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Male: Ladies and gentlemen, thank you for standing by, and welcome to the Healthy Start Grantee orientation webinar. During the presentation all participants will be in a listen-only mode. If you'd like to ask a question during the presentation, please use the chat feature located in the lower left corner of your screen. If you need to reach an operator at any time please press *0. As a reminder, this webinar is being recorded. It's Tuesday, September 23rd, 2014. I would now like to turn the webinar over to Ms. Suze Friedrich from JSI. Please go ahead.

Suze Friedrich: Good afternoon and good morning everyone. I'd like to welcome you all to this orientation webinar for Healthy Start Grantees. My name is Suze Friedrich with JSI. JSI is working with the Healthy Start program to support your efforts to successfully implement your Healthy Start program. I'd like to start by congratulating all of you on your successful proposals. We know what a huge challenge you face in meeting the unique needs of your communities to improve the health outcomes of mothers and families. And we want you to know that the Healthy Start program and JSI are committed to helping you as you face this challenge. The purpose of today's webinar is to introduce you to the Healthy Start staff and the purpose and scope of the Healthy Start program. We will also review available assistance that you can access to help you as you implement your Healthy Start project. We realize we will be covering a lot of information in a short amount of time today. And we encourage you to ask questions throughout the presentation. As was mentioned, the chat box is provided for you to post questions. Unfortunately, due to the time constraints, we will likely not be able to address all of your questions during the webinar. However, we will prepare an FAQ with answers to all questions and disseminate those answers via email after the webinar. Please also know that this is not the last time. We'll review a lot of this material. We have a conference scheduled for November 19th and 20th that will go into much more depth on many of the topics discussed this afternoon. We will follow up this webinar with an email later this week with additional information. And your project officers and JSI are available to answer your questions at any time following this webinar. As was mentioned, we are taping the webinar. And it will be available for you to listen to again or to share with your staff. We'll provide the link to the webinar via email in a follow-up communication. I'm very pleased to introduce Dr. Hani Atrash, who is the director of the division of Healthy Start and perinatal services within HRSA's maternal and child health bureau. Dr. Atrash has

extensive experience and expertise with maternal and child health at CDC and now with the maternal and child health bureau. Following Dr. Atrash's welcome remarks, Makeva Rhoden, program management officer, will introduce the rest of the Healthy Start staff. We will also be hearing from Tonya Randall who is a grants management specialist with HRSA. And I will return to review the technical assistance and training services available from JSI at the end of those presentations. But first, I'd like to welcome Dr. Hani Atrash. Hani?

Dr. Atrash: Thank you, Suze. And good afternoon and good morning everyone. My name again is Hani Atrash. I'm the director of the division of Healthy Start and perinatal services. On behalf of our division, on behalf of the maternal and child health bureau and HRSA, I would like to welcome you to the Healthy Start team. You were selected from among a large pool of applicants because objective reviewers believe that you will be successful in implementing the new Healthy Start model. We look forward to working with your over the coming five years and hopefully longer. We will be seeking your support in areas where you could help us. And we will be ready to support you where you need our help. And please let us know when you need any of our support. We are very excited about this new chapter of Healthy Start and cannot wait to get going. I would like now to turn it over to Makeva Rhoden who will tell you about the rest of the day's webinar.

Makeva Rhoden: Thank you, Hani. Good afternoon to some and good morning to others. Again, my name is Makeva Rhoden. And I am a project officer in the division of Healthy Start and perinatal services. I am also the division lead for the Healthy Start project entitled "Healthy Start EPIC System" which you will hear more about as part of this presentation. I have the distinct pleasure now of not only introducing you to our staff but also introducing you to our agency and bureau as well. First, our program is housed in the Health Resources and Services Administration. The vision of HRSA is helping communities and helping people. And our mission is to improve health and achieve health equity through access to quality services, a skilled health force, and innovative programs. HRSA is comprised of six bureaus in thirteen offices. Our administrator is Dr. Mary Wakefield who joined us in February of 2009. Dr. Wakefield joined HRSA from the University of North Dakota where she was an associate dean for rural health at the school of medicine and health sciences. Additionally, our program is housed in the maternal and child health bureau. Our associate administrator for the maternal

and child health bureau is Dr. Michael Lu. He was named associate administrator of MCHB in November of 2011. And he joined us from the University of California, Los Angeles school of medicine and public health, where he was associate professor of obstetrics, gynecology, and public health. Now I am pleased to introduce you to our wonderful staff here in the Division of Healthy Start and Perinatal Services who will be assisting you as you implement your project. First, we have Dr. Hani Atrash who is our director. And you've already been introduced to him. Next we have Captain David de la Cruz who is our deputy director. We also have two branch chiefs. First, Ms. Beverly Wright who is the chief for the Healthy Start East branch. And then also Ms. Bonita Baker who is the chief for the Healthy Start West branch. We have a variety of projects in our division. One of our major projects is the infant mortality collaborative improvement in innovation network which we call our "Infant Mortality COIN." The coordinator for this wonderful project is Ms. Vanessa Lee. We also have Ms. Sharon Adamo with us who is our perinatal health specialist and also a Healthy Start project officer for the state of Michigan. The next couple of slides will introduce to you all of the project officers that are within our division whom you have probably already been introduced to during the welcome introductory call. We have Ms. Angela Hayes-Toliver, senior public health analyst. John McGovern, senior public health analyst. Juliann DeStefano, Captain Madeline Reyes, Commander Johannie Escarne, Commander Keisha Highsmith who is the director of our special initiatives and program planning and evaluation. Commander Willie Tompkins, myself Lieutenant Commander Makeva Rhoden, Ms. Kimberly Dever, and Trisha Chesler [SP]. Of course, we could not do any of our work without our wonderful staff assistants. Ms. Michelle Lowe [SP] and also Ms. Charlita Meredith [SP]. I urge each of you to get to know your project officer and understand what their expertise is in helping you deliver the services to your community and implement your Healthy Start program. Now we will have a presentation from our deputy director, Dr. David de la Cruz, who will provide you an overview of the Healthy Start program. David?

Dr. de la Cruz: Hello. Thank you, Makeva. So I'm going to start a little bit with some history of the Healthy Start program. Most of you should be familiar with Healthy Start if nothing else from what you learned and read in the FOA. Although I know that we have many grantees who have been grantees for many years. So the

National Healthy Start Program started as a presidential initiative under the first George Bush administration back in 1991. It actually started as a five year demonstration project. So 23 years later we're still going strong. It was designed to target communities with a high infant mortality rate as well as those communities with other adverse perinatal outcomes. Initially, Healthy Start began with the belief that community innovation and creativity was critical. Really with the thinking that the community knows better what would work best for their community and the population they're serving. While we still believe that you folks on the ground have a lot of really good information and knowledge and helpful ideas, this also creates a real problem for us. Because it turned out that if you saw one Healthy Start site, you've seen one Healthy Start site. There was no general way in which we could evaluate Healthy Start. Everyone was implementing the Healthy Start program in a unique way. So like I said that made evaluation very difficult. But we'll talk about that a little bit more in a second. So what have we done? How have we done? Back in 2010, based on a national evaluation conducted by Abt Associates, it was determined that 90% of all Healthy Start sites were implementing all nine core components of the program. But above and beyond that, many were also offering additional services that they found to be helpful and useful to their community. You'll see here that the infant mortality rate amongst Healthy Start program participants was 4.78, which is actually lower than the national average. And was actually significantly, greatly lower than the rate nationally for African Americans. A low birth weight was about 10%, compared to 8.1% nationally. And was lower than the national African American rate. And our very low birth weight rate was not significantly different than nationally. So we really have done quite well over time. And it's important to remember that Healthy Start grantees have always been serving the highest of the high risk women and families. Since we've been doing so well, since Healthy Start has been so successful, why did the bureau... why did HRSA decide to change it? Well, we like to think that we're not so much changing Healthy Start as much as reaffirming Healthy Start. And reaffirming what Congress expects from us. As Dr. Lu likes to say, "We're going from good to great." So after more than two decades, we realized that the foundation of clients upon which Healthy Start was originally based has changed. Times have changed. So in order to keep pace, align, and coordinate with some of the efforts that are going on more broadly in the department as well as in HRSA including home visiting, early head start. Some of the fatherhood and breastfeeding activities, some

of the activities being done at CDC and NIH. Some of the other things that are happening within the bureau and across the maternal and child health field, we wanted to reflect in Healthy Start. We also realized that Healthy Start began almost a quarter century ago, really with the belief that if you can identify women early in their pregnancy and get them into prenatal care, everything would be okay. That was the key activity around Healthy Start. It was really early and adequate prenatal care. And while we still absolutely believe and support early entry into prenatal care, we also realize that the few months of pregnancy will not be long enough to overcome or address the years, if not generations' worth of other issues our population is living with. Furthermore, we also absolutely celebrate a healthy birth. Every baby born healthy to our program participant is worth celebrating. But if that baby is going back into an unhealthy environment, an unhealthy household or an unhealthy community, our job is not quite done yet. So as we move forward, we decided we needed to refocus some of our efforts and modify some of our Healthy Start activities. So how did we do that? What informed our decisions and thinking around Healthy Start? This took many, many months, as I'm sure you can imagine. We really wanted to make sure that, as we were thinking about what Healthy Start should look like, what we should focus on, what we should keep, and what we should adapt, we really wanted to get the best information from folks in the field. And we did a very long and complete literature review. But we also did interviews with many, many maternal and child health experts including some of the strongest critics of Healthy Start. We interviewed more than two dozen people. So you see here that we also based our discussions around looking at previous evaluations and then also stack them [SP] and like I said, some of the literature stuff. Based on all that information we came up with some identified needs and priorities. And we realized that these are some of the things here that we really needed to focus on. We needed to make sure that we had measurable, clear expectations, interventions, work force, and scope of activities. All of those needed to be measurable and implemented in a way that was at least uniform or consistent. We wanted to be able to show that the work that was being done by Healthy Start or being done in these communities can be tied back to Healthy Start. So in order to do that, we also have a very strong data and information component surrounded by quality improvement and ongoing quality assurance. Sustainability and dissemination planning. We all know that in order for Healthy Start to succeed we shouldn't be doing this alone. We need to make sure that our grantees are looking to other

places and other partners to help. And then also, we wanted to look at program... not just program outcomes but also how Healthy Start was affecting the community and other health outcome indicators. So what are the main changes to Healthy Start? Well as I said earlier, one of the criticisms that we heard over and over again is that if you're a Healthy Start participant you're going to do well. As I showed earlier, your infant mortality rate or your low birth rate was actually below the national average. But what we did find out is if you live in the same neighborhood or even on the same street, maybe even in the same house, but you're not a Healthy Start client, you didn't always benefit from the services being provided by Healthy Start. So now Healthy Start is much more place-based focused. Not just individual client focused. We also heard that there were varying levels of expertise and training among Healthy Start workers. And that projects were using a variety of different curriculae or ways to implement their program. We really feel like it's very important that all Healthy Start workers at all levels have basic core competency and standardized training. And we also know that a Healthy Start woman is much more likely to have a healthy baby if she herself was healthy. So a healthy woman is more likely to have a healthy baby. And understanding that the time of pregnancy... Like I said earlier, it's not long enough to always address the myriad issues and conditions being faced by clients, women in our communities... that we are going to focus on the women and her family before, during, and after pregnancy. Furthermore, everything tells us that a woman is more likely to have a healthy birth outcome and a more stable living environment if, when appropriate, the male partner is included. So Healthy Start will refocus efforts on fatherhood initiatives. Making sure that the male partners are involved. But we also understand that waiting until the baby is born before we engage the father is way too late. So we will focus on helping you figure out when the right time for the father to become involved. And also for when that couple should decide when they want to start or add to their family. So an inter-conception or preconception focus. We know Healthy Start is not working in a vacuum. We know that Healthy Start should not be working alone or in a silo. So in order to affect community level change, Healthy Start needs to work with other agencies and organizations in their communities. We really see Healthy Start as being in a perfect position to serve as a community hub or facilitator. To pull together all the different activities and other grantees and other work that's being done by other organizations. As I said again, there's a focus on continuous quality improvement

and process evaluation using a variety of methods. What we don't want is to wait for four years to do a large scale, national evaluation to tell us how we're doing. In fact, we want to be collecting and analyzing ongoing data that will be reported by you all on a much more regular basis. On a monthly basis, not just on a semi regular basis. On a monthly basis. We'll talk more about that in a second. So what are the five approaches to Healthy Start model? Again, here they are. Improve women's health, promote quality services, strengthen family resilience, achieve collective impact, and increase accountability through quality improvement, performance monitoring, and evaluation. So we'll talk more about some of the other ways that we're going to support you. But I'm going to move to the Healthy Start funding. As you saw in the funding opportunity announcement, there are three levels of funding. In the past, regardless of your level of funding, everyone had the same expectations. We expected all Healthy Start sites, whether they received $250,000 or $2.5 million to have the same roles and responsibilities and have the same expectations. Now, the levels of funding reflect escalating levels of engagement and competencies, provide individual services to community but also to support women, infants, and families. So specifically, many of you are level one grantees. As you know, that's $750,000 annually for the next five years, pending availability of funds. The minimum program participants per year is 500. We expect... that's a rolling number. We don't anticipate every year for you to outreach and recruit 500 new clients. You need to at any one time have these 500 clients in your program. These level one grantees are supporting the Healthy Start program activities, the ones I just talked about. The five approaches. And our expectation is that these grantees are responsible for individual level effects. Now level two, these are up to $1.2 million per year. With the increased money, we also anticipate or expect you to serve more women and more program participants. That's up to 800 a year. You are expected to do the same work that level one is doing, those five services. But we also expect you to engage in additional activities, including FIMR, PPOR, maternal morbidity and mortality reviews. And you're also expected to reach the entire community. It's not just individual level focus anymore. You really should start to be driving collective impact. When work is being done in the community or neighborhood or even state level, we expect you to be leaders at the table. And then finally, level three is up to $2 million a year. You should serve 1,000 program participants a year. And in addition to the work that level one and two grantees will be doing, you also are expected to expand the maternal health

services. Support the development of a place-based initiative. But you also will be a resource for state, regional, and national action. So as work is being done in MCH around infant mortality at a national level, we expect you all to be at the table. The level three grantees will comprise a faculty of Healthy Start experts. And then also they will, as you see in the next slide here, they will also serve as the leadership and mentoring COIN. And I think we'll be talking about that coming up, when JSI speaks in a minute. So my last slide here is the Healthy Start map. You'll see what we tried to do here is each project officer was assigned a geographic area. We believe that this will help the project officer get a better feel for the context in which you're providing your services. They will get to know the key players in your state and in your region. Each project officer also has a nice mix of level one, two, and three. We think that also helps. I guess I could take this time also to say that I can give you a few statistics about you all. About who applied and how many we funded. As you all know, we funded 87 applications in this round. We're extremely happy about that. Fifty-four of you are level ones. Eighteen of you are level twos. And fifteen of you are level threes. So with that, I'll turn it back to Makeva who is going to talk about some project officer roles and some of the other responsibilities that we have in the division to help support you as you implement Healthy Start.

Makeva Rhoden: Thank you David for that overview of the Healthy Start program. Now, as David mentioned, I definitely want to go over just every briefly our role as project officers here in the division. We are definitely here to provide you some guidance as you implement these wonderful programs. And definitely to offer assistance whenever any type of technical assistance need arises. So just very quickly, let me go over some of the things that we are here to do. One, definitely we are here to have a working relationship with our grantees. We oftentimes communicate with you via email, by phone, or in person. And that's during some of the conferences or meetings that we may have in the D.C. area. Additionally, we must meet with you monthly. So I ask that you please work with your project officer that is assigned to your state and definitely schedule monthly meetings or check-ins so they can ensure that your project is on track. Additionally, we will conduct quarterly regional meetings with each of you. And those meetings will comprise of all of the states that a specific project officer may oversee. The project officers are also here to help monitor your performance and how you are

progressing with your program. Again, we want to make sure that everything is on track. Whenever a problem arises, we want to definitely make sure that we address it quickly and get you the assistance that you need. We ensure that you are meeting all of the terms, conditions, and reporting requirements for your program. And we monitor any changes that go on within your organization. On the screen, we have listed just a few of those changes in terms of changes with your principle investigator, your project director, any changes financially going on with your program. And additionally, any changes in scope or your work plans that go on throughout the year. You definitely want to alert your project officer immediately if any of these things should occur to your program. Because again, we are here to offer you assistance and proper guidance. Additionally, we provide guidance on programmatic issues and assist in meeting your technical assistance needs. While the project officers here in the division have a wealth of knowledge and information about the programmatic responsibilities associated with your project, we are also here to see any type of technical assistance that you may need and then work with JSI to make sure that you get that assistance. And that you can keep your project going. Now I would like to talk about some specific grantee responsibilities and expectations. And again, this kind of goes along with what I've already mentioned in terms of our project officer role. Again, we expect all of our grantees to attend individual monthly conference calls with your assigned project officer. Attend quarterly regional meetings. These meetings are definitely conference call style and sometimes they may be face to face meetings. But we do expect you to be on those calls or at least have a representative available for those meetings. We also ask that you participate in required training and conferences. Of course, you know that we have a conference coming up that is scheduled in November that you will hear more about later in this webinar. So we do ask that you attend that meeting or send a representative from your program for that meeting. Additionally, grantees are responsible for collecting data for specific reporting requirements. And I've listed some requirements here but I wanted to definitely go a little bit more in detail about some of the reporting requirements. First, during your monthly conference call, the grantee will be required to write a status on the progress of your work plan, program challenges, and accomplishments and seek out technical assistance needs. Also the project officer will be requesting basic enrollment participant data, such as number of newly enrolled participants, number of participants with health insurance and without

health insurance. Number of births and deaths, and total number of participants currently enrolled in your project. Additionally, you should already be aware that there are 34 benchmarks that you, the grantee, must report on. In the next five to seven months, we expect all grantees to have aggregate data available for most benchmark areas. We are expecting to hold several webinars that will provide the details regarding the definitions and requirements for all 34 benchmarks. And then finally, in terms of the performance measure, the performance measures will be reported once per year to HRSA's electronic handbook or our discretionary grant information system on DDIS. Also, there will be several webinars to address requirements for the performance measure as well. So we will provide additional information in followup emails about when these webinars will take place so that you can get accurate information about how you collect your performance measures and how you can meet your benchmarks. Our expectation is that you, the grantee, will start collecting data for all three reporting areas once you begin serving program participants. And again, we are here to support you and to provide you guidance. So if you have questions about any of those areas that I've just mentioned, please email your project officer. As I already said before, these are the systems that we use to record most of our data information. Of course, the newest one on here is our Healthy Start management and evaluation system and that will be up and running in about five to seven months. So we do ask that our grantees, for the time being, the way that you are currently collecting data, continue to collect it using your systems. And we will provide additional information about when you are supposed to begin using our new Healthy Start database. This is just a helpful rule of thumb. We ask that whenever you have any questions, please do contact your project officer. We do not want a problem to exist that we do not know about. We want to definitely have that information and address it as quickly as possible. As always, please remember to submit all of your questions to your project officer in writing so that we can give you the most accurate response. Additionally, oftentimes grantees will send in questions that may be applicable to others. So we want to be able to share this information with other grantees as well. Thank you. Are there any questions?

Suze Friedrich: This is Suze from JSI. We had a number of people put questions in the chat box. I just want to encourage anyone who wants to add questions to please feel free to do that. I'm going to read the question out loud and if someone from

Healthy Start could please respond. The first question is, after year one, will half of program participants need to be pregnant?

Makeva Rhoden: And Dr. Atrash is here to answer that question.

Dr. Atrash: Actually, during year one and after year one, it's expected to have a minimum of half of the clients to be pregnant women. We're saying minimum 500, 800, 1,000 and hoping that you serve more. But at any time, because this is about outcomes of pregnancy, reducing infant mortality by law, we need to focus on pregnant women. So if you're serving three quarters because you funded for nine months this year, three quarters of 500, 800, 1,000... Half of that number needs to be pregnant women.

Suze Friedrich: I have a second question. But before I do that, a number of people are raising their hand. And we need you to chat in because we are not able to open up the line to let you talk directly at this point. Second question, will there be an increase in the number of Healthy Start projects funded during this five year grant period?

Dr. Atrash: That all depends on availability of funds. The current amount of money we have is only enough to fund those 87 grantees, which is the group we're talking to. If Congress decides to give us more money, we'll definitely support more grantees. But that is something we don't know.

Makeva Rhoden: Alright. And Suze, there's one more question in queue. I'm going to put it in.

Suze Friedrich: Okay. Next question. Will these monthly reporting requirements be sent to us in a document?

Dr. de la Cruz: Yeah. This is David. I can answer that one. The short answer is yes. So just a little bit more information about these requirements, just to clarify an earlier couple of numbers we talked about. There are 22 benchmarks listed in the FOA that you'll be required to address, plus 12 performance measures. That's where that 34 comes from. What we are planning on doing while we're getting this Healthy Start monitoring evaluation system up and running, we still expect you to be providing services to your program participants. We will provide you with the type of information we want to discuss with you on a monthly basis. It's a short

term solution. Whether it be a spreadsheet or some sort of Excel spreadsheet, Access database, something that will make it easy for you to present to us at the division. Just some very basic dashboard type information that gives a quick picture of the work that you're doing. That information will become part of a larger reporting requirement that we'll start implementing when we do the more complete Healthy Start information system.

Suze Friedrich: All right. At this point, I know that we have some additional questions. We're a little worried. We don't want to keep you late beyond the scheduled time for this webinar. So we're going to hold off until the end. If we have additional time, we'll answer some more questions. But as I mentioned, we will absolutely send out answers to all the questions via email following the webinar. So you will get your questions answered soon. Probably by the end of this week. But at this point, we're going to proceed with the presentation and hold for additional questions until the end. Is Tonya available?

Tonya Randall: Yes.

Makeva Rhoden: Has she logged in? Is she on?

Tonya Randall: I am available.

Makeva Rhoden: Fabulous. Thank you.

Suze Friedrich: Tonya, would you like to proceed?

Tonya Randall: Yes. Hello. My name is Tonya Randall. I am the lead grants management specialist for the Healthy Start program. There are two other grant management specialists assigned to this program: Donna Garth [SP] and Tammi Jess [SP]. One of the three of us is the contact GMS for any fiscal questions that you may have. I'm going to also go over the roles and responsibilities of the GMS. I'm going to squeeze this in. This isn't a slide for this one. The roles and responsibilities for the GMS, provide clarification on grants, regulations, and financial aspects of the project. We review and make recommendations on continued federal support. We monitor compliance with grant requirements and cost policies. Monitors receipt of all required reports and follow up if necessary to obtain delinquent reports. We also issue the notice of grant award. Okay. Post award requirements. Notice of award. The notice of award is a legal document

issued to the receiving organization. It indicates an award has been made and that funds may be requested from the designated HRSA system. The notice of award reflects pertinent information about the grant such as the grant number, name of recipient organization, name of the program director, approved project period and budget period start and end dates, the amount of federal funds authorized, as well as applicable terms and conditions of award, to name some. When an award is made, a HRSA project officer and a grants management specialist will be assigned to oversee the implementation of your project. Payment management system, PMS. All payments for grants awarded by HRSA are made through the division of payment management. The contact information for PMS is located on the notice of award. So any questions in regards to drawing down your funds, you will contact the payment management system for direction or instruction. Prior approvals. For example budget revisions, change in work scope, change in key personnel, etc. The prior approval requests are submitted through EHB. All prior approval requests. The most common approval request requiring HRSA's approval is change in scope or objective, change in project director, change of organization, business address, requests for carryover balance of unobligated federal funds, no cost extensions, and so forth. It helps and saves time to discuss all post award requests with your PO or your GMS prior to submission. Some things aren't necessary to go into post award. And so always check first. Next, reporting requirements. Reporting requirements, performance measure reports, federal financial reports. Reporting requirements identifies the various reports and due dates of the grants such as FFRs and progress reports. The standard form, 425 federal financial report, is initiated by the grant's office. It's a statement of financial expenditures. This is located in EHB and must be submitted through EHB. It is submitted annually and the due date for this report is found on the notice of award. On this particular grant, you also have a performance report. I believe that was already mentioned. And the due date for that also is found on the notice of grant award. Any questions pertaining to the... Okay I think I said that. Any questions pertaining to the performance report will go to the program office. Any questions on a financial report, the FFR will be sent to the grants management specialist. Purchase of equipment. HRSA's definition of equipment is $5,000 per unit or more. Some of you may have noticed that you put funds in the equipment category and they were moved to the other category because they did not meet HRSA's equipment. So just because it is a computer does not mean that it is equipment. It has to be $5,000 or more per unit. Contacts. I

spoke on the contacts earlier on. Program specific issues will go to the program office. Financial issues will go to the grants management specialist. And anything regarding your PMS account is directed to the PMS account representative. I think that's my last slide. But I want to quickly just go over some useful reporting requirement information. Some of this I've said already but I just want to reinforce it. All items should be entered in HRSA, EHB. Be proactive if you anticipate any issues. The PI is ultimately responsible, that's the program investigator or the project director, is ultimately responsible for everything, including reporting. So a few tips and reminders. Read your notice of award including the attached pages which contain critical information and requirements relative to the grant. Make sure that the contact information including email addresses of the business official and person identified in the application are correct. Submit financial reports on time as required by your grant terms and conditions. I think I skipped a slide. Report budget deviations larger than 25% of your total grant budget to your GMS. Exercise sound fiscal responsibility. Regularly communicate with your GMS and your PO. I think that's it. If you can see what I skipped... Because I can tell that I overlooked something on the slide but I just can't call it, Makeva.

Makeva Rhoden: No, Tonya. You were okay.

Tonya Randall: I'm Okay? Okay, great. Okay. Thank you very much. Makeva Rhoden: Thank you Tonya, for giving that brief overview of some grantee responsibilities in relation to post award requirements. As you guys can see on the screen, there's a link to one of our HRSA sites, where you can get additional information as to your grantee responsibilities in relation to grants oversight. Our division director, Dr. Hani Atrash, wants to give one more comment before we proceed with our presentation.

Dr. Atrash: Yeah. Hello again. I want to go back and correct my answer to the possibility of having additional grantees. There is, in fact, a possibility that we may have some additional grantees in 2015. I think I misspoke when I answered the question before.

Makeva Rhoden: All right. And if you guys have any questions, again, please use our chat feature because we're monitoring it. And we're putting questions in queue

for us to answer as we move throughout the presentation. Now I believe Megan, do you want to introduce Suze, who will be doing our presentation from JSI?

Suze Friedrich: I'm happy to introduce myself, if that's all right, Makeva. Again, this is Suze Friedrich from JSI. I did want to say that I've noticed a few comments in the box asking if these slides will be available. Because obviously there's good contact information on the slides as well as some background information. We will be distributing the slides in the followup email. So you'll have those and, as I said, the presentation will be taped and posted. So people can listen to it as well. One of the significant changes in the Healthy Start program is the availability of substantial technical assistance and support provided to grantees as you implement your program. JSI is committed to helping you achieve program goals to effectively meet the needs of your communities and to improve the health outcomes of your program participants. There will be a number of different ways of accessing us to get assistance. I happen to have on this screen a dedicated email address that you can use, healthystartepic@jsi.com. But you'll be learning more about how to connect with us at the conference in November and in some followup emails after this webinar. In the next slides, I will briefly introduce you to JSI, including our mission and approach to providing capacity building assistance. I'm also going to review expectations for the Healthy Start program and to describe the support that will be available through JSI to help you. JSI is a public health consulting firm. We were founded in 1978. Our mission is to improve the health of under-served people and communities. We work with public and private health care and public health organizations to improve the delivery of health services to the most vulnerable residents nationwide. We're successful when our work has a sustainable impact on individuals' and communities' ability to achieve desired outcomes. In other words, we're successful only when you are successful. JSI has offices in eight locations around the country. Staff of this project are located in all of our offices. In addition, we will be drawing from consultants and Healthy Start staff from all over the country to support you. This means we can provide you with assistance close to where you are located and that assistance will be knowledgeable about the unique constraints and issues you face in your state and region. If you'd like more information about JSI, here are some references you can access. Again, we will include these in the followup email if you're interested in looking into them. So now I'd like to take some time to briefly review our approach to

supporting you as you implement your Healthy Start project. The first step in supporting you is to understand what Healthy Start is and what the expectations are for you as grantees. I know many of you are wondering what we mean by the new Healthy Start program. And for those of you who have been providing Healthy Start services for years, you may be wondering what this means in terms of changes that you need to do in order to align with the new program. You probably have heard the Healthy Start program is formalizing or standardizing the Healthy Start model. Rest assured, Healthy Start is not a single intervention or even a series of interventions. It is not a cookie-cutter solution that looks the same in all your programs. We recognize that there is no "one size fits all" to address the unique needs of each program participant. While Healthy Start will not look the same in all of your programs, there is a standard approach we want all Healthy Start grantees to follow to ensure program goals are met. So to ensure that all Healthy Start program participants have good health outcomes, the focus of the Healthy Start program is to assure access to needed services across the perinatal period for all participants. In other words, to achieve program goals, Healthy Start grantees assure program participants have access to needed services across the perinatal period. When we talk about the perinatal period, we're referring to the four P's, which begins before conception and includes the prenatal and postpartum period, up through two years after the baby's delivery. During those early parenting phase. In each phase of the perinatal period, there are a number of services and supports that may be provided to the woman, depending on her circumstances, which are associated with positive birth outcome. As I mentioned, all Healthy Start grantees are expected to follow a common approach to identifying and providing essential services to women before, during, and after pregnancy. This approach is defined by the four EPIC principles. These four principles build on the historical experience of the Healthy Start program and reflect what we know to achieve program goals that work in reducing infant mortality and disparities and improving perinatal outcome. When we talk about the four principles of Healthy Start, these are what we are referring to. The four Healthy Start principles can be easily remembered with the acronym EPIC, E-P-I-C. These principles should not be new to those of you who have been providing Healthy Start services. Going forward, however, we will be consciously addressing these issues throughout your planning and implementation efforts. The first of the four principles is E, which stands for "Evaluate need and impact." Because the first step in your successful planning requires that you

understand the unique needs of your community and partners. You need to conduct a community assessment to understand what those needs are. Only by understanding the needs of your community can you target your intervention to effectively address those needs. Critical to your success is the understanding that this must be a continuous process. You must re-evaluate regularly to see if what you are doing is making a difference in the health of your participants. Again, E, evaluate need and impact, involves conducting a regular community needs assessment to identify gaps in services and conduct performance monitoring to determine if the strategies you are using are working. The second of the four principles is P, for partnering for collective impact. As you are well aware, achieving the Healthy Start program goals of reduced infant mortality, disparities, and improved maternal outcomes cannot be achieved by you alone. Your success depends on your ability to build on the resources of your community and to build strong collaborative partnerships to achieve a functioning system of services for your participants. All grantees are expected to participate actively in a community action network to achieve collective impact. So again, the second is P, partnering for collective impact. To establish a shared vision and engage partners in a community action network to achieve program results. The third principle is I, for implementing evidence-based practices. There is no need to reinvent the wheel. We should be implementing what we know works. There are many evidence-based practices to apply across the perinatal period. And we expect all grantees to look to these interventions to address local needs. JSI has assembled an inventory of interventions and we are available to help you identify and implement those interventions with fidelity. At the same time, we know there are gaps where no evidence-based practice exists. We look forward to working with you to document new practices to address those gaps and the knowledge base. So implementing evidence-based practice involves using perinatal health and community strengthening interventions that have been rigorously evaluated and proven effective. And the last of the four principles is C, for considering the context. Just as you know you can't operate in a vacuum and you need to partner. We also know that our participants do not exist in a vacuum. Our success in achieving good health outcomes for our participants requires that we recognize and respond to the broad social, economic, and environmental factors which impact their health outcomes. We know this is a unique strength of the Healthy Start program, as you've been at the forefront of the life course approach for years. Again,

considering the context involves integrating the social determinants of health and life course theory model in your project planning and activities. So we will be asking you to follow the EPIC approach across the perinatal period to ensure that the work you are doing is both meeting the needs of participants and is proving effective. To support you, JSI is establishing the Healthy Start EPIC Center. The Healthy Start EPIC center is a one stop shop where you can go to get assistance. It is our goal to build a Healthy Start community which supports you in planning and implementing your program. Again, our success depends on your success. And we believe that the way to support you involves branding the Healthy Start model so that all stakeholders understand what Healthy Start is about and why it is important to the communities where you operate. We want to build recognition for Healthy Start as an effective program to ensure it is around for the long term. And to do that, we'll be helping you to build your skills, to implement evidence-based practices, and to continuously evaluate the effectiveness of your interventions in achieving program goals. We're very excited to work closely with the level three grantees and other grantees to share your expertise with your peers. And to build an internal roster of experts who understand what it takes to be successful at the local level. So JSI will be providing a number of services to build capacity through the Healthy Start EPIC Center. As I mentioned, we will be working to brand and raise awareness of the Healthy Start model nationally. We'll also be providing trainings including at the national grantee meetings, the first of which is scheduled November 19th and 20th of this year. Regional face to face meetings, a series of monthly webinars, and online training modules available through a learning management system. We will be developing reference and marketing materials to support your programs. Individual and group technical assistance will be available. We will be partnering with the level three grantees to operate six to eight learning collaboratives. And we expect all grantees will participate in at least one learning collaborative on a topic that is important to you. We're also going to be establishing a website where you can get information, access to training, request technical assistance, and communicate with your fellow grantees. The website will be live in early January. And finally, we will be establishing a Healthy Start COIN, or a collaborative improvement innovation network, to identify strategies for Healthy Start success and to disseminate lessons learned to all grantees. The Healthy Start COIN will be staffed with the level three grantees. A theme you've probably been hearing is that it is critical that the Healthy Start program document

our effectiveness. Built into all of the work over the next few years is the need to evaluate our success and document our impact. We will be actively evaluating all the work that JSI does to support you. And concurrently, the Healthy Start program will be evaluating the impact of the Healthy Start program nationally. We are counting on you to respond to all requests for feedback and documentation so we can prove the Healthy Start model is effective in meeting participant needs. And to continuously improve the services that JSI provides to support you. Your first opportunity to provide that feedback will occur immediately following this webinar. Please complete the link evaluating this webinar. We will be tracking your responses and look for 100% participation. This is your chance to make sure that the work JSI does meets your needs. You will also be receiving via email a link to complete a summary of your program early next week. Again, please complete it and return it promptly. We will assemble a directory so that you can learn more about what your peers are doing and how to connect with them. We will be distributing that directory at the November conference. Some key dates we need you to reserve going forward and I know there've been a number of questions about, how do we set up our travel arrangements and everything for these events and conferences. We will be sending out information very soon for registration for the event. But it's important to reserve the dates now. The first date that we ask that you be aware of is the next webinar is scheduled for October 23rd. This webinar is for level three grantees only and the purpose of this webinar is to explain the additional expectations for level three grantees who will serve as peer consultants and share their expertise and experience with other Healthy Start grantees. So in thinking about who from your level three program should attend the webinar, we ask that you identify one or two staff who are prepared to serve as peer consultants. These individuals should be interested in group dynamics, be process and goal oriented, be interested in measuring outcomes and success, enjoy interpersonal exchange and have strong communication and facilitation skills. They also must be prepared to commit one to two days a month as part of a learning collaborative. So please think about the best people from your staff who will be available to perform that role and support the other Healthy Start grantees. A level three institute is going to be conducted November 18th and 19th. Again, this would be for those individuals who are building their capacity to serve as peer consultants to other Healthy Start grantees. That institute is going to be a skill building workshop and it's scheduled for November 18th and 19th. Immediately following the level three

institute, we will be hosting the first grantee conference on November 19th and 20th. The conference should be attended by all grantee project directors and up to one additional staff person from your organization. Level three staff participating in the level three institute are welcome to stay through the grantee conference as well. Both meetings will be conducted at the same hotel in the D.C. area, and you'll receive registration information very soon. The purpose of the conference will be to really, again, orient you to the Healthy Start model and go into much more detail on the four EPIC principles and how to apply them in your program. We will also be using the conference as an opportunity to identify what your training and technical assistance needs are going forward. So we really look forward to you informing us where you need the most assistance. In preparation of the November conference, we are looking for grantees who have demonstrated capability in each of the four EPIC principles to share with your peers. If your program has expertise in any of these four areas, we would love to hear about it. For example, if your program has conducted a needs assessment and used those results to set program priorities and identify interventions, or if your program has established a particularly effective CAN [SP] or if you've been successful identifying and implementing evidence-based practices or have been successful addressing the social determinants, we ask that you contact your project officer, who will link you to JSI. Again, we are very much looking forward to having grantees share expertise with your peers because you know best how to do things at the local level. So before I open it up to a few more questions I just want to thank you all for participating. Again, we realize that there was a lot of information that we shared today. We will be following up with email, providing you with the slides, contact information, registration information. And we ask that you complete whatever information we send for the program abstract so that we can prepare that into a directory. If you are interested in being a speaker or if you have any questions, we encourage you to contact your project officer or JSI directly and we will be happy to follow up. Again, we ask that you do complete the evaluation survey at the end of this webinar. So I see that there are many questions. Since we have a few minutes left, I'm going to start at the top.

Makeva Rhoden: Before you begin, can I just make one comment?

Suze Friedrich: Please. Yes.

Makeva Rhoden: In terms of providing all of you on the phone or all of our grantees' information, we will be setting up a LISTSERV through JSI and you will then receive important Healthy Start information through this LISTSERV. Your project officer should have already received information from you or inquired about who should be included on that LISTSERV. If not, please send your name or other staff members' names and contact information to your project officer so you can be included on the LISTSERV and be updated on any important information about Healthy Start. Again, we are using JSI as an extension of our division but also as a communication tool for all of our grantees. So we really want you to become familiar with them and become familiar with the assistance that they can provide you throughout your project period. All right. Go ahead, Suze.

Suze Friedrich: Thank you. So, first question, for the Healthy Start management and evaluation system, will we be submitting aggregate or patient level information?

Dr. de la Cruz: It's patient level data. So let's talk a little more about that. This is something that we have thought a lot about and discussed a lot with lots of different folks. We see this Healthy Start monitoring tool to add no extra burden to the grantee. We expect you all to be able to pull the information that we are requesting from the records that you will already be keeping on each one of your program participants. As we have learned over the years, by site visits and by reviewing all the applications and documents that you all submit, you all keep a very complete medical record or chart or information on your grantees. We are just going to be asking for part of that information. We don't anticipate you having to collect anything new or anything different to report to us. I know there have been some other questions or some concern about that system and how is that going to interact with any sort of system you may already have? A key feature of the reporting system or the data component system is that it will interact or interface with whatever system you're currently using. So if you have a data collection system that you use now that you like that you want to continue or that you're mandated to continue because you're part of a larger grantee organization, you're welcome to do so. What we will ask our contractor who will be helping develop this system for us is that it will work with all the other types of systems that are out there. Again, there should be no additional burden to you all. If you don't have a data collection system that you like or want or you don't want to develop your own,

we will provide you with this data collection system. In itself, could be used as your data monitoring tool. So you can either keep the one you have and this will be an add-on to it or interface with it or you can use ours. It'll be up to you.

Dr. Atrash: There are several questions about evaluation. The purpose of the information system is to enable us to monitor the performance at the local level. We are in the process of designing a national evaluation which will include comparison groups. We've already instituted a technical expert panel that has about ten members. Senior level experts in evaluation. They will be meeting October 7th for a couple of days to come up with a plan for the evaluation. And if it requires immediate data collection from comparison groups, we'll start that soon. So there will be a national evaluation. The information system will be used for local evaluation and for program monitoring and management. But yes, there will be an evaluation. We've started already designing it. We're not going to wait for three or four years and then decide what information we need. We need to decide today what information, what comparison group, how we're going to do it and start implementing it as soon as the design is completed.

Suze Friedrich: The next question continued from the first one. It says, "Can you say more about the new database? We need to know whether to proceed with revising our case management system or waiting for the new database?"

Dr. de la Cruz: Right. So again, if you want... I mean, we expect you to be enrolling and providing services now. We understand there is a start-up time. We expect you to already be in the community outreaching and enrolling clients. The work that you're doing, you want to make sure that you're capturing that. So if you have a way to do that, if you want to use your database, your data collection tool, please do so. But until ours is ready to go... as I said, we are going to provide you with a spreadsheet or some sort of Access database, an interim step, knowing that we want to capture what you're doing now, but we're not quite ready to release the Healthy Start monitoring system.

Dr Atrash: If you have a system whereby you're collecting data on clients, please continue to use it. But if you’re going to establish a new system, we want you to wait until our data collection forms are ready so you could start with them rather than start the system for a few months and then shift to a new system.

Suze Friedrich: The next question is for Dr. Atrash. They'd like you to repeat your statement about the minimum number of pregnant women participants that must be served in the abbreviated year one period.

Dr. Atrash: Okay. So, this is very, very clearly stated in the FOA. Level one grantees are expected to serve 500 clients minimum. And clients are defined as pregnant women, women of reproductive age, and infants up to the age of two years. Level two is 800 and level three is 1,000. Half of those clients at least have to be pregnant women. Since you're being funded only for nine months, which is three quarters of the year, for the first year, we expect you to serve a minimum of three quarters of the 500. Not half patients but you can round up so you don't have half individuals. So three quarters of 800 is 600. Three quarters of 1,000 is 750. Three quarters of 500 is 300 whatever. You can calculate what the three quarters would be.

Makeva Rhoden: Three seventy-five.

Dr. Atrash: Three seventy-five.

Dr. de la Cruz: And let's all be clear that these are program participants. These are people who you are case managing. These aren't people who just show up once for a health education class or who you touch in a health fair. These are clients who are receiving the full complement of Healthy Start services.

Dr. Atrash: And that's why men... We want you to include men in your services but since they are not being case managed, they just come along with their partners and attend classes and so on. They are not counted as clients. Although we still expect you to enroll as many male partners as possible. That's an extremely important component of the program.

Suze Friedrich: The next question is, "When can we expect to see the format for the impact summary due December 1st, 2014?"

Dr. de la Cruz: This is good. I'm glad we're answering this one. This is... For those of you who are brand new Healthy Start grantees, this won't make sense to you. The impact report has been released. It was released over the summer. It should be in your... You should have received emails from your project officer. Those emails went through to your project director. If you have any specific questions about

wrapping up the work from your old Healthy Start grantee, please reach out to your project officer.

Suze Friedrich: The next question, "Can we serve patients who are not in the ZIP codes we identified in our grant applications?"

Dr. de la Cruz: The short, bottom line answer is, you were very specifically approved based on the review of your application to serve the population that you outlined in your application. That population, that community, is what made you eligible. So you need to be very careful that if you go outside of what you proposed that you still are meeting what you submitted in your application. So if you want to expand, that's something you can talk to your project officer about. However, if you aren't serving or if you don't plan on serving who you described in your application, that's a significant change of scope and you would really need to be able to justify why you would need to do that. Now if you need to expand your service area to meet the requirements of the number of women, the number of program participants, that's one thing. But again, you were very carefully screened and approved based on what you submitted in your application.

Suze Friedrich: And the final question, "Are we going to move toward a standardized approach to case management and will guidance be provided on that?" Makeva Rhoden: This is Makeva. As JSI has already stated, they will be working on providing you a variety of training and technical assistance. And they are going to be looking at necessary material that they want to make available to you to assist you in doing your case management. So we are already in the process of looking at what types of curriculae can be used for your particular project. But again, in the interim, the information that you provided in your proposal, if you stated that you're going to use a specific curriculum for your project, you can use that particular curriculum. Because you've already stated it in your proposal and that was part of your work plan. We will be providing you information as we move forward these next couple of months in terms of additional curriculum that we may suggest for you and your project, in order for you to do case management. Dr. de la Cruz: So just two last comments I want to make. Just to be clear that the November in person meeting is going to be in the D.C. area. Level three grantees will come in for the first day and a half. And then everyone will come in for the second day and a half. So the afternoon of the second day and the entire third day. Just to be clear,

we do expect, it is mandated that level three stays the entire time, and levels one and two come in for the second day and a half. Now, who should come? Again, we expect the project director to come. That's the day to day manager of the activities that you are doing. And then based on the agenda that will be released soon, you can decide who is the most appropriate person... the second person from your grantee organization to come. So once you review the agenda you may decide that it should be your fiscal person, it should be your head case manager, it should be your deputy project director. So that's important also. The last thing I want to say is, and I think Makeva talked about it a little bit. It was on one of the slides and also our colleagues at JSI talked about it also. There are going to be times when you're going to get requests from us of a quick turnaround for information. There are also going to be times when those requests come from JSI. It's imperative that you answer those requests in a very timely manner. And we expect to answer them quickly and we need to have a 100% response rate. We try not to ask you for information that we can gather on our own through review of your application or another way. But there are going to be specific times when, because of a Congressional request or request from the White House or a request from something that we need quick response rate from you all. So whether the question comes from us or the request comes from JSI. Again JSI... we're looking at them as an extension of the division. So a request from them should be held in the same level as a request from the division.

Dr. Atrash: And there will be requests from JSI to help them determine what the technical assistance needs, what the training needs, and other issues that they can support you with are. And therefore, the more responses we have... Again, as David said, we really expect 100% response. That will help us manage the program better. It will help JSI be more responsive to your needs and design technical assistance tools as needed. So we appreciate your being understanding of those requests are not just because we like to have information but we will be using all the information collected to manage the program at the national level.

Makeva Rhoden: Thank you.

Suze Friedrich: This is Suze. And just to reiterate... I mean I think hopefully it's very clear that we really just want to emphasize how much the program and JSI are sort of working with you to document the effectiveness of this program so that it

can continue to do its good work going forward. Makeva, are there any other last minute comments or are we ready to close out the webinar?

Makeva Rhoden: We do not have any more comments. I do want to just remind individuals, we are looking at your questions in the chat feature. We know that we were not able to answer all the questions during this webinar. However, we are putting together an FAQ sheet that will list all of the questions that we have received. And we will supply this sheet to all of our grantees via the newly formed Healthy Start LISTSERV. I think that's all, Suze.

Suze Friedrich: All right. Well, thank you everyone for participating. And again, when you exit, please complete the evaluation form. And we look forward to working closely with you over the next five years at least to make sure that we are effective, both JSI, the program, and each of you.

Makeva Rhoden: Thank you.

Dr. de la Cruz: Congratulations.

Dr. Atrash: Thank you everyone.

Suze Friedrich: Congratulations.

Male: Ladies and gentlemen, that does complete the webinar for today. Have a great day everyone.