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Michelle: Hi, everyone and welcome to this quarter's "Conversation with the Division" webinar. I'm Michelle Vatalaro with the Healthy Start EPIC Center. We have multiple folks from the Maternal and Child Health Bureau, the Healthy Start CoIINs and the EPIC Center on the webinar with us today to provide you with updates. I'm gonna turn it over to Johannie Escarne, the Acting Deputy Director of the Division of Healthy Start and Perinatal Services in a moment to begin with the welcome.

But first, I have a couple more announcements. We have approximately 90 minutes set aside for today's webinar, and the webinar is being recorded. The recording, along with the transcript and files, will be posted to the EPIC Center website following the webinar. And we do want your participation. So at any point, if you have questions or comments, please type them in in the bottom left-hand corner of your screen.

We're gonna take two questions between each presenter, and then we'll continue with the question and answer session once all the presenters are done. If we don't get to all of your questions, we'll include them in a frequently asked questions document that we'll post with the webinar materials on the EPIC Center website.

So, those are all the housekeeping questions that I have. This is our wonderful agenda for the day. We'll start with housekeeping, welcome and announcements, then move to updates from all the different groups, and then the question and answer period. So Johannie, I hand it over to you.

Johannie: Thank you, Michelle. Good afternoon, everyone. On behalf of the Division of Healthy Start and Perinatal Services and the Maternal and Child Health Bureau, I wanna welcome you to this quarter's "Conversation with the Division." Again, my name is Commander Johannie Escarne, and I'm the Acting Deputy Division Director for the division. I also wanna bring you greetings from our Acting Division Director Dr. David de la Cruz, who is unavailable to attend this afternoon's webinar.

This webinar is the third in our series this year, and we continue to hold these quarterly webinars as a 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 officer should always be your first point of contact. You may always contact our director or deputy director, either the branch chief as well.

At the conclusion of today's webinar, we will be fielding questions to provide clarifications on as much information as we possibly can. So please, throughout the presentation, submit your questions or comments in the chat box, which is located at the bottom left-hand corner of the screen. We will get through as many questions as time allows. But even if we can't get through all of them, please note that we will post them all on the Healthy Start EPIC website to be accessible for your convenience in the near future.

Now, as for division updates, the HR office is still working through the hiring process for both the division director, as well as the associate administrator for the Maternal and Child Health Bureau. We will let you know as soon as elections are made for these positions.

We would also like to welcome four new staff to our division or new positions. Sonsie Ferman [PH 00:03:34] has been selected as our new Acting Branch Chief. Ashley Belton, who started last week, is joining us to work on both the behavioral health, as well as the women's health activities within the division. She will be the project officer for the new maternal depression cooperative agreement that will be awarded by the end of September.

We also have joining us Lieutenant Commander, Brandon Woods, Monique Richards, and Michael Muni, who will be joining as Healthy Start project officers. Brandon and Monique will be on board August 27, and Michael will join us on September 10th. We will share with you their grant assignments soon. Please welcome all of our new staff. Now, I'll turn it over to Kimberly to give us the women's health activity updates. Kimberly?

[00:04:19]
[Silence]
[00:04:29]

Johannie: Is Kimberly on the line? Okay. Well, why don't we fast forward to the Healthy Start program updates, and we'll see if we can come back

to the women's health updates. So Benita, are you here?

Benita: Yes. Hi. Can you hear me?

Johannie: Yes.

Benita: Hello?

Johannie: Yes, we can hear you.

Benita: Good afternoon. Okay, great. Good afternoon, everyone. I'm just going to give you a few updates on the funding. Supplemented funding to all hundred grantees is being routed through HRSA as we speak. The supplemental funding will be given at a 4.23% of your FY18 requested amount. The notice of awards should be released within the next few weeks.

For our November 1 Start grantees, your progress reports are being reviewed by your project officers, more to come on those notice of awards. Your project officer will provide a review summary after you receive your notice of award and hold discussions with you concerning your progress report through a regular monthly call.

Transition plans. So as you all know, we're coming up on a competitive cycle. And it's very important that we start to think about transitioning out of this last project, out of this current project. We ask that you develop a transition plan in the event that federal funds are not available to fund your grant beyond this current project.

A transition plan document will be sent to you through the EHP within the next few months and will require a response submitted through the EHP. This plan is intended to facilitate your thinking for the close-out of this last period. The document consists of a general series of questions related to transitioning the project activity, and these questions should only be used as a guide to develop your summary of transition activity. And that's all I have. Are there any questions?

Michelle: I do think we have one question as of now. If you have other questions, you can go ahead and chat them in. The first question is, is the supplemental award 4.23% of our current level of funding or the original amount?

Benita: It's your original requested FY18 amount.

Michelle: Great. Thank you. I don't see any other questions right now. So I do think we can probably move on. But again, if people have other questions, you can go ahead and chat them in. And so now, we will hand it over to Kathy and Robert Windom, who's going to give us the national evaluation update. Robert?

Robert: Hey, good afternoon, everyone. This is Robert Windom, Project Officer and Program Manager for the National Evaluation. Kathy's not with us today. She's been working hard on one of much deserved vacation. As of August 13th, there are 34 states with fully-executed data use agreements. There are three states that are still pending the signature and/or legal review listed on the slide. And there are two states that will not be participating for reasons beyond the control of the grantees or the division, also listed on the slide.

Next slide, please. All programs with the completed data use agreement or DUA should be working with your respective Vital Records Office to discuss timeline, method, and format of transferring data. Data transfers have been completed by most grantees, but there are a few programs to date that have a completed DUA but still do not have a confirmed data transfer completion. Data transfer confirmation is a two-step process, where the transfer is first confirmed at the VRO level and then by our contractor application. In the date where DUA has not been finalized as of yet, you can still contact your VRO to begin preparing files for data transfer.

DUA data transfer to the VRO is...I'm sorry. Can you please go back to this? Yeah, the final bullet there. The DUA data transfer to the VRO is a one-time transfer. I got feedback from our contractor at the associates, and I wanted to add that the data transfer is intended to be a one-time event. Meaning, each program is transferring one dataset, that there is a potential that this process would need to be repeated but there are inconsistencies or errors of the initial file transfer.

And next slide. And this slide simply summarizes the transfer and linkage process provided for individual identifier variables to the state VRO for all mothers who gave birth in 2017 and also consented the participation and evaluation. And then, VRO would match Healthy Start participants variables available maternal and infant information and transfer the linked data along with non-participant controlled data to HRSA.

Next slide, please. And finally, the evaluation point of contact enlisted here. We've always included the grant associate, email, and the project officer. And you are welcome to print out these questions along with the presentation with regards to your program status. And thank you. Questions?

Michelle: Great. Thank you so much. Are there any questions about that? If so, you can go ahead and chat them in. I'll give you a minute. Okay. Here's a question. Do grantees need to continue to consent participants for the national evaluation?

Robert: So if a mother returns, there's this scenario. If a mother returned to your program who gave birth in 2017 and she was not previously consented, you may request for consent. However, if your records have already been transferred to the VRO, then you don't need to get the mother's consent. So if the program has not transferred her data to the VRO and you have a returning participant who did not previously consent to participate in the evaluation, then you may request consent at that point. You do not have to consent new participants.

Michelle: Thanks so much for that answer.

Robert: Sure.

Michelle: Give it just one more second for another question, and then we'll move on to Chris Lim, who will be talking about Healthy Start data reporting. Oh, we have one more question. This is perhaps specific to taxes. This is specifically for taxes. Given that the taxes VRO has declined to participate, what is our role in the Healthy Start evaluation?

Robert: So for the chief state, where they're not participating practice in New Jersey, we will not have an active role in this evaluation.

Michelle: Great.

Robert: And we know this earlier that, you know, we understand that it's not new to the actions or anything on the part of the grantee.

Michelle: Thank you so much. If you have other questions about the national evaluation, you can feel free to chat them in and we'll try to get to them at the end. But at this time, I'm gonna turn it over to Commander Chris Lim, who's going to talk to us about Healthy Start data reporting.

Chris: Thank you, Michelle. Good afternoon and good morning, Healthy Start grantees and participants on the phone. The next few slides you will see will discuss and express our congrats, I mean, our gratitude to the grantees for the recent reporting and provide some data update and a few reminders.

So with this slide that you see here, again, thank you Healthy Start grantees. With your help and your efforts, we were able to collect calendar year 2017 client-level data, which were submitted by June 29, 2018. This is our first Healthy Start client level data set that we have to analyze and evaluate. So it's currently under program review, and again, we thank you for making that happen.

The next thanks is to all of you who attended the recent regional meeting number five because I was there, and I was able to participate in the data integrity and reporting community cafe. And I've learned a lot. I've heard and received a lot of helpful data collection, review and reporting system practices from those who convened at the table multiple times. So thank you.

Hopefully, by next month, with GSI's help, because they gave me some great notes I will take in, I should be able to turn around and provide these system practices. And when they come out, you're more than welcome, other grantees that were not able to attend this regional meeting, provide additional practices that may be helpful to all grantees when it comes to using the Healthy Start screening tools, when it comes to your data collection overall, and your submission of data into HSMED. So again, thank you, grantees.

Next slide. All right. In Slide 30, so this is the update. We currently have 2018 that we are working on client-level data in the HSMED. So of course, you can imagine, we have a due date for this data. And we have to select the due date that was reasonable in the division to review your data prior to the project period's end. So February 15th, 2019 will be the due date. And the data that's received by then will be reviewed, and the system and the data sets for 2018 will be closed by that day.

So please start looking at your data. Start submitting your remaining or your missing 2018 data, so you're not scrambling to submit them all at the beginning of next year. If you're missing the month of January 2018, for example, please start submitting that now. Don't wait.

A note. When loading multiple months of data, please be specific and

address the period in which you are submitting the data for in that data file. For instance, if you're submitting January group or December of 2018 data, it includes January-December 2018, just an example, of that time period and your name and convention of the file that's going to the HSMED. And of course, those who do the data upload should get this. If they don't, please feel free to email the Healthy Start data mailbox for questions. But everyone should be able to do this by now. Everyone's been reporting, we're very happy about that.

The next update of 2018 client-level data upload tip sheet will be distributed in September as well. I'm currently working on that. We have provided one for 2017. I hope that was helpful, and the 2018 will be out soon. Next slide.

Slide 31, please. There you go, thank you. Okay. So a few reminders because I think that these reminders are helpful. Remember to continue to submit your data to the HSMED on a monthly basis starting the 10th of each month. That is to report your previous month's data, so please continue to do that. And of course, there are some grantees who are now starting to have their own internal users getting to the system. You have to access your own individual user code assigned to your grant projects. So please find that. If you do not have that, feel free to email the HS support at [inaudible 00:18:45].

Next slide, please. Now, we move on to the equally important aggregate level data for updates. Expect to have your data that's missing for calendar year 2017 and 2018 so far submitted to HRSA by August 31st, 2018. That is important. We need your calendar 2017 data, if it's missing, to be provided. That's currently ongoing. You should be getting it. If you are missing data in our Healthy Start data mailbox, you should be getting correspondences from your POs asking for you to provide that missing data.

The next update is calendar year 2018, aggregate level data will also be closed by February 15, 2019. So please do not wait after this August 31st deadline, if you should have a month or two missing or any data missing. Wait until the beginning of the next calendar year to submit all your aggregate level data. It's important. We really do need that data so we could have enough time to review it before the project period ends.

Next slide, please. A few reminders. I find these helpful for folks to see them. Read through them if you can when you get a chance to actually receive these slides post this call or after this conversation. Remember

that when you're also counting your women, if you look at the last bullet, that you are counting your pregnant women correctly. Once a woman is pregnant or is pregnant during your reporting, they will be pregnant throughout the entire calendar year. And this should be kept in the pregnant woman calendar, and that's what this last bullet means. So please continue to look at these reminders.

Next slide, please. So more reminders. Here, you also have reminders that provide instructions to report correctly the aggregate level data on a monthly basis to the Healthy Start data mailbox. Please look at them. I know that some people are not reporting correctly again probably because it's changed in staff. So please, whoever is on the phone, if you have to do staff as reporting, please share this with them. Make sure that they know the procedures for uploading or mailing their data to us, to the HRSA.

Next slide, please. Last reminders. I've been recently asked especially at the regional meeting recently when will we end aggregate level data reporting. I've been repeating this and it still exists. We are waiting to receive, of course, data that's valid and accurate. That also includes receiving data from all 100 grantees within the HSMED system. We do not have all of the grantees reporting in 2018 yet, and we will soon though. And I'm very happy to know that, so very soon. And then, we'll evaluate what we wanna do with aggregate level data reporting soon, as soon as we start getting everyone's data and looking at the quality.

The last bullet reminds us that again if the grantee-called template does include aggregate level data, some of it. So that's important. You continue to report on that. And then, the next slide, please. The list of our reports. Just to remind you, especially new folks, that we have these five reports that include data. And some of you already heard about it already, but I just wanted to throw this up there to remind you. And that concludes the data reporting presentation.

Michelle: Thanks so much. We do have some questions. And so, the first is, if we've identified errors in previous monthly and HSMED submissions, for example, June 2018, are we able to resubmit the HSMED for that month?

Chris: Yes. Of course, as you know, some of our forms, some of the tools, they're not overwritable. That definitely including the demographic and the pregnancy history. But the other forms, they are overwritable, so you can correct your data and resubmit for the other tools [inaudible

00:23:05], preconception, prenatal, postpartum, and interconception/parenting. So you can submit your corrected data again, and it will be accepted for your, example, June 2018.

Now, you're talking about June 2017 or anything in 2017? That's not gonna happen. That data is frozen. So I'm hoping that example was regarding the month in this current calendar year.

Michelle: And then, we have two questions that are similar. So the questions are, will sites receive a confirmation when all their data has been uploaded to the system correctly? We believe that everything is correct, but wanna confirm nothing's missing. So basically, people are looking to know whether or not they're receiving notification if there are errors in their reporting.

Chris: So you should be, from an upload standpoint, if you're talking about client-level data that goes into the HSMED, you should be receiving errors that tell you if your data is in the correct format. But if you're talking about the quality of your data and the completeness of each and every individual client level data, that's different. I can't tell you about the completeness unless I'm able to look at every client, I mean, an actual client's data. And we haven't gone to that point in our analysis of 2017 data yet.

We will eventually when we have more support, but we don't have that capability now. And we're talking about your data file. We are doing that. Currently, I have support in helping me get that out of the way. We are now looking at 2017 data. As you can imagine, we have some challenges that came our way. So we had a dual label. We will get by probably in the next two weeks latest updates to provide the POs. And then you can reach out to the grantees and tell them what the 2017 data looks like. That is a priority for us. So I'm hoping two to three weeks, you'll see some info from your POs that share with you their 2017 data.

2018 data is gonna be different. We hope we will have something in October or if not, November. I'm looking to my left because I have a lot of support with me to do that. We will hopefully give you an update on what your 2018 data looks like, so you have the next three to four months to really get it right when you upload all your data before February 15th, 2019.

Michelle: Great. Thank you so much. And I did just address some of the questions that we're asking to see Slides 33 and 34 again. But just as a

reminder to everyone, we will post the slides and the recording after the webinar, so you'll be able to access all of this information afterwards. And so, I think at this time...unless Kimberly...

Kimberly: Kimberly is here. So if we could go back to the women's health update. Great. Thank you.

Michelle: Perfect. Yes, that's exactly what I was hoping for. One second. A little further. Here we go. There you go.

Kimberly: Thank you so much. Hey, everyone. This is Kimberly Sherman. I apologize for the delay, but I'm here now and I'd love to provide you with just some brief updates on the visions of women's health portfolio. Specifically, I'm gonna talk about HRSA's Maternal Mortality Summit and updates to the Alliance for Innovation and Maternal Health grant program.

I'll begin with HRSA's Maternal Mortality Summit. This summit was held June 2018 year at HRSA headquarters in Rossville, Maryland. This meeting was held jointly between the Office of Global Health and the Maternal and Child Health Bureau. We invited representatives from six countries to join us. They are listed on your screen, and we wanted to make sure we had a diverse group of representatives. So we had three countries with higher rates of maternal mortality, and then three that have done very well in reducing their maternal mortality rates. The purpose of our summit was to share information on existing maternal health activities between experts from these countries. As you can see with the range of countries represented, the countries with the higher maternal mortality rates have been able to drive their rates down.

So for instance, Brazil has been working very diligently to reduce the number of women that receive Cesarean section. And then in India and Rwanda, the representatives talked a lot about the community health worker model and how they're using it within their country to drive down rates and to make sure that women have access to care.

In addition to the country representative, we invited over 130 subject matter experts to help inform the discussion. And I wanna let you know that Healthy Start was very well represented in a part of all of our conversation.

Representatives include members of federal staff, multiple non-governmental organization. We have state public health agencies,

leaders in academia, and then some consumers and also advocacy groups working on these issues.

Next slide. This slide just gives you an overview of our three days together. We spent the first day setting the stage for what's going on currently around maternal mortality and severe maternal morbidity here in the United States. And we've spent the afternoon here informing the country representative their initiatives.

And then, for the remaining days of this summit, we followed a life course perspective, where we began with the discussions around pre-conception care and how we might improve efforts in these veins, so moving from pre-conception to pregnancy, the postpartum period, and then finally, closing with emerging issues and addressing substance use, obesity, advanced maternal age, emerging public health issues as far as the hurricanes and their impact on women of reproductive age. So we had a very robust three days.

Next slide. I wanted to just share with you just a brief snapshot of what we heard. This summit was really a listening session. So we spent a lot of time hearing presentations but then also in breakout sessions where folks were able to deep dive on the topics of interest. Dr. Doris Chiu from the World Health Organization talked a lot about data capacity and surveillance. And she stated only a small fraction of estimated maternal deaths have a cause assigned. If you're not included in the counting, how do we accurately track outcomes?

And this is something that we've heard from many of the countries, especially here in the United States, where we don't have established maternal mortality reviews in every state or region. And then Dr. Albert Terushima from Rwanda stated something that I know we all feel very close in our hearts is that every mother's life matters. No woman should lose her life giving life.

So that's just a brief snapshot. It was a lot of robust, especially around this topics. And throughout the three days, we had many perspectives on the way that we all could collectively improve maternal health outcomes. Some of our key areas of focus in those discussions included addressing racial and ethnic disparities but also the geographic disparities because we know we're losing so many hospitals in rural and urban communities. Now, we're also including providers as well.

Improving access to care issues, enhancing our surveillance and data

capacity, understanding the role of substance use on women of reproductive age, screening and treating maternal mental health, redesigning the need for an enhanced postpartum visit, and making sure that women are able to access that visit and that they get the services they need once any critical issues are identified. And then, of course, increasing just provider knowledge and training to treat and attend to obstetric emergencies.

Next slide, please. So our discussions led to a couple of areas that we wanna focus on, primarily the issue around access to patient-centered care. We wanna make sure that the care that women are receiving is comprehensive before, during, and after pregnancy. And of course, this is the role that Healthy Start and many of our community organizations play that although a maternal death might happen in a hospital setting, we know that many of those issues are identified very early on. It's the first touch point in the community. And so, we need to strengthen our ability for patients to access the care that they need.

The participants of the summit also highlighted workforce issues and the need to improve the types of providers that women have access to, their skills, and then the distribution of those providers to address many of the maternity care deserts. Safety was another key issue that was discussed and the use of safety protocols in all birthing hospitals and facilities. And then, finally, the need for maternal mortality review committees, the mechanisms that they abstract data, analyze that data, and then share that data.

So we are looking at the big picture. We really want to start to address these issues from a public health focus with the public health ones, instead of just waiting for something bad to happen in a hospital setting.

Next slide, please. So in closing, on the discussion of the summit, I encourage all of you to access some of the resources. We have archived the entire three days, and you can view it with the first link that's provided here on this slide. I know that you are all very busy serving in your community, but if you'd like to just see highlights from the meeting, we have a YouTube channel that just has clips from many of the presentations. And you can also follow the discussion on Twitter with the hashtag HRSAmaternalmortality.

So thank you very much for allowing me to provide that overview. I wanted to very quickly talk about the Alliance for Innovation in Maternal Health initiative which is also here in our division. And this is our

division's and our bureau's primary effort to reduce maternal death and severe maternal morbidity by engaging a network of providers, state public health departments, consumers, and community-based organizations to assist in the implementation of the maternal health safety bundle.

Next slide, please. So through AIM, MPHP is really working to improve maternal health outcomes, and we're doing that by implementing the maternal health safety bundles and really focusing on quality and safety of the protocols that are in place when a woman goes into a birthing facility. Through this initial investment, we have been able to work in a number of states, and that number just continues to grow.

This demonstration project was slated to end on August 31st of this year, and we were able to successfully recompete that grant award and the project will continue for another five years. But we are excited to grow this initiative and to scale it up.

Next slide, please. One more slide, please.

Michelle: Sorry. There was a technical glitch.

Kimberly: That's okay. I can talk all day.

Michelle: There you go. This one?

Kimberly: Yes. Thank you so much. So this little graph just shows you what pillars AIM has built on. We are focused on collaboration, multi-disciplinary collaboration at the state and community level. All states that participate in AIM are required to reach out to all of the birthing facilities, and then the wrap-around services in the state to support the implementation of the maternal safety bundle.

The bundles are small quality improvement projects, and the states are allowed to identify which of the bundles they'd like to begin implementation with first. They established a shared goal and then really work on addressing patient safety and improving maternal care.

The next slide just tells you the existing maternal health safety bundle. The topmost are really clinical bundles. They are done in a hospital setting, but we have really in the latter years of AIM, moved into some outpatients, non-clinical bundles specifically the postpartum care basics. And there's also an interconception care bundle that will be posted very,

very soon. But you can access all of these on the website that's listed on the next slide.

This slide shows you a map of the existing AIM state. The dark green states are those ones that are actively enrolled in AIM and implementing the maternal health safety bundles. And the light green states are those states that are in progress and that will be coming on board very, very soon.

I will share a list of the AIM state coordinators with our Healthy Start branch chief for distribution so that you can easily contact those state coordinators to link up and to just talk about piling some of those non-clinical outpatient maternal safety bundles if you are so interested.

And our last slide. As I mentioned previously, AIM was recently recompeted and will continue through 2023. ACOG will remain the awardee for this initiative, but we have a whole host of professional NGO and advocacy groups that are part of the partnership for implementing AIM. They are tasked with leading the national partnership, identifying those state-based teams and working with them to widely implement the maternal health safety bundles. And then the largest component is to collect and analyze the data from those QI projects so that states can continue to improve the services that are provided for women.

And just in closing, if I can have the last slide, here are the objectives for AIM. And by the end of the five-year period, we expect the grantees to have implemented the maternal health safety bundles in the remaining AIM states by bringing in on an additional 25 new state-based teams to help us develop new maternal health safety bundles.

If there are areas that we should be focusing on to improve maternal health outcomes, we have asked that they develop a national campaign on maternal mortality and severe maternal morbidity because this is still although we are seeing it more and more in the news and on the [inaudible 00:38:03], we want to make sure that all women are aware of what services they should be receiving and how to best care for themselves during the pregnancy and postpartum period.

And then, ultimately, our aim is to prevent a thousand maternal deaths and 100,000 cases of severe maternal morbidity in the United States. So I look forward to sharing the outcomes of AIM 1.0 as we move forward into AIM 2.0 and working collectively with the Healthy Start

community to do just that. If you have any questions, I am here to answer them. Thank you.

Michelle: Thank you so much. Let me see if we have any questions about your section. Just a reminder that you can be chatting in questions. Okay. I don't see any. So we can go ahead and move to our CoIINs updates. And so I will hand that over Anna Gruver and Mary-Powel Thomas.

Anna: Hello, everyone. Good afternoon and good morning for those of us on the West Coast. My name is Anna Gruver. I represent Alameda County Healthy Start initiative in Oakland, California along with Mary-Powel Thomas of Healthy Start Brooklyn.

Next slide, please. Over the past several months, the Healthy Start CoIINs has focused our time and attention on two primary activities. The first is the case management care coordination standards of practice, and the second is the revision and recommendation updates of the Healthy Start screening tools. I will share the summary of our work for case management and care coordination. And my colleague Mary-Powel will focus on screening tools.

In consultation with the division regarding concerns shared by the grantees, the final recommended definition, which you see here on your slide, was submitted to the division on June 11th for consideration to inform the notice of funding opportunity. You can read this definition on your slide. And ultimately, the core components of Healthy Start case management and care coordination service delivery will document the following services, which we hope is really captured in this definition and will be more expansive as we continue this work.

Screening and intake, a comprehensive assessment protocol for Healthy Start participants, creation of a service care plan, identification and documentation of services, facilitation and documentation of linkages to services, monitoring of progress, and reassessment and responsiveness to changes as needed, and of course, case closure and discharge planning.

Next slide, please. The case management care coordination definition we put out to all grantees and received some feedback from all of you. You will see here 78 responded that the proposed definition honors the unique aspects of the unique and individual Healthy Start programs across the country. We had two deadlines for feedback, the first cut, 28

grantees. And when we extended the deadline for feedback, we received a total of 45, a little less than half of our grantees-provided feedback.

And of those, 76 reported that the proposed definition completely or closely aligned with our current practices. And 82% reported that the proposed definition could be feasible for implementation. And we also received quite a bit of feedback as well that we incorporated.

Next slide, please. The key themes raised during our feedback process was certainly that we wanted a requirement for a written care plan. There needs to be more conversation around what constitutes. What does it mean to do a face-to-face visit? And where does the role of home visiting play in the core services of Healthy Start?

So as we do more work in this area, the group wondered if any, how we can enhance the final submission for the standards of practice which we will continue to work on after the notice of funding opportunity is released. We will continue to work on enhancing the definition of services, strengths, advocacy, and the doula work and how those factor into case management and care coordination. We are also working to ensure that the interdisciplinary work of Healthy Start is reflected, as well as health education and promotion.

Next slide, please. So after the NOFO is released and received, we received more guidance on the specifics of how if there are any details around case management and care coordination, the CoIINs will then use that information as guidance to look more deeply into the feedback that the grantees provided around care coordination and case management. We will refine the standards of practice.

We are trying to be as broad as possible to ensure that all Healthy Start grantees' work is reflected in these standards, that they are broad enough yet specific enough to provide guidance and support to standardize the work of Healthy Start. We hope to finalize this work by the time our cycle ends in March 2019 in preparation for the new grant cycle that begins April 1.

Mary-Powell: Great. Thank you, Anna. And this is Mary-Powel Thomas. If we could have the next slide, please. The other big project that the CoIINs worked on this spring was taking recommendations to the division to the screening tools. And if we can have the next slide, please.

During our process, we went back to the original principles that were used by the workgroups that developed the tools to help inform our review of the tools. So the tools were intended to serve as the foundation for case management and care coordination by Healthy Start projects. They were aimed at allowing case managers to address the risks inherent to each perinatal period that might be encountered by the participants. Of course, they needed to align with the Healthy Start performance measures, and they were intended to provide a minimum requirement but not exclusive. The Healthy Start grantees could always add questions depending on whatever they wanted to collect.

We wanted to make sure that the screening tools that we drew on existing evidence-based tools to create these questions. So then, when we started to look at how we are going to handle the revision process, we wanted to balance the requirements, how much work it would be to implement the tools for individual grantees especially bearing in mind the varying sizes and resources of grantees. And we wanted to consider expenses that folks have already put into adopting the screening tools, whether it was paying some exchange with their database, staff training, workflow changes, and things like that.

Overall, we did have a mandate from the division to simplify the tools and make them shorter. That was based on the feedback the division had received from grantees. When we had conflicting recommendations from various stakeholders, either CoIINs members or other grantees, we need to reconcile those.

And ultimately, the most important thing was to be client-centered. So if we were hearing that the length of the tools pushed the barrier to relationships with clients and was really impeding helping the participant achieve her goal, then we need to take that very seriously.

So the next slide, please. So we started it at the March grantee meeting in Washington that was connected to the Healthy Start Association Conference by inviting grantees to submit feedback on the tools as they existed. Then, we had several different cycles of feedback. We had four opportunities for people to make recommendations. There were two two-weeks periods, one in April and one in May, when the grantees were able to provide feedback on the recommendations that we had put out. And we reviewed the recommendations during our monthly CoIINs calls in April, May, and June.

Next slide, please. So this spreadsheet may look familiar. We sent it out

multiple times with more columns every time. It's very dense but very important I think. And just briefly, different colors mean different things. So if you look at the green bar sort of towards the top, that's the recommendation to keep the question as optional.

So in this case, it was a question about how you're planning to feed your new baby. The original question was, do you plan to formula-feed or breastfeed your new baby? What method do you plan to use to feed your baby?

At least, CoIINs grantees felt like this term method was sort of unclear and confusing to participants. And so, we simplified that wording. Just do you plan to feed your new baby breastmilk, formula, or a combination? And then, we got some responses. People were asking if it was really needed. And so, in the end, to balance all that, we decided to keep it as optional.

The next row, however, which is the pink color, there was a question about where you plan to deliver your baby? And the recommendation there was, we are encouraged to find questions to delete. This seems like a good one to delete. We did have various recommendations a couple of grantees said to delete it, ones that you keep it, some to keep it optional. But in the end, we felt that it was not really essential to providing services, so we recommended deleting it.

Then, there were questions in the orange which are required for DGIS recording or upload to the HSMED. So there wasn't much question there. We just needed to fit those. So if anybody has questions about specifics, feel free to approach us offline

Next slide, please. So we received quite a bit of feedback which was great, throw into four broad categories. One had to do with how the questions could best support services provided to the participants. Then, we also heard about the value of asking the same questions in the same way for data continuity. We did hear about the cost to grantees of making changes to their database, staff training, and so forth. And then, there was feedback about general clarifications or instructions or formatting.

Next slide, please. So we presented a number of challenges. First of all, like I said, we had to reconcile conflicting feedback from grantees. Sometimes, several grantees would wanna keep repeating the question and others would want to delete it. A second challenge was that the

division has asked us not to recommend a lot of wording changes to the questions because they wanted to have an expedited LMB review.

The third challenge was that we felt like we needed to limit the changes in order to preserve data continuity as requested and for good practices. And finally, of course, we are under very tight timeline. We were trying to do it very fast because we wanted the division to be able to include the revised tools in the notice of funding opportunity.

And because our recommendations were just that, they were recommendations, we needed to allow time for the division to decide what they wanted to accept and what they didn't. And they were getting suggestions from other sources as well.

Next slide. So the final outcome, we had 31 grantees with CoIINs members and other grantees providing feedback. And so here, you see a slide of the tools listed. We did not review the preconception tool because almost every question appears on other tools. I think it's all but one. So the left-hand column shows the initial number of questions, and then we did suggest moving a number of questions to the demographic tool. We also tagged them as optional on other tools so that, you know, when people wanted to ask them multiple times, they could.

And then, we made a lot of questions optional. So you'll see we recommended 40-somewhat questions to delete, but then we recommended almost 200 questions to make optional. So in the end, we recommended only about 72 questions to be absolutely required.

Next slide, please. And then, on June 11, we did submit the recommendations to the division along with the case management and care coordination definition. So we spent that master spreadsheet that you saw a page from recently as well as the guidelines we reviewed, the qualitative feedback we received, and some other backup things. And then we also provided a mock-up of each question in Microsoft Word, so it's really clear what the mutual would look like, what we are recommending to delete, what we are recommending to keep optional, any [inaudible 00:52:48] or additions to your recommending to me. So we send all that off in a packet to the division on June 11th. And I'll hand it back to Anna.

Michelle: Anna?

Anna: Sorry, I was on mute. The focus of Healthy Start CoIINs during

this period has really been to support the following points, especially as we work on case management care coordination and continue that work. Finalizing what our work will be for the last few months of our time together as Healthy Start is promoting equity, a strong system of care, and of course, the establishment of a common foundation as a strategy for sustainability. So we will be regrouping throughout the NOFO period and throughout the end to see how we can support our colleagues with all of these components. And I think that is it for the CoIINs. Thank you very much.

Michelle: Thank you so much. So I'm just gonna look for some questions here. Was there or will there be any reviewer guidance on the re-screening questions? Which question and when we should re-screen? That may be a question better answered by other folks.

Benita: The point of that is that.

Johannie: That is correct.

Michelle: Okay. Well, in that case, I'm gonna hand it over to Suz Friedrich, who's going to give us the EPIC Center update. Suz?

Suz: Thank you very much, Michelle. Good morning and good afternoon. This is Suz Friedrich, and I just take this opportunity on this call to do a quick reminder to everybody what the resources and services are that are available and to roll out some new initiatives that we will be introducing in the fall. So as a reminder, the one-stop shop for all of the archived webinars and resources and materials that have been assembled over the last few years are all located on the website, healthystartepic.org.

So I do encourage you to introduce your new staff to this resource. Use it for staff developments and certainly, for program improvement. So if you have staff who are joining you and they want to get an orientation to what Healthy Start is all about and what assistance is available to help them, please send them to the website or have them go directly to us. We're happy to walk them through what we have available.

Next slide. So this is a quick reminder of the kinds of things that you will find on the website. There is a robust inventory of evidence-based practices, maternal and early child health. There's over 200 of them. They're searchable. So again, a resource if you are looking to do some program improvement or there's a gap in your program and you're

looking for some ideas of what types of interventions may be most effective, what tools you might use, it's a great resource.

Next slide. The next tool that is on the website is the project management tool. It's a toolkit for project directors. It is directed to all the project management component, and it has information about reporting requirements and other expectations of the program. We're always interested in your questions. If you don't find information that would be helpful to include in the project management toolkit, please let us know because then we can update it to reflect information that is needed.

Next. Obviously, a very well used part of the website is the community health worker course. This is available. There are 11 modules. It's a wonderful orientation to Healthy Start program overall, and then specific activities or responsibilities that community health workers may be responsible for. Not all 11 modules are necessarily applicable to every community health worker or for that matter, other staff who may not be community health workers. But certainly, there is a lot of information included. It's interactive. It's entertaining. It's a fun tool.

Certificates are available at the end if your staff completes the training. Again, I encourage you to use it for staff development to really send staff who are looking to get some basic training, some orientation to roles and responsibilities, some information about the 4Ps, really to begin to develop that skill set within your staff. Especially for new people as they come on, it's a great tool.

Next. As I mentioned, all of the training, I mean, all of the webinars that are done which are available monthly through the training calendar are archived on the website. Those webinars over the course of the last few years, have addressed the 4Ps, all the benchmarks, the five approaches, healthy living, behavioral health, and substance use disorder information.

Again, if you have staff who are looking to develop their skills in a particular area, searching the website for a previously recorded webinar can provide a great introduction to the subject and orientation to a topic that they may be interested in developing some more information around. And as I mentioned, those webinars are held monthly. Those are always added to the website.

Next. The last tool that I really wanted to remind everybody about is the self-assessment toolkit. This resource was developed to be consistent

with the expectations of the Healthy Start program. It is an opportunity for you to self-evaluate where your program is strong, where there areas for improvement. It's a great tool as you go into the NOFO period to sort of re-evaluate your overall program and where some of those areas are that you may wanna get some TA and support in strengthening your program in this next year.

The tool includes, in addition to the assessment form, a set of fact sheet that summarize some of the recommended interventions and best practices if you're looking to strengthen a particular area. Again, if you're looking to find this tool, if you want any help using it, if you are interested in getting some TA after you completed the assessment and have some areas that you'd like to work on, please contact us. We are always available to provide that expertise to you.

Next slide. And just as a reminder of a few other resources that are always available. As I mentioned in the monthly webinars, we are issuing another round of CLC scholarships. I think 75 has been approved for this year to really build the capacity of the staff to do breastfeeding support. There will also be a CLC breastfeeding peer-learning team for the CLCs. And there'll be two rounds of it in this coming year, so be sure to watch for that.

The e-news is available to anybody in the organization. So if you have staff who'd like to sign up to get notifications directly of upcoming trainings or resources, anybody can receive the e-news directly. And it's a nice way to be able to have immediate access to new information as it becomes available.

I know many of you have hosted a community workshop. Again, they continue to be available. If you've already hosted one, you are welcome to host another one. This is a list of the current topics that are available. For those of you who are not familiar with it, it involves you inviting your partners and your community and whatever staff you'd like to have come to a daylong intensive training on-site in your community. We provide the trainer and the travel expenses for the trainer and the curriculum. We ask you to host the event and to recruit the participants to attend the meeting.

Next. And then, the last few slides really are a teaser of some of the new initiatives we're hoping to roll out in the next few months. We are well aware that the fall is a busy time for everybody, so we really are designing these initiatives to not be very involved in the first few months

of the year but we'll really kick off around November and be more involved during the course of the latter half of the project period.

The first initiative is a pilot study that we're doing. It's the leadership and health equity initiative. We are going to be introducing an application process and accepting final applicants from 10 organizations to participate in the initiative. We are looking for interested organizations to nominate 10 coordinators, a Fatherhood coordinator, and a case manager care coordinator to really provide a walk through an ongoing peer-learning process to develop the leadership skills internally within the organization in those roles, as well as really foster their roles as leaders in the community, how they engage with the broader community to really promote maternal and child health issues in their community.

And as I mentioned, for the initial kick-off, it will happen in October with the webinar for the team. But most of the more involved work will happen over the course of November through March. There will be three face-to-face events, as well as inter-months virtual events. It will be a significant learning opportunity and really an opportunity to strengthen your program.

We will be providing a $15,000 grant to each participating organization to defray travel costs and some of the time involved for staff to participate. But if you're interested in engaging in this initiative, we ask that you fill out the application and really be prepared to have your staff commit time and resources to be able to grow that internal capacity for leadership and to identify opportunities for your organization to really have a leadership role in your community.

If you're interested in more information before you submit an application or if you want to talk to us about what this involves, we absolutely encourage you to call the helpline. And we can connect you with Naomi who will be leading this effort, and she can walk you through exactly what the process involves. And we really do encourage you to do it. It will be a wonderful organizational strengthening activity in this final year of this project period.

Next. Two other initiatives that we are rolling out this fall, one is the maternal mortality prevention initiative. And as you heard from Kimberly Sherman, maternal mortality prevention is a real priority of HRSA. It's an opportunity I think for Healthy Start to really connect with this effort and to strengthen our role in supporting women for having a healthy pregnancy and healthy outcome. We're gonna be developing a number

of resources, have a webinar series, and some other tools, participant-level tools that we think will be very supportive in promoting maternal mortality prevention. We'll be introducing more of those over the course of the next few months.

And then, the Fatherhood initiative. Durrell will be introducing a series of discussions with Fatherhood coordinators, male involvement coordinators. Again, there's a recruitment process to join that. I know he already has a group that is gonna be engaged in some of the initial three talk series that's happening September, October, November. And then, that will continue into a series of listening sessions.

The intent really is to identify what some of those promising and best practices are that we see throughout the Healthy Start programs that might be scaled up as the NOFO comes out. We have a little bit more information about what the future of Fatherhood in the Healthy Start program might look like. We will certainly try to align the development of resources and materials from these discussion groups and conversations to help strengthen and identify what opportunities all Healthy Start programs have for building their Fatherhood program.

And the intent is really to take all that information solicited through those conversations and share it in a summit. Hopefully, we will convene in the spring. Again, open to everybody to really help to share what is working in the field and what are some of those opportunities that others may want to pursue.

Next slide. I think that that is it. Yes. So here's some contact information again if you are interested in any of those initiatives, if you would like more information, if you're just looking for some TA, please contact us. We are happy to help at any time.

One final thing I note that there's been some conversation around the electronic screening tools that the EPIC program is supporting. If you're using an electronic screening tool, we are obviously gonna continue to support that through this project period which ends for you in March. But we are really encouraging everybody to begin the process of looking at how do you really strengthen your data collection reporting systems consistent with the care management case coordination activities that are really core to the Healthy Start program. And we will be working with our users of the electronic screening tool to really help you with that transition over the course of this next year. And that is all that I have to share. I don't know if I have any questions.

Michelle: Yes, you do, Suz. So the first question is, is another Healthy Start convention planned for the current funding cycle?

Suz: Excellent question. There will not be a convention this fall due to the fact that it's the sort of grant intense proposal writing season. We are talking to the division about either a conference near the end of the year, potentially kicking off the next funding round or the next schedule of conference, but right now, it's not this October but the following October.

We do hope to do some sort of a regional meeting option or another skill-building series, again, probably in sort of the winter-early spring, trying not to conflict too much with the first couple of months of the fall. But we'll definitely have training opportunities. It's not clear exactly at this point what the format of those will be. The Fatherhood Summit, if we have it, would probably be in March so it would be within this year, but it wouldn't be specifically a convention. It will be more targeted. Other questions?

Michelle: Yes. Is there an editable version of the grantees self-assessment tool? It'd be nice to do them electronically and save re-assessments over time.

Suz: Oh, that's an excellent idea. I'm sure we can try to figure that out. So I'm sure it is online. The question is whether or not the PDF can be edited. PDF can be edited with the right software, but let me check with the team and see if we can create a Word version and post that. And we will notify you through email if we are able to do that. Others?

Michelle: That's great. And so, now, we're going to move into a general question-answer session. We do have about 20-ish minutes to do that. So there are some questions from before that we've been saving. But if you have other questions, you can go ahead and chat them in. And we will try to answer them as best as we can. And if we run out of time, we will put them in a question-and-answer document. So let's start with some questions about funding. First, how will the 4.23% be allocated? And can we determine how we spend the money?

Benita: I don't understand how you will allocate it. Oh, you mean line by line item? Okay. That's a grants management question. And it should be determined once you receive your NOFO. You'll see how they allocate it or either under terms or comments, it will tell you how it will be allocated.

Michelle: Great. Thank you. And then, I think I have another question for you. With additional funding, are projects expected to reach 100% caseloads?

Johannie: Hi, this is Johannie. We haven't discussed that internally yet, so we'll have to get back to you on that.

Michelle: Okay. All right. So then we have a number of questions or a few questions at least about counting pregnant women. So it says that the aggregate reporting guide states the following, when a woman's status changes from pregnant to not pregnant, the grantee should report the current state of the woman at the time of the monthly report cut-off. And folks are wondering if those instructions have changed, and we should now count all women pregnant at any point in the year as pregnant for the monthly aggregate report.

Chris: So this is Chris. I just wanna make sure. I know that that sounds familiar to a previous version of the definition or the previous version of the instructions. So it's important that folks go to the EPIC Center website and pull up the actual guide, instruction guides that's current that looks at 2018 aggregate level data. And if I'm wrong, please let me know. But I'm pretty sure that we have a different way of defining how to look at counting women.

Please look at it and let me know. I'd be willing to entertain emails that come to the Healthy Start data mailbox countering or calling that into question. Because I don't have it front of me. I don't have the latest guides. I didn't think to bring it with me. Please look into it and see if that clears up your...I mean, supports the definition that I put in that bullet.

Michelle: Okay. All right. Thank you. So additional questions can be addressed to you, if the material is on the website don't clear it up. Got it. All right. The slides said that the 10th of the month is the 'starting date' for the aggregate report. Does that mean that the report is not due by the 10th?

Chris: Some people just submit it by the 10th. I mean, it's when you should start submitting your report. We're talking about the aggregate level data. You just start emailing to the Healthy Start data mailbox your aggregate data. And it's not due until the end of the month.

Michelle: So they report to you at the end of the month?

Chris: Yes. The reason why I say that is because I don't want people to wait a month if at all possible. Send it to us as soon as you can.

Michelle: Great. I understand that. So will the progress report we submit before the end of this year reflect the new performance measures or the old benchmarks?

Benita: [crosstalk 01:13:12] Oh, I'm sorry Johannie. This is a competitive year. So I'm not sure if I'm talking to... April 1 started, November 1, but November 1s have already submitted their progress report for the last year. If you're April 1, this is a competitive year. And we do not have progress reports submitted in this competitive year, a separate progress report. I hope that helps.

Michelle: Yes, thank you. So then, moving into some questions about HSMED. Will the optional questions not be included in the HSMED uploads once the changes are implemented?

Chris: I don't know. This is Chris. So I have to look at the system. Let me speak correctly. So when we have to update the HSMED to reflect the questions that we will start collecting answers from the client, when that happens to come to my attention or I receive that, then I can look at what the questions are there optional. I can't really tell you that all of them will not be acquired yet for the system to receive and upload the file. I have to look at what they are first, and then see how easy it is for me to change the system. So, I can't say anything to that aspect yet, but good question though.

Michelle: Okay. And then, I think I know the answer. But on that note, what's the timeline for screening tool changes to be reflected into HSMED data dictionary, XML, schema, etc.?

Chris: So good question. Data dictionary, I do not know. However, about everything within the system, I was just asking that question today. As I think about the future of the system to account and make changes and adapt to whatever the screening tools might become, and I can't speak to that yet.

Johannie: So we don't have a timeline yet. It really depends on OMB review. So there's no timeline that has been established until OMB gives us an answer.

Chris: [inaudible 01:18:20], and then we start from there to see how long

it takes for a system development and enhancement, how long it takes HSMED to adapt to the changes.

Michelle: Right. Well, the Healthy Start programs need to re-screen clients with these change tools.

Chris: This is Chris, and we did not address that yet. We would definitely look into it. And when we say re-screen, what we mean is re-screening questions or with the new tools. We wouldn't want you to go back and change the data for 2017 and data already collected in 2018 if that's what you're talking about. We will not expect data that's already been collected to be changed because of the new screening tools. I mean, not new screening tools, the revised screening tools.

[01:19:23]
[Silence]
[01:19:51]

Michelle: All right. So here is another question. On the evidence-based practice site, partners for healthy babies is listed as evidence-based. We've been told that's not an evidence-based curriculum. Will help you start recognize partners of healthy babies as evidence-based for the purposes of program implementation?

Johannie: I'll let Suz and her group answer that because that would be evidence-based practice tool that's on the EPIC website.

Suz: Yeah. This is Suz. Can I have our team revisit how they have documented it and notify you through the FAQ if we were in error?

Benita: I believe it's evidence-informed. I don't remember it being enlisted as evidence-based.

Michelle: Okay. Suz, another question for you. How do we request or apply for a community workshop?

Suz: Just call the helpline, and we will set one up with you.

Michelle: Great. And where can the applications be located for the new initiatives? Can you talk about that? People seem excited.

Sue: Sure. I believe that the leadership initiative will be posted to the website, but we will also send it around in the e-news as notification

when it gets up there. It's supposed to be posted on the 20th which is on Monday, next Monday. If you can't find it, again, feel free to call the helpline and we can send you right to the appropriate place. I'm not exactly sure where it will be at this moment, but I know that the plan is to have it available on the 20th.

Michelle: Great. And then some more questions on this initiative. Is the composition of the leadership and health equity initiative program team flexible?

Suz: We really are looking to have the coordinator, and the Fatherhood coordinator and sort of the care management case coordinator as the core team. If you have a particular thought which we have not considered, I would encourage you to talk to Naomi specifically, but that what we were thinking with the team.

And of course, the project director needs to be supportive of the effort. So we're thinking of it as a four-person team, but obviously, much of the work will be more focused with the coordinator level. But I would suggest if you have a thought about some other role that you can check with Naomi and just call the helpline and she can be connected for you.

Michelle: Thanks. We have two questions about the Fatherhood initiative, specifically around the timing of the Fatherhood Summit in March and potential conflicts with the NHSA meeting and whether or not we are planning to work NHSA on the initiative.

Suz: So the NHSA will not be having a conference in March this year, and the Fatherhood Summit would be a collaboration with the NHSA. So NHSA's next schedule of conference is scheduled for that October, the second October date that I mentioned, not this October but the following October. So there will not be a late winter early spring NHSA conference. If anything, it will be the Fatherhood Summit that we have around that time.

Michelle: Thanks, Sze. We do have some questions about the NOFO that's scheduled to released on August 24th, specifically wondering if there's gonna be any updates provided on that.

Johannie: This is Johannie.

Benita: Go on. I don't know what notes, but go on, Johannie.

Johannie: [inaudible 01:21:20] call through. So we have two different NOFOs in the division. First, for the Healthy Start program as well as for the supporting Healthy Start project. And both of these NOFOs are still under review and approval process. So there are no real updates on this right now.

Michelle: Thanks. All right. So we have a question about the community health worker course. Is there a requirement for all staff to complete the CHW modules?

Suz: This is Suz. There is not. There is a recommendation for a number of modules for selective staff like the project director and for community health workers if you want to receive certification. And I will defer to the division because there is some expectations for a selected number of modules to be viewed by particular staff. I don't know if you wanna add anything to that or just my description of the project director and community health worker sufficient.

Johannie: So I have to get back. I do believe we did set some goals, particularly for part one of the community health worker team. Part two, I think we also looked at just the select number of modules. But I don't have that expectation off the top of my head. So we'll have to get back to you about that.

Sue: We'll include it in the FAQ.

Michelle: All right. I think we have time for one maybe two more questions. So let me take a look here. So I guess some clarity around the schema updates. Again, so until the HSMED schema is updated, would the grantee should use old screening tools?

Chris: Yes, this is Chris. You will continue to report with the same screening tools or screening client until changes have been made.

Michelle: Great. And is there a progress report due in December?

Johannie: Hi. So as Benita stated before, you're entering the competitive cycle. So there is no progress report due at the end of this year. Your competitive application will count as a progress report.

Michelle: Okay. And then I think the last question that we have is, do you have a date by which more guidance might be available regarding the competitive grant or should they just look forward perhaps to the end

of August?

Johannie: So there's no further guidance. I would just continue to check [inaudible 01:28:01] and when it's released, all the information will be within the NOFO for consideration at that time.

Michelle: Thank you so much. And I do wanna be respectful of everyone's time, so I wanna say thank you all for joining us all today and for listening. Any questions that weren't addressed, we'll try to address through in FAQ. Remember, if you aren't on the Healthy Start list, please click the link that I think will posted into the chat. You can also email us at info@healthystartepic.org and we'll add you. And this will allow you to get regular emails that list upcoming training opportunities with links to register. And we encourage you all to get on the list if you aren't already. We send some really great information out. It's a really a good way to hear from us. And this concludes our webinar, and I wanna thank you all for your participation. I hope you have a great...