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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. Today, we have multiple folks from the Maternal and Child Health Bureau, the EPIC Center, and the Healthy Start going on the webinar to provide you with some updates. I'll turn it over to commander Johannie Escarne, would be Acting Deputy Director for the Division of Healthy Start and Perinatal Services here in a moment to begin with a brief welcome. But first, I have a couple of housekeeping announcements for you.

We have approximately 90 minutes set aside for this webinar. It is being recorded and the recording along with the transcript and the slides will be posted to the EPIC Center's website following the webinar. We do want your participation, so at any point, if you have questions or comments, please chat them into the chat box at the bottom left corner of your screen. We will only be taking questions through the chat box today. And if we don't get to all of your questions by the end of the webinar, we will include them in a frequently asked questions document that we'll post to the website, the Healthy Start EPIC Center's website, along with the other materials from this webinar following the webinar. Here is an overview of our webinar agenda today. And without further ado, I'm now gonna turn it over to commander Johannie Escarne for her welcoming remarks. Johannie?

Johannie: Thank you, Megan. Again, my name is Johannie Escarne, and I'm the Acting Deputy Division Director for the Division of Healthy Start and Perinatal Services. I wanted to bring you greetings from our Acting Deputy Division Director, Dr. David de la Cruz, who is unable to attend this webinar this afternoon. On behalf of the Healthy Start team within the Health and Maternal and Child Health Bureau, I would like to welcome you to this quarter's Conversations with the Division. This is the first in our series this year.

We continue to hold these quarterly webinars as our way of keeping our three-point commitment to you to maintain an open communication policy, to provide you with updates on important issues related to the program, and to offer you an opportunity to ask questions related to the program and its implementation. I'd like to remind you again that if you have any questions for the division, you do not need to wait between these webinars. Please contact our office or your project officer at any time. Your project officers should always be your first point of contact, but you may also contact the Acting Division Director, the Acting Deputy, or our Branch Chief.

So now, I wanted to present you with a couple of announcements from the division. HRSA has really been a little more active this year in terms of social media. And with that, we have been creating a series of different social media activities. One of them has been somewhat active on twitter. And so, I wanted to share just a few tweets that we have put out from the division. The first one was announcing the special issue on our Maternal Child Health Journal. So, this is just kind of a snapshot of that and the hashtags are at the bottom there, so you can go ahead and look at those and retweet, you know, as the young folks do. The next one is our Alliance for Innovation on Maternal Health or AIM. So, the maternal mortality activities have really been highlighted in some of the most recent HRSA as well as HSS activities. And we'll hear a little bit more about those activities in the future, but again, here is a snapshot of that as well as the hashtag. And finally, we did also tweet around the Infant Mortality CoIIN Activities. I won't talk too much about that because that is our highlight division activity for this particular webinar. But I just wanted to show you, kind of, what that tweet look like and the infographics that were shared. And now, I will turn it over to Vanessa Lee.

Vanessa: Thank you Johannie, and hello everyone. I know I've provided brief updates in the past on the Infant Mortality CoIIN, but I'm happy to be able to go into a little more detail on today's webinar. And I'm super excited to be co-presenting with Dr. Reyes from PCI, Project Concern International, as you all know, a Healthy Start grantee, but also one of our new I am CoIIN Awardee.

Okay. So, what you see on this screen is the definition or description of what a Collaborative Improvement and Innovation Network or CoIIN is. And we have over 10 different CoIINs sponsored by MCHB now in the field. And some things they all have in common are participants work together across geographical boundaries, so they work across state lines, across different communities, as virtual teams or what you see on the slide cyber team and they're focus around a common aim or goal. In other words, they focus on a common agenda, which all of you in Healthy Start who focused on collective impact are familiar with that term.

And so, in addition to collaborative learning, CoIIN also rely heavily on either innovation and/or quality improvement tools, techniques, and methods. And it's through these methods and the ability to communicate and collaborate together around a common aim or goal and you can

share measures that we see accelerated improvement or progress in health outcomes like infant mortality.

The infant mortality CoIIN specifically is now in its third phase or iteration. It began back in 2012 and that pilot phase included HRSA regions 4 and 6 or the 13 southern states. And after promising results, we spread to region 5 in 2013, and then entered a second phase of national expansion to the remaining HRSA region. As many of you know, the national phase was led by NICHQ or the National Institute for Children's Health Quality from 2014 to last summer of 2017. And that phase included 51 state teams. We know some of you were active on those state teams and we hope you found that the CoIIN with beneficial and helpful. We certainly appreciated your partnership.

And so, what I'm now gonna dive into is our current phase or the third phase of the Infant Mortality CoIIN, which we fondly call the 2.0 version. We made some enhancements and some minor tweaks to the approach based on feedback from participants in the previous two phases. So I mentioned back in November or the last time we had our conversations with the division webinar, that we've made for New Infant Mortality CoIIN award to backbone organizations on their acquaintance. And I highlighted for you some of the elements that were in that new funding opportunity.

And so, here on the screen you see again the four CoIIN awardees on the right and their topic areas are really excited to see a Healthy Start grantee, leading one of the award CoIIN communities. And you'll get to hear from Dr. Reyes soon. And if you look in that third column, you'll see there are 21 state teams in total participating in the phase of Infant Mortality CoIIN. And we also...I think I started this on the last call, but we've really tried to emphasize in this currency of Healthy Start participation and we're happy to see that on many of these 21 state teams in this round, we see lots of Healthy Start grantees that are actually part of the CoIIN team.

And so, I do wanna thank all of you that are participating. For those that are not, if you're curious and wanna know who's participating or maybe you see yourself in one of these 21 states and feel like you haven't hooked up yet with our CoIIN team, I'm happy to make that linkage. So feel free to email me. And in the chat, if folks wanna chat in, "Hey, I'm part of the preconception CoIIN, I'll need a Healthy Start." I'm sure some of your colleagues would wanna know that, so again, please feel free to use the chat to let each other know if you're a part of our CoIIN team.

I also just wanna recognize we have a Data and Technical Assistance Contractor who had been a support for Infant Mortality CoIIN grantees along with the CoIIN state team and that contractor is APT associate and they have a sub with population health improvement partners. So you may hear me refer to them sometimes

Trying to move to the next one. There we go, okay. So this next slide just shows the purpose, their goals of the Infant Mortality CoIIN, which has stayed the same, which is to reduce infant mortality in areas with high annual rates. So a very similar, if not the same goal, is all of you in Healthy Start. The slide that you're seeing now is just the general structure that all of the CoIIN teams follow, and this is the same as in the last phase. So all four awarded team pop an am statements. They're either in the process or have already identified state, local, and community level strategies that will help them achieve those aims. And then they're going to use a set of shared measures to track their progress over the next 18 to 24 months.

These are just the CoIIN wide kind of high-level outcome measures that we will be tracking across the whole initiative. So all 21 states will be getting this data annually. And then as I mentioned, there'll be additional kind of process level measures that the four awarded CoIIN teams will track in addition to some measures that attract more as a pilot state level.

So I think, again, on the last call, I let you guys know who the four awardees were, but I didn't get a chance to share what the aim statements were for each of the team. So you'll get to hear that directly from PCI and Dr. Reyes in a minute, but one of the other CoIIN grantees is [inaudible 00:10:08] and their aim statement is by spring of 2020 all-state teams will develop, adapt, or improve at least two policies and/or practices at the state or local level, which will directly impact the social determinants of health.

And this CoIIN team has 13 state teams on it. They just met in person yesterday and the day before and I got to see some of Healthy Start grantees that are part of this team at that meeting and again, just wanna thank them for their participation. Let's see. NICHQ was again an awardee in this round. They have a four-state team, Arkansas, Tennessee, Mississippi, and New York. And they're focused on [inaudible 00:10:47]. So you see their there aim statement there that in the next three years they wanna decrease by 10 percent or more suicide

rate across those four states, as well as focused on reducing racial disparities amongst sleep-related deaths in those four states.

And then the third grantee is UNC-Chapel Hill. They have a preconception CoIIN team of four states, California, Delaware, Oklahoma, and North Carolina. They met here in D.C. actually in December and I got to see several of the Healthy Start programs that are participating on this preconception CoIIN team and they're really hoping by 2020 that they'll develop a new model to effectively integrate preconception care into the well-woman visit.

And our fourth grantee is TCI. And so, at this time, I'm gonna turn it over to Dr. Maria Reyes from PCI to talk more about their Border States CoIINs. Dr. Reyes?

Dr. Reyes: Thank you, Vanessa and thank you, everyone, for being on this call. And we are truly humbled with the opportunity to be one of the four grantees with the other three nationwide organizations. And also, we're very proud that our CoIIN really emphasizes and highlights the Border States work that we've been doing with our Healthy Start, the initial work with our Healthy Start initial grantee as a level three grantee. So in this particular board and phase Infant Mortality CoIIN, we are serving as the backbone organization to really to make this happen for the Border States. And our common aim, as you can see on the screen, is to increase early prenatal care utilization by 10% among women in targeted impact areas. And we're looking at this to really develop place-based improvement strategies that would address social determinants of care.

And when we're looking at the two cross-cutting approaches that we are going to emphasize in this action, we want to showcase that access is truly an important way of ensuring women from disadvantaged communities that early and ongoing prenatal care. Because when we have that improved access, we increase the opportunity to connect them to other critical social, financial, legal supports known to impact pregnancy outcomes and infant mortality. So we're looking at the social determinants of health in the way to promote early entry into prenatal care and impact than a decrease in infant mortality.

The second cost-cutting strategy and approach that we're using in that facilitation of empowerment. We want to empower individuals, mothers, and community members to improve their ability to utilize resources available to them and therefore to be an advocate for changes in their

lives and in their communities that can ensure more infants survival and thriving.

And next slide is to show you our interesting team. I think the other two Infant Mortality ColINs also had four partners with them. But the ARMCHEDP[SP] has many more partners. And we are in all of that process with ARMCHEDP and certainly, we are learning from the previews IM-ColINs in moving forward with this particular Border States ColINs. So if you see that we are in the fourth stage along the border, California where PCI is actually leading that state, IM-ColINs coalitions, Mariposa Community Health Center in Arizona in Santa Cruz County, and then we have La Clinica de Familia in New Mexico in Doña Ana County, and also our DCFS lead in Texas in the Laredo area. What we wanna emphasize though is there is a close coordination with the border Healthy Start leads and we are closely coordinating with the title five leads.

And so, I think and that is a showcase also in all the Infant Mortality ColINs, we are working together with the state title five in making sure that we actually addressed this decrease in infant mortality. So, perhaps you're pausing and thinking why early prenatal care? And we know that early prenatal care is associated with improved birth weight and decreased risk of pre-term delivery. We increase the opportunity for mothers and families to access care. We know that it's a proxy indicator for access in general, and it is also a National Healthy People 2020 goal, and certainly, it's widely tracked in clinical and community entities that will participate in IM-ColINs. But we know that access to prenatal care is mediated by multiple social determinants of health factors that affect women of reproductive age in the Border States.

So when you look at the World Health Organization framework on social determinants of health, you can see the many points of entry in a woman's life with this actually affects the healthcare of not only themselves but of their children and their families. And when we look at the Border States, we know that there are significant challenges in the Border States with social determinants of the health known to influence infant mortality. I show here on the slide some of those and I know that you can look at the slides that will be posted in more detail. But what we're looking at, our lower high school graduation rates compare to national, and these are all compared to national, higher rates of poverty, higher rates of inadequate health insurance coverage, many are foreign-born, and that acculturation process is sometimes difficult and poses many difficulties in the communities along the Border States. We have

twice as many non-English speakers, we have higher rates of unplanned pregnancies, and higher rates of teenage birth, and let alone not even looking at the cultural effects of how that...how culture affects all of the rates that I've just shared with you.

And so, the strategic objectives that we have are similar to the other three CollNs, and what we're really looking at is the sustainable network of interest state and then local impact sides. And sharing briefly the pathway that we're going to be doing is we're really mobilizing the statewide groups to look at the data, to look at where we want to look at that key innovation process to then have a demonstration pilot in those key innovation areas that we could then think about really fine tuning the strategy that we've done in the past, and looking at what is the innovation that we could look at and using some PDSA cycles plan, do study, act cycles to quickly look at what the be a possible prototype that we could then use for the demonstration pilot and test that out in a 12 to 18-month period to look up the replicability and the sustainability factor.

So, we wanna accelerate the development of that through innovation. And at some point in the future when we're able to do so again, we'd like to share with you some of those innovation processes that our border states IM-CollNs is actually utilizing to help make this happen. So, it just seems impossible that we're already at halfway point of midyear of year one, but I wanna share with you that in this timeline that's up on the screen here, we're actually now in the process of mobilizing and meeting face to face with the statewide teams because we've already had a face to face of all the states together with the title five and the Healthy Start grantees. And we're now moving to that statewide phase where we're looking at where would be our focus area, what can we ideate about, what will be a key strategy that we could use and then look at a design sprint and innovation face to face meeting that would actually design a prototype that we could then pilot test.

So we're in that phase now of actually pre-design sprint that you can see where in March and early April, we're doing face to face meetings with their statewide teams to actually be looking at that innovation, that prototyping and then going back to the states in the actual demographics sites where we would be looking at designing a prototype then we could pilot in those demonstration sites. So, it's really exciting times for the Infant Mortality CollNs teams before a backbone organizations. I also wanna share that we are sharing with each other exactly what we're doing so that we are cross learning with each of ARMCHIP, NICHQ, and then the prenatal group because that's a group

so that we can then better understand and utilize the tools that we're all using together.

So, that's my feedback and sharing for what we're doing along the border states and we're hoping that what we come up with in the final replicability project will be replicable not only to the border states, of course, but to similar demographic populations throughout the United States. So, I think that ends my presentation and I'll turn it back over to Megan for the Q&A portion.

Megan: Thank you so much, Maria and thank you, Vanessa, for that overview of the division program. We have a lot to learn from you all in this. And thank you for sharing. There are no questions actually in the chat box right now, so we have a lot of content to get to. So, I'm going to now turn it over to your Branch Chief, Ms. Benita Baker and Captain Maria Bankei who are gonna give the Healthy Start program update. But folks, if you do have questions or comments, please do check them into the chat box at any point in time. Benita and Maria?

Benita: All right, this is Benita. Hello, everyone, Happy New Year. I hope your year has started off great. I'm gonna go over a little bit about the budget. As you know HRSA is currently operating under a continuing resolution that expired on March 23rd.

Maria: Hold on a second, Benita. I'm sorry, Megan, the slides aren't advancing on our end,

Megan: The slides seem to be advancing on our end. Let me go ahead and advance here. So why don't you all just say next slide for me and then I will advance the slide on your behalf?

Maria: Okay, thank you.

Benita: Great. Thanks.

Megan: Sure. Thanks.

Benita: So the division is working closely with the budget office to determine need for any adjustments to current project budget that are needed. We're dedicated to making decisions about awards as quickly as possible. It's anticipated that both the April 1 stars and the November 1 stars will soon receive their partial funding based on the tier amount. The April 1 start should receive a fair amount of 47.35 starting from

October 1 until March 31st. The November 1 starts have already received 1 increment on funding of 18.77. So your next funding will be 47.35 minus 18.77, which I believe is like 28.35.

So, from project milestones. So for the April 1, November 1 starts, the last regional meetings are being held this year. Your project officers should have already been in contact with you to help with setting those up. All projects should receive a site visit by September 2018, should have received one site visit by September 2018 in the entire project period. Some of you may have noticed the email went around this month or last month with updates to performance reporting in the DGIS. That was the update to an email that was sent sometime last year, and it's concerning the new performance measures that are linked to the benchmark.

Please remember that you can analyze and use your program data to communicate program success and challenges, track progress at the regional and national levels, inform programmatic discussions and decisions for current, projects and inform the next project period. We're having a webinar on the new DGIS, so save the date, February 28, 3:00 o'clock. I'm sorry, I didn't say next slide, but anyway, let's see. Next slide. Okay, there we go.

So there is a link and the dial-in number for that webinar. And Jamie Resnick, he is the Project Officer for the DGIS, he will be going through some of the changes that have occurred with the DGIS. Now, I will turn it over to Maria.

Maria: Thanks, Benita. As already shared from earlier, the division enjoyed a social media presence last month, which tweets and other messaging about our programs disseminated in January and to include Healthy Start. So HRSA tweeted about how Healthy Start creates the foundation for a healthy and strong family on January 9th, and we're very excited about this and very proud to be able to showcase work in this way. And I have to say, I will probably say that I was one of the first to retweet this message and I hope that you will also show your Healthy Start pride by re-tweeting or liking this post. So, if you're nearby your phone, and I know for many of you, it's never far away, please go to Twitter and search for HRSA's tweet about Healthy Start. Now you might have to scroll down a bit to find it. It was tweeted on January 9th, but it's there. And then just press the little heart button to show your love or the retweet button to share further with your network.

Next slide, please. Healthy Start was also featured on the HRSA homepage during the month of January. And HRSA nearly a month visits to our Healthy Start page, more than doubled since being featured on the banner compared to the previous four-week period. But social media presence really makes a difference and can really have an impact. For example, in January, around the time these messages for release, we received a call at headquarters, and here's what's the message we received said, "I just received a heartbreaking call from a young lady and I hope you can put her in contact with someone who can help her. She sounded like she was at her wit's end. Her doctor referred her to us. She is due to give birth next month. She is in need of help with pampers, food, milk, etc. She contacted the welfare department in her city and state and no one has returned her call after a long while." And after we received that message at headquarters that same afternoon, this young lady who called from Jackson, Mississippi, was connected with the Jackson-Hinds Healthy Start Project. Within two days of her call, she had met face to face with someone from that Healthy Start team, she was assigned a case manager, received a home visit and health education, her living arrangements were assessed, and her immediate needs for the baby were identified. She was not only referred to additional services and support, but she was also provided with a car seat and a baby bag full of baby items and scheduled for a follow-up visit with her OB.

Now, this is a great example of the power of outreach and the power of our Healthy Start network nationally and locally. And we just wanted to thank you for all that you do and celebrate the impact that you make in your community and clients' lives every single day. And it's an example of how you really do make a difference. So again, thank you.

Next slide, please. Okay, so back to business. There are a couple of important meetings in the coming months that we wanted to highlight. First, let's speak about the National Healthy Service Association meeting, which is next month. So association is hosting a fatherhood summit on March 24th and 25th on the topic of fatherhood and health and wellness of boys and men. This summit pursues the 2018 Spring National Healthy Start Association Conference which is March 25th through 28th. And that is themed, "Living the legacy, celebrating advocacy for families and communities then and now." This meeting is taking place at the Hyatt Regency Washington on Capitol Hill in Washington D.C. And I believe, registration is still open and we certainly encourage your attendance.

During the meeting on Tuesday, March 27th from 3:00 p.m. to 5:15 p.m. Eastern, we invite you to attend the Healthy Start Plenary that will be presented by the division. If there are any particular topics you'd like us to address during that session, please communicate that with your project officer by March 2nd, we'd love to hear it from you. And shortly after the association conference, you will begin our round a Healthy Start regional meeting. In response to feedback that we've received, we're integrating more skills buildings, peer sharing, and small roundtable discussions into our 2018 meetings. And planning for these meetings, as Benita mentioned, is currently underway. So please save the date for your respective meeting. These will be a five, larger, two-day regional meetings, geographically-centered location. They will be held in a hotel. The two days in length will include a standard agenda across five meetings and opportunity to meet other region the topics informed by you on day 2. So more to follow from your project officers and the EPIC Center in the coming weeks and months. Next slide, please.

Lastly, we do anticipate, I feel like there should be a drum roll here, but we do anticipate a notice of funding opportunities for the next Healthy Start project period, and I wanna thank the division colleagues in the room who actually did a drum roll for those on the line who couldn't hear it. But there will be an opportunity to provide feedback to the Healthy Start program in two ways. There will be a public comment period where you'll have an opportunity to provide written comments to the division, and additionally, we will have a Healthy Start listening session which will be open to the public tentatively scheduled for March 1st. So please keep an eye out for an announcement in the federal register about this listening session as it will contain specific details about both the public comment period and the listening session more than I can share today. Once the announcement is published, we'll be sure to share it with you and disseminate it widely with our stakeholders, and we likewise request that you share it further with your networks and stakeholders so they too can provide feedback. And that concludes my report.

Megan: Thank you so much, Benita and Maria, for that. Before we get to Robert Wyndham's presentation, I'm gonna ask you a couple of questions we have in the chat box, and then we will get to the other question after the other presenters have shared. Benita, this question is for you. There were a couple of questions about asking for a little bit more clarification around the continuing resolution amounts and the time period that you share. So, I'm gonna go back to your slide where you share that information so folks can look at that. But if you want to, would

you mind sharing a bit more about that again? Just clarifying once again.

Benita: So, continuing resolution means that we have to operate on the previous year's budget. So that being said, we don't have a budget for 2018 yet, so we don't know what exactly we're going to be appropriated. So we have to be cautious. So, budget sends us the percentage that we can use of that 2017 appropriation. So from October 1st to March 23rd, the percentage is what did I say, 47.35?

Megan: Correct.

Benita: So that would be a percentage of your award amount that you will receive up to March 23rd. They know that that's the April 1 start. The November 1 start has already received 18.77% from the first CR back in, I guess October. When was the first...? December, it was, yeah...ended in December.

Megan: Thank you. And then just the only other follow-up, Benita, is that...someone is asking, should they operate under reduced participant metrics coming through with the funding amount?

Benita: You will still have your 10% on 9.3% reduction. And we've always said that you may redo ship [SP] participant count based on that. The CR amount is different. We may be funding your full amount dependent on appropriations. So, we won't know what your full amount is gonna be. We hope that you know, your requested amount but right now, I can't tell you because we don't have a budget. So, I would plan as if you would if you were getting your full amount.

Megan: Great. Thank you for that. So we have a few more questions in the chat box, but we do have some more content to get to folks. So, we'll get to the rest of the presentation and then we have time carved out at the end for more Q&A. So with that, I'm gonna invite Robert Wyndham. If you are ready for your next portion of presentation on the Healthy Start National Evaluation.

Robert: Yes, thank you, Megan. And as a very brief update for the evaluation. Again, this is Robert. I'm the Coordinator for the National Evaluation. Next slide, please. Okay. So, our program should've received an email from [inaudible 00:35:11] Associates Owner around January 16th. The email included the following timeline information. So, for January through December, all grantees should've been consenting

mothers who deliver during the calendar year. So therefore, after December 31st no additional consenting is required for the evaluation portion. No later than February 28th, that's the deadline to submit completed data use agreements for participation in the evaluation. And we do understand that some of the data use agreement processing rest with your vital records offices and we are still working to move through legal proceedings and IRBs for those that are still pending.

Next slide, please. Timeline information continues with April grantees. We'll be providing Healthy Start participant individual identifiers, sustain vital records for linkage to birth records. So throughout March, April, and May, our contractor's app in [inaudible 00:36:45] will be working with your respective vital records office to establish a process for data linking. And as you can see, summer 2018, the actual data analysis should begin.

Next slide, please. Here is a quick overview of the data use agreement and the status for each state. We had 40 total, 37 vital records offices for the states, New York City, Philadelphia was broken out too, and Washington D.C. And the status, 26 fully executed, 4 are pending, signature, nine still pending IRB or legal review, and one state that declined. And again, this is more reflects the communication with the vital records office, not the grantee. So, the one declined is, you know, as far as the result, the response we received back from the vital records office.

And next slide, please. And here, we just included a listing of the prams [SP] oversampling sites is 14, and actually, the one for Louisiana is actually Lafayette, Louisiana that's participating and they replaced the New Orleans site.

Okay, the next slide. All right. And as always, your points of contact are listed here, and we remind you of the healthystarteval@associates email address to use for any questions. And please try to include your project officer for any communication. Thank you. Back to you, Megan.

Megan: Thanks, Robert. So, I have a couple of questions that I'm gonna chat in for you. One, just a point of clarification of what you said on that first slide, did you mean that sites do not have to ask participants to be involved in the evaluation for people with new date in 2018?

Robert: That is correct, yes.

Megan: Okay. I just wanted to clarify that. And here's... Oh, go ahead, Robert.

Robert: Yes. I would like to play out for some programs that had difficulty with collecting consent, we do ask that if, I think I stated this during another call, if you have additional contact with mothers who gave birth during the 2017 year, if you can still attempt to get their consent. So those numbers are still important for the evaluation. So, at any contact point where you have a follow-up with those mothers who gave birth, we ask that you do continue to try to consent those mothers.

Megan: Okay. Here's the second question on the slide that you shared about states that were pending and not. What happens if the pending states are not sorted out by February the 28?

Robert: Well, we set that deadline in order to move forward with the...actually, the payments for the VR as well as setting up the technical assistance for the data linkage. So, we'll have to take each situation as it comes and we will be reaching out either directly from the division leadership or your project officers to provide you guidance or to further explain how you can still participate for those grantees in those states. But we will have more specific messaging for those states.

Megan: Okay. Well, thank you, Robert. So we're gonna move along to the next portion of the presentation now. Chris Lim is gonna be sharing the Healthy Start data reporting update. Chris, over to you.

Chris: Thank you, Megan. Good afternoon all, and good morning to some of you. This is Chris Lim and I am going to cover for you the Healthy Start data reporting. First, I wanna announce that we've already mentioned or discussed the performance reporting, so I won't share that again, but I will go into what we really love, which is the client level data that goes into the Healthy Start monitoring and evaluation data system. And we will also talk about the aggregate level data that goes into the Healthy Start data mailbox. So I wanna thank you all in advance for listening to some requirements, updates and reminders, and suggestions. And you'll hear a lot throughout these slides things that are coming from some of the emails I've sent. On February 1st, 2018, there was a Healthy Start data announcement email, so please record that. Project directors and POs did receive that, and there was also a January 31st, 2018 aggregate level of data email that also went out as well.

So we'll stay at this slide, Megan that you're right now. I just want to use

this opportunity to go into the client level detail on a client level data details. First, as a requirement, organizations that have not submitted their calendar year 2017 data into the HSMED must do so as soon as possible, but by no later than June 29th. All 2017 data will be considered final on this date or as of this date. You will not be able to change or accept [SP] that once it's been entered. So, if you do need to make changes to your data, please do so as well to what data you may have already uploaded for 2017, calendar year 2017.

Also a reminder, when uploading data collected across multiple months, please be diligent in naming your files so we know and can identify quickly what the month of data are included in your upload. And if your organization is experiencing challenges or difficulties with uploading your data for the rest of 2017 data that you're missing in the HSMED, please contact your project officer. It's really important that they be able to help you arrange for a schedule or some kind of plan to upload that data. Regarding this last statement, also consider emailing the help Healthy Start data mailbox as well, so the Healthy Start team is made aware of the fact that you are looking into arranging and scheduling some way for you to upload the rest of your 2016, I mean 2017 data.

Next Slide. So, in this next slide, slide 42, for a handful of you who have not attempted to do any data uploading or have and they've been unsuccessful in the data being accepted by his HSMED, please attempt again or attempt for the first time by no later than March 2nd. Failure to comply or do so may result in funding restrictions of your grant funds. At this time, I do not have further details as to what this mean, but please look forward to additional information once it's been made and decided on. So, I cannot stress that any more. March 2nd is the date to make your first attempt or to attempt to successfully upload any data you have not already succeeded.

Also, in terms of updates, currently, as of February 5th, 95 grantees have attempted HSMED client level upload into the HSMED, 5 grantees have not. Next slide, please. This is slide 43. So now, I'm gonna get into some reminders that you've seen in some of the emails that I referred to a moment ago. Organizations are required to upload, at minimum, Healthy Start screening to one, which is the demographic data tool. Without that uploaded, you cannot upload other data connecting to a mother who is identified in the system as a client served with a demographic tool. So please note that that is a minimum of what you need to upload, and if you already uploaded that, there's another side note, please start uploading your other data that goes along with your

clients that they've completed with the Healthy Start screening tool.

And I think I can move onto the next slide. Slide 44, Megan. This slide go into a little bit more detail about accessing the HSMED because I know that some grantees do not regularly upload and do not access the system, the HSMED, because they have a vendor maybe. Please note that this is the website here of the Healthy Start, data.hrsa.gov website for you to go and click and register yourself as a user. At minimum, we want, from each grant organization, one user. Again, even if you have a vendor or someone uploading your data for you, please have at least internally one person that is, you know, who is able to readily access the HSMED so you could pull up your own data anytime. You shouldn't have to rely on your vendor to get you your data that you have. So please do that. That's important. And you should've had a user code or registration code for your grant organization. If you have difficulty retrieving that, please email hssupport@thefederal.com. That is also in one of those emails that I referred to a moment ago. And reminder, on the 10th of each month, starting on the top of each month, you are to start uploading your client-level data into the HSMED for the previous month.

All right, next slide, to slide 45. So we have some information that also came out recently. Someone in the earlier email that I referred to. It is the HSMED user tip. I hope by accessing that you will get a better understanding of some of the upload rules and you'll received some of the upload tips to upload your client-level data into the HSMED. So please access that if you haven't already. And also, there's a suggestion here. I'm not sure we moved on to slide 45 for those who are following along, but there is a suggestion that goes and encourages all of you to really know how your uploads are being done. So again, I encourage you to go back into your HSMED, if you haven't already accessed that as a user, to see how your data's being submitted. And if you don't have an understanding on how the data's being submitted, please take the time to learn and realize what it is that's going on with your data. It's important that you know that. And email, again, hssupport@thefederal.com if you should have any questions.

I'm may be stuck. But I'm gonna go move along to slide 46. And as a reminder, everyone will receive the slides eventually and the webinar. But I am now on the slide 46, which goes into requirements now for the aggregate level data reporting into the Healthy Start data mailbox. So, one of the first requirements I wanted to go over with you is by no later than March 2nd as well, please have your missing calendar year 2017 data, upload it into the Healthy Start or email through the Healthy Start

data mailbox. Grantees should be receiving word soon for the POs what we are identifying as missing months of data. I'm working on that now. So, you will have a couple of weeks to submit that data that's missing.

Next slide. Onto slide 47. More reminder. Please make sure that you are using the correct HS calendar year or CY 2018 aggregate level data templates. I provided link to get that data, I mean, that data template to make sure you access that correctly so you can complete and provide us with your calendar year 2018 data in the right format. Also, we've already asked in an email previously in January 30th, I believe, we asked that folks also look into starting their data over, their counts for the client. So, this means that from this moment on, starting January 2018, you are to count only clients into your total client served clients that are active, that are still receiving services and being seen and enrolled in the program, and you remove those who are no longer seen, that were seen originally or before in 2017. And if you have any questions, please discuss that with your project officer.

The next slide is 48, more reminders. I don't think I need to go over all of these, but I just wanna remind you that, again, the Healthy Start data at hrsa.gov email is accessible to you to email questions about any of these reminders. Most important one, and again, just like the Healthy Start client level data that goes into HSMED, your aggregate level data also go through the Healthy Start data mailbox starting with the temple of each month for the previous reporting month.

And then slide 49, aggregate data reporting will continue for through 2018, calendar year 2018. Well, for the time being, we're looking at assessing course as we get more client-level data into the HSMED, the value and the accuracy of the data before we could roll out and decide to stop using the aggregate level data reporting. And as you know, we still have data that's missing for 2017, so please know that, you know, all of this is tied together. We need all of your data.

And this last slide here for me is slide 50, and that is, again, a review of all the different reports that you submit to the Healthy Start program. We want to take this opportunity to remind you that we're here to help you, so if you have any questions at any time, just ask us. When I say, "As the project officers first, then any of the other folks within the division," please feel free to ask us and we look forward to continue to receive your data. Thank you very much.

Megan: Thanks, Chris for that detailed report out, and I wasn't able to

keep up with your slides, but thanks for giving me the numbers too. We did keep up with your remarks. Here are couple of questions that came in. One is around for 2017 data. If not all of the clients that they served reported into the HSMED because they were unable to obtain consent to share their client-level data, they were wondering if they can count those individuals as client when they do their 2017 reporting.

Chris: Yes, because you're able to flag each client if they consented to evaluation or not. If that's what you're talking about, that consent for evaluation. So yes, every client that has been served as an enrollee in the Healthy Start program, if you have your demographic form and all the other forms that they'd completed or depending on their stay in the program, then yes, they can be counted, [inaudible 00:52:43] to upload it into the system, into your total client count.

Megan: Oh, and I apologize, that person was actually asking about...they were referring to consent for evaluation.

Chris: Okay. [inaudible 00:52:52]. Okay [inaudible 00:52:53].

Megan: Let me reread the question. So, they're not referring to consent for evaluation. They have not uploaded demographic form.

Chris: Yeah, and we need the demographic form in order to count them. So that's the... I'm sorry, I misunderstood the question.

Megan: No, I think what we can do is we can actually, maybe that we'll follow-up with you and the person asking the question. We can follow-up with them directly and connect with you so we can make sure we get their question answered. But let me get you a second question here. If a client that was previously interconception...is interconception, but becomes pregnant again, should an updated pregnancy history be submitted for them?

Chris: I'm trying to remember the rules of the Healthy Start screening tool itself, that particular tool.

Megan: [inaudible 00:54:00] screening.

Chris: Yeah, and you are and your director...the updates screening tools has questions that should allow you to go ahead and ask them without having to start another form. I don't remember the questions right now that will allow you to do that if interconception woman becomes

pregnant again. But I believe they can use the updating screening tools and that's just advice. And if there's anyone who would like to add to that in the room... No? Okay.

Megan: All right. The pregnancy history... Actually, there was a participant in the webinar that chatted in and said that the pregnancy history is a one-time according to the flowchart. So, thank you so much for that. We're gonna keep the presentation going. We are tracking your questions, your folks just so you know, but we do have more content that we wanna get through. So now, I'm gonna turn it over to Kori Eberle. She's Project Director with San Antonio Healthy Start and one of the EPIC Start point coach here. She's gonna give a brief update from the Healthy Start point.

Kori: Thanks. Megan. This is Kori and I'm here to give you an update on what the CoIIN has been doing. Make sure I can advance the slides on my own. Yes, great. Okay. So, I know we've shown you all something like this slide before. It's just a reminder that the standardization that the Healthy Start CoIIN is pursuing is intent to build a stronger program that provides consistent, predictable, and replicable experience for Healthy Start participants. And we are doing that by identifying components of the Healthy Start program for standardizing across the Healthy Start community to promote implementation of the standardized components across the Healthy Start community.

And again, just as a reminder, we definitely realized the importance of honoring the diversity of the approaches that exist across Healthy Start program. And while we want to reinforce the need for standardizing certain components, we definitely want to honor the unique nature of all of the Healthy Start programs across the nation. An overview of the points priorities that were adopted in March 2015, to standardized screening tools and processes, to ensure comprehensive and consistent assessment of participants needs, to standardize data collection of sports monitoring and evaluation, to demonstrate program effectiveness, and the portion that we are currently working on, to standardized care coordination and case management by defining best practices to improve the health of pregnant women and young families.

And the framework that we are using to do this work is we have established three work groups to get the work done. Our policies and protocols workgroup is to do...the task that we have devoted to this workgroup is to operationally defined care coordination and case management to highlight the stations that they exist and identify

alternative terms to guide the literature review and the data sources workgroup. The current practices workgroup is to begin documenting and describing common components and gaps in care coordination and case management across grantees through a 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 work groups. And then literature review workgroup is reviewing current literature to provide context to the findings of the data sources workgroup. And the outcome for the literature review workgroup is to support the current care coordination, case management, Healthy Start best practices, and address any identified gaps.

So, our progress to date in all of those work groups and in the general work calls that we have with the CoIIN, we have optimized our cross-cutting Healthy Start efforts related to the care coordination and case management and laid the foundation for the next phase of standardization by establishing a common definition of care coordination and case management. We've analyzed the care coordination and case management teams that were woven into the lessons learned report, and we've analyzed strengths and gaps of CCPM practices across Healthy Start programs. The literature review has focused a lot on caseloads and activity levels because those were identified as things that were important in the standardization of care coordination and case management.

And our next step as we get to roll out some of the and finalize some of the work that we are doing in these workgroups is to get feedback from the group, from all the grantees as a whole. We definitely want the sharing to be a two-way process. So as we learned, as we move through the standardization of the screening tool process, we wanted to make sure that we get check-ins and feedback from the programs as a whole early on in the process. So, as we make some recommendations from the work that we are doing, we're going to ask for feedback and input. So we're definitely gonna be looking for inputs very soon on the care coordination and case management definition that has been established so far, the competency checklist that has been developed, and on intake process that has been developed as standards that seem to exist across program.

So just to emphasize again, the focus of the Healthy Start point is to promote equity to promote Healthy Start is a standardized system of care and to establish standardization as a strategy for sustainability of

Healthy Start programs and to show our progress and our efficacy in the interventions that we make. And that concludes the client update.

Megan: Thank you so much, h Kori. Here is one question that came in for you and then I will turn it over to Sue to give the EPIC update. So Kori, how has the Healthy Start CoIIN use or incorporated the work on the care coordination standards? How has the work on the Healthy Start CoIIN use or incorporated the work on the care coordination standards previously by the National Healthy Start at the association national evaluation workgroup?

Kori: Yeah. So that work was definitely honored in the work that we are doing right now. That was one of the first things that we did was to look at both the presentation and the document that was created as a result of that work. It was basically our starting point. So, we definitely reviewed those things. It was part of the literature review that all workgroup started with and we moved along from there and kind of weaving in what current realities are so that we can update and make some recommendations for standardization of care coordination and case management that are applicable to the current realities for all programs.

Maria: Kori, this is Maria. I wanted to chime in on that question.

Kori: Sure thing, Maria. Go for it.

Maria: Thank you. So I co-chair the Healthy Start advisory CoIIN group with Kori at the moment, and I just wanna emphasize that we truly looked at also the lessons learned survey and also pulled out the best practices survey that the grantees participated in the year before. So we're looking at those two documents in addition to the National Healthy Start Associations, previous work in 2010 to really look at what can we, what are cross-cutting issues in case management and case coordination bringing up and incorporating the voices from the grantees themselves from the results of the surveys of lessons learned and best practices. So, we're really thoughtfully looking at all of the above. Thank you.

Megan: Thank you, Maria. And so, one more for you both, Kori and Maria. Do you have a sense of a timeline or any idea when the work on the standardization of the care coordination will be done?

Maria: Kori, I don't think we shared a slide on that.

Kori: No, I don't think we did. I think the workgroups with those three things that I mentioned that we're gonna be wanting feedback on. Let me back up a little bit. So the definitions, the competency checklist, and the intake processes, those are currently in draft form and they need to be presented to the CoIIN just for, kinda, consensus amongst the CoIIN if those are ready to be shared with the grantees and then it will go out. We had hoped to have that before the next month meeting, but it looks like we may be bumping right up against that. So we hope that if not before the meeting, then shortly thereafter we will have those first elements out there to get some feedback and then move on from there.

Megan: Great. Well, thank you so much to you both, Kori and Maria for the update, and thanks so much for all of you who are part of the Healthy Start CoIIN for all your hard work. Okay, so next update is on the Healthy Start EPIC Centers. Sue Schneider, the Project Director for the EPIC Center is gonna provide the update. Sue?

Sue: Hello everyone. Again, we just like to use this forum as a reminder of the support services that the division has available to you through the EPIC Center. I'm just gonna highlight a few of them. Obviously, we continue to provide a number of other services. So if you're looking for assistance, please contact us. We're happy to help you in any way. The things I am gonna highlight as a reminder, the community health worker course, the electronic screening tool update that shouldn't say training, the e-news as a resource for allowing you to know everything that's going on, a new tool that we have out there, the Grantee Self-assessment Tool and toolkit. And then just a quick reminder on some of the training opportunities that are coming up, many of which you've already heard about. So I will touch those very quickly.

So, I wanted to just start with the community health worker courses. If you know, part one was rolled out last year in February. We're expecting to roll out part two very soon. Currently, we have over 800 course users, 600 of whom have completed the entire first phase of the training, which is a total of, I think, six modules. Part two will also have a series of modules on new topics, more operational topics related to some of the work that community health workers do. So, we encourage those of you who may not have had a chance to engage with the course yet to try. It's informative and easily accessible through the website. You'll see on the screen the basic instructions for how to access the course. You can get a certificate once you've completed a module so that you have that for your records. Is easily downloaded from the course. Again, many

programs, I think 95% of all Healthy Start programs staff have completed the class or a series of modules.

Regarding the electronic screening tool. Again, for those of you who are actually using the screening tool that EPIC developed, there are about 21 programs that use the tool and some, you know, 900, I mean, excuse me, 94 users of the tool across those 21 programs. The statistics on the screen just gives you a sense of the number of submissions that have been implemented or sent in on behalf of the grantees using the tool to the system at this point.

And for those of you who may not be aware of this tool, hopefully, all of you are, there is on the website at the link that is gonna be put in the chat box. A Crosswalk that shows exactly how to calculate all of the benchmarks or performance measures from the screening tools. So, if you're looking to calculate your own performance, it provides you with specifics on where to get the data from your screening tools to be able to do that. And Crosswalk has been available for a while, so hopefully, you've all seen it, but if you haven't, we really do encourage you to take advantage of it.

So, the question about has the Crosswalk been updated with the new EHP layout in wording? So the Crosswalk is not necessarily linked to the EHP. EPIC doesn't have access to the EHP, so this is really more specific to the screening tools and how the performance measures or benchmarks needs to be calculated from the raw data.

As I mentioned, you know, we really do encourage all staff to take advantage of our services. We are currently working with project officers and grantees through their project officers to identify any Healthy Start program that would benefit from technical assistance. And we started working one on one with those programs that need some support around developing more intensive work plans to assist everybody. Not just those grantees who may be getting directly some TA. We developed a self-assessment tool, which is a very comprehensive way of evaluating your overall program relative to Healthy Start expectations. And by sort of using that with your team in-house to self-rank your performance on many different components of the program, both operational and related to the benchmarks, it really would help to identify areas where you might need or want some additional assistance.

That assessment form or tool also comes with a set of resource sheets that provide best practices in each of the areas addressed by the

various benchmarks. So, as you self-assess for yourself, if you identify areas where there's opportunity for improvement, there is a cheat sheet that's provided to help identify some best practices that you might wanna consider. And if you do the self-assessment and you find there's particular areas where you're looking for help, we encourage you to contact the TA center because then we can provide you with a subject matter expert in that specific area where you may be most needing help.

We are planning to roll out this new tool on a webinar that's scheduled for March 20th at 3:00 p.m. Eastern Standard Time. We encourage everybody to listen on that call to get familiar with sort of what this instrument will allow you to do or help you to do and the tools that come with it. So, look for that notice coming out soon to be able to register for that session.

One of the best ways to make sure that you know when trainings are coming up is through registering for the e-news. We will be introducing a weekly e-news to replace the bi-monthly news to allow more time-sensitive information to get to you, but it'll have trainings that are coming up included each week as well as some other resources. So, if you have staff who aren't signed up directly, who would be interested in getting these notices without having to sort of have it forwarded within your organization, everybody can sign up for the e-news and it's very easy to do on the website. So we encourage that you allow your broader team to be aware of what's going on in a timely way.

And this last slide really again, some of those trainings that are coming up. We have a fatherhood training next week, February 20th from three to 4:30. We have a number of other trainings coming up very soon in February, February 28th. It's a division hosted biggest webinar, which was mentioned earlier. And then there's the introduction to this self-assessment tool and toolkit, which I mentioned is March 20th. And then we have a criminalization of substance used among pregnant women in tribal communities webinar scheduled for March 22nd. I was already mentioned the National Health Start Association Conference is coming up. We encourage you to sign up for that. There's a registration link provided. And we are in the full swing of planning the regional meetings, which will be very intensive skill building trainings rolling out this late spring and summer.

And then the last thing on the list, hopefully, you all saw the notice for peer learning network for camped [SP] coordinators. It's a series of three discussion groups or discussions that will happen over the course of a

number of months really to allow camped coordinators to share some of their lessons learned and challenges. There'll be a facilitated discussion with Kim Bradley and me. We hope that you join, and if you have any questions or are looking to find out more information about it, again, please feel free to contact the EPIC Center. And here's the context for us. And so again, you know, please sign up for the e-news so you know what's coming up, and let us know if we can help you in any way.

Megan: Great. Thanks, Sue.

Sue: All right, Megan.

Megan: There was only...I knew you answered one already. But there was only one other...it is more of a, I think, a comment. Just a comment around the importance of any sort of Crosswalk or definition means that we are providing in support to the performance majors, aligning with the EHB. This person just said it. It's very important for them, especially if we're gonna make the Crosswalk and make sure it's helpful. So they said they were gonna just put in a request for this, but I just wanted to acknowledge that they put that into the chat box as a point to what you said about the Crosswalk.

Okay. So, and then the last person, somebody said they didn't see the camped coordinators call on the EPIC calendar. We can make sure that that information...we'll chat that information out in the chat box here in a moment to make sure you can see it. And that way you can sign up, but it will also be in our trading alerts and that sort of thing.

Okay. So now, we have time for just the remainder of the questions that folks have been putting into the chat box. I'm gonna go up to the top of our list from the beginning of our webinar to get to some of the questions the folks put in. This first question is for you, Benita. It has to do with about some performance reporting. So, this person shared that they continue to be unclear about certain forms that they need to include in their performance report, and they were wondering about traditionally, they're required to complete the perinatal data form, which is section A, and they didn't see that they were mentioned anywhere in the document that was sent out last week. Can they assume that they are no longer required?

Benita: So, the email I sent last week contained an attachment. Within that attachment, was the link to the OMB approved performance measures. It also contains a list of measures and forms that are required

to be filled out. Everything on that list is in the document that is on...that you would get from the link. So if you click on the link, there's a series of forms listed, from one, two, three, four, five, six, the core measures, core one, two, three, women's health, PH 1, all those that are listed are in that document. If you do not see it listed, that means you do not have to report on it.

Megan: Okay. And follow-up, one person specifically asked. Is the HRSA risk reduction form included in that?

Benita: The HRSA risk reduction was not included on that list.

Megan: And that may come up during the webinar, the DGIS webinar that's coming up. Is that a correct statement? They could ask follow up questions on that webinar?

Benita: Yes, they can that follow up questions. We'll be on the call to answer those. Jamie Resnick will most likely just be dealing with the systematic piece of the DGIS and not necessarily the full one.

Megan: Okay. And two more questions for you, Benita, and then we'll move on to another topic here. When can November start expect and updated NOA with additional fund?

Benita: As I said, we're working diligently to get those notice of awards out. I cannot give you a specific date when they will be out.

Megan: Okay, great. And then would it be possible for April 1 grantees to get a copy of the new performance report form to review?

Benita: I sent an email out explaining the new performance report with an attachment that lists all the forms you will have to complete for your performance report. In addition, there is a link in that document that takes you straight to all the forms. It gives you the form number, the definitions, the performance measure number, everything you wanna know about those performance measures. You have to click on the link in the document that was attached to the email.

Megan: Cool. Okay. Thank you so much, Benita. The next series of questions has to do with the no-fall update that was given by you, Maria. And so, one person is asking, during for the no-fault listening session, when will the graph no-fault be available?

Maria: A draft is usually not released. It's released in its final form. And typically, I don't know that we actually know when that'll happen. That's actually the magic question. But I thank you for the question and I do encourage folks to keep an eye out for that federal register notice with more information about the listening session in the public comment period. More information will be available in that announcement, and when it does come out, please do register and join us for the listening session.

Megan: Great. Thanks, Maria. And I am just gonna put this out there because somebody tried to do that and I wanna be chat in. You don't really know that timeline, but you also probably don't know a tentative ballpark for when the actual competitive application will be due, right? Can you give any guidance there?

Maria: No, we don't know. Again, that's the magical question.

Megan: Thank you for that. Okay. So the next series of questions are for you, Robert. So, one question. Do the vital records offices send data to HRSA?

Maria: Robert actually had to go to another meeting, but I don't believe we're going to be getting, you know what, all those questions that are for Robert, let's go ahead and get those to Robert. I don't wanna speak in case I say something that may not be correct.

Megan: Got it. Got it. We'll do that. So folks, if you've chatted in a questions regarding content for Robert Wyndham, we'll send all your questions to him and then, folks we can also loop them in to our frequently asked questions document. So, that will be there. Okay. So now, I'm scrolling down here. Okay, here's a question about the regional meetings. How many staff can grantees send to the regional meeting from each project?

Maria: Five. Up to five.

Megan: Great. And will the first list will be... Sorry, back to the point about the listening session on March 1st, will it be recorded? Do you all know?

Maria: Yes, it will be recorded.

Megan: Thank you so much. Okay. So, Chris, I believe here's a question

for you. We've been submitting aggregate data monthly. However, we have not received any confirmation of receipt despite having requested confirmation of receipt. Will submission be confirmed? Can you give guidance on how they can get further information there?

Robert: Thank you for that. I know that some folks do ask for receipt, we try our best to receive and then send it back to an email or that we received as a good positive that we're not good about it, but we'll try to manually, you know, reply to everyone when we get their aggregate level data emails.

Megan: Great. And Sue, here's a question that you might be able to answer regarding the electronic screening tool. If there are an organization that is using electronic screening tool, is there any additional uploading requirements by that grantees that you wanna provide or share?

Sue: EPIC will upload the data directly on behalf of the grantees, so the grantee should not have to do that. And you should be getting confirmation that it went up and the data should be visible in the system to download as, you know, Chris described earlier. I'm not sure if that answered the question, but they shouldn't have to submit, not the aggregate data, but this is a screening tool data, it gets submitted for them.

Megan: Okay. Thanks, Sue. If that didn't fully answer your question, feel free to chat in a little bit more and we can share more. Okay, so this is a question I think general for you all at the division. With the additional reporting here that is being requested, is Healthy Start moving towards evidence-based? If it is, how?

Kori: I mean, I think the reporting is one piece of the program but in terms of that relating to how we're moving forward with evidence-based, we haven't quite gotten there yet. We're still kind of working on just making sure that our model is solid and our approaches and all of the pieces kind of fit together. So, I would say, stay tuned for some more information about how we're moving forward in terms of becoming more evidence-based. We really, right now, are working on just making sure that we have a solid program and solid data to show the effectiveness of the program.

Megan: Oaky. And a follow-up question about the, if you can share on the no-fault. Do you all know if the infant mortality rate cut... what's the

infant mortality rate cut off will be and for which years or any of the participant counts per level for that next no-fault?

Kori: No. So the process is we confer with other offices within our division as we get closer to the date of the no-fault relief and it's actually up to the office of epidemiology and research to provide that information to us before we released the no-fault. So, we don't have that information yet and we won't have that information prior to no-fault release. So, that will be shared with the no-fault is released.

Megan: Great. And how do folks...how will they be able to register for the March 1st listening session?

Maria: All of the information for the listening session will be announced in the federal register. So please keep an eye out for the federal register announcements, which we're anticipating to be coming out soon.

Megan: Thanks, Maria. Now, we're jumping to the regional meetings again. What staff are you recommending attend the regional meetings?

Maria: So, in the past, we've always asked for a project director, and if that person isn't kind of the day to day person, then also bring a program manager type, case manager. I know a lot of questions, they're usually around, do we need to bring our evaluator. That really depends. Once we have more information on the skills building sessions, you can kinda determine whether an evaluator would be present. But then also, the second half of the second day is dedicated to kind of grantee topics. So, it would really depend on how the projects kind of develop their agendas. So those three that I kind of just listed, are kind of the standard, but anyone else would really depend on what your agenda looks like.

Megan: Great. And then here's another question. Now, this is a question about the National Healthy Start Association Conference. Can you provide the date of the session that the division or the bureau will be sharing or presenting at the National Healthy Start Association Conference?

Maria: Sure. That date is Tuesday, March 27th from 3:30 p.m. to 5:15 p.m.

Megan: Great. And for those who don't often check the federal register, somebody asked if EPIC could send out an email of when the listening

session is and it's schedule. And I don't know if that is a...Sue, I might refer to you to find out if you, if there's any conversion without putting that on our general listing of trainings or opportunities.

Sue: I had actually. Email Julian to see if we could track it. I don't want people to feel that they can be totally guaranteed we'll be the first to spot it, but we will certainly do our best to keep track and make it included in the e-news as soon as we become aware of it. But we will be monitoring it as probably as best as we can as well as everybody else out there. So we will definitely share it as soon as we see it.

Maria: And the division will also disseminate it widely as we can and certainly you can expect to receive an email from your project officer with that information once it's released.

Megan: Great. Well, so folks, we have one minute left, so Johannie, I think I'll ask you if you have any closing remarks before we sign off for the webinar.

Johannie: Sure. Well, I just want to thank everyone for being on the call today. I hope that these Conversations with the Division are very helpful for you. As we stated, the information that was presented in this webinar will be posted on the Healthy Start EPIC website, and you'll be able to receive a transcript of this recording as well as the slides and we will work towards putting an FAQ document to be posted on that website as well. And that's all I have. Thank you.

Megan: Thanks everyone. Have a great rest of your day.