Conversations with the Division of Healthy Start & Perinatal Services

August 17, 2017

Webinar Agenda

Topic	Speaker
Housekeeping	Megan Hiltner
Welcome	David de la Cruz
Division Updates	DHSPS Staff
EPIC Center Update	Suz Friedrich
HS CoIIN Update	Maria Reyes Kori Eberle
HS Program Update	Benita Baker Johannie Escarne
HS National Evaluation Update	Robert Windom
HS Data Reporting	Chris Lim
Question & Answer	All Participants

Meeting Logistics

Please note the following:

- **This session is being recorded, and will be archived for future viewing.**

- **Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.**

HRSA
Maternal & Child Health

Welcome

David de la Cruz, PhD, MPH

CAPT, US Public Health Service

Acting Division Director, DHSPS

Division Updates

Kimberly Sherman, Women's Health Specialist

Dawn Levinson, Behavioral Health Lead

Vanessa Lee, IM CoIIN Coordinator

Women's Health Update

Kimberly Sherman

Women's Health Initiative Update
wellwomancare@hrsa.gov

1. **Alliance for Innovation in Maternal Health (AIM)**
   a. <u>AIM States</u>: OK, LA, MI, FL, IL, MS, NJ, UT, CA, MD-DC-VA, WV, NC, GA*, & NY*
   b. <u>Maternal Safety Bundles</u>: Racial Disparities in Peripartum Care, & Postpartum Care Basics I

   http://safehealthcareforeverywoman.org/aim-program/

2. **Women's Preventive Services Initiative (WPSI)**
   a. Draft Recommendation Statements
      i. Screening for Diabetes in Postpartum Period - Finalized
      ii. Screening for Urinary Incontinence – Fall Public Comment
      iii. Expanding the Well Woman Preventive Visit: October 2017

      https://www.womenspreventivehealth.org/

HRSA
Maternal & Child Health

Behavioral Health Update

Dawn Levinson

Janet Van Ness

Hannabah Blue

Alcohol and Substance Exposed Pregnancy Prevention Initiative

Foundation Approaches

T&TA Goals & Offerings

Conversation with the Division
August 17. 2017

EPIC
Supporting communities to give every child a Healthy Start.
Healthy Start EPIC Center

FOUNDATION

- **Opioid Pulse Check: January**

- **Discussion Groups: March- May**

  - Border, Community Health Centers, Native/Tribal, Rural, Urban

AStEPP APPROACHES

- A holistic approach to mental health and physical well-being

- Rebranded from FASD to Alcohol and Substance Exposed Pregnancy Prevention (AStEPP) Initiative

- Focus on populations with greater disparities

AStEPP TRAINING AND TA GOALS

Re/Assess

Refer

Screen & Intervene
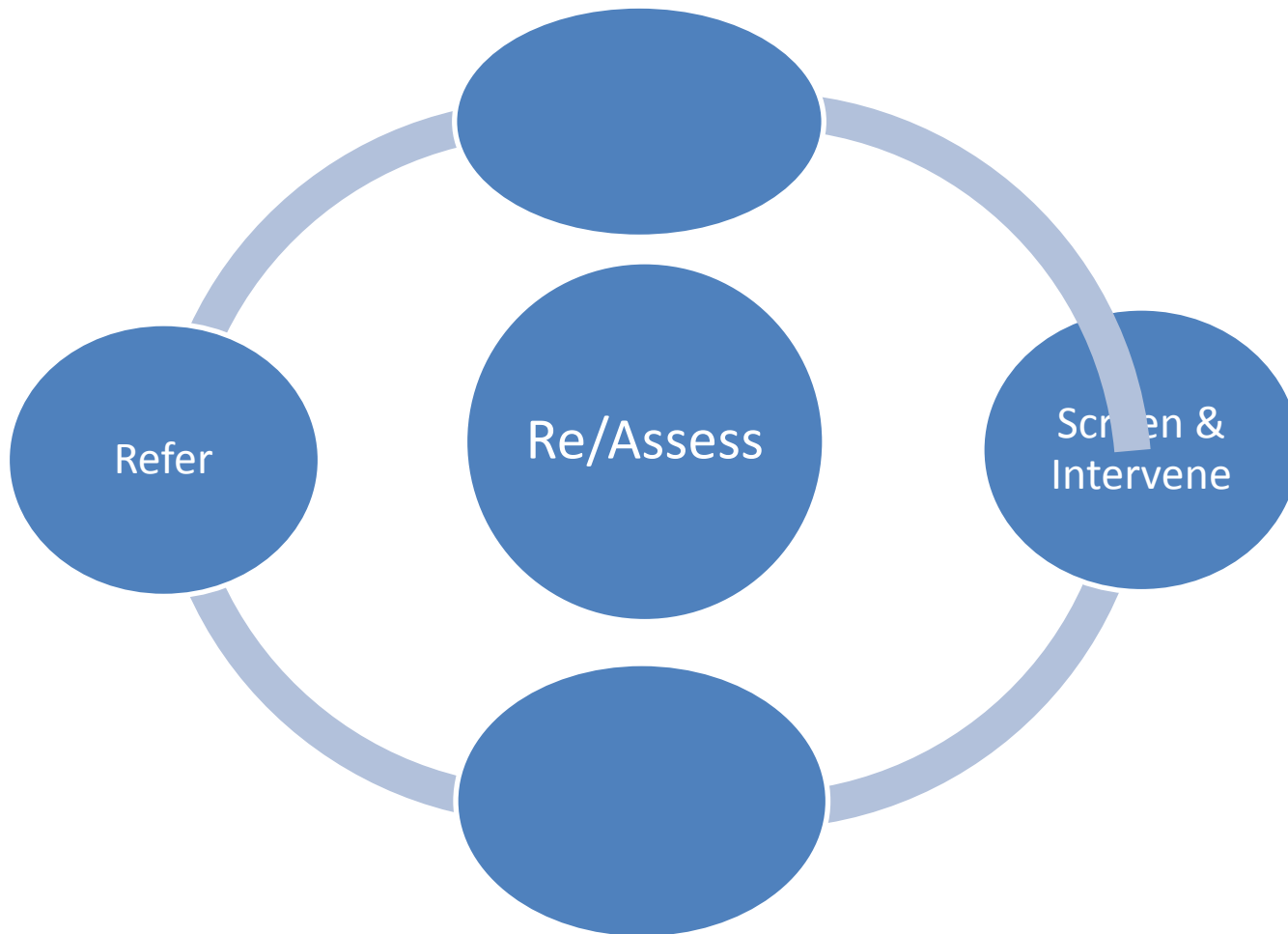
AStEPP TRAINING AND TA GOALS

1. Gauge grantees' levels of knowledge and skills to address substance exposed pregnancies

   - Discussion Groups- 2nd Round
     - CHCs, Native/Tribal, Urban, Rural
     - Dates in coming in October!
   - Advisory Committee- Invitation!

AStEPP TRAINING AND TA GOALS

2. Support grantees in preventing substance use among program participants
    - Webinars:
        - Sept 5th, 3-4p ET : What are the Long-term Effects and Impacts of Fetal Alcohol Spectrum Disorders (FASD) on Individuals and their Families?
        - Comparing Effects of Substances on Pregnancies
        - Legal Implications of Substance Use During Pregnancy

AStEPP TRAINING AND TA GOALS

2. Support grantees in preventing substance use among program participants

- Community Trainings
  - Joining Forces to Prevent Prenatal Exposure to Alcohol & Other Drugs
  - Social Determinants of Infant Mortality
  - Connected Parents, Connected Kids
  - Safe Homes/Safe Babies

AStEPP TRAINING AND TA GOALS

2. Support grantees in preventing substance use among program participants

   - Opioid and Behavioral Health Quick Start List

   - Online AStEPP e-Learning Module

   - EPIC Center Healthy Living Initiative

AStEPP TRAINING AND TA GOALS

3. Support grantees to screen and intervene in substance use during pregnancy

- Trainings
  - Motivational Interviewing: Learning the Dance
  - Mental Health First Aid

AStEPP TRAINING AND TA GOALS

4. Use pre/interconception care and reproductive life planning to help participants prevent unintended pregnancies and improve women's health for intended future pregnancies, including not using alcohol and other drugs

- Training
  - Project CHOICES

AStEPP's GOALS AND TRAINING AND TA ACTIVITIES

5. Support HS/HV grantees to build their capacity and networks to refer for treatment of behavioral health issues and for evaluation of fetal alcohol spectrum disorders and substance exposed pregnancies

   - Behavioral Health, Alcohol, Substance Use, FASD Services and Referral Network Webinar/Training

Alcohol and Substance Exposed Pregnancy Prevention Initiative

THANK YOU!

janet_vanness@jsi.com
hannabah_blue@jsi.com

EPIC

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Healthy Start EPIC Center

Infant Mortality CoIIN Update

Vanessa Lee

IM CoIIN Update

- **New IM CoIIN funding opportunity**
  - 4 awards will be made to CoIIN Teams and their Backbone Organizations, anticipated start date is Sept. 30, 2017
  - Contact Vanessa Lee, Project Officer, at VLee1@hrsa.gov with questions

- **Remaining IM CoIIN Webinars:** Expert Series on Addressing Infant Mortality
  - Six-part webinar series provides an opportunity for public health professionals to hear experts and influencers in MCH share examples and best practices for supporting efforts to reduce infant mortality and improve maternal and infant health.
  - Please contact CoIIN@nichq.org for details and registration info

EPIC Center Update

Suz Friedrich

EPIC Center Update

August 17, 2017

Suz Friedrich, JSI/EPIC Center

One-Stop-Shop for Resources

Request TA | Services | e-News | Contact Us

E P I C
Supporting communities to give every child a Healthy Start.

Healthy Start EPIC Center

Search ...   Search

HEALTHY START | HEALTHY START APPROACHES | TRAINING AND EVENTS | RESOURCES | HEAR FROM YOUR PEERS | ABOUT HS EPIC CENTER

Website: healthystartepic.org

- Searchable map of grantees, FQHCs, FIMRs, data

- Searchable database of nearly 200 EBPs

- Training calendar and archived recorded webinars

- Links to organizations and resources

- Project Management Hub

One-Stop-Shop for Resources

Website: healthystartepic.org

- Screening tools and implementation resources

- Information on national evaluation and HSMED data reporting

- Alcohol and Substance Exposed Pregnancy Prevention (AStePP) Initiative
  - Resources, webinars and community trainings
  - Opioid and Behavioral Health Quick Start List

Additional Services

- Individual technical assistance/consultation

- Bi-monthly e-News and training notice

- Social media – daily Twitter posts

- City MatCH Conference: Save the Date – September 18-20

- Healthy Living Series – webinars, workshops and resources

- 50 CLC scholarships awarded

- Community workshops *(To request: email info@healthystartepic.org)*

Community Workshops

Motivational Interviewing: Learning the Dance

Reproductive Life Planning: Setting Goals for a Healthy Family

Mobilizing Community Partnerships to Address Social Determinants of Infant Mortality

Safe Homes/Safe Babies: Train the Trainer on Domestic Violence and Reproductive Coercion

Boosting Breastfeeding Support: Preparing Families

Boosting Breastfeeding Support: Community Strategies to Support Breastfeeding

Compassion Fatigue and Creating a Culture of Individual, Organizational, and Community Wellness

Connected Parents Connected Kids

Joining Forces to Prevent Prenatal Exposure to Alcohol and Other Drugs

Using Data to Tell Your Story

EPIC Center Highlights

- **70%** of grantees have received technical assistance; **187** requests processed

- **55** webinars conducted and archived on the website

- **20** community trainings conducted; **35** budgeted for 2017

- **10** e-learning modules on Community Health Worker (CHW) Competencies; **72%** of grantees have accessed the courses

- **42** scholarships to Healthy Start staff to attend a 5-day Certified Lactation Counselor (CLC) training course; **50** scholarships awarded in 2017

Question?

For assistance:

Contact Us:

http://www.healthystartepic.org

healthystartepic@jsi.com

1-844-225-3713, toll-free.

Healthy Start CoIIN Update
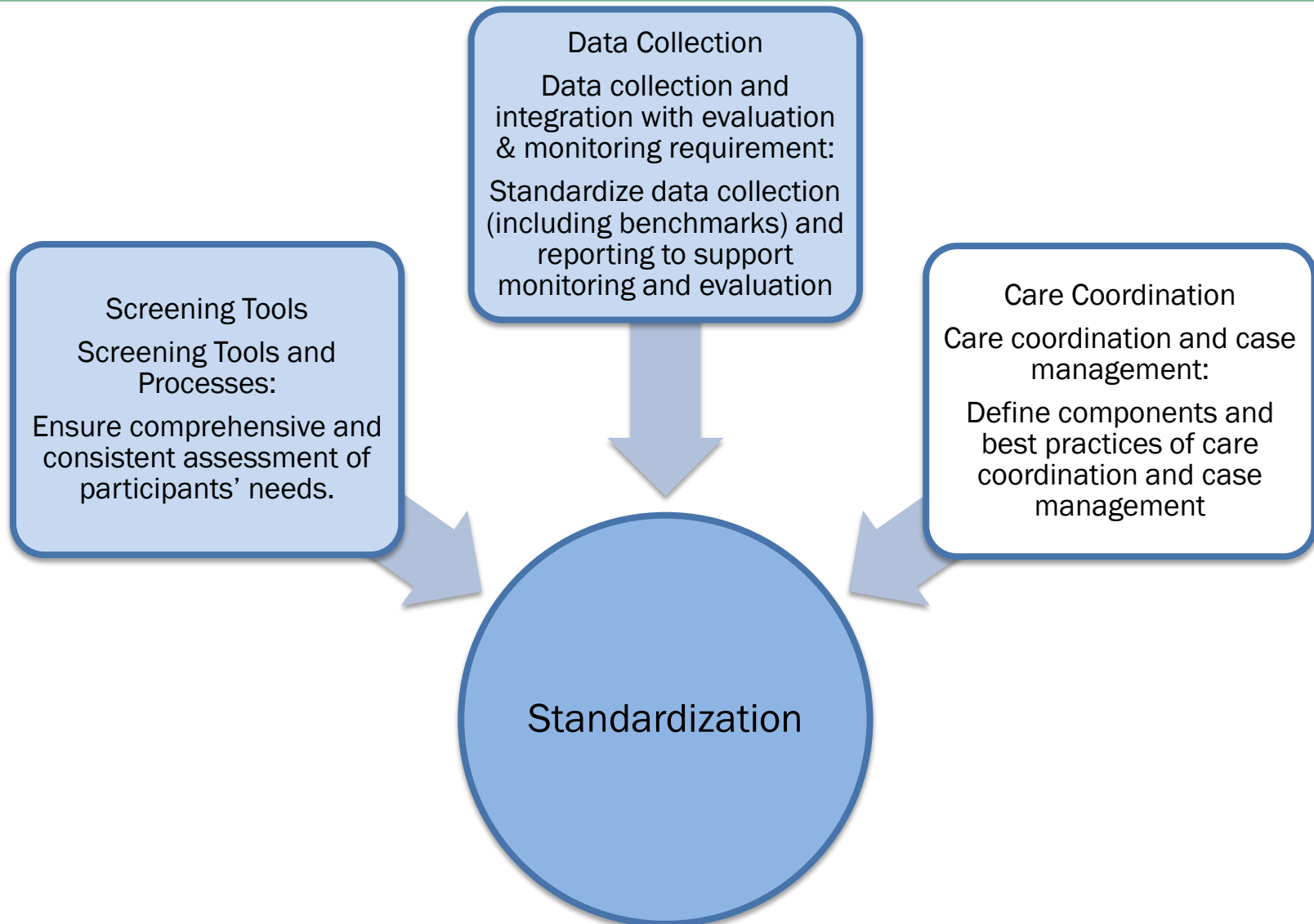
Maria Reyes

Kori Eberle

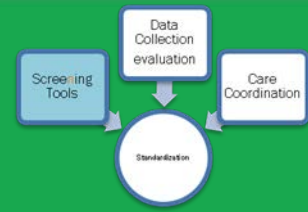# Healthy Start Collaborative Improvement and Innovations Network (CoIIN) Update

August 2017

Overview of CoIIN Priorities
(Adopted March 2015)

Data Collection

Data collection and integration with evaluation & monitoring requirement:

Standardize data collection (including benchmarks) and reporting to support monitoring and evaluation

Screening Tools

Screening Tools and Processes:

Ensure comprehensive and consistent assessment of participants' needs.

Care Coordination

Care coordination and case management:

Define components and best practices of care coordination and case management

Standardization

The Screening tools would:

- serve as the foundation for care coordination and case management approach.

- address comprehensive risks for each perinatal period.

- align with the HS performance measures.

- provide a minimum requirement, but can be expanded by HS programs.

- adapt screening questions from existing evidence-based screening tools.

Lessons Learned Findings

"Healthy Start is an affirmative public health program. We start with needs assessment and adapt to needs versus developing a program first and applying to population."

Response Rate

	Number of Responses	Percent Response Rate
Total Responses	N=84	84/100=84%
Level 1	N=45	45/60=75%
Level 2	N=21	21/22=95%
Level 3	N=18	18/18=100%

Cross-Cutting Themes

- Healthy Start's commitment to providing community-responsive, participant-centered services that address social determinants of health through coordination with community connections.

- The importance of fostering participant empowerment through personal connection and promoting the health literacy of participants with complex needs.

- The value of data for performance monitoring and improvement, as well as the challenges of data collection.

- Male Inclusion/Fatherhood was raised as a challenge.

- The importance of and challenges related to participant engagement.

- The critical value and challenges of recruiting and retaining a strong, competent workforce through professional development.

- The importance of the client-case manager relationship.

- Structural flexibility as a core strength in Healthy Start's ability to be responsive to participants' needs.

Women's Health and Family Resilience Recommendations

- Capitalize on the structural flexibility that sets it apart from other maternal child health programs, and positions it to partner with other providers in the transforming healthcare landscape.

- Restructure the volume requirement so that it is based on a smaller number of participants in order to resource the high intensity of needed services to impact the HS participant population.

- The support for involving fathers and/or partners in HS is growing but should be a core component of the program. Addressing the need for more father and/or partner -friendly approaches within HS is critical to promote involvement, communication and support from both parents and/or a support person.

Increase Accountability and Addressing Benchmarks

- Quality and continuous QI is a cross-cutting component of providing services that should be embedded in and inform all of HS in everything a program does. It should not be a separate approach.

- Any standardization (data system, definitions, etc.) should be done prior to the start of the next grant cycle to avoid frustration due to wasted time and effort for programs and their partners.

Quality Services and Collective Impact Recommendations

- The participant volume recommendations should be reconsidered. That is, fathers and/or partners should be included as participants, and the required number of pregnant women served should be reduced.

- CAN requirements should be revisited and reconsidered. It should be clarified that the HS grantee is not required to serve as the backbone organization for Collective Impact (CI) but must be integrally involved in the CI process.

HS Screening Tool Implementation Recommendations

- The foundation and intent of the HS Screening tools should be maintained and used as a standard for data collection, while continuing to be improved upon based on need and opportunity.

- Recognizing the breadth of participant needs and diverse approaches applied across programs, it may be beneficial to develop a conceptual model that maps the range of services provided, points of intervention, and relevant evidence-informed/evidence-based practices or curricula that apply.

CoIIN Membership and Grant Application Process Recommendations

- Based on comprehensive qualitative responses, to ensure broader and more diverse representation on the HS CoIIN, an application process is recommended for HS CoIIN membership with a process that balances promoting continuity and increasing diversity.

- Eliminate redundant questions in the Funding Opportunity Announcement (FOA) and allow additional space for projects seeking higher levels of funding to provide more services.

- Report can be found on the Epic Center website:

  http://healthystartepic.org/healthy-start/hs-coiin/

ColIN CC/CM Initiative
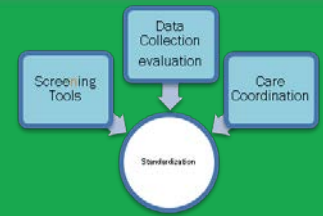
Policies and Protocols Workgroup

1) Operationally define CM and CC, highlight distinctions if they exist, and identify alternative terms to guide the Literature Review and Data Sources Workgroups, and

2) Establish best practices for CC/CM related to providing MCH services.

Members:
Anna Gruver, Sara Kinsman (co-leads) Debby Allen, Maxine Vance, Maria Lourdes Reyes, Julie DeClerque, and Kori Eberle

Data Sources Workgroup

Begin documenting and describing common components and gaps in CC/CM across grantees through review of current grantee applications and currently available data sources to inform the development of any additional data needs and to provide guidance for the Literature Review Workgroup.

Members:
Lo Berry (Lead),
JoAnn Smith, Megan Young, Rick Greene, Anna Colaner, and Risë Ratney
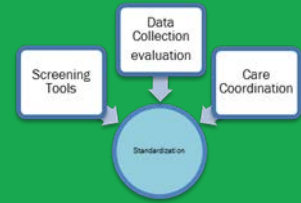
Literature Review Workgroup

Review current literature to provide context to the findings of the Data Sources Workgroup.

The outcome for the literature review will support current CC/CM HS best practices and address identified gaps.

Members:
Dianne Browne, Mary Alexander, Tara Schuler, Andrea Kimple, Lisa Matthews, and Delores Passmore

Summary

The focus of the HS 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.

Healthy Start Program Update

Benita Baker, Branch Chief

Johannie Escarne, Acting Branch Chief

Healthy Start Program Updates

Budget
- Funding is released
- NoAs being processed

April 1st Grantees
- Carry over requests due
- Submit performance reports
- NCC progress report due about end of October

November 1st Grantees
- Progress reports under review
- POs will send summary

Healthy Start Program Updates

Program Expectations
- Monthly status updates
- Timely data reporting
- Grantee accountability

New Project Director Orientation
- Scheduling for September
- Bi-annual webinar

CHW course
- DHSPS two performance goals
- Goals due December 31, 2017

Healthy Start Program Updates

Healthy Start NOFO
- Received HS CoIIN document
- Continue to collect other comments for consideration
- Review criteria will include past performance (i.e., timely data collection)

Regional Meetings/Site Visits
- Almost complete for FY17
- POs will send site visit reports and/or regional meeting summary
- Consideration for FY18?

Healthy Start Program Updates

CityMatCH Conference

- September 18 – 20, 2017 in Nashville, TN
- Conference registration update
- HS listening session (September 19th at 5:00 pm)

- **Next Conversation with the Division: Thursday, November 16th from 1:00 pm – 2:30 pm**

Healthy Start National Evaluation Update

Robert Windom

Maternal & Child Health

Healthy Start Evaluation Data Use Agreement

- **NO NEW UPDATES TO ONGOING DUA ACTIVITY**

- **This section of the Healthy Start Evaluation provides updates on the Data Use Agreement (DUAs) *completed action items* and *planned tasks for HS grantees*.**
    - ❑ Reviewed and Fully Executed Signed DUAs
    - ❑ In progress DUAs under review for approval

Completed Data Agreements

As of 8/10, the fully executed DUAs signed by VRO, HS grantees, and HRSA are:

Alabama

Arkansas

Iowa

Louisiana – Crescent City, Family Road, City of New Orleans

Maryland

Massachusetts

Michigan – Inter-tribal, Institute for Population, Kalamazoo, Spectrum Health

Completed Data Agreements

Mississippi

Missouri

Nevada

New York State

Ohio

Oregon

West Virginia

Wisconsin

Timeline (2018)

- **April:**
  - All HS grantees provide individual participant identifiers to VROs for those with a known or expected delivery in CY 2017 through March 2018 (to capture any participants that may deliver prematurely).

- **May:**
  - VROs complete linkage and transfer 2017 linked HS participant birth certificate data + non-participant control data in the same counties served by HS grantee to MCHB/HRSA
    - TA will be provided for the birth certificate elements, format, and transfer mechanism.

- **September:**
  - CDC PRAMS provides MCHB/HRSA with the full PRAMS file of all PRAMS participants in the selected states (both HS participants and non-participant controls).
  - VROs participating in PRAMS oversampling send any additional requested birth certificate items for PRAMS sample to MCHB/HRSA.

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Maternal & Child Health

Healthy Start Data Reporting

Chris Lim

Healthy Start Monitoring & Evaluation Data (HSMED) Reporting

RECAP:

- **On 04/01/2017, the Healthy Start Monitoring & Evaluation Data (HSMED) system was enabled for HS client-level data uploading. HSMED URL:** https://healthystartdata.hrsa.gov/

- **Monthly client-level data upload - grantees are to upload monthly data into the HSMED, starting the 10th day of each month, consisting of data collected from the prior month.**

  - *For example, starting on 5/10/2017, a grantee organization is to upload data collected on clients throughout the month of 04/2017.*

- **If your organization was not able to upload data starting 04/2017, communicate to your assigned HRSA Project Officer (PO) why, so he/she will monitor your progress for preparing to report.**

Healthy Start Monitoring & Evaluation Data (HSMED) Reporting (Cont'd)

RECAP (cont'd):

- **Initial client-level data uploads – grantees are to include data collected throughout the previous months of the calendar year 2017.**
  - *For example, when submitting a first data upload on 05/10/2017, user will upload data collected on clients throughout the months of 01/2017 through 03/2017, in addition to data collected in the previous month of 04/2017.*

- **If your organization is not able to submit an initial data upload of previous months' client-level data, for calendar year 2017, communicate to your assigned HRSA PO why, so he/she will discuss an acceptable reporting schedule.**

Healthy Start Monitoring & Evaluation Data (HSMED) Reporting (Cont'd)

UPDATES:

- **Client-level data uploads, as of 08/16/2017**
  - **73 grantees attempted HSMED client-level uploads**
  - **27 grantees have not attempted uploads**

- **If your organization has yet to submit monthly uploads and/or initial data upload of previous calendar year 2017 months' client-level data, communicate to your assigned HRSA PO why, so he/she will discuss reporting schedule.**

- **NOTE: organizations yet to attempt uploads must attempt by October 2017.**

Healthy Start Aggregate-Level Data Reporting

RECAP:

- **On 05/03/2017, grantees received guidance that monthly Healthy Start aggregate-level data will report to the Healthy Start Data Mailbox at HealthyStartData@hrsa.gov and the assigned HRSA PO, via completion of the CY2017 Healthy Start Aggregate Data Reporting Template – 04-24-2017.**

- **The CY2017 Healthy Start Aggregate Data Reporting Template, in the writeable MS Excel format, and the accompanying Healthy Start Aggregate Data Reporting Guide – v. 1.1 – 4/28/17, in the PDF form, are located on the Healthy Start EPIC Center website at http://healthystartepic.org/healthy-start-implementation/monitoring-data-and-evaluation/**

- **Monthly aggregate reporting continues to occur on the 10th day of each month and replaced the Healthy Start Monitoring & Evaluation System (HSMES) reporting.**

  - *For example, on 8/10/2017, a grantee organization will complete an aggregate data template with data for the previous month of 07/2017.*

Healthy Start Aggregate-Level Data Reporting (Cont'd)

UPDATES:

- **Aggregate data reporting will continue until the following factors exist:**
  - All 100 grantees are able to regularly upload client-level data into the HSMED
  - Uploaded client-level data is accurate and valid.

- **Grantee call template data reporting continues.**
  - NOTE: call reported data is used to validate aggregate data.

- **Grantees who missed any previous month(s) of aggregate data reporting, throughout calendar year 2017, need to communicate with assigned HRSA PO's to discuss a submission schedule.**

List of Healthy Start Program Reports

Healthy Start Reporting Project Schedule

Reports	Reporting Submission Due Dates
Noncompeting Continuation Progress Reports	**Prior to end of budget period**
Performance Reports	**By the HRSA EHB's generated due date, after NoA issuance**
Monthly HS Aggregate-level Data Report to: HealthyStartData@hrsa.gov	**Starting the 10th of each month, and by no later than the end of the month.**
Monthly HS Client-level Data Report to the HSMED at https://healthystartdata.hrsa.gov/hslogin/admin/login.aspx	**Starting the 10th of each month, and by no later than the end of the month.**
Grantee Call Templates	**In the discretion of the assigned MCHB/DHSPS Project Officer**

Open Discussion

Please type your questions into the chat box.

Contact Information

Benita Baker and Johannie Escarne

Branch Chiefs, Division of Healthy Start & Perinatal Services

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