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Megan: Hello, everyone, and welcome to this Conversations with the Division webinar. I'm Megan Hiltner with the Healthy Start EPIC Center. I'll be moderating today. With me are multiple folks from the Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Services as well as some other folks from the EPIC Center as well as some folks from the Healthy Start CoIIN. And they're here to provide you with some updates.

Before we get into the presentation for today, I have a couple of housekeeping announcements. We have approximately 90 minutes set aside for the webinar. It is being recorded and the recording with the transcript and the slides will be posted at Healthy Start EPIC Center following the webinar. We do want your participation for the webinar today. So if it at any point you have questions or comments, please chat them into the chat box at the lower left corner of your screen. Throughout the various updates for today, we will be taking a couple of questions after each presenter and then we'll be moving forward but we have carved out time at the end of the presentations for a lot of question and answer.

If we don't get to all the questions that are submitted today, we will include them in the frequently asked questions document and that will be posted to the Healthy Start EPIC Center following the webinar. And I just wanna show you a quick agenda for our call today. As you can see here, we start with some housekeeping, we get into some more updates, and then we follow with some Q&A. And we do, again, want you to see here that we want you to stay engaged. So please chat your questions in and comments into the chat box.

So with that, I'm gonna turn it over to our first speaker for today. David de la Cruz is gonna provide you with some welcoming remarks. So, David, I'm gonna turn it over to you.

David: Great. Thank you. Thank you, Megan. Thanks, everybody. Good afternoon and welcome to the Conversations with the Division webinar. As Megan said, my name is David de la Cruz and I'm the Acting Director of the Division of Healthy Start and Perinatal Services within the Maternal and Child Health Bureau. On behalf of the Healthy Start team within MCHB and the Division of Healthy Start and Perinatal Services, I welcome you to this quarter's Conversations with the Division. This is the fourth conversation this year and the eighth overall that we have hosted. We continue to hold these quarterly webinars as our way of keeping our three-point commitment to you. First, to maintain an open

communication policy, second, to provide you with updates on important issues related to the program, and third, to offer you an opportunity to ask any questions related to the program and its implementation.

So I would like to remind you again that, you know, if you have any questions for the Division, you don't need to wait for these webinars. And our project officers are always available to you at anytime. Your project officer should be your first point of contact. However, you always may contact me directly or either Benita Baker or Johannie Escarne, who are the two Healthy Start Branch Chiefs and you'll hear from both Benita and Johannie later in this webinar.

Also at the upcoming CityMatCH Healthy Start Conference next month in Tennessee, there will be a listening session on Tuesday evening. This will provide you with another opportunity to talk to MCHB and Division staff. This will be also an opportunity for you to provide us with feedback and thoughts as we continue to move forward with the next phase and next round of Healthy Start EPIC. We'll talk a little bit more about that later in this webinar.

So at the conclusion of today's webinar, we'll be filling some questions, as Megan said, to provide some clarification and as much information as we possibly can. So please, throughout the presentations, submit your questions or comments in the chat box, which should be in the bottom lower left-hand corner of the screen, and we'll get to as many questions as we have time for, but even the ones that we don't have time for or all the questions will be added to that frequently asked questions that are always posted at the EPIC Center website. So thank you, again. I hope you enjoy the webinar. I'm gonna turn it back to you Megan and let's keep moving forward, so thanks.

Megan: Great. Thank you so much, David. And next further update is Kimberly Sherman, she's the Women's Health Specialist that's gonna start these Division updates off, so, Kimberly, over to you.

Kimberly: Thanks, Megan. Johannie, can you forward the slide? Good afternoon, everyone. My name is Kimberly Sherman and I just have a couple of updates from the Division's Women's Health team. I will start with AIM or the Alliance for Innovation on Maternal Health program. This is the bureau's central effort to prevent maternal mortality and severe maternal morbidity. Through AIM, we are partnering with community, state, and national organizations to team up and implement the maternal safety bundles. I wanted to let you guys know that the National Healthy

Start Association recently joined as an AIM partner and you'll hear more about AIM from the association leadership in the near future.

The work of AIM is done through a series of bundles. These bundles are evidence-based tools and resources that help maternity care providers prepare for obstetric emergencies. Since 2014, AIM has developed several safety bundles to include obstetric hemorrhage, severe hypertension in pregnancy, maternal prevention of VTE, safe reduction of primary C-sections, among others. I wanted to let you know that recently, we've launched three new maternal safety bundles that are more applicable to an outpatient setting and also community-based settings. The first is addressing racial disparity and peripartum care. The second is the postpartum care basic safety bundle, and then last and most recently, treating pregnant women with an opioid dependency.

The bundles and resources are all available on the website listed above, so please feel to access them and let me know if you have any questions. Just to continue, the work of AIM is being done at the hospital level in the following states that are listed there on the screen. We have new AIM states in Utah and North Carolina and we are expecting to enroll Georgia and New York by the end of August.

So if you have any questions about which of the maternal safety bundles are being implemented in your state or who is the state lead, which hospitals are participating, feel free to type a question or just email me at the email address above and we'll be happy to connect to you with the AIM state leads for your state. And again, you can also find out more information about the safety bundles at safehealthcareforeverywoman.org.

So the second initiative that we have with the Women's Health team is the Women's Preventive Service Initiative or WPSI. WPSI is MCHB's five-year cooperative agreement with ACOG to update and implement recommended recommendations for women's preventive healthcare through a life course perspective. We're working with a multidisciplinary team that consists of over 20-member organizations who are all experts in women's healthcare.

In the first year of the project which was just last year, the WPSI leadership team provided updates to the eight existing women's preventive service guidelines and they also added routine breast cancer screening for average risk women as part of that screening package. In year two, the team has drafted a recommendation statement for

screening for diabetes in the postpartum period. That draft recommendation has just been finalized. And the second screening recommendation is for urinary incontinence. There will be a public comment in the fall and I will let you guys know so that you can review the recommendation and submit your comments to the team for review.

The last and most important thing is that once the urinary incontinence recommendation is finalized, the team is going to begin work on expanding the Well-Woman Visit. They are moving forward with four general categories for screening which would be adolescent, women of reproductive age, mature women, and women age of 64 and older. And those recommendations are going to be grouped just like the Bright Futures recommendations for children in a 10-year...well, in a time span. And so WPSI has decided to go by decades and look at the recommended preventive services for each decade. You can access information about WPSI and the recommendations on the website listed below and you can also access their year one final report and also submit public comments or topics for future review, all at that website.

If you have any questions, I'm here, the team is here, we are happy to connect to you on all of the women's health activities conducted by the Division. And with that, I'd like to just turn it over to our next update which is gonna be on behavioral health. And so Dawn, are you on the line?

Dawn: Yes, can you hear me?

Kimberly: We can hear you. Go right ahead.

Dawn: Terrific, thank you very much. Well, hello everyone. Before I begin, if folks could mute their phone, I'm just getting some feedback, thank you. Before I begin, I just wanted to say thank you to the many of you I've been able to meet and speak with at the regional meetings, the national grantee meetings over this past year. And to those of you who I've gotten to hear from in our virtual discussion groups, which Janet and Hannah Bablu will mention in a moment. It's the information that you share and the stories that you tell about the women and families that you serve and that's what drive the training and technical assistance plans on behavioral health that we're rolling out to you today.

Mental health and physical well-being are best viewed holistically where mental health is the foundation for physical health. Research tells us that people with a mental health issue are more likely to use alcohol or

drugs than those not affected by a mental illness. In addition to this bidirectional relationship between mental illness and substance use, individuals who've experienced trauma are at an elevated risk for substance use disorders, mental health problems, such as depression and anxiety, symptoms or disorders, as well as physical disorders and conditions.

So it is in this framework of well-being for moms, dads, families, and babies that I will now turn it over to Janet and Hannah Bablu from the Healthy Start EPIC Center who will update you on the ACE Step Initiative and the training and technical assistance opportunities to help us all promote mental health and well-being and prevent substance-exposed pregnancies among our Healthy Start women and their families. Thank you. Janet, Hannah Bablu?

Hannah: Yes. Great. Thank you so much, Dawn. So hello everyone, my name is Hannah Bablu and I'm with the Healthy Start EPIC Center. Myself and Janet Vanness are excited to present to you the work we have been doing on this initiative as well as provide you with some exciting upcoming opportunities. So we wanted to start by giving you some background information on the work we've done this past or see other project which has really set us out for crafting our work moving forward which Dawn so elegantly also mentioned.

Many of you participated in answering questions in January that were sent out about key issues and tools and resources that would be most helpful around opioid use and behavioral health which we call the Opioid Pulse Check. Also between March and May, we held five discussion groups with border, community health center, native or tribal, rural and urban grantees. And during these really rich 1.5, one and a half-hour long discussions, we talked about substance-user issue, challenges with addressing substance-use, the strength of grantee organizations and communities as well as training and technical assistant offerings that would be most helpful.

So again, we just wanna thank you all so much for helping us in our information gathering effort because your input and your feedback was instrumental in helping us cross our approaches moving forward. So from this information, we did crust these approaches we wanna share with you. Again, we worked with Dawn Levinson who you just heard from, the Behavioral Health Lead for the Division and the Bureau. And as she mentioned, we identified a holistic approach to mental health and physical well-being by helping Healthy Start grantees to do several

things, support client and family behavioral health, improve mental health and reduce substance use, address the role of trauma and toxic stress, and so it educates, screens, intervene, and refer.

And through this approach and through the information we gathered, we decided to rename our initiative to reflect those broader range of needs. Instead of just focusing on fetal alcohol spectrum disorder, we are now the ACE Step Initiative, alcohol and substance-exposed pregnancy prevention, because this touches not just alcohol but also drugs...other drugs that we heard were issues within the various grantee communities but also focuses on how substance misuse affects pregnant women, fetuses, babies, mothers, and families.

And we're also focusing on population with greater disparities. We're doing this by being grantee-centered. We're really striving to do that by listening to grantees and seeking to apply the input and feedback into our work. We're also working on applying a health equity lens with special attention to those populations that have disparate needs including Native American and tribal communities. We're also emphasizing strengthening mental health promotion, and substance-use prevention. And we're also trying to emphasize those strengths that we heard about and the resilience that communities and families have.

And so these are the training and TA goals that we developed and they center around this process that we've identified as being so key, which is grantee feedback and assessment, which is our first goal, and that's in the middle. And then going up to the top, we wanna focus on being able to do primary prevention about or around substance use among program participants. And then going clockwise to the left, if we're not able to do the primary prevention, then we wanna move to the screening and intervening of program participants. And then going down, we wanna not just address substance use but we also know this happens when there are unintended pregnancies or we can address it by also focusing on reproductive life planning which we know your programs are all doing really well but we're adding also the intention of preventing substance-exposed pregnancies.

And then we're moving around the circle to then finally creating and developing a behavioral health referral and treatment network. So next, we will look at some of the upcoming TA offerings that are available through this initiatives and I'm gonna pass it on to Janet Vanness who will provide you with those offerings.

Janet: Thanks Hannah Bablu, and thank you everyone for participating in this webinar. It's really exciting to see such a large turnout. I'm also with the EPIC Center as a consultant and as Hannah Bablu mentioned, I'm gonna talk to you to highlight some of the training and TA goals that Hannah Bablu just described and to array beneath those goals some of the training and TA activities that we have upcoming. The first goal is around getting input from grantees. This type of stakeholder engagement was formative when we first began doing this work and as Hannah Bablu mentioned, this is at the...because it's right up there, it's our main goal.

We have a couple of upcoming opportunities for you to consider helping to inform our work ongoing, and to engage which each...with other grantees around FASD Behavioral Health and substance-exposed pregnancy prevention topics. Hannah Bablu mentioned that we conducted five discussion groups with five grantee types that generated a first round of incredible information that helped us to formulate our training and TA plans. We'll have a second round of discussion groups with some set dates in October, so please be on the lookout for those. One of the pieces of feedback that we got when we engaged with grantees on these issues is that there...a number were hopeful that future discussions could involve others on their staff not just program directors but to front line staff and others. So this round of discussion groups will be brought in to hopefully include that level of input from grantee staff.

We're also in the process of convening an ACE step advisory panel. This advisory panel is being convened so that the training and TA activities that we are proposing are most helpful in building grantee capacity in this area. And just, you will be getting...you'll be hearing about this very, very soon within a month. And I just better give you a heads up on that page, the advisory panel would meet by a video or conference call every month starting in October and we are looking for input where gaps exist and what grantee needs are in relation to alcohol and substance-exposed pregnancy prevention and mental health promotion.

We have a number of activities that I'm gonna be describing in a minute where we're very hopeful that the advisory panel will be committed to assisting us on. The time commitment is about a 90-minute conference call and maybe two to four hours a month between meetings to review and comment on materials that are under consideration. I do wanna mention what the benefits of this advisory panel are not just to those of

us on the EPIC Center staff. Other, that we've been involved with other advisory groups and the opportunity to connect with other Healthy Start program Division staff and the EPIC Center staff around these areas of common concern. It's really valuable.

The second goal is around preventing substance-use among program participants. We have a few webinars that we'll be holding this year including one that we have coming up on September 5th from 3:00 p.m. to 4:00 p.m. Eastern Time on the long-term effects and impacts of FASD on individuals and families. This will be presented by Kathy Mitchell from NOFAS. We're also planning another webinar that will compare the effects of various types of substances on pregnancy including those that we heard from grantees were of issue specifically marijuana, opioid, heroine, and prescription pills, alcohol, tobacco, and meth.

We're also planning a webinar on the legal implications of substance use during pregnancy which we heard from grantees was a real concern among program participants, but didn't really knowing decriminalization laws and how to address those as barriers to program participation. Also with the second goal of preventing substance-use among program participants, we have some community trainings available and some that we're partnering on. So please check the Healthy Start EPIC Center website for more descriptions of these. The titles are listed here, and to request them for your organization.

Lastly for this goal, from the Opioid Pulse Check, we created and disseminated the Opioid and Behavioral Health quick start list a couple of months ago. We're also creating an online e-learning module as well as partnering on the Healthy Living Initiative that you'll be hearing more about from the EPIC Center.

Our third goal, to support grantees to screen and intervene substance abuse during pregnancy. For this goal, we have available trainings and motivation interviewing and mental health first aid. We've already had a couple of requests for mental health first aid so you will be hearing more about that offering and we encourage as many grantees as possible to engage with us in order to provide this training to their Healthy Start staff.

The fourth goal is around pre and inter-conception care and reproductive life planning. We will have training available. We'll have a project choices intervention. This is a very well-documented evidence-based program that is both for general populations but also it has been

extensively tested with tribal grantees or tribal entities. So we're really looking forward to offering back as a training opportunity for grantees.

And finally, the goal for training and for discontinuing training and TA topic is really being built out. We know grantees are interested in media information on building their capacity and building their networks to refer for treatment on behavioral health issues, and for evaluation of fetal alcohol spectrum disorders and substance-exposed pregnancies. So we're currently planning now on how to tackle it to be the most responsive to the needs presented. And I should say that this is an area where we are definitely going to be relying on your feedback in terms of what would best help you to increase your capacity.

So Hannah Bablu, you wanna wrap this up?

Hannah: Sure. I just wanna say that if you're interested or want any more information about any of the work that we're doing, I think Megan just chatted this or...yup, Megan just chatted this out. Please feel free to engage with us. We'd also just love to chat with you more if you have ideas, thoughts, or inputs that you wanna give us around these topics. And we just, again, really appreciate your commitment to this, all the information that we've gotten from you so far, and we're just really looking forward to continuing working with you all. Thank you.

Janet: Thank you.

Megan: Well, thanks, Dawn, Janet, and Hannah Bablu. We're gonna move forward to one more presentation then we'll take more updates. Next over to Vanessa Lee on the Infant Mortality CoIIN.

Vanessa: Thank you, Megan, and hello, everyone. As Megan said, I'm Vanessa Lee. I'm a Project Officer in the Division and also the Infant Mortality CoIIN Coordinator. I'm excited to share with you an update about our Infant Mortality CoIIN funding opportunity that went out at the end of May. So applications came in July 17th and we hope to be able to announce the four awards at the end of this month, the project start date is September 30th. This new Infant Mortality CoIIN funding opportunity will make four awards to four different CoIIN teams and their backbone organizations.

We provided an enhanced model this time. We asked the CoIIN teams to come forward choosing which dates and which organizations and entities they wanted to work with as well as come up with their own AIM

statement and topic areas. So again, we'll, the next update, be able to share more about who those new four CoIIN team OODs are. In terms of the current phase of the Infant Mortality CoIIN, our lead grantee, NICHQ, has closed out the six-learning networks in July. There was a roundtable meeting that some of you may have attended. We have it recorded if any of you are interested. The main topic and focus of the July roundtable meeting was to talk about sustainability and work with state teams on continuing to hold the gains that they made over the CoIIN projects period.

NICHQ is also working with its many CoIIN partners to provide a round of expert series on addressing infant mortality. This is a six-part webinar series. And it's really an opportunity for anyone in the field to hear from public health professionals and experts about examples and best practices for supporting efforts to reduce infant mortality and improve perinatal outcomes. Some of you may have been on the July webinar with Dr. Art James and his colleagues from Ohio State University. They talked about connecting residential segregation and mortgage discrimination to current infant mortality and breastfeeding rates. And this webinar actually stemmed from the NHSA Spring Conference. Some of you may have saw that talk there and they expanded on that in July. That recording is also available if any of you missed it.

So feel free to contact coiin@nichq.org for that recording, but also details of some of the upcoming webinars and the next to...can tell you now, one is August 22nd and it's Learning From Rare Events: Taking a Deeper Look Into Infant Mortality Data, and that's, again, August 22nd from 2 to 3. And then there's a third webinar, August 31st from 2 to 3:30 in collaboration with ASTHO and that's The Role of State Health Leaders in Addressing Neonatal Abstinence Syndrome. So if any of those are of interest to you, again, feel free to contact coin@nichq.org for registration information or recordings from past webinars. Next slide.

Then I'll turn it back over to JSI.

Megan: Great. Thank you so much Vanessa and I'm gonna chat out those, just the dates, so I didn't quite get the titles of your webinars, but I did catch the dates. So I just chatted out those two dates of those two webinars, so book to mark your calendars. So we'll pause right here real quick and take any questions or comments. I only saw one in there and this question is for Kimberly Sherman. And the question is this person wanted to know the contact information for the Georgia site regarding the maternal safety bundles. But I thought just broader, if folks wanna

connect with the AIM sites in their states, where can they find that contact information?

Kimberly: The information is not publicly available for who the lead is but you can contact me, and I can give it to you, and as far as Georgia is concerned, we are awaiting their application. It should arrive by the end of the month. And if I can have the person's name, I will email you as soon as the application comes in to let you know who the lead is.

Megan: Great. So if you wanna...or I'll connect you to that person who asked, and so folks, you can contact Kimberly Sherman. I'm gonna chat her information in here so you can get her email and if you want that contact information. And there's no more questions right now on the [inaudible 00:26:31], so I'm gonna continue with the presentation and I'm gonna turn it over to Sue Friedrich right now who's gonna give the EPIC Center update. Sue, are you ready?

Sue: Yes. Good afternoon everyone. Again, my name is Sue Friedrich with the EPIC Center and I just want to take this opportunity to remind everyone of the resources and services that are available from the EPIC Center. You should know that all the resources and services can be accessed through the website which is healthystartepic.org. We have a number of resources on the website including a map which shows where all the grantees are with contact information. If you're trying to connect with your peers, that map also has a number of additional layers including some information that may help to better understand your community, what health centers are in the region, FEMA activity, different data layers. There's also a searchable database with over 200 evidence-based practices on the website. So if you're looking at ways of improving performance on any of the benchmarks or for recruiting and retaining your participants, there's a wealth of evidence-based practices you can draw upon so we really encourage you to take advantage of that resource.

The training calendar is on the website, so all future trainings are posted as well as all archived recorded webinars. So if you missed a webinar or if you'd like to use a webinar for say a lunch and learn for staff development, it's a great resource. These webinars typically are about an hour to an hour and a half long, so easy to use to do a staff development activity during the day or after hours. There are links to organizations and other resources. There's a project management hub that has all kinds of resources for project managers to help you with some of the operational aspects of your program. And the community

health worker course is also accessible through the website.

There's a special page on the website with the screening tools, so always the most recent information on the screening tools is posted there including some resources that may help you to implement them. There's another page that has information on the national evaluation and the HSMED data reporting requirements. So again, if you're looking for information, you know you wanna get the most up-to-date information, they'll be included on those pages. You already heard about the ACE Step Initiative from Hannah Bablu and Janet and Dawn. There's a lot of information that is all organized on a page on the website that gives you links to the upcoming webinars and trainings and materials as they're developed including a link to the Opioid and Behavioral Health quick start list which was referenced by Hannah Bablu.

Some other resources that are available from EPIC, we do provide one on one technical assistance that is clinging to provide you with a subject matter expert consultant to help you with specific issues. We have a bimonthly e-news. If your staff are not on the mailing list, everybody in the organization can get on the mailing list and then they'll get direct emails that lists upcoming trainings, resources, MCH news, things like the infant mortality expert series on addressing infant mortality that Vanessa Lee just referenced. We actually did have that in the recent e-news with links to be able to sign up for those kinds of MCH opportunities. So getting all your staff on the e-news is easy to do. It's available on the website as a signup, and then they'll get the information directly.

We have social media. As was mentioned, the annual conferences here is a joint...a meeting with CityMatCH. It's scheduled for September 18th to 20th in Nashville. Registration is closed because it's full, so we're looking forward to seeing many of you there. The Healthy Living Series, we kicked off this summer and it's continuing to roll out. There will be a series of webinars, there're workshops around Healthy Living and we will be setting up a separate page just like the ACE Step program on the website that puts all of the Healthy Living materials altogether. So we tell you to keep a look out for those upcoming webinars and workshops and encourage you and your staff to engage in that Healthy Living Series.

We will be awarding and we have actually awarded 50 scholarships this year for certified lactation consultants. We're continuing to try to build the capacity of all Healthy Start programs to have at least one CLC on

staff. And then as we have had last year, we're continuing to offer the community workshops. This is a list of the community workshops that are available. For those of you who did not host a community workshop last year, we strongly encourage you to consider hosting one this year. The process involves EPIC providing you with the expert consultant trainer and curriculum at no cost. And then the logistics are provided by you locally to invite your partners to attend a skill building workshop and to sort of do the local logistics. So we do an in partnership, it's a great way to build a relationship with your local partners and to address the topic of particular importance to your community.

We still have some slots open, so we strongly encourage, if you haven't done one already, that it's a good service to be able to provide to your community. And here are just some quick statistics on what EPIC has been up to. Seventy out of a hundred grantees have accessed the individualized technical assistance. We've done over 187 requests so far. So obviously you can see grantees have received more than one TA so far. We've completed 55 webinars. Again, all of these are achieved on the website and available for download on demand.

We have the 20 community workshops that we offer and we've budgeted 35 of them this year. I know some of those slots have been filled but there are still some slots if you haven't yet signed up for one. The community health worker training is on the website. We have over 72% of grantees who have accessed it and many who have actually completed the training. We have the first five modules complete and the second five will be coming up in this year. And as I mentioned, we will be awarding 50 scholarships for the CLC training this year. Last year, we had 42 scholarships that were awarded.

And with that, I just want to remind you that we're here for you. Our sort of value is defined by meeting your needs and so if there is anything content-wise or resource-wise that you think would be helpful that you don't see on the website or don't think we're offering, we would love to hear from you. We can connect you with anything that we have developed in case you can't find what you're looking for. But we are always seeking new ideas for how we can be most helpful and we encourage you to contact us in any one of these ways to give us your ideas. We really are here for you and if we're not meeting your needs, we're not doing our job. So thank you very much and we hope to hear from you.

Megan: Great. Thank you so much, Sue. Thank you so much. There's

no questions, so we're gonna keep the presentation going, but folks, just a reminder, feel free to chat your questions in at any point, or comments. Next, I am going to turn it over to the Healthy Start CoIIN members, Maria Reyes and Kori Eberle to give their updates from the Healthy Start CoIIN. Kori, I think you're first up.

Kori: Yes ma'am. This is Kori Eberle. I'm the Project Director for San Antonio Healthy Start and also one of the current co-chairs for the CoIIN. You go ahead and advance to the next slide please. So we just wanted to give you an overview of our CoIIN priorities that were adopted in March of 2015. The goal of the Healthy Start CoIIN is to strengthen Healthy Start services and systems by promoting implementation of standardized evidence-informed and evidence-based approaches to core elements of the Healthy Start program to affect program level improvements and innovation.

As you can see on the slide, we adopted several initial standardization's priorities as the focus. And because they have this substantial synergy and overlaps to inform program level improvement and innovation, we spent the last few months, a couple of years actually, working on the first two, bringing tool implementation to address screening and assessments and data collection to address integration with evaluation and monitoring requirement.

And we are now moving into our work on care coordination and we have a lot of work to do on that. We have started our work and took a little pause to inform the Division about some lessons learned as programs as a whole which we'll talk about a little bit later. But just to give you a little preview of our case coordination and case management, we really feel this is important because these principles are the backbone of Healthy Start and how we provide our services. So that's a very important initial step towards standardization that we establish a shared understanding of care coordination and case management across the HS CoIIN and across programs.

One of our first steps is to establish common definitions of care coordination and case management to set a foundation for other steps in standardization. We really feel that care coordination and case management will be the foundation of reframing Healthy Start as a system of care to ensure the sustainability of the program, to mobilize more communities to create equity for our families in need, and also to ensure that care coordination and case management are rooted in the community that they're multidisciplinary, that they address linkages and

referrals, and that they include a family-centered approach incorporating advocacy and a cultural focus. Next slide please.

So before we talk a little bit more about other things, we wanted to give just sort of a recap about our work on the screening tool development. As many of you know, the screening tool were constructed by adapting screening questions from existing evidence-based screening tool. May serve as a foundation...they will serve as a foundation for the care coordination and case management approach that we will be working on. They address comprehensive risk for each perinatal period, and they align with our Healthy Start performance measures and benchmarks. And very importantly, they provide minimum requirements that they can be expanded by Healthy Start programs so they can retain their unique qualities and diversity.

They are meant to serve as the first gateway of information from the participants for the Healthy Start program. And then it's up to each Healthy Start grantee to determine the next steps in the assessment process after the screening occurs. And the Healthy Start screening tools allow documentation of care coordination such as information and education, specific services, referral for ongoing services beyond the program. And in addition to aligning with the Healthy Start performance measures, the screening tools also align with other Maternal Child Health Bureau measurements, so it helps to reduce duplication and data collection efforts across initiatives.

The screening tools also inform the development of the screening and assessment module as part of the Healthy Start Community Health Worker Curriculum, so we have a tie-in to that initiative as well. And now, I'd like to turn the topic over to Maria Reyes, and she is going to tell you all a little bit about our Lessons Learned from the field study that occurred over the past few months, a very informative project. Maria?

Maria: Thank you Kori and I'd like to let everybody know first of all that I'd like to thank you for your participation on the Lessons Learned survey. This is Maria Lourdes-Reyes, and I'm the Project Director for California Border Healthy Start PLUS project, and we also mentor the Border Healthy Start Alliance. So you can see on your screen a quote from the Lessons Learned findings that we are an affirmative public health program. What happened was, from the beginning, in March of this year, the Bureau requested information from the Healthy Start CoIIN, the Collaborative Improvement and Innovation Network for Healthy Start, on what are the grantee experiences in implementing this

last round of funding for Healthy Start in 2014? That is Healthy Start 3.0.

As we know, we've shifted the Healthy Start programming to truly adopting a life course perspective and building on our program structure in focusing on individual family health and looking at evidence-based practice and standardized approaches. So what happened then is that the creation of a survey was a reflection of many input and the JSI EPIC Center was responsible for the survey, the questions that were conducted in May and June. So we launched that and we provided that time frame for the grantees to be able to provide feedback on the Lessons Learned which included a qualitative and quantitative data analysis.

So the qualitative data analysis was a two-step iterative process and first of all, the EPIC Center then looked at what are the themes that was coming up from the responses from the grantees? And then they used those themes to code the data. After that was done, then the themes were validated by a face to face meeting of the Healthy Start CoIIN members and all 20 members of the CoIIN team attended that face to face meeting. It was an intense day and a half work for the CoIIN team. And from that, we validated separately in work-groups those themes that were identified and then recommendations were developed based on the findings.

And from that then was created this Lessons Learned report that was sent back to the grantees for editing feedback and then feedback again for further editing by the CoIIN work-group. In addition to both of those qualitative and quantitative process, we also held two town hall webinars with the grantees and we asked questions during those webinars which truly wonderfully validated the findings of the Lessons Learned. And we did...the first town hall webinar was the baseline and the second town hall webinar was an end line for those questions.

And due to a wonderful response from all of you, we had 84% response rate. Although we were hoping for a hundred, 84% is truly fantastic being that it was really a 64 question long answer survey. So we understand that it was very long and very difficult but we wanted to really look at what have we learned in the implementation of Healthy Start 3.0? Next slide please. Thank you.

So I'm going to share a few of the recommendations and crosscutting themes, but I want to urge you and it's going to be on your last slide for the Lessons Learned, to look at the report again which was sent to all of

the project directors. And I'd encourage you to review those with your staff so that then you can look to see how are you comparing with the rest of what the recommendations are in your programming and how can you best then begin to prepare for the next NOFO which David has shared will be coming out in July or August for an October deadline so that we can then all be on the same page on the April 1 next cycle for Healthy Start.

So the crosscutting themes then looked at providing community response, addressing social determinants of health through coordination of community connections. These are the things that really was reflected among all the questions that were asked in the Lessons Learned. Looking at fostering participant empowerment, sooth connection not just to health literacy but also all their complex needs, looking at the value of data in that we wanted to truly begin to standardize, as Kori said, the CoIIN team has looked at the standardization process for the Healthy Start programming.

And what was really a highlight also of the Lessons Learned was the challenge raised by male inclusion and fatherhood and you will see on the resiliency piece in the next slide when we get to that, would be that the recommendation of truly having the father would be a core component of Healthy Start and then looking at the competency of the workforce and ensuring a thorough professional development of our workforce so that we actually recruit and retain a strong and competent workforce.

At the core of what is all about Healthy Start is truly that structural flexibility which is the strength of what Healthy Start is in that we not only do the case management and looking at also that client case manager relationship is important because we are in the community, but also the fact that we actually navigate the system for our participants. And when you look at the Lessons Learned survey, in addition to all these cross-cutting themes, there were other...there were several more themes that really were reflected throughout all of the responses and including on focus on disparities, community connections, and I urge you to take a look at that report again, please. Next slide.

So I'm gonna go through each of the five approaches and share with you, in combination to this particular slide, the highlights of the recommendations for those. So for the women's health and family resilience, looking again at how the Healthy Start program is structured and what makes us flexible and sets us apart from other maternal and

child health programs and positions us as a partner in the community in that navigation for client needs.

We also made the recommendation of restructuring the volume requirement because it truly is has been a difficult high-intensity level in the requirement that HRSA has provided as in Healthy Start 3.0. And then again, making sure that the fatherhood and the partners involved with the Healthy Start participants needed to be a core component of the program because of all the evidence base that truly provides us with the significance of father's and partner's involvement.

When we looked at all of these recommendations again, I'm going to emphasize that, when you read it, there truly is a significant interplay and overlap that exists between the different Lessons Learned that we looked at. Next slide, please.

This one is on increasing accountability and addressing the benchmarks and highlighted on this is that it is important for us to truly look at that continuous quality improvement process as cross-cutting in everything that we do. And it should be embedded in every step of our programming so that we can truly highlight and address the needs of the participant. And linked to that of course is the standardization, the data systems, the definitions, and what we wanted to recommend was that, if at all possible, please so that we do that prior to the start of the next grant cycle so that we don't waste a lot of time and effort, and we are actually on the way to doing that with this particular standardization this past year, this current year, and then prior to the next NOFO.

So we're a little bit ahead of the game there as far as standardization. But it's still a lot of refining and difficulty and challenge that we're hearing from grantees as far as implementation of the screening tools and what truly it all means. Next slide, please. In looking at the quality of services and collective impact recommendation, again, here, we emphasized and truly recommended that the participant volume needs to be reconsidered and that fathers and partners, we would like them to be included as participants. And we have requested to HRSA, based on the recommendation, that the requirement number of pregnant women served should be reduced because we know that the women that we serve is of high intensity on the risk level and they truly need more service that would be provided to them on a high quality and the numbers that have been required of us is just unbelievably too high for us to be able to serve with a high quality and to meet those numbers.

In particular to the Community Action Network requirements, we also requested and recommended, or you all requested and recommended, based on the response, that it'd be revisited and reconsidered and that perhaps the grantees can be looked at to truly emphasize the need for being involved in the collective impact process and not necessarily serve as the backbone organization for collective impact except for those organizations that can truly be that, the backbone for collective impact process, which several of the grantees are doing currently. Next slide, please.

So with respect to the Healthy Start screening tool implementation recommendations, it was noted that truly this is a foundation and needs to be maintained and used as a standard for data collection. However, there is still the need for continuing its improvement and the opportunity for fine-tuning it and redefining some of the expansion of...or expansion of the screening tools. And then looking at recognizing the fact that the participants needs are so diverse across programs that we have requested...a recommendation was put forward to really look at the development of a conceptual model that maps the range of services provided, points of intervention, and relevant evidence-informed or evidence-based practices for the curricula that apply for the programming. Next slide please.

A fast CoIIN membership and grant application process. We recommended that the Healthy Start CoIIN be included as an application process so that perhaps we can promote more continuity and increase diversity. It is currently made up of all the level three grantees and one level one and one level two grantee. So perhaps we are saying that we could be more diverse as far as representation on the grantee level. And one of the critical pieces we have requested for as a recommendation from the Lessons Learned is to please, please, eliminate those redundant questions in the funding opportunity announcement in the next NOFO because it is very difficult to really be comprehensive in the application process so that we can allow additional space for projects who are truly seeking higher levels of funding to provide more services so that there needs to be less overlap in the application process.

As I noted at the beginning, the Lessons Learned report has been sent to HRSA to the Division to all the project officers but also it is...it can be found on the EPIC Center website. So I'm gonna turn it back over to Kori and before I turn it back to Kori, I'd like to publicly thank Mary Alexander from the New Orleans Healthy Start who served as co-chair for the Lessons Learned term and who is no longer with the New Orleans

Healthy Start that she truly did us a tremendous service in helping us and in helping chair the Lessons Learned, and thank you to Kori for now co-chairing the CoIIN team. Back to you Kori.

Kori: Thank you. So thanks Maria for talking about the work that the CoIIN has been focused on for the past four months or so getting...gathering all that insight and feedback from the various programs and distilling it into this Lessons Learned, and we wanted to close out our CoIIN update by focusing on what we will now take back up and that's the work with our case coordination and case management initiative. We actually started this work on this priority back in July 2016 and continuing through March 2017 and then took a break to focus on the Lessons Learned. So we'll be turning our eyes back now to this. What we...the work that we have done so far is to establish from work-groups for the focus and just doing the expertise for standardizing care in these two areas, and you can see on your screen the work-groups that were established and they all feed into one another that will help us focus this work. So we have a policies and protocols work-group which will operationally define case management and case coordination. We'll also look at best practices for case coordination and case management related to providing maternal child health services.

We also have a literature review work-group that will look at current literature to provide context to the findings of the the data services work-group, and our data services work-group will look at lots of things, begin documenting and describing components and gaps in case coordination and case management across grantees through a review of current grantee application and currently available data sources. So we'll really be digging into what programs they're doing, how they implemented Healthy Start at the various sites and look at that as individual programs and then as a whole to see what we are all doing, what we may be able to do better, what best practices are, where the gaps are.

And just a little of side note to help the data services work-group be a little more clear, its functional title is Assessing Current Practices work-group. And so that really, I feel, describes that group will be doing a little bit better. So we do have the members listed on there and we will be turning our work back this month to following through on our case coordination and case management priority. Next slide please.

So just to sum up, the focus of the Healthy Start CoIIN during this period is working toward Healthy Start as promoting equity, Healthy Start as a standardized system of care, and standardization as a strategy for

sustainability. And really I think the key things that the CoIIN would like to express to everyone on the call is that really this common foundation is what we're looking for rather than pure standardization. It's really finding out what it is that links us all together as commonalities across programs so that it can make it easier to talk about what we do as a hundred Healthy Start programs strong across the nation. Thank you for your time today.

Megan: Thank you so much Kori and Maria and to all the Healthy Start CoIIN members for all your great work. I do have one question in the chat box and that's for either the CoIIN co-chairs can respond or even Division folks, if you want to respond as well, chime in. The question is, has there been any response from the Healthy Start national program on the Lessons Learned recommendation?

Maria: This is Maria Lourdes-Reyes. Thanks Megan. And the responses that they are beginning to look at that and I wanted to share that we did have a deadline of July 31 to submit the Lessons Learned report. And we met that deadline. The Division is now has began, at the beginning of August, to really begin to write. And our understanding is they're looking at the Lessons Learned very closely as they write the programming. And Dr. David de la Cruz has made sure that that...he stated that at the one webinar where we had shared the Lessons Learned with the grantees that they will take into consideration everything that has been recommended. But also if any of you would like to send further...you know, a letter or further highlights of what you would like for the Bureau to look at, the Bureau is open to actually hearing from you. They're open to hearing from any organization or from any project director, about how to really look at the next NOFO. And that's been publicly stated. I hope that helps.

David: Yup, this is David. I totally agree. Thank you Maria. That is absolutely the case. We are using this as well as other feedback that we received and continue to receive and we are really digging into, you know, the very helpful documents and feedback that we've gotten. We do expect to get some more feedback. The Healthy Start Associate...or the National Healthy Start Association has talked about hoping to have an opportunity to provide information to us. We welcome that and we also are, as you said, Maria, looking or willing to get information from individuals and all I need to do is just talk to their...you know, submit that either to me directly or Benita or Johannie or your project officer.

But, you know, the sooner the better as we are starting to really work

through this next NOFO and, you know, so the sooner the better. It's not too late but, you know, we will also, as I said at the beginning talk at the CityMatCH meeting, give you an opportunity to talk to us there as well. But, you know, we still are collecting information but that time is running out pretty quickly because we are in just such a tight timeline to write the NOFO so that we can give you all as much time as possible to respond to it and still meet the April 1st start date.

Megan: Right. Thank you David. Thanks Maria for the response as well. Where there are no more questions at this moment, so I'm gonna turn it over to you Johannie and Benita for the next portion of the program.

Johannie: Good afternoon everyone this is Johannie Escarne and I'm a Branch Chief in the Division of Healthy Start and Perinatal Services. So I will be going over some general Healthy Start program updates. The first one is around budget. So great news, HRSA has released funding so NoAs are being processed to complete funding for FY17. Many of you have already received your NoA but if you have not, it should be coming shortly. For the April 1st grantees, if you indicated on your FFR that you will request the carryover, those requests are due now. Please work with your project officer and grants management specialist to ensure timely submission of the carryover request so the approval process can be completed.

Your progress reports should be released about the end of October with the due date of early December. I know the slide says otherwise but it's actually the release of the progress report would be the end of October with a due date of early December. It will be very similar to the progress report instructions that we received last year and once we confirm the due dates of these progress report, we will inform you of the reporting period for the work plan which is attachment two of your progress report. For the November 1st grantees, your progress reports are being reviewed by project officers now. The project officer will develop a summary document that will be send to you after you receive your NoA for Fiscal Year '18. This summary will be reviewed on your next scheduled call with your project officer.

The Division continues to request monthly status updates which are due on the 15th of each month for those grantees who have not been able to successfully upload data into the HSMED. We are committed to timely data reporting for grantee accountability. As such, the Division has determined that by December 1st, 2017, all grantees must submit the demographic screening tool for all program participants. This allows the

Division to determine if the data in the HSMED is accurate as reported in the HSMEF.

We will continue to provide technical assistance and support for all Healthy Start programs to complete this task. However, since this data reporting is a term on your NoA, we are just pulling options with OFAM to enforce this term including potential impact on funding. Therefore, we are strongly encouraging grantees to work diligently to upload the demographic tools for all program participants by December 1st, 2017.

We are in the final stages of completing the new project director orientation. This webinar will be a biannual webinar and the first one is being scheduled for sometime in September. As noted in the grantee forecast, the Division is encouraging all Healthy Start programs to complete the Community Health Worker course that is available on the EPIC website. We have set two performance goals for all Healthy Start programs that are due by December 31st, 2017. Please review the goals and ensure your program is taking advantage of this resource.

As Maria Reyes mentioned, the Division would like to give a big thank you to all Healthy Start programs but especially to the Healthy Start CoIIN for participating in the development of the Lessons Learned document that will inform the next Healthy Start NOFO. We have received the document and it is currently under review by the Healthy Start NOFO team. Please note that the Division will continue to collect comments for consideration. If you have any comments, please send them to your project officer and they will forward it to the division leadership.

An important note is that the next Healthy Start NOFO criteria will include past performance. For example, timely data collection which will be assessed by program staff. Therefore, it is imperative that Healthy Start programs continue to collect the individual program participant data that will determine past performance as well as provide essential data for the National Healthy Start Evaluation that will assess program effectiveness.

Almost all regional meetings and site visits have been completed for FY17. Project officers will send site visit reports and/or regional meetings summaries to all participants. It is a HRSA requirement that all programs received at least one site visit during their project period. If you had not been site-visited during this Healthy Start cycle, please inform your project officer to plan for FY18 travel.

Since we have several new POs, we want to make sure that every program is visited before the next cycle. Also as we plan for Fiscal Year '18, we also want to get a sense of how the regional meetings have been going. We hope that these meetings have provided enough more opportunity for regional networking and technical assistance.

And as mentioned a couple of times now, the CityMatCH/Healthy Start Convention is being held September 18th to the 20th in Nashville, Tennessee. Thanks to our great collaboration, the conference is currently sold-out. We are working with CityMatCH to open more space for the meeting and we will have more information in the next week or so. For those of you who will be attending, there will be informal Healthy Start listening session on Tuesday, September 19th at 5:00 p.m. Some Division staff as well as MCHB leadership will be in attendance.

Finally, the next Conversation with the Division webinar will be on Thursday, November 16th from 1:00 to 2:00 p.m. Eastern Standard Time. And that's all I have for Healthy Start program updates.

Megan: Great. Thanks Johannie. And there's one question here for you and I'm thinking I'm understanding it. It's more around a little clarification around the project progress reports. It has to do with the data collection methods that were...they switched to in 2017 and they're wanting to make sure that they understand that progress report will span 2016 and 2017. Can you provide any clarification there?

Johannie: Let me see. What led me...Benita and I were waiting to kind of discuss some of that for the next project period. So we'll probably get back to programs once we kind of get the due date for the next progress reports for the April 1 start. So we do know there's a bit of an overlap so we're gonna try to address it as best as we can with the reporting period. But we'll have to get back to you on that one.

Megan: Okay. And then there's one second clarification around any sense of when sites should expect to get a site visit report after their site visits. If they have them...say they have their site visit even back in 2015, should they...if they can't recall or aren't able to find that site visit summary, should they email their project officer?

Johannie: Yes, they should.

Megan: Okay, great. Okay. So there are no more questions at this

moment, so I think let's continue on with the presentation. I'm gonna turn it over to you Robert to provide the update on the Healthy Start National Evaluation update.

Robert: Thank you Megan. Good afternoon, this is Robert Windom and I would be reporting on the National Evaluation. There are no significant updates to the ongoing evaluation activities. We are continuing to track the signing of the data use or data sharing agreements. The next two slides show a summary listing of all states or grantees that have completed and signed DUA on record.

There are some states that are still awaiting VRO approval. In these cases, Abt and NAPHSIS, our contractors, continue to work directly with the VRO office. There are also many DUAs still pending approval and signatures from the grantee organizations. For these situations, we've engaged your project officer to reach out to you, to keep us informed of any status updates. Status updates are consolidated on a weekly basis so we hope you can continue to respond in a timely manner even if you respond that there's no new updates from the previous week. So although we've had some delays at the local levels, we are still meeting the overall timeline for data linkage and analysis.

The next slide shows a snapshot of the 2018 dates. However, we still wanna note the next immediate phase that's not listed there. We are moving into establishing protocols for linking and transferring data which Abt and NAPHSIS will be hands on providing technical assistance for. We acknowledge that each grantee has unique challenges with the evaluation implementation so we encourage each of you to let your project officer know or email the Healthy Start Eval address with any questions or concerns. And that concludes my report. Send in any questions.

Megan: Thanks Robert. I think we're gonna continue to Chris Lim's presentation and then we'll take the questions for both of you. So Chris, can you provide your update on the Healthy Start data reporting please?

Chris: I sure can Megan. Thank you. Good afternoon and good morning to some of you. As a part of the Healthy Start data reports in the webinar, I thought I would recap for you a few aspects of the current Healthy Start data reporting that you are obligated to submit every month and provide a few updates as well. Reminders are/or they include that on April 1st of this year, the Healthy Start Monitoring and Evaluation Data System otherwise known as the HSMED went live.

So for those who have not gone into the system, please check out that link as you see right underneath that bullet. It's the healthystartdata.hrsa.gov that will lead you right to the HSMED interface. Another reminder is we have now that goes into the HSMED are our monthly client level data. That includes uploads of monthly data into the system starting the 10th day of each month consisting of data that was collected from the previous month. I know many of you know it well, you've been submitting. And for those who have not submitted yet, we would talk a little bit more with you what you to...to listen to and pay attention to. You will have, for the month that you're reporting, for example, May 10th, the requirement of submitting the previous month's data. So that example is there for you as well.

One thing to keep in mind is that we are starting to see data now and we thank people who have submitted the data. It's a reminder that you really should submit your previous month's data when you are submitting data for...you know, when you're submitting your data and try to keep your months' uploads separated. I thought I'd take the opportunity to stress that. It's for you to easily organize your submissions and to know what data you've submitted at the time of your upload, so please keep that in mind.

Also another reminder is if you have not been, please continue to update your project officer that's assigned to you on your progress if you are not able to upload and submit your monthly data. Johannie mentioned it briefly...I mean mentioned it in great detail, I think. So please remember to do that, it's important that we continue to know where you are with your work and preparation.

More recap. Back when we are introducing the HSMED, the clients that were reporting, we ask that folks provide what we call an initial upload of your client level data. That was to provide your data for all the previews months that you collect the data before for 2017 before the HSMED went live. Some folks have been able to successfully upload previous month's data, again, what we're calling the initial upload. Please do that if you haven't already. We will be approaching POs to help us ask grantees to start submitting the previous month's data for the year if you are already uploading your data into the HSMED and continue to talk to your PO as well if you have issues or problems with uploading your initial month's data or your previous month's data for 2017.

Updates for you. As of yesterday, we were able to identify 73 grantees

who attempted to upload their data into the HSMED, so this is a good number. The balance of 27 grantees have not attempted uploads and we really want to improve on that obviously. We need to work on getting your uploads in or attempts to upload the data at least one attempt or more by October 2017. This also will support, as Johannie mentioned, the requirements for all grantees to submit at the very least a demographic tool or demographic tool uploads for all clients served by December 1st, 2017. So please, if you have any confusion or questions, please feel free to ask your POs.

Now to aggregate level data reporting. This is also a recap or reminders of what you already know. On May 3rd, grantees received a guidance that monthly Healthy Start aggregate level data would be reported to the Healthy Start data mailbox and an email or that mailbox is provided again underneath these bullets. And of course you continue to include, when you submit on a monthly basis that report, your HRSA signed PO as well and using the template that is provided also in the second bullet on the Healthy Start EPIC Center's website. Continue to use that form and and complete it and with that is still the guide that's posted there.

Another reminder is as you have been when you report your monthly aggregate level data, you report on the previous month's data and starting on the 10th of each month, you start to report and you have until the end of the month to complete and submit your reports as well.

All right, updates on aggregate level data reporting. So this will continue to be a requirement for grantees while we continue to assess the reliability and the competence that we have in the Healthy Start client level data that's submitted into the HSMED. So it could be for, wow, we will continue to ask that you submit your aggregate level data. We want all hundred grantees to be able to submit client level data into the HSMED. That is the factor that we will take into consideration, and of course, the accuracy and validity of the data that you provide us.

Also grantee call template data reporting continues. I've gotten a few questions asking if that will end. No, to my knowledge. I think that's a programmatic requirement, I mean, in addition. And we do just as a note will or have used call reported data to verify the data that we received and the aggregate form into what we previously used the HSMEF and into now what we submit into the Healthy Start data mailbox. And grantees who missed any months of aggregate data reporting throughout the county year 2017 so far, please communicate with your project officers. We need your reports for 2017. Every...we are going to

ask POs as we do currently review 2017 data to help us get missing data from you, so please be cooperative and put your best foot forward to help us getting all the data that we are in need of for 2017.

And this last slide is just a recap. You've seen this before of all the different reports that we have required for you to submit. Listed is, of course, the non-competing continuation progress reports, the performance reports, the monthly aggregate-level data report to them, Healthy Start data mailbox, and the monthly client level data that you should be reporting to HSMEDs if you haven't already started too soon, and of course, the grantee call templates. And I believe that concludes my presentation.

Megan: Thank you so much Chris and thank you Robert. A couple of questions for the both of you. One, first for you Robert, what happens if a data usage agreement cannot be established with the state Vital Records Office?

Robert: I would ask you to reach out. We've had a few states that we just needed to reach out to and explain the process a little bit better or, you know, provide additional background on the extent of the evaluation. So we just ask you to reach out to your project officer or the Healthy Start Eval email address to let us know if you're aware at your level, you pass on that information and we'll get involved.

Megan: Great. Thank you Robert. And Chris, so here's a question for you. This person just wants a little clarification, so when you say the demographics need to be submitted by December 31st, 2017 for all clients, they wanna just make sure, is that 2017 clients only or for all clients from the start of the project?

Chris: So to clarify, that would be December 1st by the way that we would want all demographic data or information for every...or tool for every client submitted into the HSMED file. So what was the next part of the question? I'm sorry, because I think I need...I just want to correct the chat. Yeah, I just corrected the chat, and I'm just trying to remember the question. Yeah, I think we answered that right.

Robert: For 2017.

Megan: I think you did it.

Chris: Yeah, for 2017, I'm sorry.

Johannie: It's for 2017 program participants.

Megan: Yes.

Johannie: Because a program participant is defined as a participant that has received at least one service within the calendar year. So if you have...you may have some participants that are...continue to be program participants that may have started with the program long ago but if they...what we're defining as program participants are those who are currently receiving Healthy Start services in 2017.

Chris: Correct. Thank you Johannie.

Megan: Great. Thank you so much. So Johannie, now a question for you and this person just wants a little more clarification on...so for projects that start April 1, what months will the progress report cover and will the progress report be due in early part of December?

Johannie: So for the first part of the question, the reporting period, we'll have to get back to you regarding that because it kind of depends on when the progress report is due and it's looking like currently that it would be due in the early part of December.

Megan: Great.

Johannie: So we will get back to you about the reporting period for those who will have progress report for the April 1st grantees who are going to be getting progress reports in.

Megan: Right. Thanks so much. And there were two questions that were submitted on the same topic, and so Division, this question is for you all. What progress has been made in working with the Nurse Family Partnership, National Service Office and cross-walking their model base forms to the Healthy Start screening tool and ultimately providing data for the HSMED?

David: Yeah, this is David. Let me jump in, I'll fill this one. I don't think Mary Emmanuelle is on at least in the speaker's mode. So Mary Emmanuelle who is actually a nurse in our division, a new project officer, went through every single question Nurse Family Partnership asks and every single question on the Healthy Start screening tool and cross-walked those two sets of questions to see how much overlap

there was or how much redundancy there was so that we can try to limit any sort of...minimize the amount of questions that would need to be asked by the nurse or the people who are asking those questions, and NFP where most of the time would be a nurse.

We are now going to be reaching back out to the Nurse Family Partnership head offices as we promised them and let them know what we have found that there is some redundancy, there is some overlap. The problem of course is, you know, the way that they ask the question. They may be asking questions about, you know, SIDS or safe sleep and we may be asking questions about SIDS and safe sleep but we ask it in a different way that they do. So we're gonna have to do a little negotiating with them and figure out, you know, how similar is similar enough that we can drop the questions or combine the questions. I know they have a very strict fidelity to the model requirement. We are a little bit more flexible but we also wanna make sure that the way that the 13 or so Nurse Family Partnership Healthy Start grantees submitting data are equivalent to the way that the other 87 Healthy Start grantees are submitting their data so that we can look across not just the Nurse Family Partnership grantees but all 100 grantees and make sure that those data are generalizable and valid, you know, across the program.

So we are making great progress. We are thankful to Mary for doing that work, but we're also thankful for your patience and understanding as we go through this as you all know better than we do, you know, it's a lot of questions and it really did require a close examination of both sets of tools and, like I said, we will now be reaching out to the home office and try to figure out what kind of compromise we can come to. So, stand by. We are working it, working this issue, and we are closer today than we were last week for sure.

Megan: Great. Thank you, David. And one more question here and it's for you Robert, any specific updates that you have for the Texas Vital Records Office? They haven't seen the data usage agreement as of yet, this grantee hasn't. Do you have any specific updates on that?

Robert: Thank you. We have resubmitted the package. Texas has a very lengthy review process. We submitted several months ago, they came back to us requesting additional information that wasn't asked for in the initial submission. So we just put together our response for that and the project officer has been brought in for their awareness and any further questions on updates can be...the project officer should have awareness of any new updates, but we're just standing by for the

second submission of this process.

Megan: Great. Thank you. So David or Division team, can you please provide an overview of the planned release, the schedule for the planned release of the competitive NOFO?

Johannie: So we don't have, because of the timelines are shifting both within the agency and if it needs to go outside of the agency. Those are kind of shifting timelines. So the only thing that we can share right now is that we anticipate that the release of the next NOFO would probably be in the late summer, early fall of 2018.

David: And that we absolutely are trying to hold as tight as we can to the April 1st start so that there'll be no gap in funding. I mean, I think we're very committed to that. And based on all of the timelines and all the reviews and everything that needs to happen, we are still working really hard to give you all as long as possible to apply...you know, to respond and then to apply. We're hoping a late summer release, we're hoping, don't hold this to this. We're hoping for 60 days for you all to reply back to us. And then, you know, we still have to do a lot of work afterwards as far as the review process and the funding memos and the notice of award releases and stuff like that to make the April 1st deadline. So probably about this time next year.

Megan: Sorry for interrupting you, David, but I did wanna give you...somebody chatted in that, "Thank you for not releasing the NOFO over the holiday," so I just wanted to share that.

David: No, that will be us this time who will be working over the holiday and making sure they're being reviewed and all that stuff. But, you know, again, we are committed to the April 1st deadline so that backing out to make that deadline will require us to be busy at the end of the calendar year, but that's okay.

Megan: Well, I'm gonna take one more question and then we'll have to wrap up. So this question is for progress and performance reports. Should we be including all applicable participants in the denominator or only those who provided an answer to the question? So, for example, those who haven't completed the screening tool yet or even declined to answer. Division folks, anyone wanna take a...reply to that one?

Chris: We're conferring, hold on, please.

Megan: Yeah. No, no.

Chris: We are...

Megan: And while the Division is conferring, I'm gonna put up their last slide here with their contact information for folks just so you can see that.

Johannie: Okay. In the interest of time, we'll have to think that through a little bit more. I think it really depends on the question.

Chris: Yeah, I think we might go back to Valerie Garrison, can you email myself, Johannie Escarne, and Benita Baker, this is Chris Lin, the question and we can definitely provide an answer to the best of our abilities? I think we may need to get more clarification from you.

Megan: Great.

David: And then whatever that answer is, we'll make sure it's added to the frequently asked questions document that will be posted on the website.

Chris: Yup.

Megan: Great. All right, everyone, well, thanks so much to the Division, to the EPIC Center team, and to the Healthy Start CoIIN members that presented updates on this webinar. Thanks to you all for carving out time in your busy schedules today to participate. This concludes our webinar for today. Have a great rest of your day.