MCHB (Maternal and Child Health Bureau)

Health Resources and Services Administration

Conversation with DHSPS Transcript

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Conversations with the Division of Healthy Start & Perinatal Services
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Operator

Please stand by for real time captions. Welcome and thank you for standing by. Your lines will be in listen only mode for the duration of today's conference. Today's conference is being recorded. If you have any objection, you may disconnect at this time. I would now like to turn the call over to make and. You may begin.

Megan Hiltner

Thank you. Hello everyone and happy August. Welcome to this Conversations with the Division webinar. I am with the Healthy Start Epic Center. I will be your moderator for the call. We have about 90 minutes set aside for the webinar. With me are multiple folks from the Maternal Child Health Bureau's Division of Healthy Start and Perinatal Services, as well as the Epic Center. They will be providing you with updates today. I will let them introduce themselves as they speak. But just a couple logistical updates. You will be in listen only mode. We really want you to ask your questions and make your comments. So please type them into the chat box in the corner of your screen. We will be taking two questions between each presenter and then will continue the Q&A session following all of the presentations. With that, I will turn it over to CAPT. David de la Cruz with the Division to begin.

CAPT David de la Cruz

I am the Deputy Director for the Division of Healthy Start and Perinatal Services. Good afternoon everyone. I bring greetings to you from our Division Director who is unavailable to attend this afternoon's webinar. On behalf of the Healthy Start team within the Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services, I welcome you to this quarter's Conversations with the Division. This is the third in our series this year. We continue to hold these quarterly webinars as our way of keeping our three-point commitment to you: to maintain an open communication policy, to provide you with updates on important issues related to the program, and to offer you an opportunity to ask any questions related to the program and its implementation. I'd like to remind you again that if you have any questions for the Division, you do not need to wait between these webinars. Please contact our office or your PO at any time. Your PO should always be your first point of contact. You may always contact me at any time, our director, or either of the branch Chiefs.

As we mentioned last time, Benita Baker continues to serve as a Branch Chief, and we're glad that Johannie continues to act as an Acting Branch Chief. Over the next month, our Division will be bringing three additional staff on board. Two of them will be Healthy Start Project Officers and will be focused on behavioral health. More information will be shared about each of these outstanding new staffers in the very near future and you will also get a chance to meet and interact with them as well as the rest of our Division staff at next month's conference. Upon

the conclusion of the webinar, we will be fielding questions to provide clarification and as much information as we possibly can. So please, throughout the presentation, submit your questions or comments in the chat box, which I believe is in the bottom left-hand corner of the screen. We will get through as many as time allows. All the questions that we answer, but even the ones we do not have time for, we will still answer them later and post all of them in a place that will be easily accessible for your convenience in the near future. So thank you again. Hope you enjoy the webinar. I look forward to seeing many, if not all of you next month at the convention. Now I'm going to turn it over to Johannie for the Healthy Start Program update.

Johannie Escarne

We just have a couple of Healthy Start program updates that I would like to share with you. First, we wanted to remind you to please review and okay your submissions for upcoming reporting guidelines, specifically the performance report and your federal financial report. We also want to make a little note in terms of performance report. The due dates are different for each grantee, and this date is really based on when your NoA was released. You should have already received a notice stating the due date for your report. If you have not, please make sure to speak to your project officer. That was for the bigger group, the 87 group. For the 13 grantee cohorts that started on November 14, 2014, right now you're not competing; your reports are under review. Project officers will complete a review summary which will be sent in an email after NoA are released. If you have any questions, please let us know. We are always here to answer any questions you may have.

Megan Hiltner

Thank you. I don't see any questions in the chat box. So we're going to move forward. I am going to turn it over to Commander Christopher Lim for the Health Start Monitoring and Evaluation reporting update

CDR Chris Lim

Good afternoon everyone or good morning. This is Chris Lim giving you a quick update on what's happening so far with the Healthy Start monitoring and evaluation system. As many of you know, it is currently in development, and we're looking forward to when it will go live. The go live date is anticipated for October 1, 2016. So we're definitely excited to have that system available to you. After that, we hope to begin having other features made available to Healthy Start staff and HRSA grantees. That would include ad hoc and reporting capability, our dashboards, and those will be possibly available by December 2016. So we look forward to that. We're working very hard to get all of these features out. We appreciate your patience.

Training. I wanted to mention to you, we are sticking with the general training schedule that we mentioned in the last quarterly call. We are looking forward to starting the training in January 2017. That will be Phase 1 training. The Phase 2 training will also begin or occur in 2017 of

January as well. We are still looking forward to providing you the training to enable all of you to properly submit your data in the future into the system when it goes live. I think that is my update for now.

Megan Hiltner

Thank you. I do see one question. This person says, "Just to clarify, the plan is to provide us with the standard report information so we can ensure we are collecting everything needed by December 2017?"

CDR Chris Lim

Yes. One of the objectives of the reporting, when we have that feature up and running, it will allow us to be sure you are reporting your data correctly and adequately in the future.

Second question, "Will this be with any data system the grantee is using?" If I understand that correctly, all of grantee should have their own way of collecting data. Whether it be with a vendor or their own homemade system. They should continue to have something, some tool or mechanism in place. We will do our best when our system has gone live to create connections to grantees to make your reporting formattable so that you can submit your data into our system. I think that is the best way to answer. I don't know exactly if I answered it.

If you have further questions, feel free to chat them in and we will get to further questions after the other updates have been provided.

Megan Hiltner

Thanks, Chris. The next presentation I am going to turn it over to Jamelle. You can provide the Office of Epidemiology and Research update.

Jamelle Banks

Thank you. I am from the Office of Epidemiology and Research. Thank you for the opportunity to provide an update on the evaluation activity. I will begin with an update on where we are with the OMB process in regards to the screening tools.

I think we mentioned that we tried to get an approval for the new screening tools which replaced the 3P memo, and that would have taken approximately 3 months for approval. This is versus a six-month timeframe if we get a full clearance review. We, however, were unsuccessful in getting the change memo approved, given the extensive changes to the tool. So we have to submit and OMB package for full clearance. As part of the process, we have to publish a federal register notice for 60 days and 30 day periods. The published the 60 day notice on June 24, and the 60 day period allows us to receive comments from the public on the proposed data collection and the instrument. To date, we have only received one public comment and those comments were minor and mostly focus on additional items we could add

to response options and they skip patterns of the survey. We also received several requests for the actual instrument and data collection plan. The Healthy Start CoIIN also conducted a pilot test, and that study took place the week of July 11. They are currently reviewing the feedback from the study. There may be additional changes to the screening tools.

The next steps are to publish the 30 day Federal Register notice on August 24. This 30 day period will allow public comment; however, the comments go directly to OMB instead of coming to us at HRSA. When we publish the 30 day notice on August 24, we will also submit the OMB package for review by the desk officer. At our meeting with the desk officer in May, she said she would review the package during the 30 day period and will try to have the screening tools approved no later than October. We're hopeful that we can stick with that timeline so we will have OMB approval of all the instruments by October.

My next update is on IRB review. We submitted the IRB package on June 7 and receive comments on July 5. The IRB's comments or questions mainly focus on the administration of the screening tools such as the frequency of administration, who would administer, and what procedures grantees use should someone report or experience a traumatic situation. Other comments were to clarify or remove language from the informed consent. There was also a question of whether or not the screening tool would be translated into Spanish for non-English-speaking mothers. We responded to the comments on July 19 and expect to hear responses in the coming weeks. In line with the IRB comments, and responsive feedback we received from the last Conversations meeting, we developed a Healthy Start Evaluation Decision tree. We realize there may be some confusion around when to administer the informed consent and screening tools and when to begin submitting participant information collecting data to be vital records. The Evaluation Decision Tree will walk you through the steps for an enrolled participant. We plan to share the Decision Tree with you at the Healthy Start Convention.

You may also recall that as part of the linkage process, we are asking all involved agencies, including all the grantees, vital records officers, PRAMS programs and HRSA to sign data sharing or transfer agreements. NAPSS has drafted a model data sharing a transfer agreement and we are in the process of getting that reviewed and approved by HRSA office of General Counsel, and they will review it in regards to the signing official and authority to protect the confidentiality of data. You will also seek approval from the IT office to help us determine the details of the data transfer mechanism and storage requirements. We plan to send the model data sharing agreement to you no later than September.

Also, we will begin analyzing the results of the National Healthy Start Program survey this month. I want to thank you again for the outstanding response rate. We will share a report of those findings with you once we complete the analysis. Finally, we also still working on the

evaluation plan, and hope to share it with you shortly. I apologize for the delay, but we received additional feedback from the Healthy Start evaluation in late June and are responding to those comments before finalizing. We will send that to you all this month.

My last update is that at the last Conversations meeting, we mentioned we were getting a contractor to support the evaluation activity. I am happy to say that that contract solicitation was published in late July, and we expect to receive and review proposals soon. The contract should be awarded later this month or early September. That is all I have. Thank you.

Megan Hiltner
Great, thanks Jamelle. Most of the questions pertain to the presentation that Chris did. There is one pertaining to what you updated as well. This is regarding the timing requirement on using the Data Dictionary. Will grantees be required to report using the Data Dictionary prior to 2017? Jamelle, of is that is something you can speak to, feel free. I apologize if that is something more in Chris territory.

CDR Chris Lim
We are looking at October 1. We will probably have more to say around that time. We will have some formal messaging. Maybe at the Convention. I am thinking when that would be officially stated by the Division - October one for sure.

That is consistent messaging we're getting at the leadership with the Bureau. The expectation is still data collection will begin in earnest October 1.

Megan Hiltner
Great. I am scanning. We are going to hold onto some of these questions. These are mostly related to the content that Chris shared. We're going to go to the next presentation. But we are tracking these questions coming in. We will get to them as the updates are provided. Next is Suz Friedrich with the JSI Healthy Start EPIC Center, and she is going to provide an Epic Center update. Suz?

Suz Friedrich
Thank you, Megan. This is Suz Friedrich at the EPIC Center. I am going to take a few minutes to review the technical assistance and training resources available as we move into this new year. As a reminder, you will hear more about it, we're hosting the annual Convention in September. The dates are September 26 through September 28 at the Grand Hyatt in Washington, DC. It is a three-day meeting. The first two days are open to the community and will profile the state of maternal and child health with presentations and celebration. That will be followed by a third day open to Healthy Start grantees only. In addition to Division updates and an opportunity to talk to Dr. Lu, there will be a number of concurrent breakout sessions that are scheduled during the third day. Those topics will include the screening tools - you will have a chance to hear

more about how to implement those, project management, a section on data reporting and monitoring which dives deeper into the benchmarks and using them for quality improvement, participant recruitment, and the CHW workforce development initiative that will be rolling out over the next few months.

In addition to the convention, this is a reminder that we do have usually two webinars every month that are conducted on topics that are related to the benchmarks. All of these webinars are taped and rebroadcast on the website. So if you're looking for some development opportunities to share with your staff on a particular topic, we encourage you to search the website for past webinars. Keep an eye on upcoming webinars. The one currently scheduled for August are Intimate Partner Violence - Safe homes and Safe Babies on August 18. Every month new ones come out. The best way to learn about them is to sign up for the Newsletter, issued every month. The first one has all of the upcoming trainings. You can also always go to the website and use that to see what is coming up on the calendar.

We have also been hosting a number of community workshops on a variety of topics. We have already booked 24 for this year. At this point, we are not accepting any more requests for community workshops. We do have one breastfeeding workshop still available if you are interested. We hope to initiate another round of workshops starting in 2017. Just as a reminder, there are the resources that are always available that we encourage you to use on the website. There is a large inventory, over 160 evidence-based practices. The Project Management Hub provides resources for project managers. There is a map and contact information for all of your peers. There is a way to sign up for the newsletters and get copies of past ones. One of them is with the listing of trainings and the other one provides a bunch of resources with a wealth of information.

Finally, one other item we really want to highlight that is available on the website are the Change Packages. We have put together a Change Package for each of the benchmarks. They basically summarize a set of individual, program level, and community-level evidence-based practices that can help you to improve performance for that benchmark. If you're looking to do quality improvement, identify opportunities about how to strengthen your program going forward and perform better, we recommend that you check out the change package and research some of those best practices for opportunities for new interventions you might want to introduce into your program. Those packages can be found under the Peers tab under the Quality Improvement Peer-Learning Network section.

I wanted to just share with you a couple of new initiatives to let you know some things happening in 2016. The first, as you know, breastfeeding is a priority this year. We're focusing on it this year in particular. We have a number of concurrent activities that we have been rolling out. We're currently hosting two Quality Improving Learning Networks that focus on

breastfeeding. These are benchmark-focused Quality Improvement Network Learning Opportunities. They have been running since February and will run through the fall. We also posted a webinar that describes the various certifications and professional development opportunities.

And have made available those community trainings. One was a three-day long training and another two-day-long training to build capacity. We still have one spot available if you're interested in hosting a community training around breast-feeding. Finally, there was a call out for scholarships to get training. It is a five-day course. Thank you for your applications. We have identified the first cohort for the scholarships. You will be hearing if you were identified and selected for one of the scholarships in the next few days or weeks.

Really, the big initiative that we have going forward is helping with the process of implementing the screening tools and aligning them with the benchmarks and using the whole data collection reporting and evaluation process to improve the quality of your programming. We have developed a screening program that will roll out throughout the fall to support you as we make this transition to a more standardized data collection and reporting strategy. Technical assistance and training initiatives include a number of activities, a kickoff activity and ongoing support and resources. First of all, we're hosting a 90-minute introductory webinar that provides an overview of the national evaluation, the benchmark revisions, and screening tools. And will also lay out the data collection timeline and available support. You will hear more at that kickoff webinar. We're hoping to conduct that before the Convention to give you a heads up in advance of the Convention.

During the Convention, there will be two in-depth workshops available on that third day. One of them is the data and monitoring. This is really an opportunity to get an overview. It is beyond what you may have heard at the Regional Meetings. This workshop is aimed to increase participants' understanding of the benchmarks in the larger context of Healthy Start, including federal reporting requirements, program improvement and coordination and will include the screening tools and benchmarks to understand how these pieces fit together. The second workshop that will be held on that third day is going to be an orientation to the screening tools and an opportunity to share some of the lessons learned from the pilot and best practices for how to implement them in your programs going forward. Both of these trainings really are appropriate for all project staff, directors, and frontline staff because it provides an operational introduction to these areas.

In addition, there are additional online training opportunities we will be offering to help roll out this process. We have planned for recorded modules on the screening tools. So a separate screening tool online training module for each of the screening tools so you can get oriented to them. There's also going to be live webinars that are going to address the benchmarks and the

screening tools, again held during the fall. We're offering one-on-one support. There is a helpline number. We are available to help explain any of the benchmarks, understanding the information with definitions and screening tools, and how the data collection may be going forward. We encourage you to take advantage of those resources if you are having any issues as you work to implement these changes.

We're also going to develop a number of resource and tools. Some examples include step-by-step instructions if you are interested in using the web-based screening tool that the EPIC center developed= to create that data that will be needed for the federal reporting. We also have some tools do with the crosswalk between the benchmarks and screening tools. You can see the questions used to calculate benchmarks. We will provide a brief screening that you can use with your staff to orient them to the benchmarks and definitions and why they are important and how to use them. And we will do quality improvement case studies to share some of the best practices and approaches that your peers are using in implementing the screening tools and the benchmarks. As always, we welcome your comments. Don't hesitate to contact us if you're looking for any kind of help. As I mentioned, the TA this fall will focus entirely on rolling out the screening tools the benchmarks and evaluations. Other requirements may be pushed off until 2017 given resources, but regardless, please contact us and we will see if we can help you in anyway.

Megan Hiltner
The majority of the questions coming in are in fact related to the screening tools in the benchmarks. There were a couple that I will ask and then I will open up to general Q and A. Question, is the breastfeeding training and certificate a webinar program? This is related to the one training available, I think.

Suz Friedrich
It is an instructor led face-to-face training held in your community. There are two different versions of the training. A two-day version and a three-day version. It depends on what you are interested in. We only have one left. So first-come, first-served. The two-day training is called Working Together: Communication and Teamwork Strategies for Reclaiming Breastfeeding. The three-day training is community breastfeeding educator course. For more details, just contact the EPIC Center.

Megan Hiltner
If the person is asking about the webinar you alluded to, is that webinar a certificate program?

Suz Friedrich
No, it is not certifying a person by just listening into the webinar. It is just an overview of the various certifications for breastfeeding counseling and the lactation consultant certification

program as well. It is just an overview of those opportunities that can then support a program in their work around breast-feeding. The community trainings also do not result in certification. That requires a five-day intensive training with the scholarships that were designed to support grantees. The goal of the scholarship program was to make sure every Healthy Start program has at least one certified lactation counselor. We gave priority to those programs and do not currently have anybody with any certification.

Megan Hiltner
On CLC, the person is asking for when we will find out who is awarded the scholarship opportunities? I believe you said in the coming weeks.

Suz Friedrich
Next week at the latest. Early next week.

Megan Hiltner
Okay. Thank you. Somebody just mentioned the sound went out. But I did not hear that. Hopefully, you can rejoin the call shortly.

I am going to direct this to you, but I do believe the Division can weigh in as well. These are about the Convention. The Convention Planning team is a group, there is a planning committee that is made up of not only the EPIC Center and the Division, but also external partners. This question is about the third day you talked about. The person asked - all the topics on day three seem very important. Is there any way that those could be stand-alone sessions so that one person could attend all three sessions?

Suz Friedrich
I know that the decision with which one to go to will be challenging, but unfortunately due to time and the fact that it is a very busy agenda, it is limited to one. We do anticipate being able to share some of the content in future regional meetings, and certainly in follow-up webinars and technical assistance. But unfortunately, there is no mechanism for having multiple versions of these sessions. Ideally, bring more than one person to the meeting and divide and conquer and regroup and share what you learned.

Megan Hiltner
I do believe Makeva Rhoden with the Division also had some updates about the Convention that she wanted to share with everyone. Makeva, I will turn it over to you to give more updates on the convention.

CDR Makeva Rhoden
Good afternoon, everyone. I am from the Division. I wanted to give you a few brief updates about the Convention. The draft agenda has already been released. We hope that has been

helpful to all of you in confirming or making your travel arrangements. We will be releasing the full agenda very soon, but we just wanted to get that information out to you as soon as possible so you can make travel arrangements. Secondly, we have already gone over what is going to occur on each of the days. We have a two-day symposium on September 26 and September 27, and the third day on September 28 will be considered our grantee meeting. We already heard about the concurrent breakout sessions. We want you to know, all of these sessions are important. We will be able to allow each grantee attending on the third day to select up to two sessions that they would like to attend. But I do not believe that you will be able to attend all of the sessions. Regardless, all the material from each of the sessions will be made available to you and posted on the Healthy Start EPIC Center website.

The other thing that I wanted to mention was in relation to the registration. Previously, we had sent out information about the registration. Our thoughts were that when we open up the site grantees would be able to preorder their lunches from the hotel. Upon further review, and getting some additional guidance from programs, we believe that the cost of that was going to be exorbitant and is not cost-effective for grantees. In light of that, we have gone back and reduced the registration fee. So the new registration fees are as follows. For those individuals who will only be attending the two-day symposium, the cost will only be $150. For those who are staying for the entire sessions, meaning you will be there for all three days, the cost is $200. We do want to remind you that we need at least one member from your team to stay through the third day so they can participate in the all-grantee meeting. Because you will not be able to get meals – pre-purchased from the hotel, we will ask the EPIC Center to provide you a list of restaurants in the area you can go to. You will have a 90-minute lunch break. And that should give you enough time to go out and network with one another. The registration link, we are reviewing that based on the changes we have to make. We're hoping it can get released by Monday of next week. If you have any additional questions, please do put them in the chat box. Or you can always contact your project officer, and we will be happy to assist you with any questions you may have about the convention. Thank you.

Megan Hiltner
The one question that came in is, is there an option just to attend the third day of the convention?

CDR Makeva Rhoden
We had previously discussed that and were not able to break it out in that way to just allow people to fly in for the third day. So we just have to bundle the registration that way.

Again about the meals; because of the pricing to prepay and order meals from the hotel, we are not able to provide those. That was the only way we would have been able to provide them. So lunch will be on your own for the duration of the Convention.

Megan Hiltner

I don't see any questions about the Convention at this moment. I am going to go to the top of the list. I am going to direct these questions to Chris, but if others want to respond, feel free. This question is more about the rollout of the collection.

Will grantees be expected to use the data collection system prior to training?

CDR Chris Lim

The system will be available for the access by grantees. I guess we have the expectation that will grantees get familiar they could enter their data into the system. I know it is weird that we are doing training in January 2017 to many of you. You may not feel prepared to enter the data correctly. But you will be asked to go ahead and enter your data after October 1. We will have some formal messaging about that in the near future.

Megan Hiltner

Can you also - it says when we received TA or a format on how we can submit our data, if we have our own data system.

CDR Chris Lim

We will have that ready by October 1. We will have that available. We will have technical support and assistance made available to all grantees by October 1.

Megan Hiltner

If a grantee is using an existing system which cannot be successfully linked to the new system, does this mean that the grantee will have to do double entry?

CDR Chris Lim

I want to be clear about connecting. Some grantees might be wondering - there is no actual linkage between systems. So if you have a system from a third vendor, there is no way of directly linking that system to the HSMED system in the future. What you will be trained to do and you will have technical assistance to support you in doing this and be given the tools and formatting for it, is formatting your data that you will be collecting and submitting it to our HSMED system in the future. That is the way to connect the data and enter into our future system. There is no connecting of systems or interfacing directly between systems. I hope that answers that question. I think that is probably what the previous question was about. There is no interfacing directly between systems

Benita Baker

This is Benita. I have a question. Is there any direct data entry into our system?

CDR Chris Lim

Yes. And that is one of the things that we will be doing in Phase 2 of the training. That will prepare folks to do that. Phase 1 is related to what I just mentioned. You will train folks to be able to upload their data from a system in a format compatible with our HSMED system.

Megan Hiltner
I am just going down. There are some questions here about clarifying the different terminology that is being used. Are the terms performance measures and benchmarks now interchangeable? Or do we still have the different set of measures to track -the old performance measures and the benchmarks?

They are one and the same now.

That was a question; there was a question about that. The question is whether or not the performance measures and the benchmarks are one and the same now, or are they still different?

Benita Baker
We will still have two separate reporting, but if you have the data for the benchmarks, you will not have the data for the performance measures. The performance measures have been crosswalked with the benchmarks and revised and sent to OMB. More will come out about that next year. But yes, you still will have to report in the EHB the performance measures. But they will be different. They will be related to the benchmark.

Megan Hiltner
So someone asked a similar question that you responded to about that - about the space in the EHB for those "performance measures". I am running down the questions.

Here is one about screening tools. The screening tools now include several questions, but not related to the benchmarks or the initial grant applications. Are any changes planned? I am not sure I completely understand the changes related to… what? I think if the person is, it is about the screening tools and potentially the benchmarks and, if you can clarify your question more, that would be helpful I think for me in restating it for everyone.

Benita Baker
We need to clarify something because I think we have a question about it. Chris is going to clarify.

CDR Chris Lim
I think the question came directly being able to enter information. What I meant to say is directly upload the information. The data. After it's been formatted because I was relating it back to training. So Phase 1 training is to prepare grantees to be able to upload the data and

Phase 2 will train and educate grantees to actually go ahead and do the upload into our new system directly of the data. I hope that answers the question correctly. We will not be enabling grantees to directly enter the information at this point.

Megan Hiltner

Will there be any extra funds available for performing the changes needed for information systems to accommodate the new tools? This person said that ChallengerSoft seems to be the emerging vendor, and they want around $70,000 to implement the system.

Benita Baker

No. At this time we don't anticipate giving any additional funds.

Megan Hiltner

Okay. I am scrolling down. I think this is important just timing and clarification. Can you please clarify; we are supposed to be collecting data to report for the definitions on the data dictionary starting October 1?

CDR Chris Lim

That is correct. Starting October 1.

CAPT David de la Cruz

This is David. Let me go back and be more clear. The Maternal Child health Bureau is not mandating or recommending or endorsing any one specific data collecting mechanism or tool or system. All we care about is that we get the data in a way that is consistent and able to generalize across all grantees. That is why we have this data dictionary, that will help you find what we mean by, "program participant," what we mean by "smoking cessation," and "breastfeeding." All the different things we ask you to collect, we have now been much more clear. We've tried to get much more clear about what we mean by those terms. However you collect those data, however you manage your data system is up to you. All that we are mandating is that those data come to us in a format that is universally consistent. That will be part of the training that you get. That will be part of the technical assistance to get, as Chris said earlier. The formal one-on-one training may not occur until after October 1, but the technical assistance and guidance and people offer you support will all begin at the same time we expect you to start submitting data.

Megan Hiltner

Thank you for that clarification, David. There is a question about local IRB. This person says, "Our site will need to receive our local IRB approval prior to collecting data on the new forms. Is there a grace period, if we don't receive IRB approval prior to October 1, since the forms aren't finalized?

Johannie Escarne

Technically come out there will have to be a --, that will have to be a grass -- great spirit. So if you require a local review, you will have to have that in place before you can start data collection -- grace period. So if you require a local review, you will have to have that in place before you can start data collection. You cannot use those tools to report that data.

CAPT David de la Cruz

If you are in that position it looks like you're going to be delayed and submitting data to us because of the local IRB. Or any other issue. You need to alert your project officer immediately. That is something we cannot find out about on October 2 - that you did not submit something because of some issues or concerns. If you are going to be delayed -- if you think you are going to be delayed for any reason, please contact us so we have visibility on it.

Johannie Escarne

I believe the Healthy Start program provided you all the draft IRB clearance that you can use for your local IRB approval. Again, we hope to have the final IRB package approved later this month, and we will share that with you all for your local packages.

Megan Hiltner

There are a few questions about getting in writing some of these timelines and the guidance. When will we receive the final data points/requirements so we can ensure we are collecting everything needed?

Johannie Escarne

I believe they are referring to the screening tools.

The tools will be available to use once we get OMB approval. We're hoping to have that approval by October 1.

Megan Hiltner

Great. I am reading through the questions. I want to streamline them as much as I can.

CDR Makeva Rhoden

I see a question came in about the availability of the slides and information we provided during this webinar. All of this will be posted on the EPIC center website within the next week. Do not worry if you missed any of the conversation. It will be posted on the EPIC Center website.

Megan Hiltner

Great. There is a question. If there is no direct interface of systems, and we will have to enter information, will be dated we have to input into the system the aggregate or participant level data

CDR Chris Lim

The data will be at the client level.

Megan Hiltner

Do we need to enter data directly into the national database and to our own database? I think you answered that.

CDR Chris Lim

So we are clear, you will be expected to upload your data from whatever system you are collecting. The data will go into our system in the future. We expect you to directly upload, but you will not be able to directly enter data into our system.

Megan Hiltner

Here is a timing question. I think maybe additional discussion around this might be helpful.

This person said they were at a regional meeting and proposed starting January 1 so as to be in alignment with the release of the data collection/in alignment with data tracking. They were saying that with it being so close to the end of the year, the impact -- it might be smoother to start January 1. Can you explain more about why the start is October 1?

CDR Chris Lim

This is a decision that Dr. Lu has made in consultation with folks at HRSA. The Healthy Start began September 2014. So we are late. He has been promising to get data as quickly as possible, and he has directed us to start collecting the data October 1. So that is what we are going to do.

Megan Hiltner

Thank you. This person is asking, is there a crosswalk of the benchmarks and the performance measures to review?

Benita Baker

No. There is no crosswalk internally. We hired a contractor to look at all of the performance measures for all the programs nationally. I believe that contractor looked at our benchmarks and looked at the performance measures to make sure that the information that was included in our benchmarks was captured in performance measures. As I said, more information will be available. As it stands now, you will still report on the current performance measures until you hear differently. That will not be until sometime next year.

Megan Hitner

Thanks.

It would be helpful to have clarification on performance measures versus benchmarks. There are many unique terms, and we may choose to delete questions related to the old performance measures from our tools, but if we don't need them to report on, this could affect our databases. Could you speak to that?

Benita Baker
They still report on the current measures. They still need to have their systems programmed for those measures. They will still report on those performance measures as it stands now. More information will come out next year concerning the new measures and what they need to do. But as it stands now, the system needs to remain the same to report on the current performance measures.

Megan Hiltner
Okay. Somebody mentioned that on page 3 of the data dictionary there is some conflicting definitions on "program participant". I would love for that person to chat in more about the conflicting information so I ask a question for someone to speak to. But more about the information.

CDR Makeva Rhoden
Actually, if they have a specific statement about the data dictionary, they could send that to their project officer and then they could send it to us, or they can send it to me and we can have a discussion. Because we don't have the data dictionary in front of us, so we will not be able to verify at this time. So if they don't mind, send the question to their project officer.

CAPT David de la Cruz
Whatever we come up with, we will make sure we send it out to everybody.

After this webinar or at any time, if there is a question that comes up that we feel is not unique to one grantee, we will of course share with everyone.

CDR Makeva Rhoden
Just another reminder, even if we are not able to answer all of the questions in the chat box during the life webinar right now, we will include it in an FAQ document. So do not think that your question will not be responded to. It may not be on the call right now, but we will respond in a document.

Megan Hiltner
This is about screening tools. Will we be required to submit all screening tool data, or just the benchmark data?

Johannie Escarne

You will be required to submit both. The information that's in each of the screening tools as well as the data for the benchmarks, all of that information will be required to be submitted for every grantee.

Megan Hiltner

There is a technical question. This person says they recognize they will get TA on how to upload the data, what can you tell what kind of code format the data will need to be in for the upload?

CDR Chris Lim

As part of the training, in Phase 1, you will be introduced to the XML format that you will be required to format the data to. Prior to the training available in January 2017, there will be technical assistance, such as the formatted XML template, when we go live October.

Johannie Escarne

TA will also be provided to vendors. They will have access to that as well.

CDR Chris Lim

Our contractor, DS Federal, has already begun communications with those other vendors.

Megan Hiltner

There are a couple of other questions about the upload and the format. It sounds like they will receive the data template and the support.

If we are not going to upload aggregate data, we will have to do double entry and upload individual client data for each of the 1400 clients we enrolled?

CDR Chris Lim

Maybe I am missing something. I don't think it is double duty. Once you enter into your old system, you don't have to enter the data again. You just put in the format for you to upload to our future system. I don't see it as double duty.

Johannie Escarne

What will happen, once we provide you with the XML, you won't map each of those elements, data elements in your system. Once you do that once, that is all you have to do. It should then be able to automatically pull your data and put it in the format we need, and send it to us so we can upload. There will be some training and expectations at the very beginning to do that mapping process, but once that mapping process is completed the first time, that is all you need to do. After that, you just push a button.

CDR Chris Lim

Right. The way that Johannie said about pushing the button, that is what you will learn in the Phase 2 training. But we will provide technical assistance and instructions on how to do that before we provide the training.

Megan Hiltner
There are comments about additional guidelines around the changes in the data collection and reporting. People want some summaries, like a one-page. I feel the slide to provide if there are also a good reference that folks can look to as far as the timelines and that sort of thing. It sounds like, Chris, from what you described that a lot of those types of resources and support will be available as this rolls out.

There is a question about when the first data upload will be due

CDR Chris Lim
We will have a formal message that goes out. We will at that time tell you when to submit data exactly; what month and so forth.

Megan Hiltner
This is clarification around the screening tools. All of the screening tool information will be mandatory to report next year, and the screening tools are no longer voluntary? This person just wants clarification on what is mandatory and voluntary in the screening tools.

Johannie Escarne
The information in each of the screening tools will be required for each participant if they fit that participant. For example, if that person is a pregnant woman, then there is a pregnant screening tool that will need to be completed. When she becomes postpartum, there will be a postpartum one. So it depends on the participant in terms of the number of screening tools that will be completed or the data collected from the screening tools for each program participant.

And the information in each of the screening tools is required based on the perinatal phase the participant is in. The use of the actual screening tool is not required.

Megan Hiltner
An additional add-on to that, Johannie, what about the medical data included in the screening tools; this person felt that it is very medical. Is that required?

Johannie Escarne
Yes it is, as long as it fits within the perinatal phase of that participant.

CDR Chris Lim

That is one of the reasons why this is all going through OMB clearance; so that we have the authority and sign off from HHS to collect these data.

Megan Hiltner
This person said they were looking at the screening tools, and the time projected to complete the proposed screening tools for the prenatal is projected to be about two hours, per the Federal Register. This is more time than their current program created the questions geared to the benchmarks. Will we now be reporting on questions such as the stress and discrimination and personal safety?

CDR Chris Lim
The questions that are in the screening tools are what you have to report on. I am not sure how else we can say that. The information that are in the screening tools will be reported on for every client, based on their perinatal period.

Megan Hiltner
I am going to take it back to the Convention. Other than the program director, who else is recommended to attend the convention?

CDR Makeva Rhoden
The usual suspects. The project director. We will have information about data and benchmarks, so it may make sense for the evaluator to come as well. We always have something on Collective Impact, so if you have someone who is with the Community Action Network, it makes sense for them to come. Oftentimes, people may also want to bring their case manager lead or coordinator. These are the individuals that we see coming to the Convention. You may not be able to bring all of them, but that is the list of people that should possibly be in attendance.

CDR Chris Lim
For clarity, and we say project director, we mean the person responsible for the day-to-day operations of the grant. You may have a program administrator; you may call that person the executive officer. Whatever term you use, we think it would be most helpful if the person responsible for the day-to-day operations of the Healthy Start grant be in attendance.

You can also talk about your project officer about that.

Megan Hiltner
One person wanted to know about breakfast being provided at the Convention.

CDR Makeva Rhoden
No. I'm sorry. Based on some additional guidance, we were told we could not provide you breakfast.

CDR Chris Lim

But it should be noted that since you will be on official travel, it is allowable for your staff to be on per diem. If you're from outside the DC area, you can use your federal funds to travel your staff and put them on per diem. So this should not cost anyone anything out-of-pocket.

Megan Hiltner

The person would love to know more about the registration fee – the $150 for the registration fee; what would it be paying for.

We will add that additional language on the registration site in terms of what that is paying for.

CDR Chris Lim

It is your usual conference registration fee. It covers meeting rental space, reproduction/duplication of documents, hotel fees, those types of things.

No one is making any money off of this, except for maybe the hotel.

Megan Hiltner

I saw another question. Previously, it was optional for clients to answer all of the questions in the screening tool. Is that still the case? We want to encourage it, but can we still count people as clients if they do not answer all the questions on the tools?

Johannie Escarne

That is correct. You can; there are questions that are optional. There are sections that say, "declined to answer." So that is a very valid response to response to any of the questions in the screening tools. As you go through them, you will see which questions have that option. The client can always decline to answer anything in that screening tool.

CDR Chris Lim

We just hope that you, as project folks, understand the value of collecting this data and don't make that a default; that you actually try to encourage your program participants to answer this information. We are very careful about what information we're asking and collecting, and we think it will help us tell our story across the entire program. If we are not able to collect some of this information, it will hurt our ability to tell our story. While the program participant can say no, we hope that you all buy into this process and understand the importance of collecting these data, and that you encourage your program participants to provide this information.

Megan Hiltner

Just another reminder about when did you say the screening tool packet would be available?

Johannie Escarne

The draft documents are already available on the EPIC website. If you go onto the EPIC website and search, you will find the screening tools. A reminder that this is a *draft* screening tool. They are going through the OMB process; we're also in the public comment period. So be mindful that the screening tools may change based on OMB review as well as any public comment we may receive. But the screening tools already are available to be reviewed from the website.

Megan Hiltner
I just posted that link in the checkbox for everyone, if you want to see the draft tools.

For clarification, what data will be entered into the Healthy Start monitoring evaluation system in October?

Johannie Escarne
The information that is contained in the screening tools is the information that will be part of the HSMED system. That is the information that will be part of that system October 1.

Megan Hiltner
This person is mentioning that in order to file for travel, they need updated cost and meal information in print to be approved. So they are asking for us to put that up. I know that we, in supporting the Division, are working really hard to get that up as soon as possible. We also know that it's August already, and we will work hard to get that out as soon as possible so you can get the approvals you need so you can come to the Convention. Is there more you want to say on that?

CDR Makeva Rhoden
We are working hard on that.

CDR Chris Lim
We go through this every year. We understand travel is not always easy for some grantees. We are working hard to make sure that the grantees have everything they need to get here.

Megan Hiltner
This question is about making the screening tools required. If all the information contained in the screening tools is required, why isn't the Bureau simply communicating that the tools are required?

CDR Chris Lim
That is an OMB language issue. It is a whole different process for the federal to mandate the use of specific documents and forms. So while we can get OMB approval to collect certain data, it is a different process to collect that data using very specific forms. You all may remember in

your conversations that you had with Dr. Lu and others in MCHB, some of you push back very hard on using the specific forms.

While we feel strongly about the specific data we collect, we compromised and let you all have flexibility on the forms you are going to use to collect those data.

Megan Hiltner
I do feel like you talked about the challenges with some of this timeline, but the importance of it. It is coming down as really the timeline is set because it is imperative that data be collected as soon as possible.

CDR Chris Lim
I am trying to be as honest as possible, and also a team player. We understand that the timelines are not perfect. We understand that this whole process has been less-than-perfect. We understand that we would like to is had the data collection system in place before you were even funded back in 2014. That was our plan. Because a large number of reasons, that did not happen. And now we are at a place where we are doing the best we can, balancing very competitive and tight timelines with also the absolute clear direction that we are getting from others at the Bureau and at the Agency. Also keep in mind that we are already starting to work on the 2019 open competition funding opportunity announcement. In order to reflect what we have learned in the first phase of Healthy Start, we need to know how it is going. So maybe a couple months might not seem like a big deal, and maybe we should wait until January 1, but because of our internal timelines here and internal pressures that we are getting, we are sticking with the October 1 time.

Megan Hiltner
Just a clarification about entering the data they currently are entering. Should they stop entering into the monthly HSMED survey link in October?

CDR Chris Lim
No.

Johannie Escarne
We will let you know when to stop.

Megan Hiltner
So don't stop until you hear further. We will still be required to input the monthly report in the HSMED system? I guess that is a similar question.

Johannie Escarne
Until we tell you otherwise, yes.

Megan Hiltner

We have about 10 more minutes left for Q&A, folks. Appreciate the Division's transparency on all this stuff.

When will the informed consent for the client-level screening tool information be available? We cannot upload any client-level information until we get consent from our participants.

Johannie Escarne

The IRB package is part of the OMB approval process. We are anticipating that will be available October 1, just like the screening tools.

Megan Hiltner

Will the additional or new questions around social determinants of health in the screening tools be included in the performance report tables next year?

Johannie Escarne

Social determinants of health? No. I do not believe so. We don't have the new draft of the performance measures in front of us. But I do not believe the specific questions around social determinants of health are part of the new performance measures.

Megan Hiltner

I am reading the chat right now. This is more of a statement. I will read it. Thanks for the clarification about not being able to -- everybody can read it.

CDR Makeva Rhoden

We need questions. But thank you for the comment; that's kind of our thinking as well. So thank you.

Megan Hiltner

You have a few moments left to ask any questions. But are there any final reminders or closing remarks that you have while we take one or two more questions?

CDR Makeva Rhoden

Again, thanks to everyone for being on the call today. We hope that you see that we still want to be transparent with you. We hope these Conversations are very helpful to you. Additionally, as has already been stated, the information that was presented on this webinar will be posted on the Healthy Start EPIC center website. We're hoping for a one-week turnaround. You will have the transcript and the slides, and we will also work toward putting together the FAQ document so that can be posted as well. Those are my closing remarks.

CDR Chris Lim

Just one last clarifying comment. The decisions that are being made and adjustments we're making are not just being made in the backing here at the Bureau; they are be made in consultation with many of you, especially the folks on the Healthy Start CoIIN. We very much appreciate these types of comments and opportunities to hear directly from you all. So please, we are trying our best to be as responsive as possible. Please know the decisions we are making are always based what's best we believe for the program, but also based on feedback and guidance from you. Please continue to provide us with those thoughts.

CDR Makeva Rhoden
In response to another comment that came in about the webinar, this session is being recorded. So the recording of the webinar will be available on the EPIC website as well.

Megan Hiltner
There was a comment about the way the format of the agenda for the Convention should look. We have noted that about the point about you making about the agenda.

CDR Makeva Rhoden
That will be available next week. We have one more review of it today. That is just to make sure all the information has been updated. But again, we will make sure the agenda says no meals are included so you can work towards making your travel arrangements.

Megan Hiltner
Okay. We have five minutes left. I will ask you this question, Division folks, about the social determinants. Why would social determinants not be considered within the performance report?

Johannie Escarne
I did not say it would not be considered. I just that we do not have the draft performance report in front of us. So I don't know if the questions exactly match what is in the performance report. . That is what I wanted to get at; the performance report is different from the screening tools. The performance measures are developed based on Bureau wide activities and then some specific questions based on Division. So there is a different perspective when it comes to collecting information for the performance measures. So that is something to keep in mind when we're talking about performance measures versus screening tools. They are being collected for different purposes.

CDR Chris Lim
Performance measures are just collected so we can make generalized statements across the entire Healthy Start community or program. DGIS Performance measures serve the same purpose across the Bureau. So they are designed in a way that are more appropriate or were able to be answered by a wider range of grantees or grant programs. So some of the language

may not line up exactly how we do ours, just so that other grant programs can also answer them. It's so the Bureau can tell their story, just as the screening tools allow us to tell the Healthy Start story.

Megan Hiltner
Everyone, I did see a nice reminder in the chat box about the data collection being very important. Just reminding us that the reason why we're actually doing this, it is the importance of just reducing infant mortality; that is at the forefront of our minds.

Again, we will work really hard with the Division to get all of the transcripts and recordings and agendas up on the website as soon as possible so you can get the approvals and the arrangements made that you need to and all the great work you are doing. Thank you for the other comment about clarification on all this. That it was helpful.

This will be our last question. I will ask this last question that just came in. It says, "Can there be common language of the measures relating to the new benchmarks and performance measures being used interchangeably?" Can there be common language in usage of the measures. I feel like that is what the Data Dictionary is aiming to do. Division, is there more conversation you want to have on that?

CDR Chris Lim
That is absolutely correct. That is the whole purpose of the Data Dictionary.

Megan Hiltner
I want to thank you all for being on this and your willingness to answer all these questions. And everyone, thank you for the lightly chat box. I hope to see you all at the Convention in September; at the end of next month. We will conclude this webinar. Thank you for your participation. Have a great rest of your day.

[Event concluded]