and we'll be breaking throughout the webinar to answer any questions or respond to comments that you have. If we don't get to all of your questions or comments, we will be putting together a frequently asked questions document that we'll post with the webinar materials on the EPIC Center website following this webinar.

I'm going to give you a very brief introduction to your speakers for today, but they will also share a bit more about themselves during the webinar. First, we have Dr. Hani Atrash. He is the Director of the Division of Healthy Start and Perinatal Services. Also one of the speakers for today is Miss Suze Friedrich. She is the Project Director for the Healthy Start EPIC Center at JSI. Also on the line is Miss Deborah Frazier and she's the Chief Executive Officer for the National Healthy Start Association.

Two co-chairs of the Healthy Start CoIIN will also be presenting today; Dr. Deborah Allen, who's the Director of the Bureau of Child Adolescent and Family Health at the Boston Public Health Commission and Mr. Rick Green, he's the Project Director and CEO of Healthy Start in Birmingham. So with those announcements, I'm going to turn it over to you, Dr. Atrash, to begin the presentation.

Dr. Atrash: Thank you, Megan. Good afternoon, everyone. Thank you all for joining us this afternoon for this first webinar titled Conversation with the

Division of Healthy Start and Perinatal Services. The purpose of these quarterly webinars is to open the dialogue between the Healthy Start Community and the Division, and to answer any questions you may have about the program and its implementation. This will also be an opportunity to update you and keep you informed of progress, and changes to the program on a timely basis.

We understand that were plenty of growing pains during the first year. Change is hard, but change for the right reasons and in the right direction is good. We know that working with all of you, we've made significant progress and improvements during the last year and we hope that this trend will continue, so that we can together, achieve the best outcomes for our communities.

Based on what you've told us through the customer satisfaction survey and based on phone calls, and discussions with many of you, and through emails, and based on meetings we had with the National Healthy Start Association leadership, we identified a few issues that are of concern to you, and that we would like to address before we provide updates, and open the lines for discussion. The issues you raised include a better understanding of HRSA, MCHB, and the Division, as well as updates on the status of the National Evaluation and Information System, and your opportunities to contribute to these plans, as well as other plans.

You also asked for more information related to communication venues between you and the division. Feedback on progress reports, orientation of new project directors, and other personnel. Access to grants management staff, procedures for requesting technical assistance, and opportunities for collaboration with Infant Mortality CoIIN, and with Title V directors in your states. Thus, today's presentation will start with a brief overview of HRSA, MCHB, and the division, followed by a brief discussion of your concerns, and how we are addressing them, and our plans for establishing ongoing conversations with you, in addition to the current communication practices.

My presentation will be followed by updates from our partners, John Snow, Inc., and the National Health Association, as well as updates about the Healthy Start CoIIN and the upcoming 2015 Healthy Start Convention. HRSA is one of the agencies under the Federal Department of Health and Human Services, our sister agencies include NIH, CDC, the FDA, the AHRQ, and others. HRSA's goals are to increase access to quality healthcare and services, strengthen the health workforce, build healthy communities, improve health equity, and strengthen program operations. How does HRSA differ from other agencies?

HRSA is known as the Access Secure Agency and its mission includes providing essential access to care whereas NIH is the research agency and supports and clinical and basic research training. The FDA assures product safety and efficacy and approves new products. AHRQ is the quality of care agency and supports health services research initiatives that seek to improve the quality of our care. And the CDC is the prevention and control agency and is engaged in monitoring, investigation, research, program development, implementation and evaluation, health promotion, training, and capacity building.

This slide shows the budgets of various DHHS agencies for the 2012. In 2012, HRSA's budget was over \$9 billion compared with NIH's \$31 billion, CDC's \$6 billion, and CMMS's \$861 billion. HRSA accomplishes its mission through the work of 5 bureaus and 10 offices. The Maternal and Child Health Bureaus is one of the five bureaus which also include the Bureaus of Primary Health Care, Health Workforce, Healthcare Systems, and HIV/AIDS.

In 2015, HRSA's budget was around \$10 billion, \$1.25 billion of that budget was designated for Maternal and Child Health. Our division, the Division of Healthy Start and Perinatal Services is one of six divisions within MCHB. Other divisions are the Division of Services for Children with Special Health Care Needs, the Division of Child, Adolescent, and Family Health, the Division of Workforce Development, the Division of State and Community Health, and the Division of Home Visiting and Early Childhood Systems.

Within our division, we have two branches, the Infant Mortality CoIIN team and the Office of the Director. I've been with this division for almost three years and continue to be amazed by our team's competence, dedication, passion and hard work, and I'm very proud and honored to be a member of this team. I will now take a few minutes to introduce you to our team. I have included email addresses for our leadership members, in case you need to contact any of us. Please note that during the first two months, we have had some staff and project transitions.

First, in the Office of the Director it includes me, Captain David de la Cruz, the Deputy Division Director. Ms. Sharon Adamo who serves as the Healthy Start Project Officer for Pennsylvania. Sharon also leads our breastfeeding activities, and the division's two staff assistants, Miss Michelle Kim [inaudible 00:08:26] and Miss Shalita Meridas [SP]. The CoIIN team includes Miss Vanessa Lee who leads the CoIIN activity. This is Infant Mortality CoIIN and Commander Maria Benke, who serves also as the Healthy Start Project Officer for Alabama and Mississippi. Commander Benke oversees CoIIN activities in the Pacific Basin and leads the Division's strategic planning work.

Miss Beverly Wright is the Branch Chief of the Healthy Start East Branch. Unfortunately Miss Wright is out of the office today for health reasons and will not be joining us. Members of this branch include Commander Robert Windham, who serves as a Healthy Start Project Officer for Ohio and Michigan, and Robert joined us a few days ago. Lieutenant Commander Makiva Rodin. Makiva is the Healthy Start Project Officer for Colorado, Minnesota, Nevada, Oregon, South Dakota, Wisconsin, and Indiana and is also the Project Officer for HRSA's grant through JSI. Makiva also leads the Division's work around fatherhood.

Miss Kimberly Sherman is the Healthy Start Project Officer for Louisiana and Arkansas. Kim leads the Division's work around women's health and maternal health, and is the Division's liaison to the Healthy Start CoIIN. Captain

Madeline Riaz is the Healthy Start Project Officer for Arizona, California, New Mexico, and Texas, and leads the Division's activities on the National Fetal and Infant Mortality Review Program. Madeline currently serves as Acting Branch Chief until the return of Miss Wright.

And Commander Joanne [SP] is coming as the Healthy Start Project Officer for Florida and Georgia. Joanne is also the Division Webcast Coordinator and leads the work of the division around Preconception and Interconception Care. Miss Vinita Baker is the Branch Chief for the Healthy Start West Branch, and members of that branch include Mr. John McGovern. John is the Healthy Start Project Officer for North Carolina, South Carolina, Tennessee, Virginia, West Virginia, and Kentucky and he also leads the Division's activities on Fetal Alcohol Spectrum Disorder and Behavioral Health.

Commander Christopher Limn [SP], who also joined us a few days ago. Chris serves as the Healthy Start Project Officer for New Jersey, Maryland, and Washington D.C. Chris oversees the Division's Data and Information Systems, as well as the Healthy Start Evaluation activities. Miss Juliann DeStefano is the Healthy Start Project Officer for Illinois and oversees work related to the Affordable Care Act, and Miss Krista Chester [SP] is the Healthy Start Project Officer for Iowa, Kansas, Missouri, Nebraska, and Oklahoma. Krista is the Division's Communications Coordinator. And Miss Angela Hayes-Toliver is the Healthy Start Project Officer for Connecticut, Massachusetts, and New York. Angela is also the Division's lead on Douulas.

I would like now to address some of the programmatic concerns that you raised, and I will first start with the big-ticket items and then briefly mention your other concerns. First, the Healthy Start Evaluation and plans for the National Evaluation. The plan for the National Evaluation is almost complete and will be shared with you during the upcoming grantee meeting of the convention. The plan was developed in consultation with our staff, staff from MCHB's Office of Epidemiology and Research, HRSA's Office of Planning and Evaluation, and working very closely with a group of national experts that are known as a technical expert panel.

Serving on the panel, in addition to experts from HRSA are experts from CDC, AHRQ, Healthy Start Program Directors, Healthy Start evaluators and experts from universities. The evaluation will use data collected through the Healthy Start Information System and data obtained by linking Healthy Start records with vital records, in all states with Healthy Start Programs. For comparison purposes, data will be collected from Healthy Start clients and non-Healthy Start clients in a selected group of communities using the Pregnancy Risk Assessment Monitoring System or PRAMS. Second is the information system. We are getting very close to identifying a contractor to work with you on collecting client-level data.

A solicitation was published and closed, on July 20. We received nine applications, which were reviewed by a technical expert panel last week. A contractor will be selected soon, and we hope to start collecting data in October. We have developed what we call the three P's form for data collection. Questions included on the form were carefully selected, and every question was included because information collected will be used by you and by us for program monitoring, evaluation, and quality improvement.

Questions were drawn from existing data collection tools, including PRAMS, BRFSS, and 10 data collection forms currently being used by various Healthy Start programs. All grantees are required to collect and submit this data for all clients that they case manage. I'm going to repeat this. All grantees are required to collect and submit this data for all clients that they case manage. If you do not have a data collection system or if you plan to change and improve your system, we encourage you to use this form, the three P's, which has been improved by the Office of Management and Budget, OMB.

If you do have a system that you are happy with or if you belong to any situation that has their own system and you must use that system, the contractor will work with you to develop an interface that will abstract data from your system and populate the three P's. If you are not collecting some of the elements

of the three P's, you will need to add these elements to your data collection form. We will be glad to assist you in this area, if you need help. Again, we'll give you more details about this system during the upcoming convention, and hopefully by then, we will have identified the contractor and they will come and speak to you, as well.

Collaboration with Infant Mortality CoIIN and Title V. We are very happy to hear that you're interested collaborating with Title V and with Infant Mortality CoIIN. We encourage you to reach out to Title V directors in your states. They all expressed interest in better understanding what you do and in supporting you. In addition, as we conduct the regional site visits and regional meetings, we are inviting Title V directors to these meetings. Many have participated in those meetings. Some were unable to participate, but asked that we keep them informed of our activities, and to invite them to future meetings.

Title V directors should also be able to connect you with CoIIN strategy teams in your states as they are the key players in CoIIN. Please also note that many Healthy Start projects are already engaged in the Infant Mortality CoIIN in their states. Healthy Start projects were very well represented in the CoIIN meetings in Boston a few weeks ago. Infant mortality CoIIN teams from 49 states and jurisdictions convened in Boston for Learning Session Two at the end of July. Several Healthy Start Programs were in attendance and some presented on their work in various CoIIN-related topics such as engaging vulnerable populations to reduce disparities, fatherhood and male involvement, the use of the CAN to leverage solutions from the community and how to start public health social movements.

All plenary and breakout sessions from those meetings were recorded and links will be shared shortly. There are Healthy Start members on that list, four of the six Infant Mortality CoIIN Learning Networks, safe sleep, smoking cessation, pre- and interconception care, and social determinants of health. If you are interested in participating in CoIIN activities in your state and are unable to find your way, please contact Vanessa Lee or ask your project officer to connect you with her. We wholeheartedly welcome your participation in this effort.

Now to some additional concerns, opportunities to contribute to Division plans for evaluation and data systems. Unfortunately we were unable to include every single one of you in our discussions as we plan program activities. However, in developing the new Healthy Start 3.0, as well as the information system and evaluation, we have solicited and received inputs from grantees, as well as the National Healthy Start Association. In making decisions related to training and technical assistance, we continue to solicit input from all of you through surveys and occasional questions we send you [inaudible 00:18:23], also through your project officers.

Unfortunately the response to these requests, although required by the FOA, has been disappointing and discouraging. If you really want to contribute to the development, implementation, and progress of the program, please respond to questions sent to you by JSI, by the Association, by the Division, or by your Project Officers.

Other concerns include communication venues between grantees and the division. Your first line of contact with the division is your project officer. Feel free to contact her or him at any time. You have the opportunity to speak with your project officer at least once a month, during your monthly call. But feel free to contact them at any time.

Also if you do not know who your Grants Officer is, please check with your PO, or Project Officer. In addition, you are welcome to contact the branch chiefs, Dr. de la Cruz or myself, at any time. Please note that as mentioned earlier, we will also be hosting quarterly webinars, like this one, titled Conversations with the Division to give you updates on the division and offer you an opportunity to ask any questions you may have. We will invite someone from the Grants Office to join us on the call, to answer any grants questions you may have.

We will also add to every other webinar, a segment related to orientation of new project directors and other new personnel. Webinars will be conducted the first Thursday's of August, November, February, and May at 2 p.m. Eastern Standard Time. There will be no webinar this coming November. Our conversations will happen during a special session at the convention. We have already scheduled webinars for February 4, May 5, and August 4 of 2016 and we hope that all of you will be able to join us. Of course, we'll be sending you reminders about those webinars.

Other concerns include requesting technical assistance, and I assume that by now you know that you can request technical assistance directly through the Healthy Start EPIC website. However, we also encourage you to work with your project officer or reach out to any of us, if you feel that the website venue is not working for you. Feedback on progress reports: A summary of the outcome of the review of your progress report will be sent to you, along with the NoA's. Your project officer will discuss your progress report during your monthly calls, following the submission of the reports.

Orientation for new project directors and other personnel: We will plan a couple of webinars every year for orienting new project directors and other personnel, and also this will happen through the Mentoring Program that Miss Frazier will be talking about soon. Access to Grants Management Staff: You should be able to contact your Grants Management Specialist at any time. If you do not know who your Grant Specialist is, check with your PO. Your Grant Specialist is also listed on the back of your NoA.

I will now turn it over to Miss Suze Friedrich who will give you an update about the EPIC Center and introduce the other presenters. At the end of the presentations, we will open the lines for questions and will try to answer all of your questions. However if we are unable to get to all of your questions, feel free to email us your questions and we will address them and share answers with you directly or with all grantees, if needed. Thank you and we look forward to working with you.

Suze Friedrich: Thank you very much, Hani. Good afternoon and good morning. My name is Suze Friedrich with the Healthy Start EPIC Center. I'm going to take the next 10 minutes or so to review the services that are available through the EPIC Center to all Healthy Start staff. EPIC services are designed to help you achieve your program objectives and all are available at no cost to you. We encourage you to use them and I hope to be able to orient you to what those services are, in the next slides. I would start by saying that Healthy Start has a long and proud tradition. Unfortunately much of Healthy Start's success is anecdotal.

So this five-year funding opportunity provides a unique opportunity to demonstrate quantitatively how important Healthy Start is to the communities and participants you serve. In developing the FOA, the Healthy Start Program reviewed the literature of best practices that contributes to positive maternal and infant outcomes and the program was intentional in designing the program requirements. In the process, they identified 20 benchmarks associated with good health outcomes and set very ambitious goals for these benchmarks.

Our challenge over the remaining four years of this funding period is to achieve these benchmarks on behalf of all of our participants, to prove program effectiveness. Provided Healthy Start grantees can successfully achieve benchmark goals, the program will be very well positioned as a best practice with ongoing federal support. Indeed Healthy Start has the potential to be a highly cost-effective model for improving maternal and birth outcomes. To help achieve program benchmarks, Healthy Start established the EPIC Center to serve as a one-stop shop to assist you. You are all familiar with what these benchmarks are. The first set of benchmarks are associated with the number of participants that you serve.

It's necessary to see a large number of participants in order to have a visible impact on your community. By demonstrating an impact, you are well positioned to negotiate for stakeholder support in the future. The EPIC Center

can provide you with marketing and recruitment consultation to help build your participant enrollment and to raise awareness of your program with your stakeholders and partners. We consider marketing and recruitment a priority resource service that we can provide to you.

The second category of benchmarks is related to program impact and address the known risk factors for poor maternal and birth outcomes. As mentioned, Healthy Start has set ambitious goals. For many of these benchmarks, the expectation is that 80-90% of participants will be in compliance with the recommended best practices. These are the priority areas you should be addressing with your programs because we know that they're associated with the best outcomes for our participants. Again, the EPIC Center is available to provide assistance with identifying evidence-based practices and adapting them to your program model and participant population.

Furthermore, it is critical that you track your performance in these areas to identify where you are falling short of the benchmark goals so that you can target your quality improvement efforts more effectively. If you do not know your compliance rates, you will not be able to focus your improvement efforts for maximum benefit of your participants and the program is unlikely to achieve those benchmarks that we need to demonstrate in the next few years.

The EPIC Center is available to help you to develop data collection, tracking, and data analysis practices to support your program improvement and certainly to help you with quality improvement initiatives. As mentioned, the EPIC Center provides a range of services to assist you with achieving these benchmarks. Some quick FAQ's to start, we're asked who is eligible for EPIC services? All Healthy Start Program staff and your partners are welcome to access any of the EPIC services. Those services can be accessed through the website which you'll learn more about in a minute. They are also published in the e-news through training links right in those emails and you can request help from your project officer to access the services.

The services are available upon request at any time and we really want to emphasize that these services are all available at no cost to you or your partners. I'm just going to go into a little more detail on some of the specific services that are in the EPIC Center. We will be hosting the annual convention on November 16 and 17th in D.C. and you'll hear more about that later. We also host two webinars every month, and again, these webinars are designed to target those benchmark topics, to help build your capacity to identify and implement evidence-based practices to achieve those benchmarks. All of the webinars are recorded and are posted to the website, so you can listen to them on-demand at your convenience.

We also encourage that you put all of your staff on the e-News list serve, so that staff can get notices directly of upcoming training. So rather than forwarding the e-News to your staff, if you forward the next one to all of your staff and ask them to click on the link, to add their name to the list serve, they will in the future, get a copy of the e-News directly. And again, you are more than welcome to share that e-News with any of your partners, so that they can sign up, as well.

Those newsletters come out twice a month, the first Tuesday and the third Wednesday and they include links to upcoming trainings, new resources, and additional information that may help you with your programming. We also provide individual consultation with experts in the field on a range of topics, and again, we really prioritize those benchmark topics because we know how they're associated with positive outcomes for our participants.

You can access TA or technical assistance through the Grantee Corner, the purple tab on the website and fill out the form to indicate what your needs are and how we can help you. It's a very quick process. We ask that you coordinate with your project officer so they know what your need is for technical assistance, and that they can approve the importance of that particular request. Again, you should be aware of where your performance on the benchmark issues may be not optimal and try to target those for your TA, so that we can

improve the overall performance of the program and your individual program, as a result.

In addition to individual consultation, we also have some group learning opportunities. Many of you have already joined the Collective Impact-Peer Learning Networks. Those are a yearlong sharing of experience around collective impact and CAN development. We will be introducing a new group learning network series in the winter on quality improvement, again, targeting specific benchmarks and helping to share lessons learned about what works in achieving those benchmark areas.

I mentioned the website. It's available at [www.healthystartepic.org](http://www.healthystartepic.org). It has a wealth of information and resources on it and it is constantly updated. I'm going to go through a few of the key resources on it, but I encourage you to check it out. The first resource you should be aware of is a map of the country with all of the locations of the Health Start Grantees. It's available in the About Healthy Start tab on the website and it has, as you can see in the left hand side of your screen, a set of layers of information. So in addition to grantee locations, and again, if you click on any one of those grantee locations, you will get information about that grantee, but it also has additional information.

You can click on different layers to see additional information, such as where all the NFIMR's are in the country. So if you're looking to see if there's NFIMR in your area, you can click on that layer and it will provide contact information for your local NFIMR's. We also have all of the FQHC's, Federally Qualified Health Centers in the map. You can find out the closest health centers to your location and contact information. There are also some data layers that you can see, and again, you can drill down as deep into this map as you like, so you're not looking at the national level all the time. But at the local level, you can see low birth weights, preterm birth rates, and infant mortality rates in your area and where some of the highest rates exist.

Another resource that's available on the website is a searchable database of evidence-based practices. This resource is available under the Resources tab, the blue tab, and it includes over 150 resources and we add them every day. These resources are evidence-based practices and can be filtered using a number of different criteria. There's topics that you can go choose from, and again, all of the benchmark topics are covered. There's also the ability to filter by type of product. So if you're looking for a curriculum or a screening tool or an assessment tool, you can select the appropriate material type and it's also searchable by perinatal period, so prenatal, postpartum, preconception.

So again, if you want to drill down to find a best practice for promoting breastfeeding in the prenatal period, you can select multiple criteria and that'll help to hone down that 150 evidence-based practices to the ones that are most relevant for your needs. An additional resource on the website is a list of all of the trainings. We have a calendar that lists all of the upcoming trainings. You can look at the current month or the next couple of months to see what trainings are scheduled. You can click on those postings, and sign up directly through the website, if you identify a webinar that you're interested in attending.

All of the webinars that have ever been conducted are also recorded and posted, and are searchable on the website. So if you're looking for a previous training on breastfeeding or family planning services, you can do a search of training resources to see if you can find a webinar on an appropriate topic. We also have an inventory of trainings that were done by outside organizations which we think are very good that also cover topics that relevant to Healthy Start programs. There are a few other services that we wanted to highlight.

The Healthy Start EPIC Center supports the Healthy Start CoIIN and you will be hearing in a few minutes from our co-chairs, Rick Green and Deborah Allen to update you on what the Healthy Start CoIIN has been involved with. We also are very excited to have partnered with the National Healthy Start Association to implement a mentoring program, and following my comments, Deborah Frazier will share with you what that program is all about. And we are currently

working with the National Healthy Start Association to initiate a fatherhood program which we hope to kick off this fall.

So again, there are many, many things that we are involved with, but what's most important is that we're providing services that meet your needs. We welcome any thoughts you have about where there may be some gaps that we need to address, where we can better serve you. So please, feel free to contact us with ideas about what we can do to help you and we absolutely encourage you to take advantage of these services. So please seek us out for consultation, for training, for assistance using the website if you're having any issues finding what you need.

So ways to contact us, we have through the website, the [www.healthystartepic.org](http://www.healthystartepic.org). Email [healthystartepic@jsi.com](mailto:healthystartepic@jsi.com) and a toll-free number so you can talk to us directly. So again, we encourage you to let us know if you have any needs. We are more than happy to meet those needs and we look forward to hearing from you.

It's my pleasure now to introduce Deborah Frazier. She's the CEO of the National Healthy Start Association, and as I mentioned, we have partnered with the National Healthy Start Association to implement the Mentoring Program. They are familiar with many of your programs and in a very good position to be able to link Level Three grantees with grantees who could benefit from some mentoring support. And with that, I'm going to hand it over to you, Deborah, and thank you again for your collaboration.

Deborah Frazier: Thank you, Suze and good afternoon to Healthy Start. We begin this mentoring process with a webinar that was launched in July and since then, we've sent information to the Healthy Start community to complete the online Mentoring Orientation Module, and I want to thank all of those who have completed those modules.

We've gone through those modules, and it looks like most of you have found the Orientation Modules to be useful, and you're looking forward to your mentoring opportunities. I know there's a few of you who are a little bit nervous, particularly the new project directors and I want remind you that you're not alone in this process.

We said that before on the launch of the webinar. This is not a one-dimensional opportunity. There's a wealth of experience and support for you within the broader Healthy Start family. So even if you're a new project director, use this as an opportunity to do some team building in your own Healthy Start project, brainstorming with your home team about support for your mentoring experience, and we're always here for you to give you support, as well.

Yesterday, I had a great meeting with the Division of Healthy Start to get input from the Healthy Start Project Directors on the mentor/mentee matching process, and everyone in the division is solidly committed to the success of providing support for the Level One grantees, and for all the new grantees, and supporting the Level Three grantees, in their effort to provide the mentoring services.

We worked to develop a draft list of the proposed matches, but this is still a work in progress. They're not exactly complete. We've got a little bit more work to do to complete the matches. But we expect those to be complete by the end of this month or at the latest, the very beginning of September and we'll announce the matches sometime in early September. And at that time, the Association will setup a mentor/mentee Google group that some of you asked about, so that you can communicate with each other and share ideas.

Additionally, during the discussion with the division yesterday, we know that there are some mentor/mentee relationships that are already in place. We got that information both from calls that came in after the webinar and information on the modules. So that information is being reviewed with the Project Officers,

and we're going to get their weigh-in on whether those are the best matches, and get those confirmed.

We'll certainly take those into consideration and everybody, I think, in the meeting yesterday is most appreciative of the Level Three Project Directors who've been sharing their time and their expertise, even before the formal mentoring began to take place. So thank you again for doing that. And I want to remind all of you who have been on vacation and haven't had the time to complete the Orientation Module, to log in and complete it.

Because we are tracking those completions, as well as your comments because your comments are important and they help to inform what we're doing now and what we plan to do in the future with mentoring. And as the last comment, remember that Level Threes are required to be mentors.

But we want you to get credit for the mentoring, so you've got to meet all of the requirements of the mentoring program which includes developing an action plan for the mentor/mentee relationship. So some of you've been volunteering to do that in the past, but this formal process will have you do that action plan.

So if you've been through the webinar, you should have seen a copy of that work plan, in the Orientation Module. So if you haven't, go back, log on, and go through the Orientation Module. And thank you, Suze, for the introduction, and we look forward to getting this implementation launched next month, and let us know if you have any questions.

Megan: Thanks so much, Deborah, for those comments and the information. We're going to now, before we get into a great presentation from the Healthy Start CoIIN, we are going to take a moment, and take any questions or comments that you have. So if you have any questions or comments, please go ahead and chat them in. The chat box is at the lower left corner of your screen.

So go ahead and do that. Okay. All right, I'm not seeing any questions yet in the chat box.

"Such informative presentations, presenters." That's no questions at the moment. Here's a first...okay. There is a comment about the CoIIN presentation, and just to make sure that you get some more explanation about the acronym for those that are unfamiliar. So we'll be sure to do that. Okay. Well, I'm not seeing any questions right now in the chat box. So let's go ahead and...Hold up. We do have one question here.

It's a question about the mentorship piece. "Is the mentorship only available to those sites that are National Healthy Start Association members or are all projects?" Deborah, do you want to respond to that?

Deborah: No, that's for all projects that are all Level One projects and projects that the project officers, and Makiva, if she's on the phone, can correct me. If the project officers deem that a project needs to be mentored, then they add them to the list.

Makiva: Hi, Deborah. Thank you. You're correct. So when we first started to look at who was in need of mentoring, we did start with the Level One and definitely looked at the newer Level Ones with the project officers to see if they were in need of mentoring. So they definitely got priority for this first round of mentoring. We have also considered some Level Twos that are new and some continuing projects as well, who have had changeover in leadership and project directors who may be in need of mentoring, as well.

As Deborah has stated during her presentation, we are still trying to finalize those lists, and we're working with the project officers here to make sure that we've made the right selections for who should be in this first round of mentoring. So even if you didn't get selected this round, it doesn't mean that you won't have an opportunity to get mentored.

It's just that we saw some projects had an immediate need, and so that's how they made it on the list first. We will be having other cohorts of projects who will be coming into get mentorship. So if you find that you definitely want mentoring, please contact your project officer and we can consider you. But again, we're working on finalizing that list right now.

Megan: Thanks, Makiva, and why don't we go ahead and Makiva, if you're open to it, can we skip ahead into the presentation and touch on...since Suze did talk about it in her presentation, do the convention update because there is a question in the chat box about getting more information about the convention.

Makiva: Yes, I was going to ask you about that as well, Megan.

Megan: Great.

Makiva: We can go ahead and do the convention updates. I don't have a lot of slides, just this one. But I do have some information and so good afternoon, everyone. The Division is eagerly awaiting or anticipating our 2015 Healthy Start Convention which is scheduled for November. As you can see from the slide on the screen, the dates for the convention are November 16 and 17th. So that's the session for all of our Healthy Start's to participate in.

We'll have plenary sessions and we'll also have breakouts, but we are focusing the agenda around topics that will help you reach your benchmarks. The other date that is on here which is November 18, that day, we will have two special sessions that are associated with the convention. One of the sessions will be for our Healthy Start CoIIN.

And since someone asked a question about it, I'll tell you what CoIIN is. CoIIN stands for Collaborative Improvement and Innovation Network, and our Healthy Start CoIIN is specifically focused in on achieving some Healthy Start paths that relate to our transformation and really trying to make our program an evidence-based program.

So you'll hear more about that Healthy Start CoIIN, but it really is...the CoIIN itself is in relation to our larger infant mortality CoIIN. So you'll hear us use that phrase or those words, a bit. So like I was saying before, one of the sessions on November 18 will be for our Healthy Start CoIIN, and those representatives. And then we have another session that we are holding that is really directed toward program management and program leadership for our Healthy Start, and so both of those are really going to be by invitation only.

Again, we have looked at a list of changeover, in terms of leadership for our projects, and we've identified some individuals that definitely have to be at the session on program management and leadership. And then of course, our Healthy Start CoIIN representatives already know that they're invited to that Healthy Start CoIIN session. So that's really an overview of what's happening on those dates. Again, if you look at the screen, you'll note that we've provided you some information about what your travel teams should look like.

So we've listed on there project leadership. We've also put on there the Healthy Start CoIIN representatives. Again, anyone who is leading your collective impact effort, and of course, your evaluator or those who deal with your data. Those are the individuals that we are expecting to attend the convention. In the following weeks or the upcoming weeks, you will get more information about the agenda, about hotel room blocks, and just anything that will help you as you make your travel plans. We know that you need a lot of information and get approval from your organizations and so we're trying to package that information appropriately.

We have been working internally with division staff, as well as representatives from our Healthy Start EPIC Center and some of the Healthy Start members as well, to put the agenda together. So I want to thank everyone, especially those representatives from our Healthy Start Program who have stepped and assisted us in putting the agenda together. We reviewed a copy of it yesterday. It looks excellent. A lot of time and effort have gone into that and so I thank everyone for the time and commitment that they've put towards putting that agenda together. So that information will be coming to you in the coming weeks.

One thing that I wanted you guys to note is that we have sent out information about putting in or submitting an abstract. That information has gone out over the past couple of weeks. I believe you have until, I want to say the 24th, but Megan, you can correct me. But you do have a little bit more time left to get that information in. We would really appreciate it if you would consider submitting an abstract for the poster session. Again, the directions have been sent and I believe some more information went out about that, probably earlier this week.

So please consider submitting. We want to see all the great work that you are doing and we really just want to see a wonderful convention where we definitely put out there the wonderful things that our Healthy Start community has been doing over the past year, especially in the midst of this transformation. So I think that is all of the updates that I have for right now, and again, if you have any questions, we will definitely take them. Thank you, Megan.

Megan: Sure. Makiva, there is one question here about the audience. Somebody's asking about if they should consider managers of fatherhood engagement programs to attend?

Makiva: You're welcome to. We won't have a session around fatherhood engagement and as Suze mentioned earlier, we are having some additional talks in September with the Association and some other colleagues about trying to formalize a fatherhood initiative for the Healthy Start Program. And when I say

the Healthy Start Program, I'm talking about all 100 of our Healthy Starts, and so I'm hoping to get lots of good information from the discussion that's going to take place in September that we can hopefully then share at the convention, as well.

Megan: Great, and there was a question about the abstract template for the poster session and around what to submit your poster on and the template is pretty straightforward in what it's asking for. But we're not really aiming for you to do an overall poster presentation of your program. But instead, go through the template. It sort of walks you through which of the program approaches is your abstract mostly aligned with and it's just standard for the poster abstract template. We do want to offer to you, if you do want to submit or you would like some support in submitting an abstract, we are definitely able to help you with guidance on that.

So feel free to...in following up to the list serve poster guidance that went out, you can request some support with submitting an abstract. Because we do want to support you in that process and know that you all do some really great posters. And then another question about how many people can represent each project at the convention. Makiva, do you want to give any guidance around how many people?

Makiva: Right, so thank you. So we have stated that at least three people from your project should come to the convention. We know we've gotten questions before, just in terms of, "Can we bring some additional people there?" What I want to say about that is, if you want to bring additional people, you can. We've only blocked the rooms for a certain amount of Healthy Start participants. So once the room block is full, you will have to find accommodations at a different hotel. So I'm not going to block you from bringing some additional participants.

We've gotten questions about, "Can I bring four versus three?" Some people may bring less. They may only have budgets to bring two. That is fine as well,

but our minimum right now that we're looking at for the projects is at least three.

Megan: Thank you. All right, well, there was a question...I don't see any other questions about the convention. But there was a question, to backtrack a little bit about, to get some clarification around the three P's that Dr. Atrash mentioned. So this person is asking, "What are the three P's, four P's have been referenced in the past?" Dr. Atrash, do you want to give any added details about that?

Dr. Atrash: Yeah, the three P's is the data collection form that was designed to collect data from women and the three periods of pregnancy; preconception, pregnancy and postpartum. That's all it would refer to is three P's and assuming that it was shared with the program a long time ago, so I think if you don't have it, whoever has the question, send us an email and we'll send you a copy. So we did share that data collection form with the program some time ago.

Makiva: Right, and just in terms of...I know you've heard our EPIC Center refer to the four P's. So we had our EPIC Center format what they're doing around four P's, but they coincide with the three P's. So you will hear preconception, prenatal, postpartum, and parenting. That's the four P's that our EPIC Center refer to. It's not the three P's document that will be part of the data collection system. But that fits in terms of how they have formatted or categorized the information that they provide on the website.

Megan: Thanks, Makiva. There was a question just clarifying about how communications are being sent out about all these various initiatives and programs, and oftentimes, the general information about surveys and program information. They're sent via the list serve. However, there were specific messages that were sent to certain people on the project. I think somebody would like a little clarification about how communication regarding the mentorship went out. Could you speak to that?

Suze: Megan, this is Suze. Can I just answer? So the invitation for the webinar for the mentorship, actually I think did go to everybody. But it was really targeted to the Level Three grantees. That was the group that was asked to attend the mentorship webinar because it was really introducing the program. So if there's, as Megan mentioned, sort of subgroup of grantees for which a particular notice is more applicable, they get a direct email. So hopefully you aren't the person who didn't get notice of the mentorship within a Level Three grantee.

But if you feel like you're not hearing from us, you should absolutely contact the EPIC Center, through either the website or the email address that you saw previously and let us know. We can make sure that your organization is on the email list and that even you are on the email list, if you're adding yourself to the list serve, and we apologize if there was some oversight. But I think the invitation was really primarily for the Level Threes to begin.

Makiva: Hi, Suze, and you are correct and the reason why the webinar was specifically targeted for the Level Threes is because as part of their funding as a Level Three, they are supposed to do mentoring, and so we wanted to definitely make sure that we capture that audience first. The recording of the webinar is definitely on the EPIC Center website, so please feel free to go to the website and listen to the Mentoring webinar.

Additionally for any other communications that you may want, we definitely have the larger list serve that is associated with our EPIC Center website and we ask that you, the project director, not only signs up for that, but that you include your staff and have them sign up for that list serve, as well. That's the best way to get information about everything that's going on, not just stuff in terms of training that is going on with the EPIC Center. Sometimes we do have emails or communications that are specifically for the project directors only and they've asked that we just send that directly to them, and then they decide whether or not they should spread it or share it with their staff.

And so we have a separate internal distribution list that we use for those communications. So those are the levels of communications that we're doing right now. But for any information as general [inaudible 00:56:27], such as this webinar or any type of trainings that we're doing with the EPIC Center, information that's related to the convention, you can definitely have your staff sign up via the EPIC Center and they will receive that information directly.

Megan: Great, okay. Now let's take it, and turn it over to our wonderful Healthy Start CoIIN co-chairs. And Suze, I'll turn it over to you to do a brief intro, if you will, for the CoIIN.

Suze: Well, again, welcome everyone. This is Suze Friedrich from the EPIC Center. As you may notice, we've doing a very good job of stalling just a little bit because one of our co-chairs, Deborah Allen is actually in a meeting, and was able to join us at 3:00. So hopefully we have timed this perfectly and she will be online just in time for her presentation. It's my delight to introduce Rick Green and Deborah Allen, who have been serving as co-chairs for the Healthy Start CoIIN.

And as was previously mentioned, the CoIIN stands for Collaborative Improvement and Innovation Network. Some of you may have heard of the Infant Mortality CoIIN. The Health Start CoIIN has a different structure and purpose. The Infant Mortality CoIIN operates at the state level and does a lot more policy-focused work in identifying best practices. Our Healthy Start CoIIN is really functioning at the program level, looking at how we can strengthen the Healthy Start Program and how it is implemented across the grantees.

And we have Rick Green and Deborah Allen available to share with you the structure and the initial initiative of the Healthy Start CoIIN, and with that, I'd like to welcome Rick. I would also like to profusely thank our co-chairs, Rick

and Debbie, because they have spent the last six months, providing that program direction for the CoIIN and you'll hear more about what that entails, and they're just wrapping up their six-month terms.

And I know it's been a lot of work for them. But I think we've made a lot of progress, and we truly appreciate their time and energy and look forward to the next two CoIINs, joining us for the next term. So with that, Rick, I'm going to hand it over to you and thank you for presenting. Are you on mute, Rick?

Rick: Can you hear me now?

Suze: Yes, we can hear you now.

Rick: Sorry about that. I would like to say hello to everyone and as Suze mentioned, I had a wonderful opportunity and privilege to serve as one of the co-chairs for the last six months, and it's really been a great experience. What I would like to do is go ahead and give a brief overview of the Healthy Start CoIIN. With that being said, Suze also mentioned that I would like to start by talking about the role of the Healthy Start CoIIN. It's really centered around the role of strengthening and improving the Healthy Start Programs and that will be done through identifying priorities.

By identifying priorities for capacity building assistance to be provided to 101 Healthy Start grantees, and to promote communications among, and between the grantees, the Healthy Start Division and the EPIC Center. There will be some opportunities to do some brainstorming, to test out and recommend opportunities for advancing the Healthy Start Program. It will also be strengthened by distributing lessons learned through the Healthy Start communities.

Many of us that have really been around for quite a while, some of the Level 3 ones have been around for a while and they will definitely be serving as mentors. But there are some Level Two and even some Level One programs that have been around for a while. We are a Level Two, and Birmingham Healthy Start Program has been around since 1991, and actually I've been with the program since 1991.

I've only been the director for the last 17 years. There are some frequently questions about Healthy Start CoIIN, and I would just kind of like just share some of those. Those questions actually deal with the who, the when, and the what. And when we look at the who, one of the things that people have asked is, "What is the CoIIN composed of?" and it's composed of representatives of all 18 Level 3 grantees, one Level 1, and one Level 2.

We have meetings, and the meetings are planned and facilitated by a co-chair who serve six-month terms. Those meetings can be...we've had one does a face-to-face meeting, the rest of them have been monthly call meetings, but they are on an ongoing basis with full agendas. When, as I just said, the meetings are monthly by phone, not in-person.

The Healthy Start CoIIN has prioritized standardization of elements of the Healthy Start model. All the recommendations will be shared with the Healthy Start community for consideration, input, and approval, and hopefully that would be done during the November convention. So who are the members of the Healthy Start CoIIN?

Members of the Healthy Start CoIIN includes representatives from Baltimore City Healthy Start Corporation; Birmingham Healthy Start Plus, Boston Healthy Start Initiative, MomsFirst Healthy Start, Healthy Start of New Orleans, Philadelphia Department of Public Health Healthy Start, San Antonio Healthy Start, Alameda County Healthy Start Initiative, D.C. Healthy Start, Healthy Start Brooklyn, Healthy Start Pittsburgh, Detroit Healthy Start Project, South Phoenix Healthy Start, North Carolina Baby Love Plus, Northwest

Indiana Healthy Start, Greater Harlem Healthy Start, California Border Healthy Start, Central Hillsborough Healthy Start, Midwest Healthy Start Initiative, Camden Healthy Start. Those are the members of the Healthy Start CoIIN. At this time...I don't know if Debbie has joined us already.

Debbie: Yes, I have. Hi.

Rick: Oh, okay. So at this time, I would like to turn it over to Debbie who's going to provide us with some updates.

Debbie: Yes. So, hello to you all. It's a pleasure to be on the call and I want to echo Rick's comments about what a really interesting and gratifying experience this has been. I think really making us feel like we're part of a community that's working together to improve Healthy Start. So when we had our first CoIIN meeting, the issue that rose immediately to the top of the agenda was this question of standardization, and that may not be so self-evident to people who are newer to the Healthy Start world. But the reasons for that were several.

I mean, I think the predominant feeling about why that's so important was a sense of our ability to communicate to the broader public, to policymakers, etc. what Healthy Start is and what its value is, and that if there were no standardization, we really would not be able to do that. I think beyond that, of course, was the question of quality and our ability to assure that Healthy Start Programs represent a predictable standard of quality whether they were in Arizona, or Boston, or Oregon.

I actually don't know if there is one in Oregon, but for example. I think being able to describe Healthy Start to other people in our communities, as well as nationally, facilitating bringing on new Healthy Start programs. Scaling it within our communities in order to reach more women and children, and then leveraging Healthy Start as an effective program with our partners.

These were all reasons that I think we felt it was very compelling that we approach this question of how to form a more coherent sense of what Healthy Start was or is. So we began a discussion about where do we start with that? What can we standardize? And ended up with a list of possible opportunities for standardization and those included our initial candidates for standardization. Included tools that we use: our portfolio of screening and assessment tools, the process of case management, the process of care coordination, our approach to data collection and tracking of data. Our approach to risk assessment, acuity assessments and referrals.

The way we do consumer outreach engagement. Our protocol for quality service, competencies, so how do we train our staff? The statistical assessments we use to define community need, male inclusion in programs, and the development of standardized health education materials, and the feeling was that all of these were quite valid candidates, if you will, for an initial focus on screening. So we broke into four work groups and had discussions about what our priorities were and three things rose to the top and pretty consistently.

I mean, I think there was a very strong sense of consensus about these three things. The first were our instruments for screening and assessment. The second, our approach to data collection and consistent tracking of data. And the third, our approaches to case management and care coordination acknowledging that the terms are sometimes used interchangeably. That we might have a variety of definitions of those, so we bundled those together. There was a lot of agreement that those three things overlap and a lot of sense that they were all important.

But we came to a decision by a vote that we wanted to start with our portfolio of screenings and assessments because we felt that that was both the entry point, that that was the process that was the embarkation point for case management and care coordination. And was also the foundation of our data

collection process that we start by gathering information about clients as we do intakes. So that was our initial discussion.

The rationale for focusing on risk screening and a tool that particularly addresses that was this idea that it, it both is something that should happen and does happen in our Healthy Start programs early in the process as a kind of entry point, and also that it's very closely tied to ensuring a comprehensive and consistent identification of client needs, and therefore, an effective and high quality program. So it was felt that was a real cornerstone of Healthy Start, and a very reasonable place for us to look for standardization, early.

So we then embarked on this question of looking at risk-screening tools and we started with a set of guiding principles that we developed about what we would be looking for in coming together to standardize a risk-screening tool. Those principles were the tool will be designed to service the foundation for case management, with our participants. So again, this idea of an entry point into the program. It should address risks for each part of the perinatal period, three P or four P.

The set of risks covered in the screening should incorporate the Healthy Start benchmarks, so that was a given that those are things we all start with and we have all agreed to address. So they make sense as givens in risks we'll be looking at. We want the tool to be comprehensive. We want to offer local programs the opportunity to incorporate other things, so there might be risks that particular programs are interested in for local reasons, perfectly legitimate.

But that we would be trying to develop a tool that was comprehensive and would be a universal tool that programs could add on to. Then, we were going to be looking at areas of risk where there were questions we could borrow from instruments that have been validated, so that we know we're asking questions that yield the answers we're looking for and do provide an accurate picture of client risk. Next slide. Sorry. I'm just catching up with the slides.

We then embarked...this discussion was occurring through a series of phone calls, as Rick described, over the spring through this month and during that period, working with the EPIC Center, we gathered together and explored the screening tools currently in use by programs who wanted to submit them. So that wasn't universal, but all programs were offered the opportunity to submit tools, and those that were submitted were looked at. The EPIC Center looked at best practice literature to identify any risks that might not be reflected in the tools that were submitted. We then used a consensus process, which I'll say a bit more about, to identify the risks we thought should be included in a standardized tool.

And then, again, with this proviso that we would automatically include those that represented the Healthy Start benchmarks, and then the next step would be...and this is where we are now...to define particular questions that most effectively capture those risks. So our process for deciding that there was consensus about a particular thing being included, we were aware that getting 100% agreement was probably an overly selective standard.

But we felt that if 80% of CoIIN members voting on a particular call agreed...and we had relatively high participation. If 80% agreed that a particular issue should be included, it passed the screen, so to speak, for screening, and we would include it in our list of risks to be addressed in the screening tool. And if something didn't pass that standard, that cutoff point, we would continue to have the opportunity to discuss it and we could go back on the next call and explore it further, but that was our criteria for inclusion.

From here, the plan will be...next slide. Now I should say one more thing about that and that's that...Actually let me go on and I'll come back to the point I was going to make. So from here where we go is that we're aiming to have a draft screening tool available to share with all grantees for a comment period and that will be on the website. So everyone will have a chance to weigh-in on that, and then that tool will be presented in November at the Healthy Start Convention.

I think it's just really important to see what an important milestone that is for Healthy Start to be able to talk about having a standardized tool and the importance of that discussion at the convention. We will then work out, in the CoIIN, a proposed process for implementation of the screening tool and an approach to its use. Over the winter, there will be a process, and at that point Rick and I won't be the chairs, but the CoIIN will go on with the process.

And we'll talk about how to integrate feedback from the discussion, starting at the convention, actually starting before that on the website, but continuing at the convention. And then the proposed implementation of the screening tool is for fall of 2016, and at that point, it really will become the basis for a standardized Healthy Start screening process, and I will stop there.

Megan: Thank you so much, Ricky and Deborah, for the presentations. There are a couple of questions that have come in for you all and the first one is, "Is the CoIIN team looking at the work done by earlier National Evaluation teams, based on the COA standards, standardizing the core components in Healthy Start?" I don't know if either of you wants to respond to that.

Debbie: We haven't expressly had that conversation, but I think it was part of the starting place for this conversation back when we met last fall. There may be somebody who's better informed than I, and can say something more specific. I know that sounded very vague.

Rick: I think you're about right. I think there was some discussion about was not tossing aside the previous work that had been done, but looking at some of the things that had been done over previous years. And then looking at improvement and to find better ways that we can really show the impact of the Healthy Start program, as it relates to looking at some of the evidence-based stuff. So I think that we looked at some of the previous work that had been done, whether it was evaluation or even to this extent. But tried to see how does

it tie into really being able to paint that picture and really show the impact of the services that are provided by Healthy Start, the work that had been done by Healthy Start over the years and from moving forward.

Megan: Great, thanks. So a couple other questions that are asking about, if the screening tool will be integrated with the new Healthy Start data system.

Debbie: Yes.

Megan: And we just want to let everybody know that the screening tool has also been aligned with the three P's data reporting. And so another follow-up question, "Is the tool intended to be used for intake and analysis separate from the bigger data system used by Healthy Start grantees?"

Debbie: I think our assumption was that it would feed into the bigger data system, not be separate from it, but contribute to it. How sites implement that process is something we have to go on to discuss and this question of data collection and tracking is one that I think we definitely saw as a next step in this process or a subsequent step in this process. So we didn't speak to that explicitly, that is the process, but we definitely saw this as the collection of data that would help us respond to the Healthy Start data collection system.

Megan: Great, thanks. A question about the new Healthy Start data system. "Will the new Healthy Start data system have a separate screening tool ready for the October 2015 implementation?" That might be more of a question for you, Dr. Atrash.

Dr. Atrash: The answer is no. We actually, in designing the information system we're looking for data from clients about their medical history, behaviors, medical service needs, referrals, etc. The screening tool that's being developed by the Healthy Start CoIIN, of course, some of the questions within the three

P's are questions that are going to be on the screening tool. I understand the screening tool is meant to be more of a very abbreviated piece of the three P's that will be much more practical to implement as a screening tool. So eventually they'll be one and the same. Whatever you answer in your screening form will automatically populate the three P's and become part of it. But the three P's, as it stands today, does not have a screening tool, a screening section.

Megan: Okay. And a question about, "Will the tools that are being created replace tools that projects may already be using or creating?"

Debbie: I think that's a policy question in some ways for the bureau to ultimately speak on. But our assumption was yes. I mean, again, exactly how questions are embedded in the overall activities of a site is going to vary. Some sites focus more on one phase in the perinatal process and other sites focus on the entire period, and some sites might answer questions, but the idea is to standardize.

Megan: On what perspective will the tools be based; case management, [inaudible 01:21:09] behaviors?

Debbie: Well, the two overlap because presumably some case management activities reflect client behaviors, so it's meant to be both. But the emphasis is on it, as the start of interactive case management process. I should say, it's a risk screening tool, but there are some things it's envisioned as asking about, to which the answers may be positive. So it's a screening tool in the sense that the answers are positive and negative, and it's meant to shape the interaction and the conversation between case manager or care coordinator, if you will, and the client.

Megan: Great, just scanning through a couple more questions that have come in. Somebody's asking, "What do we do with the databases that we are in the process of creating that include all the risk assessment measures?"

Dr. Atrash: Well, we did our best to inform all grantees that a new data system is coming, and if they were developing a new system, to wait until the new system is developed. That said though, we don't want to undermine or create a burden to the grantees who already have a system that they're using. That's why when I presented earlier, I did say that the contractor...if you have a system that you are happy with, and you cannot change, that our contractor will work with you to develop an interface that will extract data from your system, and populate the data collection system that we'll be using.

The reason we need to have a uniform data collection system is because that's the only way we can have a look at the national program, and pool data in one place, and speak about the program at the national level and its impact. I want also to add, because I was misquoted previously, that if you are not collecting all the data elements on the three P's, we expect you to add questions to your current, existing data collection form, to make sure that all of the data that we are collecting will be collected by all programs. So if you have a system, you're happy with it, keep going. You may need to add a few questions to it, but we'll work with you, so you don't have to double collect data.

Megan: Okay there's a question about, "Do we have a common understanding of case management that's different from that of community health workers?"

Dr. Atrash: I don't understand what the question is. Case management is case management. Community health workers, we're trying to define and develop a uniform system, an understanding of what community health workers skills, and competencies, and abilities are. And JSI working with MIT, just conducted a survey of the grantees, and I hope all of you completed that survey to tell us what your assessment of community health workers skills and abilities, to really be a good community Healthy Start worker, are.

Based on the results that we get from you, we will eventually come up with a set of competencies and skills that will define what the community health worker is. Case management is how you do the work, and not what does it take to do the work. That's a whole different story.

Debbie: This is Debbie and I'd add to that. I mean, I think saw that as what Hani just described is a very important conversation to take place and a very important area for standardization. In the initial CoIIN discussion, as I said before, that was one of the top priorities that is not currently standardized absolutely and that that is something we think needs to be standardized because it lies at the heart of the Healthy Start intervention.

Our feeling was that it was an easier task to take on, looking at a tool, than looking at such a complicated set of tasks. And that, in addition, the tool would help us think about the parameters with those tasks, so that it was a good start to get to that. But that's definitely down the road, in the way the CoIIN is thinking about it.

Megan: And then, just a clarification, "Is the data collection system...the timeline for it, will it be available for implementation in early October?"

Dr. Atrash: Basically what we said is the contractor will be offered, hopefully soon, next week or the week after. We expect the contractor to start data collection in early October. I don't think they will be able to collect data from everybody starting in early October. It all depends on their existing capacities or existing system, and the feasibility of them supporting grantees to collect and report data to them.

So I think personally that will take a few months, until everybody's on board. But they need to start collecting data from some of the grantees immediately in October and then phase people in slowly. So again, we don't know who the contractor is going to be, and what their skills, and capacities, and systems are.

It may be someone who already has a system who will send you a CD, you install it in your system, and start reporting.

It may be someone who has nothing. So I have no access to the application, so it's a technical expert group who reviewed the applications and concluded their weaknesses and strengths and will share them with the contracts office who will make the selection. So we expect data collection to start in October but I don't think we'll have full data collection from every grantee in October.

Megan: So folks, we are at the top of the hour right now and I want to be respectful of everybody's time. There are a couple of questions in the chat box, but we'll link them into a frequently asked questions document, and we'll put that together and send that out to everyone and post it on the website. We already talked about the poster.

But I did want to mention that there is a webinar September 15 on Needs Assessment Data Sources, and that is going to be presented, in collaboration between CityMatCH and the ACOG NIFMR. They'll be co-presenting and you can register on the EPIC Center website.

And so you can get this recording as well as other recordings on the EPIC Center website, as well. That concludes...this is the first of the Conversations with the Division webinars. These'll be happening quarterly and we look forward to your participation on more of these webinars. Thanks for your time and have a great rest of your day.