



**MCHB (Maternal and Child Health Bureau)  
Health Resources and Services Administration**

# Conversation with DHSPS

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11/3/2016

Escarne, Jhannie (HRSA)

## Conversations with the Division of Healthy Start & Perinatal Services

November 3, 2016



**Event:** Conversation with DHSPS

**Date:** 11/3/2016

**Event Coordinator:** i:0#.w|hrsa\jescarne

**Adobe Connect License:** Seminar1500

**Unique Users:** 182 Users

**Audio:** Universal Voice/ Conference Bridge

**Start and End Time:** 2:30PM – 4:00PM ET

**Duration:** 90 Minutes

**URL:**

[https://hrsaseminar.adobeconnect.com/dhsps\\_conversation/](https://hrsaseminar.adobeconnect.com/dhsps_conversation/)

## **Problems Encountered with Adobe Connect Pro**

No Problems Encountered

### **Recording**

Title: Conversation with DHSPS\_0

Type: Recording

Duration: 01:21:56

Disk usage: 58433.3 KB

Permissions: Same as parent folder

URL for Viewing:

<https://hrsaseminar.adobeconnect.com/p8r6gh8s3h4/>

Summary:

Recording Date: 11/03/2016 2:07 PM

## Attendees

2787525

Alyson Cobb

Alyssa Travis

Angela Hayes-Toliver

Angela Shields Wadley

Angela Williams

Anna Gruver

April Scott

April Snelling

Araceli M. Flores

Arletha Howard

b bragg

Barbara Scott

Benita Baker

Bruce Ives

Candace Christian

carol mack

Catherine Casimere

CB

Christina Lottie

Christine

Christopher Williams

Christy

Christy Hacker

Closed Captioner

Connie Morrow

Contessa McQueen

Cynthia Dean

Cynthia Price

Dana Cruz Santana

Dara M. Gray

Darby Taylor

Dave Bechhoefer

Debi Michtom

Deborah Allen

Deborah Frazier

Dolores Vasquez

Don Sutherland

E. Ann Ingram

Elana M

Elizabeth McInerney

Erica Little

Faye Johnson

Felicia Hanney

Gail Ross

Gina Hopkins

Healthy Start at Johns Hopkins All Children's Hospital

Heavenly Mitchell

irma hall

Jacqueline Goodman

Jacqueline Gray

Jakasha Johnson

jaxtell

Jeanine Valrie-Logan

Jemea Dorsey

Jennifer Murphy-James

Jill Nelson

joann smith

Joanne Craig

Jodi Drisko

Johannie Escarne

Joy Twesigye

Judith McCrea

Juliann

June Gray

Kamisha Busby

Kara Bower

Karla

Karla Sayer Wilburn

Kathie

Kathryn Icenhower

Katie DeAngelis

Katie Keating

Kaylynn

Kelly Bellinger

kimberly R. Alston

Kori Eberle

Kristen Copenhaver

Lakeisha Johnson

Lashelle

Leanne

Lee-Ann Weber-Hatch

Linda Burton

Linda Ebbert

[lindsey.cencula@cchmc.org](mailto:lindsey.cencula@cchmc.org)

Lisa Budris

Lisa GreenMills

Lisa Matthews

Lisa Sargent-Davis

LL

Lo Berry

Lori Hardy

M.Barron

Mamie Smith

marci rosa

Margaret Turner

Margie Hudson

Maria Benke

Maria Danforth

Marilyn Wenner

Mary Beth

Mary Schultheis

Mary-Powel Thomas

Mattlyn Debrick

maxine

Megan Hiltner

Megan Walsh

Megan Young

Melanie Williams

Melissa

Melissa Thomas

Meloney Baty

Michele Spainhower

Michelle Loh

Misha Taherbhai

Mona Davis

Myra Pressman

Myrna Thompson

Nashell Williams

Natasha Ray

Niccole McKinley

Paddy

Paige Mitchell

Pam Hume

Pam waugh

Patricia McGrane

Paula Brodie

PDPH Healthy Start

Peggy Vander Meulen

Penny Smith

Penny Womeldorff

Phillip Nunn

priscilla faucher

Quintella Matthews

R. Ratney

R. Wilson

Rachel Sisson

ray howard

Reem Ghandour

Regina Hopkins

Rick Carlson

Rickey Green

Rosie Simpson

Sabrina Anderson

san lat

Sandra Inglett

Sandra Lloyd

Sarah Barrett

Sarika Parasuraman

Saundra Ivey

Segrid Renne

Shannon Williams

Sharon Adamo

Sharon Ross-Donaldson

Shauna Meador

Shawn Ware-Avant

Shawna Chapman

Shazia Aslam

Shira

Stephanie Wade

Stephannie Young

Suz Friedrich

T Woodruff

Tamara Duncan

Tara

terra

Tim

Tim Peyton

Timika Anderson Reeves

Tina LaFountain

tonya

Tonya Bolden-Ball

Tracy Nunez

UNTHSC Healthy Start

UW Madison

Valentina LaFountain

Valerie Garrison (Rochester HS)

Vanessa Lee

Vella Black-Roberts

Virginia Berry White

windy cocklin

yara

## Chat History

**Mary-Powel Thomas:** Has the audio started yet? I'm only hearing hold music.

**Sabrina Anderson:** We will be start momentarily

**Mary-Powel Thomas:** OK, thanks!

**Michele Spainhower:** Hello Megan!

**Kelly Bellinger:** Hi, there is a bad humming sound on the audio feed

**June Gray:** how do you download the slides

**Maria Danforth:** Maria Danforth-Oneida

**Valerie Garrison (Rochester HS):** Can you please resend instructions for where we can download the handouts?

**Megan Hiltner:** We will post the slides to the Healthy Start EPIC Center website ([healthystartepic.org](http://healthystartepic.org)) following the webinar.

**Megan Hiltner:** The handouts posted below this chat box can be downloaded by clicking on the file and you'll be prompted with a download option.

**Linda Ebbert:** Is this meeting mandatory?

**Mary-Powel Thomas:** How do you record the vote? I'm not seeing a "submit" button.

**Segrid Renne:** how to submit the poll

**Segrid Renne:** thanks

**Sharon Ross-Donaldson:** Is this meeting also in conjunction with the National Healthy Start Association?

**Peggy Vander Meulen:** I am very perplexed that the grantee meeting for 2017 was attached to a non-Healthy /Start agency rather than with the NHSA Spring conference which is Healthy Start. Or to work with NHSA to host a HS Leadership Training Institute as we used to do in the fall .

**Stephanie Wade:** Where will the meeting be held?

**Sandra Inglett:** What is the approximate cost for attending?

**Rickey Green:** Will the grantee meeting have a focus Healthy Start Specifics

**Timika Anderson Reeves:** Do you all know the cost

**Felicia Hanney:** Hello: My vote is Very likely to attend

**kimberly R. Alston:** will we be able to use grant dollars to attend?

**Rickey Green:** I meant the City Match Conference

**Mary-Powel Thomas:** Wow! \$450-\$500 is a lot for registration...

**April Scott:** When is the reporting period for November 1st grantees for the NCC report?

**Tamara Duncan:** How many participants can attend this convention?

**terra:** Can you explain why HS is shifting and having a joint meeting next year?

**b bragg:** Is there an expectation regarding number of people attending a combined meeting?

**Misha Taherbhai:** I dont see the file share on the screen

**Bruce Ives:** The documents in the File Share section won't download.

**Michele Spainhower:** Click on the file and then click the button that says Download File.....see if that will work for you.

**Bruce Ives: No button appears when I click on the file.**

**Peggy Vander Meulen: If this is a mandatory meeting, it is concerning that we are being required to give our HS funds to a non-HS entity.**

**Michele Spainhower: Do you see a button that says download file below the file share box Bruce? Your screen may not look like mine.**

**Michele Spainhower: Or...if you send me your email I will happily email it to you.**

**Tara: [Tara.fox@gptchb.org](mailto:Tara.fox@gptchb.org)**

**Valerie Garrison (Rochester HS): Can funds be spent in a budget period for an event happening in a following period (for example plane tickets purchased in the last month of a budget period (May) for a conference in the first month of a budget period (June))**

**Jeanine Valrie-Logan: are we still looking at the same slide?**

**E. Ann Ingram: i dont have a download button either. please send**

**E. Ann Ingram: [eann.ingram@centerstone.org](mailto:eann.ingram@centerstone.org)**

**Valerie Garrison (Rochester HS): e. ann: the download button only became active for me when i clicked on a file to download**

**Michele Spainhower: Tara and E. Ann.....I emailed....let me know if you received**

**E. Ann Ingram: yes, thanks**

**Stephanie Wade: When will a flow chart of reports, including quarterly FFR reports be posted?**

**Linda Ebbert: Please explain 90 day liquidation period**

**Catherine Casimere: When will the guidance for the NCC Progress Report be posted in the EHBs?**

**Kelly Bellinger: Linda - when you obligate funds by the end of the reporting period, you have 90 days after the end date of the reporting period to pay for those services/products**

**Alyson Cobb: Here is the link for the Timeline of Key Dates on the Project Management Hub that was referenced -  
<http://3wfszldy500zpi631vvzqi12.wpengine.netdna-cdn.com/wp-content/uploads/2015/11/Schedule-Timeline-of-Key-HS-Dates-Updated-10-14-16.pdf>**

**Linda Ebbert: Thank-you Kelly**

**Michele Spainhower: Thank you for the FAQ....it's very helpful**

**Sharon Ross-Donaldson: Since a consumer can refuse to sign the consent form & therefore not uploaded to HSMED, will the data (# of consumers) in the HSMED be counted as the official # of consumers served by a HS Project?**

**Judith McCrea: 4 days isn't really enough time b/w telling us and having the report due**

**Valerie Garrison (Rochester HS): So the updated reporting form will match our new monthly call format?**

**Vella Black-Roberts: what is the age range of the children?**

**Faye Johnson: Faye Johnson: Served monthly duplicated or unduplicated?**

**marci rosa: so we won't get credit for clients that don't consent?**

**jaxtell: Will the new screening tools be completed by only newly enrolled clients, or will we have to go back and do them for all active clients?**

**Kelly Bellinger:** Why would a participant who is not agreeing to consent to the screening tools not be included in the total count of those served?

**Judith McCrea:** Our HRSA Project Officer shared yesterday that she has never had access to our monthly reports. Can this be rectified so the effort is being seen?

**Patricia McGrane:** Will consent forms be translated to other languages?

**Sharon Ross-Donaldson:** Just to be clear, a HS Project could possible serve more people than what is submitted to the HSMED but the HS Project will only get "Credit" for those submitted? Is that what you confirmed with a "yes" response?

**Mary-Powel Thomas:** In an email yesterday, Jamelle Banks told me that if a client did not consent to be part of the evaluation, she **WOULD** still count toward the required number of participants. Chris Lim just said the opposite. Please clarify.

**Tim:** What is the reading level of the consent? it seems to read at too high a level appropriate for our clients.

**Judith McCrea:** I've heard via DOH that we were chosen but no word from HRSA. When will we find out?

**Sandra Inglett:** The study proposal refers to Appendix's A, B, C, D and E. These were not included in the package. We will need these forms to presnt to the University IRB for approval.

**Sharon Ross-Donaldson:** Is the final version of the screening tools available at this time? If so, where can they be accessed?

**Valerie Garrison (Rochester HS):** is there a chart outlining which consent forms are used for whom, and whether participants who do not consent are still counted? i thought i understood it all, but am now confused. i thought we were required to collect and report on the information collected in the screening tools for ALL participants, not just those participating in the evaluation. and i

thought the IRB forms were for all participants whose data would be uploaded to HSMED...if they do not consent, they won't be counted as participants.

Megan Hiltner: FYI the set of screening tools submitted to OMB for approval are available on the healthystart EPIC Center website here <http://healthystartepic.org/screening-tools/>

Cynthia Price: Those persons who are consenting participants must have Human subjects training. Please refresh our memory on the accepted sources of this training for staff.

marci rosa: Will HRSA be working with the states and jurisdictions to get the data sharing agreements signed?

Sandra Inglett: How do we proceed when OMB has not given approval to the screening tools, the data agreement is in draft form and we can't upload data until our University IRB gives approval. They will not approve until all forms are approved and not in draft form. Suggestions please?

Valerie Garrison (Rochester HS): so is there a separate consent form for uploading to MSMED not related to the evaluation?

Valerie Garrison (Rochester HS): \*HSMED

UW Madison: So those who consent are counted as a participant; are they also counted towards the benchmark %'s?

Sandra Inglett: If everyone does not use the same screening tools this invalidates the evaluation process doesn't it?

Misha Taherbhai: If the data in the screening tools is required, then how do we obtain it for those that don't consent for evaluation?

Pam Hume: why would you consent people before the new screening tools come out when you are engaging people with the old screening tools?

**Megan Hiltner: Applications due Nov. 18 and can be submitted to [info@nationalhealthystart.org](mailto:info@nationalhealthystart.org)**

**Peggy Vander Meulen: We would be interested in serving as mentors, but would prefer to serve by offering TA on particular topics or areas of expertise, e.g., CHWs, Racial Equity, fatherhood, etc., rather than mentor a particular project / PD. Is that a possibility?**

**Shawn Ware-Avant: Is there information for Mentees relative to the kind of support that can be anticipated from a Mentor?**

**Michele Spainhower: Does it have to be the Project Director?**

**Michele Spainhower: that mentors**

**Shawn Ware-Avant: Can Project Managers/Coordinators under the PD also be provided mentoring?**

**Judith McCrea: I tried 3x and the link didn't work.**

**Linda Ebbert: What help could we expect from a Mentor?**

**Shawn Ware-Avant: and does the MENTEE have to be a PD?**

**Peggy Vander Meulen: Just a reminder and suggestion to COIIN to look at the work on Standardization done a few years ago by the National IHS Evaluation Workgroup, including Case management. using CoA standards rather than reinventing the wheel.**

**Leanne: will the powerpoint presentation be available?**

**Judith McCrea: can you please do a quick update on where we stand with benchmarks? In July we heard they were in effect 10/1 but yesterday I heard not yet. What's the final verdict?**

**Jacqueline Goodman: From what I understand, the national evaluation plan is for participants with a known or expected delivery in CY2017. For participants**

**that enroll that do not meet these criteria (delivery later than 2017), we should not consent/collect/send screening tool or linkage variable data for these participants?**

**Lo Berry: Please share the rationale for having a HS conjoint meeting instead of HS Annual Meeting?**

**Kelly Bellinger: If the project translates the screening tools that are not in English or Spanish, will those responses be considered valid for research purposes?**

**Rickey Green: will there be answer for to the questions not answered today, somewhere?**

**Sharon Ross-Donaldson: November 6th is a Saturday. Is that the correct date?**

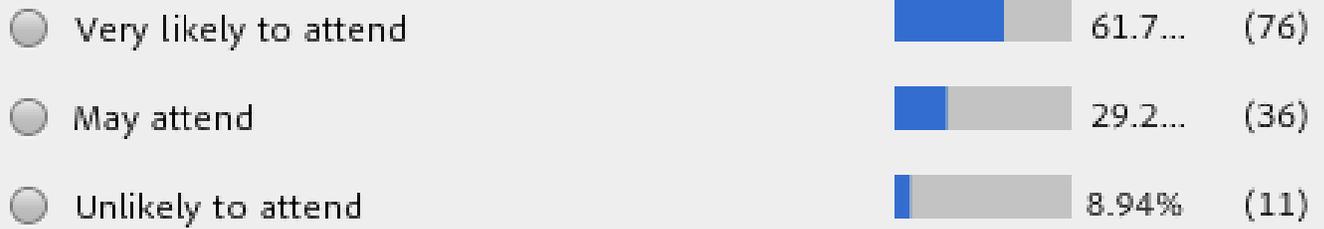
**Deborah Allen 2: Confusion about use of the tools: can they be used with women who don't consent as long as their data are not submitted?**

**Shawn Ware-Avant: Thank You. Very informative.**

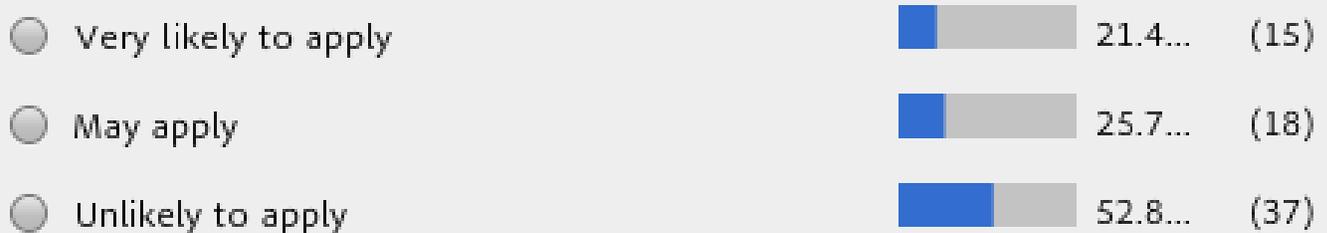
**Rosie Simpson: When will these itmes mentioned be posted on EPIC? Please**

## Polls

No Healthy Start Convention will be scheduled for Fall 2017. Instead, Healthy Start will partner with CityMatCH to hold an annual meeting. How likely are you to attend the joint CityMatCH/Healthy Start Conference in Nashville, TN in September 2017?



The new Mentoring program is open to all Level 1, 2 and 3 Project Directors with strong programmatic and operational skills. How likely are you to apply as a Mentor?



Q&A

N/A

## Transcript

**Event ID: 3081017**

**Event Started: 11/3/2016 6:30:00 PM**

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**Please stand by for realtime captions.**

**>> Thank you for standing by. Today's conference is being recorded. If you have any objections you make the skin that does make you make to connect at any time. I would now like to turn the call over to your post, Megan. You may begin. Welcome everyone to this conversation with the division of webinar. I am with the healthy start center. I have a few housekeeping announcements before I turn it over to the folks at the division. I want to let you know we have approximately 90 minute set aside for this webinar. With me are multiple folks. They are here to provide you with an update today. And to give you an opportunity to ask questions. I am going to turn it over to Dr. Madelyn Reyes period a couple more announcements. We are recording the webinar. An FAQ document will be posted after the webinar. As the operator said, will only take questions to the chat logs. If you have questions chapter in at any time. The chat box is on the left portion of your screen. Also, under the box that says files shared there are handouts we will be referencing. If you want to download those, you want to double-click on the handout. You can download those as well. We will taking -- will be taking questions between each of the speakers today. We have reserved a large**

portion of our session for Q&A. That is all of the housekeeping announcements that I have.

>> Good afternoon everyone. Welcome to the conversations with the division one are. I am Madelyn Reyes, a senior nurse consultant . I bring greetings to you from our division director and deputy director. On behalf of the healthy start team I welcome you to this quarter's conversation with the division. This is the fourth in a series this year. We continue to hold these quarterly webinars as our way of keeping our 3 point commitment to you. To maintain an open can indication's policy. To provide you with updates and to offer you an opportunity to ask any questions related to the program and its implementation. I would like to remind you that if you have any questions for the division, do not wait between webinars. Please contact our office or your project officer at any time. Your project officers should always be your first point of contact. You may always contact our director and deputy director or either of the branch chiefs. At the conclusion of today's webinar we will be fielding questions to provide clarification and as much information as we possibly can. Throughout the presentation, please put your questions and comments in the chat box. We will get through as many as time allows today. All of the questions that we answer, even the ones we do not have time to answer, we will have an answer later and post them on the healthy start epic Center website. Thank you again and we hope you enjoyed the webinar. Now I will turn it over to Bentia Baker in Johannie Escarne pixmap as you may have noted, the cortex is back. Hopefully, you have received that November forecast. It should have been sent out last week. Please take the time to review the forecast. For April 1 grantees, and you should be receiving notification of the progress

report instructions tomorrow. The reporting period for this report is November 1,. The reporting period for this report is November 1, 2016. The due date is December 5. If you have any questions, please contact your project officer regarding this progress report. Speakers, please make sure you are on mute while someone is speaking. We are on a continuing resolution until December 9. November 1 grantees will receive 19% of their total award on their recent in 08 which are being released now. Following the release of your in over a, project officers will send the progress report. Now I will give an update around regional meetings. Project officers will be discussing regional meetings with their projects beginning shortly if they have not already. The regional meetings will be scheduled between June through September 2017. In order to have all of these regional meetings during that time we are trying to confirm locations for the meetings by January 3. Project officers will be discussing the new expectations for host grantees on future calls. Next, we will discuss the city match conference that will be held September 19 and 20th and 2017 in Nashville Tennessee. Now we have a poll. I have posted a poll asking if healthy start grantees are likely to attend a combined meeting between healthy start and city match. Please respond to the polls we have an idea of how many people are anticipating that participating in this meeting. They met while. Responding to the poll, can you provide us with more background about the joint event ? Right now we are in the planning stage of city match. More information will be forthcoming. We are in the very early planning stages. That's about all for now. I am seeing questions about the poll. Is there a submit button on the poll that people need to click on in order to submit their response ? Or do you just click on the radio

button that is their response to the poll ? Yes, it is just the circular button. Just click on the radio button in the pop-up poll and your response will be captured. One more quick question, and I correct that this is in view of the convention -- in lieu of the convention ? As stated in the forecast, there will be no healthy start convention and 2017. We are looking to have -- as usual we want to make sure that we have an opportunity for grantees to come together. In this city match meeting is one of the opportunities that we have identified that may be a place where we can have our own tagalong meeting. And the meeting will be held in Nashville, Tennessee. Correct. There are quite a few questions. I will go through a few of them. And then people posit and take more them towards the end of the webinar. There was a question about the cost. I have seen in preliminary planning that the approximate registration will be around \$450. And potentially[ Indiscernible ]. Between \$450 and \$500 is the registration fee that I have seen in the planning document. I did see another question. And then we can move along. Why don't we go ahead and move along. And I will try to capture a lot of these questions into a more organized fashion. The last program update that I want to give everyone is that we have uploaded to this webinar a timeline of key events for program related activities. Please download this document for your review. It is listed under the file share pod that you see on the screen. This document is also available on the web it doesn't on the epic website under the program management hub. I am remiss I did not include our staffing update. I think some of you have met our new staff on board. I wanted to reiterate that we have new staff on board. First we have Dawn Levinson, Christina Lottie and Sandra Matholsah. I will turn it over to sever Morgan for the division of

grants management operations. Select first of all, I need to ask if other people can hear me okay ? This is not really an update. This is about everyday business for all grantees. And that is how to work with your budget. Isn't that informative ? [ laughter ] It is so tempting when you receive one of these in your email box to go straight to walk well. But we want to go to box 7. This box is so important. It tells you how much you have, you notice that it is not long to obligate those funds that she see in box 12 -- that you see in box 12. Sometimes it is less than a year. The last date you see in box 7 tells you the last day that you can obligate those funds -- any of those funds that you see in box 12. Some people have had questions about what the word obligate means. We were talking about this. And that we did meet grants management to talk about what that word means. We are doing everyday business here. What does the word obligate mean? You obligate funds when you tell someone that you will pay them. You can obligate funds by ordering goods, you can do it by hiring people. You can obligate funds by contracting with a vendor. Box 7 shows a short period of time. That's go down to box 8. Have I been looking at the bright box ? Let's look at the project period. Can you scroll down just a little bit on the slide. Let me tell you about this. This grantee, who ever this may be is in the third year, like so many of you are of eight 5 year project period. A project period is the same thing as a funding cycle. You will notice here that your next budget period starts June 1. What if you were not finished spending the money that came along in box 7? What will happen now? We know that you need the money and you know you need the money. And so do your people. But can you go on spending that money ? Can you go on obligating the leftover money ? That answer is absolutely not. That is

not how federal funds work. They are yours to use within the budget period. What are we going to do here? The next year has started. And you have started doing what you are supposed to do. Which is obligating funds for the next budget year. What we do about those funds that are next over -- left over ? We are going to start understanding what to do about the remaining funds. This information is on your notice of award. Don't worry if you cannot read that. This is a reporting requirement. This requirement is the one that tells you that you have to send in a federal financial report. Notice the date on that report. You would not believe how many people do not notice the date on the report. Which gets us late with the next budget period. We do not want to do that. We want to keep things tight. You get with your financial officer and figure out what you need to write on this report before you turn it in. This is someone's report. We try to get all identifying information off of there. But you will see these lines on your report. And you need to write and your information. What this report tells you is that you need to categorize the funds you have been granted. Federal share of expenditures. This means that you told someone that you would pay them and you did. You paid them during the budget period itself or during the 90 day liquidation period that follows every budget period. People may have questions about the 90 day liquidation period. We can keep the conversation going. The next one is federal share of unliquidated obligations. That means funds were obligated but remain unliquidated. That means you told someone that you would pay them but they have not sent you an invoice yet. We hope to keep this on a very small percentage of the funds that you have been given. Grantees, please stay on top of your vendors. Make sure

they send those invoices in on time. The next category is unobligated balance. These are funds that you did not happen to obligate during the time. The most important thing, this category, the unobligated balance is eligible for a carryover request. But only if you submit the carryover request to HRSA. You are not allowed to obligate those funds until HRSA receives a request. How do we request a carryover? The first step is on the Avenue SR itself. -- FSR Itself. When you do your FFR. And you are clicking on the button and typing in the numbers. Yes, you do click in the circle. The most important thing here is to lead the words that are beside that circle. Those words tell you that you must follow up with HRSA. That is what we need for you to do. You will go into the HP -- EHP and you will request prior approval and you will click carryover. Let's go on to the next. Your carryover request has 2 items in it. And they are, you can read them. You can read all of those words of they are. Keep in mind, a carryover is to finish what you started. And according to the work plan that was approved. Also keep in mind which you will see on the next slide. The approval is not guaranteed. But, what is guaranteed is that we will give every consideration. That may mean that we may mean for you to clarify for us what is it that you mean? Yes, I will call you or send you some emails. We will let you know that this is unclear. Let's talk about what causes people to need a carryover request. These are everything -- everyday things that happen in the course of managing your money in the budget period. Here are three of the most common. To have a contractor not work out ? Had you ever lost an employee ? Did something into not costing you as much as you thought it would cost? What is helpful, and what will help you is being efficient in addressing these things that do come up. Get on them

right away. Here is another helpful hand in addressing changing needs. This is something very important that will help you hold down your paperwork. You can adjust your budget to account for things that come up. You are entitled to this. -- I should forsake you are authorized for that. Granted, there are gray areas. And that is where the HRSA staff comes in. Even though you can do this and we budget your funds. It does not mean that we do not welcome your calls and emails. Because we do. We can even do things for you with just emails. Is talk about the people who will help you. You have your project officers. There are your healthy starts grant management specialist. There is one name on your notice of award. We do welcome your calls and emails to help you stay on track and keeping the money moving out toward the people that you serve. We are always open for questions. I have to mention, our grant management staff have a new collie. Sharon. She helped us with our slides today. We are so grateful that she has come to HRSA. And I will turn it back over to Bentia and Johannie .

>> There is one question on the chat box. The question is, can funds be spent in the budget period for an event happening in the following period. Plane tickets purchased in the last month of a budget period for a conference in the first part of the budget period ? What it sounds like, yes, you may obligate your funds for that conference. You may liquidate those funds you have not finished working with the money. You still have to attend the conference. This does come up a lot. The answer is yes, yes, yes. One more question. I believe this is more you Bentia . When is reporting for November 1 for the noncompeting continuation report? The reporting period for the noncompeting applications ? Yes. They are not doing a noncompete

right now. It will be April 1. But it is November 1 But it is November 1, 2015 through October 31 through October 31, 2016. Here is one more question. When will a flowchart of reports including the quarterly FFR purports to be posted? We just posted that timeline of key dates which is on the file share pod in this webinar. It is also available on the epic website in the project management hub. Let me tell you how to download. All of those handouts are in the file share portion of the left part of your screen. There are files listed they are. If you hover over them, the one you want to download, you can click on it and think you will get a download file button. You click on that download file button and you will be taken to be able to download that. We will be posting these handouts to the epic center website. Thank you for the presentation Sarah. You have great tone with presenting the grant management information. Our next presenter is Chris Lim.

>> As many of you know I work with the data management system. We are going to shift a little bit into talking about that. And I also work with the healthy start data. I will give you some updates momentarily. Everyone can hear me correct ? I've -- one of the updates would be to look at the FAQ document that FAQ was developed by the assistant to address many of the frequently asked questions that we have received since we had the healthy start convention in September. We did our best to reconcile those questions and come up with answers. Please make use of the epic you. We understand that everyone may not have all of their questions answered. We will hopefully be able to insert a couple more questions later. It is a good FAQ. We got a lot of internal feedback. It will be uploaded after today's call. Onto the healthy start epic center website. You can also download it here. I would like to move us to

updating everyone on our upcoming webinars. Or webinar series. We will begin our three-part series and doing our best to go over in detail more about what we expect from the reporting into the new system. And what we would like to inform you an update you regularly regarding the evaluation piece. We hope to start the first session on December 6 and pencil to send out. We would like everyone to make an attempt to attend. It will be from 2 PM until 3:30 PM Eastern time. We will send out some other notification that will reference that webinar. I would like to move us into the monthly reporting. We have made some updates. The updates include shifting a few of our data metrics. Right now, total clients served, we request that you provide the cumulative number. We will be shifting to a monthly data account. Provide us the total number of clients you have received services for the month. Every month. That is a major change. Another change will be our breakout of our total participants. We will break it down to women who are pregnant or nonpregnant, infants and children. I know that it seems vague to you, but you have gotten some exposure. Some of you should have seen your monthly call template change. And we will be updating you further in the future. We are currently working on getting the manual and instruction guide finalized. We would like to again to put this into effect for the December 10 reporting for the November 2016 data. And we will provide more update in the December 6 call. Regarding the healthy start monitoring and evaluation system, you heard this at the convention. We plan on having for you a pre-registration before we go live. Everyone look at providing you with an XML format or tool soon. Hopefully no later than December 2016 as well. Then we will provide the training in January 2017 and looking at providing more

guidance and the expectations to start reporting by February 2017. Currently, we are hoping to get you preregister. We will be sending out a reminder. We know that a lot of grantees experience changes in staff. We will start offering the first part of training in January 2017 to help grantees prepare for the data reporting. And the other training will be to help grantees be able to interface and upload the report into the new system. That will occur between January and February 2017. I think that is all I have to discuss. Some there are a few questions that have come in. The first question, since consumer can refuse to sign the consent form and not upload it to be HSMED will it be counted at the official number of consumers served by healthy project? Yes. The updated reporting form will match the grantees new monthly call format ? It will better match. It will be more unlined. We will discuss it for their -- further. It will better match that in terms of the breakdown of the participants that we serve. There were a few more questions, but we will get to those after all the speakers have gone. Next, I will turn it over to you, Jamelle Banks to talk about the national healthy start evaluation. I am the chief evaluation officer. I will begin the updates with an IRB updates. We received IRB approval in September and we sent you all the improved her call and informed consent forms. Notice that there are 2 informed consent forms. Bills provide language on thinking to vital records. The informed consent title and the linkage should be used by the 85 grantees that are not included in the grand sampling portion of the evaluation. The 15 sites that were randomly selected should use the informed consent title. The protocol and consent form cover the following items.

Participation in the evaluation, completing the screening tools in providing the information to HRSA. Providing participant individual

identifiers to the state. Making client level data to vital records and sharing linked identified data with HRSA. The protocol is approved for one year. Since sending the approved protocol, we have received quite a few questions. I will go through a few of the most common questions. The first question is, when can we begin consenting participants? Grantees may be -- may begin to consent participants now. And you can collect the participants individual identifiers for any participant with expected or known delivery date and calendar year 2017. The second most common question, do grantees go back and consent current enrollees are only new enrollees? The informed consent should be collected for anyone completing the screen tools and participating in the evaluation. This means grantees will have to go back and collect consent forms for current enrollees and any new enrollees. As Chris mentioned, when the HSMED launches, the division of healthy start will populate the data with data collected on current enrollees. I believe at a minimum the current participants are encouraged to complete the demographic intake. Please note that the screening tools may not be deleted by the participant until it is received. The third question is if a participant does not consent to be in the evaluation, can she still be counted as a participant and still receive services? The answer is yes. If the participant is not consent to the evaluation you need to counter and the participant and provide services to her. She will not be able to complete the screening tools or have her information link to her vital records. The next question, can grantees make changes to the informed consent or do grantees have to use the informed consent. You may modify or tailor the informed consent to your population but the language cannot contradict what is in the approved protocol or consent form. We also ask that you do

not remove any language that pertains to the evaluation, completing the screening tools, providing individual identifiers, thinking to vital records and sharing the -- and sharing de-identified data to HRSA. We realize that some grantees have several grants operating at their site. If you are enrolling participants you will need to use the informed consent that we provided. In the last common question we perceive is, if a participant does not consent to be in the evaluation, does she still have to fill out the screening tool? The healthy start screening tools were included in this protocol and they require consent to be completed. The screening tools serve several purposes only one of which is being the source of information for the evaluation. The others offer case management purposes. All participants are encouraged to complete the screening tool. However, if a woman does not consent to the evaluation, she does not have to complete the screening tools. Even if she initially provides consent, at any time she can decline to answer all or any part of the screening tool and not allow her information to be linked to vital records and also not allow her to the identified information to be shared with HRSA. I am sure we will receive additional questions regarding the IRB protocol and process. Please feel free to contact me if you have any questions. Moving on. We posted the Federal Register notice requesting public comment in June. It was open for 60 days. Between July and August we perceived 229 distinct comments from 23 individuals or organizations including healthy start grantees, universities, nonprofit organizations and state and county health departments. A majority of those comments, were regarding the tool. The screening tools included comments regarding the clinical nature of the question. Through a pilot test of the screening tools in July, we found that the

time to administer the screening tool was much shorter than the original estimate. Based on the comments we received for revisions were made to the screening tool and we submit the final package at the end of August for review by the OMB officer. We met with the officer yesterday and responded to a number of questions. We also submitted minor revisions to our document. Those documents are being reviewed. We hope to have OMB approval in the next month or two. The next item is the evaluation support contract. We were awarded the contract in September. They had conducted previous evaluations of the healthy start program. We have subcontracted to assist with the vital linkage records contract. They will develop a participant survey, providing TA and monitoring for the vital records linkage and preparing preliminary and final evaluation for ports. We held our kickoff meeting in October and the contract is underway. My final update today are on the PRAMS oversampling participation. We have acceptance from 11 states. We currently have 13 of the 15 healthy start grantees needed. We do not have a southern level III grantee or of border grantee represented. We reached out in Texas, Maryland, Florida and North Carolina. They provided varying reasons for why they would not be able to participate. Some included limited staff and resources, and concerns about a low project response rate. As I mentioned, we no longer have a border grantee represented. New Mexico could not participate because the program wanted to use an alternate sampling method. That is not consistent between participants and nonparticipants. We have reached out to alternate state and we plan to finalize the list soon. And we do have a tentative agreement from the Alabama vital records office. They wanted to review the vital data sharing agreement before signing. They have

developed model sharing agreement at the 15th-tran12, they will all have to sign here they will be a separate agreement for each grantee. The agreement provides a description of the data, permitted uses of the data and limitations of data use. And also transmission schedules and fees. For those sites participating, there is an addendum to the model data sharing agreement that will have to be signed. We did receive approval on the data sharing agreement with the HRSA IT office and the office of General Counsel. The data agreement was also shared with three vital records offices. We plan to have the data sharing agreement out to everyone later this month. We plan to send it to the sites participating in the PRAMS oversample first. That is all that I have. Thank you very much. I will ask 2 questions for you. There is a little bit of confusion. If a client did not consent to be part of the evaluation. She would still count towards the required numbers of participants? She can still receive services. And the second question. This person says they thought they were required to collect and report on the information on the screening tool. They thought that the IRB form were for all participants. They can still be counted as participants. The issue is that the screening tools require consent because of the sensitive nature of the questions and the information being used in the evaluation. The evaluation team went back and forth on best -- how best to design a consent form. We realize that they are different pieces. The screening tools are for case management and monitoring. We thought about doing checkboxes or having consent based on their perinatal date. We were advised by the CDC to create a consent form that was all inclusive. And if a participant decided not to continue with a part they can opt out at that time. The process that you can send all of your participants at the

beginning of enrollment or if you have to go back for those currently in the program you can send them all. And for all of those who consented you will fill out those screening tools. If she decides not to. You would still upload the information that the healthy start program wires. We would not count her in the evaluation data. I think there is one thing that can help clarify. Can they still use the screening tool if they did not consent?

>> They have to consent people for the screening tool. If she does not provide consent you cannot use the screening tools with her. Thank you for the clarification. We are going to move along. We have more great content to share with you. Then we will have time for Q&A. Next, we have Deborah Frazier. Hello everyone and good afternoon. All of the grantees will remember the launch of the first mentoring program from last year. Because last year we had so many new grantees and new project directors, the first mentoring program focused on matching our seasoned level III projects with new project directors. While we wanted to continue to mentor, we also want to recognize the great feedback that we have received from many of you in the first mentoring program. You gave us information about what worked well and your thoughts about how we could enrich and improve the mentoring program moving forward. Your feedback has been incorporated in the second wave of mentoring. Again, we want to focus on providing mentoring to new project directors who have come on board since the end of the last mentoring program. However, this phase 2 mentoring will be opened not only to level III grantee's but also level I and level II grantees. We clearly recognize that we have many experienced level I and level II project directors who have the program, the leadership and management skills as well

as the expertise and the time commitment to serve as mentors. In this mentoring phase, we expect our experienced level III project directors to apply to be mentors. We are also encouraging our level I and level II directors to apply. Level I and level II grantees will perceive an honorarium of \$500. We encourage you to participate as mentors. Or if you have an identified need, to apply as mentees. The applications are due November 18. The Association will work with the project officers on approving the final matches once the applications are submitted to ensure we have the best possible matches. All of the mentees and mentors will be notified of the matches by the end of the calendar year. If the mentoring phase can again in January 2017. We hope to plan a webinar prior to the application deadline. We would give you more information about that later.

>> Thank you so much Deborah. I am checking to see if there are any other questions. There is a handout that has been posted in the wild share box that you can download. I did put in the chat box a reminder that applications are due November 18 and that they can be submitted to [info@nationalhealthystart.org](mailto:info@nationalhealthystart.org). We wanted to share a mentoring poll. The same routine that we did before but the polling. The question is, the new mentoring program is open to all level I, 2, and 3 project directors were strong programmatic and operational skills. How likely are you to apply as a mentor? Please let us know your thoughts. This will help us to plan accordingly. I would give you a moment or two to click on the radio button. There is no submit button. While we wait for the questions, there are some questions that did come in. Is there information to the kind of support that can be anticipated from a mentor? That is a good question. I think we were looking for mentees who are looking to develop some new

competencies. Where they did not feel comfortable something along the lines of team leadership or communicating effectively. You may get some ideas looking at the application page. I would also suggest talking to your project officer. Does that mentor have to be a project director ? That is another good project officer questioned. I am going to refer that back to the division. Does anyone from the division want to weigh in? What do you want to take time to think about that and we will follow up later with more information. The question was, does the mentor have to be a project director ? We will think about that one. We've not really thought about that. Let's move along to Bremen Howard who will be presenting on the healthy start CoIIN. It has been my honor to work with all of you. We appoint to review a few slides. Hopefully this will give everyone a pretty good idea of what the CoIIN has been up to. The illustration that we are looking at captions some of the more recent work that we have been involved in. We have begun an important conversation regarding applying principles of standardization to our ongoing work as we sought to improve our focus on healthy delivery around the country. These are among a series of priorities that CoIIN has identified. The first 3 have been the focus up to this point. We have Artie talked about the screening tools and the status of the availability. As the box indicate, these tools are to help us improve how we identify to the participants in our respective states and communities. The second focus priority is data collection. We have spent a great deal of time looking at the relationship between required data reporting and the tools as the opportunity for us to collect that data to fulfill healthy start requirements. We have been looking at some standardized approaches to that. In order to respond to the benchmarks as well as

look at ways to monitor. Where the CoIIN is now ? We are working diligently but the screening tools and the data collection priorities, we are now shifting our attention to care coordination. To an important and relative[ Indiscernible ] and bring into the discussion some of the best literature that will support some of our thinking, and also looking at our existing practices across the country that are consistent with the literature. I think those 3 focused aspects right now have been important and relevant to the only discussion about applying standardization. To continue the discussion about these three tools, we are poised to be prepared to have these tools available for use for a variety of purposes. The partnership that the CoIIN has had specifically with the EPIC center is helping to prepare for the utility of these tools. There were 3 focuses that will advance the work. We had a number of healthy start grantees that aren't using software management applications which has supported their programs over time. Other healthy start are using in-house tools or other resources that may be external to their program. One of the things that the CoIIN and EPIC center want to do is to think about ways to manage the cost burden of the programs as a think about their respective data management needs and support. Once these tools become available and are worked into data management systems, we want to have the dialogue and partnership with our software vendors so that a group's approach -- of group support approach can benefit the grantee programs. This is a new opportunity to grantees to take advantage of online applications and give them the option to not be solely dependent on their database tools. And to use to their advantage and application that has been designed and made available to grantees. The third goal is extremely important. And that is to be able to think

about the appropriate level and types of training and technical support to make sure that as we rolled this project out, that we have a high level of efficiency and a high level of success as we began to allow these tools to become a part of our natural flow of working with our participants and allow there to be reporting objectives. These trainings will be various online modules and people take full advantage of webinar tools and instructor sessions which will facilitate the important training that the programs will need in order to make sure that everyone is prepared and comfortable with using the tools. Training will be kicked off later this month. And I'm sure that grantees are fully ready to participate in that. Part of any good support is having good by directional communication. We want to stay in touch with the field and be a conduit of information and to make sure that everyone is informed. To get the information they need in a timely basis. There are a couple of goals that we set out at the CoIIN. One is to support the healthy start CoIIN members ability to communicate on key issues as it relates to the CoIIN and the topics that are being discussed and to do this in a consistent manner. This will allow the CoIIN to mature. The other important to medication issue is that the CoIIN , and its ability to be an open venue for positive input and feedback. This is a trust issue. And it is creating a comfort zone with grantees. So that they are feeling as though even though we are sprinkled across the country, there is an opportunity for communication and the CoIIN has played that role very well. We want to enhance that bidirectional communication. And to make sure that our project officers are contributing and are on board with the relevant communications issues that need to be managed. The CoIIN has positioned itself in partnership with the EPIC center to make sure

there is I directional communication. In addition to staying focused on the priorities that the CoIIN has set for itself, in addition to strengthening our communication in all directions, the CoIIN has extended itself to be a part of various regional meetings. That gives us important face time with grantees. And this has been a tremendous educational flow back and forth. And we have been able to thought that talk about relevant things that grantees were interested in and have been able to problem solve. That creates readiness for us to continue our work. As indicated, as we think about this focus and strengthening the work that healthy start has done over the years and to prepare for this new era of working with special populations and dealing with some of the tough issues that we face every day, these tools are going to be extremely important in advancing the work. Pay attention to this principle of standardization. It has been important in that work. You see just short of 300 respondents who responded to the question of being somewhat confident or very confident in their ability to address these issues and apply these principles and see their programs moving in the course to higher degrees of quality improvement. This is a major confidence indicator. And we are very proud of the work that we have done together over the past several months. The CoIIN has grown up over the past several months. It has addressed some tough issues. But it has worked very hard and diligently and the partnership that we have created. And this has allowed us to achieve some significant milestones. I think that is the end of the update. And we are certainly available to respond to any questions. Here is one more slide. There are lessons learned. The shifting of core work from the large CoIIN group to small workgroups has been a major strategy to help us

address some of these issues effectively. I want to put a plug into our ColIN colleagues who are so willing to tack on to small group sessions. And the importance of this experience with this small group management structure, we believe that this is applicable to addressing the third of our three priorities and to begin to tackle issues of case management in case coordination. We believe that this is a model of how it will help us experience the same level of efficiency and calm push our work in a manageable and timely way. Cement building be back opportunities from all grantees to manage workflow of each ColIN workgroup. This is extremely important this broad-based input approach is very informative. And he keeps us in touch with best practice thinking across the field. We recognize the diversity of approaches. And that has been the hallmark and definition of what healthy start is all about. Even though we are overlaying this process with the principles of standardization, it is not intended to not recognize the importance of the various diversities that we experience across the country. And the blending of those two is what makes us unique and what makes our program so effective. We are looking forward to continuing its work and to make sure that those guiding principles that have led to successful work over the past many months will continue to be equally effective and that we will hold true to those principles as the work continues.

>> Thank you so much. And thanks to the ColIN. There are a few more slides. But it may be best to move along to getting to some of your questions. I want to assure everyone. We have been tracking the questions that you have submitted. We will be doing 2 things. We will put them into an FAQ document and also having a screening tools webinar is scheduled for November 22. That will be a time that we

can get into a lot of these questions. I did want to go back. The first question is, going back to the beginning, he talked about the joint meeting with city match. I wanted to clarify, is this meeting mandatory for grantees? Know the meeting is not mandatory. Is there an expectation at all of the number of people a grant should send?

>> We would have to get back to you on the number of persons to attend the meeting. And verifying that the grant dollars can be used to send folks to the city match meeting. Select that is correct. Now a question for Debra Frasier. What how can we expect from a mentor? In the last mentoring phase, the expectation that mentors and mentees would meet at least once a month. And the mentor and mentees would identify an issue that they wanted to address together and become up -- it was a plan, do, study, act model. They would meet every month and document their progress towards meeting the goal. I think that we had lots of successes. A question, will consent forms be translated to other languages? We are working on translating the consent form to Spanish and having that approved by the IRB under an expedited process. That is the only language that we have considered. Another one for you Jamelle . Will HRSA be working with state and jurisdictions to get the consent form confined? Yes our contractor will help with that process. I feel like the rest of the questions might take up a bit more time and more explanation. I want to say one reminder to grantees that the next conversation with division webinar is taking place Is Taking Place, February second from 2 PM until 3:30 PM Eastern time. Other key dates that were brought up. Chris did bring up that there will be a webinar on December 6 from 2 PM until 3:30 PM and that will be on the national evaluation system. And fan, the November And fan, the November 22 webinar

**that will be on the screening tools. I want you to make sure to mark your calendars for that. The registration information has gone out. I want to thank everyone for your participation. I will turn it back over to the division for closing remarks.**

**>> Thank you everyone for being on the call today. We hope these conversations were helpful to you. We stated that the information in this webinar will be posted on the healthy start EPIC center website. We are working towards putting together the FAQ document that will be posted. Thank you everyone.**

**>> [ Event concluded ]**