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Michelle: Hello, everyone. And welcome to "Moving On: Continuing to Support the Transition from the Electronic Screening Tool" webinar. My name is Michelle Vatalaro, and I'm one of the training coordinators with the Healthy Start EPIC Center, and I'll be moderating today's webinar. With me today are members of the EPIC Center Help Desk Team, Amanda Baker and Maria Walawender, as well as Division staff from the Maternal Child Health Support Division of Healthy Start and Perinatal Services staff, Chris Lim. We have approximately 90 minutes set aside for this webinar. The webinar is being recorded, and the recording along with the transcript and slides will be posted to the EPIC Center website following the webinar. So anyone who was unable to participate today can access it at his or her convenience. And I think that link is gonna come to you in the chat.

Before I introduce today's great speakers, I wanted to let you know that we do want your participation during the activity. So at any point, if you have questions or comments, please chat them in at the bottom left corner of your screen. We're only going to be taking questions via chat, and we'll be breaking to answer them and have time set aside at the end for Q&A. If we don't get to them by the end of the webinar, we will include them in a "Frequently Asked Questions" document that will post with the webinar materials on the EPIC Center website. The only other housekeeping reminder that I want to make is that you'll be asked to complete an evaluation survey at the end of the webinar. It's going to pop up immediately, after we finish, on your screen. And we do appreciate your feedback, so take a moment to complete it.

One of our presenters was unable to join us today, she's home very ill, but would be happy to answer any questions you have by email. And we'll send her contact information via chat to you during the webinar. Therefore, this webinar will feature two Healthy Start grantees discussing their experience with platforms commonly reported by grantees. Grantees are going to discuss how the software is integrated with their Healthy Start workflow and pros and cons of the system based on their personal experiences. This is not a presentation by vendors, but your peers sharing their experiences with the applications that they use on a day-to-day basis. They're willing to serve as a resource to you going forward if you have further questions. There are several other viable options out there that grantees might choose to further explore and pursue that are not featured on this webinar, and it's up to grantees individually to determine the best vendor for their program.

So let me introduce our fantastic speakers for today. First, we have Amanda Baker, who is a consultant with JSI who serves as the Technical Assistance Coordinator for the Healthy Start grantees in Florida and Georgia and is also a member of the EPIC Center Training Team. Maria Walawender is a project

associate with the Healthy Start EPIC Center, and she coordinates community training programs, updates the EPIC Center website and social media applications. Amanda and Maria are both core members of the EPIC Center Help Desk Team focused on working with grantees currently using the Electronic Screening Tool among other things. Chris Lim is a senior public health analyst with the Division of Healthy Start and Perinatal Services. He serves as Program Manager of the Healthy Start Program's aggregate and client-level data. He also serves as the manager of the Healthy Start Data Mailbox and Systems Manager of the Healthy Start Monitoring and Evaluation Data System and manages several Healthy Start contracts and oversees several Healthy Start grantees.

Applying her background in environmental science, Val Garrison carried into her position as the Project Director for the Healthy Start Rochester Program a systems-oriented approach that includes qualitative and quantitative data as an essential element of community change. In this role, she's committed to ensuring program activities are informed and improved through the implementation of high-quality program data. Karin Scott works for Delta Health Alliance as the Associate Vice President of Strategic Data, where she focuses her time on gathering, analyzing, and synthesizing data for meaningful, results-based outcomes aimed at improving the well-being of children in the Mississippi Delta. She's responsible for the oversight and management of data collection, informed consent, and reporting of over 30 different health and education programs across 18 Delta counties. She has a personal conviction and professional dedication to help staff and partners translate data into actions that will benefit children, their families, and the larger community.

Linda Littlefield is the Program Manager for the Northern Plains Healthy Start. As mentioned previously, Linda is unfortunately very ill today and will not be able to join us, after all. She's offered to answer any questions you might have of our GoBeyond/Well Family Systems by email, and we'll provide her email in the chat box. So now, I'm going to pass it over to Amanda.

Amanda: Hi, everyone. Thanks, Michelle, for the opening. And thanks, everyone, for joining this morning. I just wanted to go over today's objectives briefly. We have three objectives for the webinar – first, to understand the major functionality of the commonly used electronic data systems for Healthy Start grantees; second, identify which platforms grantees are interested in learning more about either through discussion groups or directly from the vendor; and third, identify the types of questions or the features grantees would like to explore further in selecting an electronic data system. So before we dive into the platforms today, I wanted to provide a bit of background about this webinar, including why it came about, the timing, and the platform selection

process. This will be a review for those of you who attended our first webinar about vendor options on October 24th, so bear with me over the next few slides.

So why now? For those of you who don't know, the EPIC-supported Electronic Screening Tool will be phased out and no longer available as of March 31st, 2019. When we created the Electronic Screening Tool a few years back, it was intended to be an interim solution for grantees to use until they had their own system in place to capture and submit the data. With the timing of the new grantee funding announcement, we wanted to start this conversation now so that we could help grantees who are still using our tool consider vendor options for inclusion in their application. As we begin the phaseout of the Electronic Screening Tool, we heard from grantees that an opportunity for peer sharing would be the most beneficial way to learn about some of the systems that are already out there.

So the platforms that you will hear about today are by no means the only options available to you. They were selected through a few mechanisms. First, we surveyed the CoIIN to understand some of the most commonly used platforms by Healthy Start grantees. Second, we completed phone interviews, starting in late August, with each of the Healthy Start programs currently using EPIC's Electronic Screening Tool, to really gauge their interest and what would be most helpful for them in their transition planning. Part of that conversation was focused on what tools were they most interested in learning more about? In addition, from the feedback we received from the webinar held on October 24th, these were the tools that folks highlighted as being interested in learning more about. As Michelle mentioned previously, there are several other viable options out there that grantees may choose to explore further that are not featured on this webinar. This webinar is by no means an endorsement of any one platform, nor a recommendation. It's simply a place for peer-to-peer sharing. It's ultimately up to grantees individually to determine the best platform for their program.

So without further ado, I'd like to turn it over to Val Garrison at Rochester Healthy Start to discuss the team's experience with PeerPlace. Val?

Val: Good morning. How are you? So thank you all for taking your time in the midst of grant-writing craziness to hear about the programs that we're using. I'm gonna do a quick, brief overview. Since you'll have access to these slides, I'm not going to rest on any of them. I'd rather do a screenshare and hop in, and just show you around our system a little bit, because I think that that is more helpful in terms of getting an understanding of how it's set up. So Healthy Start Rochester selected PeerPlace Network as our case management database. It is an online resource, so it's accessible for anybody who has an internet

connection, and it is completely secure. So you'll see at the bottom there, it's HIPAA compliant.

Some of the reasons we selected PeerPlace is it allows you to manage multiple sites, and you can import standard forms that are already built into the system to kind of reduce your startup cost. And you can view reports by site or for your whole program. So for me, at Healthy Start Rochester, I currently have seven subcontracted case management sites. And so I can go in and I can say, "Oh, how is [inaudible 00:09:34] doing with all of their metrics?" Or I can say, "Okay, I want to see all of my programs as a whole." And all of that is built through the fully customizable resources. So typically, with few limitations, if you can imagine it, they can find a way to build it. And that includes the format of your case files, the contents, reports and claim views, you can even change which staff members have access to which portions of the clients. So if you have front-end staff who need to see a certain amount of information, and then you have direct service staff who need to see the whole profile, you can arrange that and set it up.

You can also build validations into the system. And Healthy Start Rochester does not use these, but Onondaga County actually has their consent forms built into the system. So when they go do a home visit, they use tablets for their data entry, and [inaudible 00:10:34] signature box on the tablet. And when the client signs that, it auto-populates into a form that's formatted with their agency consent form, and then that's saved as an attachment into the client profile. So there are many different ways that you can customize to reduce your need for paperwork and things like that. There's also a common client profile, which I'll show you when I demo the system. This allows multiple agencies to view the basic client information that is shared, that everybody is collecting anyways. So that's name, address, phone number, primary contact, emergency contact, things like that, race, ethnicity, income. What this does is it allows all providers who are using PeerPlace to see the most up-to-date information for that client, as well as reducing the number of times that client has to answer those questions.

And then, basically, what you do is you would have consent to view that information. Even if you can see that client, you cannot see the case file of another program. So it maintains protection of PHI by keeping the case file confident, but allowing that other information to be shared. There's also an Electronic Screening and Refer Tool, so you can automatically process referrals through the system. You pull out a Perinatal Risk Assessment, you select the services that the participant needs, and you click Generate Referrals. And it shows you a list of community partners who are in the system, who provide those services for [inaudible 00:12:24], and it only shows the ones that that client is eligible for. You can then just automatically click [inaudible 00:12:31]

refer to [inaudible 00:12:33] and click Submit, and it'll electronically go through PeerPlace to that other program. [inaudible 00:12:40] track progress on that referral right there in the system.

[inaudible 00:12:45 to 00:14:25] those formats, those forms. And then, the [inaudible 00:14:28 to 00:14:38] process that we use. Some other considerations, I tried to get a ballpark initial cost. We're still working on that. It's really complicated because it depends on your agency's level of [inaudible 00:14:55], also the number of programs you have and the number of users you have. We cut down costs significantly by switching to the raw data export and finding other ways to process our program statistics. Because the raw data export really just pulls numbers from the system. We used to have a report that actually generated the aggregated data for us [inaudible 00:15:24] extremely [inaudible 00:15:28] to build for us.

So PeerPlace charges $150 an hour for labor, and their estimate was for each calculation is about eight hours. So that's why we switched to the raw data export. And then, ongoing costs are $359 per user, per year. And if you set up those additional data transfer partnerships, there would be extra charges for that. So for example, we have a Health Information Technology Grant that supports a data connection to the Rochester Health Information Organization. So providers can see case management data that's being entered for their patients.

For time, the initial build can be time-consuming. It's much easier if you're using forms that already exist, but it is not prohibited. So for example, when the Healthy Start forms came out, Lisa GreenMills and I, in our capacity as product directors, were able to work with PeerPlace to get those forms built. For training, I have found that an initial one to four-hour training, depending on how quickly your staff adapt to new software, with periodic reviews seems to be the most helpful. So occasionally, we have conversations and staff meetings where I realize that data is being entered incorrectly or there's confusion of where it goes, and things like that. So I do periodic reviews when it seems like we need it. Again, particularly in the initial setup, if you're not able to establish those bidirectional transfers, it might require duplicate entry that I think any system user planning to use would end up being the same.

We are in the next round, looking at hiring a student research assistant as part of our Evaluation Team to actually compile all of the information collected by our direct service staff and doing the data entry into PeerPlace for us, just as a way to save time but also standardize how the data is being entered through each program. And then, that person would review the Healthy Start Screening forms and follow-up with case managers to fill in where information is missing. As I

mentioned, the up-front funding for onboarding, training, and paying the system user fees is the main resource, and then you need an internet access connection. The website is [inaudible 00:18:12] for you to adjust to the size of a screen, so you can use it on a tablet, a smartphone, a laptop, a computer, and it works the same. And we actually built the Healthy Start Screening forms knowing that Onondaga uses tablets in the field. So we chunked them up by sections so that they're easier to save and keep track of when you're in the field.

Okay. So I'm gonna share my screen. Okay. So I think I am sharing with all of you. You should be able to see me now. So I'm just gonna hop in and show you a few quick things. So the first is, we're gonna look at that client profile. So this is the information that anybody with consent to view this client will see. So like I said, it's the name, it's the contact information, and basic demographic information that's typically collected. So here, because this is my client, I can see all of their encounters with my program. If I was another program just looking at this profile, I would not be able to see any of these secure files. And I'm gonna hop into the case file, and you'll see these are our basic forms that we use for case management, so there's some basic enrollment information. Much of this is pulled in from the client profile. So for example, anywhere there's a date of birth, we pull it directly out of the client profile.

The main things I'll show you is, first, we have an intervention entry. So every time we work with a client, we put in information about what that intervention was, whether we were able to actually get in touch with the client, who was involved, what was offered, etc. So this is how we track our clients who were served during a specific time period. We have, our assessment and goal plan is built directly into the system. So you do an overall assessment and the type of assessment, so whether you're doing an intake assessment for their goals or an update, and then you can actually enter in their goals and track progress over time. Onondaga County has a slightly different format, where they actually have specific steps written in, and then they have a "Completed," "Not Completed," "In Progress" sort of thing to track goal planning. So that's an easy way for case managers to follow up on that.

And then we also have the Healthy Start forms. So you can see that the forms are broken up by the type of form, and they follow the format of the Healthy Start papers. So it goes in order of the questions, so all of the required questions are starred. So it's really designed to be as directly relatable to the paper forms as possible. I'm gonna show you the Postpartum Screening, really quick. So for this participant, you can see that the screening forms again, within each form, they're broken up by the section on the Healthy Start paper forms.

So we did this so that we could address individual, quick sections in the field, and we always know, "Okay, I finished that section. I can go to the next." I don't need to go back and scan through the whole document to find where I was. For Postpartum and Interconception Tools, as well as the Pregnancy History, where you have those tables for the children, to enter their data, we separated those out so that you didn't have to scroll through the same questions six times if they only had one child. So for each child, these forms are a subset of the main form, and they're broken up by those tables. So here's the "Infant Care" table, here's the "Infant Safety" table, so on and so forth.

The other thing I wanted to share with you is, I mentioned this Copy As New button. So say I did a postpartum screen at two weeks postpartum, and I want to do my update at five months. I already have this form entered. I already have all of the data that I collected at that postpartum visit, and I don't want to have to reenter it, but I also want to keep track of the change over time. So I select Copy As New, and it generates a brand new form. So I'm just gonna change the date to today. And maybe she found out that she did have gestational diabetes and just didn't know, so we found that out in the update. I'm gonna save that, and then you'll see I now have a new form that's identical to the previous one, just with that change. And when I pull my data out of the system for reporting, it only pulls out the most recent one, but I can go back and look over time.

The other thing I wanted to share with you is the Screen and Refer forms. Actually, I'm going to exit out of that. Sorry. So we also have the Screen and Refer button, and that brings us to our Referral page. So if any referrals had already been made and we wanted to record those, we'd just enter them in this other Referral section. This is the Perinatal Risk Assessment. And actually, I'm just gonna select the required information. So she's pregnant. And then, we're gonna click "Yes. I have consent to share this information." And I'm gonna click "Search Providers." And it comes up with a list of all of the providers who are in the PeerPlace system, who I can check. I can say she wants a referral to Parents as Teachers and Nurse Family Partnership. And you can even say some of the programs have in whether they have a waitlist or not. And then you just click "Process Referrals," and they get sent out.

The other thing that we've been able to set up is we have an external referral form into our program. So right on our webpage, we have a Request Services button. Anybody can fill out this form. This information goes directly to our outreach team, who can then follow up with them and get them connected with the appropriate services based on their needs. So that's a way to get automatic electronic referrals from anywhere in the community. That's it in terms of my use of PeerPlace for generating and tracking case management. I mentioned the

reports. So what I do is I come to my Report section, and I just run these reports for the time period that I want. And then I get an export of each form.

So for example, here's the Interconception from. This is in the same format of those HSMED CSV templates. So I have all of my data right here, and I can then upload those. I can convert them to XML for the upload, and that XML conversion takes seconds. It's very quick and very easy. And many of you have probably also heard about this Access database that I have. That has nothing to do with PeerPlace. So what I do is I import these CSV exports. That's not confusing. I import these files into Microsoft Access, and we've built a separate database to do those calculations that were cost-prohibitive in PeerPlace. So that's kind of my process and some of the features of PeerPlace. But, yeah, I look forward to the questions. I think that's it. And I think I'm over time.

Amanda: Thanks so much, Val. And definitely, not over time. I think that was very beneficial to view. There is a question to show the child intake and how they are attached to the parent. So maybe we could jump into that after Karin's presentation about Social Solutions, if that works?

Val: Yeah. That works just fine. Yep.

Amanda: Okay. Wonderful. I am going to now pass it over to Karin Scott.

Karin: Okay. Good morning, everybody. My name is Karin Scott. And like Amanda mentioned before, I'm the Associate VP of Strategic Data for Delta Health Alliance, and we are a Healthy Start grantee. [inaudible 00:27:39] to move to the next slide. I don't know if it's working now. There we go. Okay. So we originally selected Efforts to Outcomes as the database for the Healthy Start Program because we were already using it for a number of other programs in our organization. And we were able to seamlessly add the Healthy Start Program to our database, which allowed us to track not just the participants in the Healthy Start Program, but we could also track those same participants across our other programs and partners and grants.

Security and access to the system is completely customizable based on the role of the user. And case loads are private and can only be viewed by those who are given access. So in the very beginning, in order to expand our existing system to include Healthy Start, we mapped out what we would need to be collected, entered, and stored in the system through a process that we call "data mapping." And it included what we would need for programming to be successful, including referrals, what we would need to report to remain compliant to the grant, as well as what our external evaluators would need to be able to answer their research questions. And the mapping exercise allowed the team to identify

what process and workflow would need to be in place in order to successfully collect and enter the needed information.

So during that exercise, we identified an ETO administrator on-staff, who we would share across our other early childhood programs. The administrator built out the system per the data map that we developed as a team, and this process took about 40 hours. After the system was built out, the ETO administrator conducted training with all of the program staff that included reviewing the data collection process, entry, and continuous improvement. And each month, the ETO administrator offers training, organization-wide, to users. After we originally built out the system for Healthy Start, then we received the updated guidance related to the new screening tools. So these were integrated into our system very similarly to how we originally built out the system. Our ETO administrator needed another 40 to 50 hours to build out the new tools and the new workflow. And our project director along with the ETO administrator trained the staff on the screening tool collection and data entry process.

In terms of case management, each month, the Data Team delivers a Monitoring report to the Program Team. And this report includes, among other things, the number of families served that month just aggregated by certain demographics and risk factors. The report also includes our home visit completion rate by parent educator, as well as a few impact measures. For example, we report our monthly low birth rates. Beyond case management reports, the ETO system comes with several report templates. And if you have an ETO administrator, they're also able to build custom reports as needed. So that's where the custom reports for the HSMED come from. Our ETO administrator built these out, built out the custom CSV [inaudible 00:31:25] per the specifications from HRSA. And this process took about 40 to 50 hours as well, and it's kind of ongoing. The reports are still being tweaked as needed. Each month the program director exports the custom report from the database. Similar to how Val was showing you from PeerPlace, we export them into CSV files, and then convert them…That should say "XML," not "XLS." And then, our project director uploads them to the HSMED site.

On the next slide, I'm going to show you an example of one of the monthly Monitoring reports. Should take me a second. Okay. So this is just an example. It goes via email to the Program and Data Team and allows our program staff to see their home visitation completion rate, the number of families dismissed from the program and their reason, the number of newly enrolled families, if there were any babies born and if any were low-birthweight. It gives a general overview of the participants with high needs or high-risk characteristics, if any patients were at risk for depression or domestic violence, as well as site visit completion rate. Below that, you can see a table where it's broken out by parent

educator so that the program manager and director are able to see the differences between their staff members.

Switch to the last slide. So there are several pros for us using ETO. The first one was that it already existed within our organization, and we were able to integrate Healthy Start into it and share the cost across multiple grants. Another plus is, like I mentioned before, it's built within our existing longitudinal data system to understand how multiple touches from our other program partners and grants contribute to overall outcomes at kindergarten and beyond. Another pro is the ability to customize the dashboards, workflow, and reports. And it's a web-based system, so the access is available from your laptop wherever you are. Some cons, the cost and time to build out and maintain the system. I know we share the cost across multiple grants. I know that's not necessarily an option for everyone. So there is definitely a cost to the initial buildout, as well as the ability to maintain the system. And we've chosen to do that through, you know, splitting time with an ETO administrator on-staff.

There are options to contract out with Social Solutions, which is the vendor for ETO, for them to build out this and maintain the system by contracting with them directly. But what we found was better for us was to hire a database administrator on-staff. The custom report buildout would require additional training for the ETO admin if you choose not to contract with Social Solutions directly. And what we've found is that some of the features in ETO are not always compatible with Apple products. It works best in Internet Explorer, which you can't use on like an iPad. I will say the cost of the system overall, I don't have this in the slide, but I will mention, in the past, it was generated by our organization's annual budget. But at our last contract negotiation, they've now moved to charging by user license, which we had been communicated starts at $950 but can be negotiated if you buy licenses in bulk. And like I mentioned before, our system is used organization-wide, so we're able to spread that cost out across multiple grants.

And I had not planned on showing the system, so I cannot do that at this time. I don't have any test patients filled out.

Amanda: Not a problem at all. Thank you so much, Karin. That was wonderful. If anyone has any questions for Karin about ETO, Social Solutions, or additional questions for Val, feel free to chat them in. Val, as of right now, if you would be willing to show the client intake and how their attached to the parent, or the question about that?

Val: Yes, absolutely. So let me just go back into my case file. So we do not maintain a separate client profile for the child. So if a mom enrolls the children

or once a baby is born, we actually add that child to the mom's profile as a contact. So you can see here that Sammy was added as a contact. If we pretend that Mom had a new baby, we can put them in just as a contact. So if it was, "Yeah, you can call my grandmother if you can't reach me," we would put them in that way. But we can put them in as a linked client. So I would add in "Sammy" as test name, and Sammy's sister is Tammy, and I would search for them. And we see that they don't exist in the system. If I wanted to link her to another person in the system, maybe her partner, if we wanted to have a separate case file for the partner, we could actually [inaudible 00:37:43]…Yes?

Amanda: Val?

Val: Yeah.

Amanda: Sorry. I don't know if you're trying to share your screen, but we're not able to see your screen right now.

Val: Thank you. I forgot to click the button.

Amanda: [inaudible 00:37:55]

Val: Okay. Is that better?

Amanda: Yep. We can see it now. Thanks.

Val: Okay. So let me cancel out of this and go back. So from the mother's case file or her profile, we can go to her Contact page and link her to other clients in the system or create a new client who's not currently in the system. So say we wanted to link her with her partner, and I've already created a profile for her partner, I'm gonna search, and I'm gonna select the person…Say this is her partner, so then you could link them. If you don't see the person in the list that you're looking for, you create a new client. So this is where I would enter, for example, a new baby or something like that. So there's some basic general information. You would show what the relationship is to the client. And then, once you create that contact, you can access them through that participant's case file or profile.

I don't know if that made sense? But then, when you go into those Healthy Start Screening forms and you want to say, "I'm filling out information for Tammy instead of Sammy, you would fill in Tammy's…You would select the drop-down, and you would see all the names that are linked to your participant, and you can click which one you're working on. I don't know if that was a clear answer to the question. But we typically manage everything through the mom's

case file, because most of the Healthy Start Screening forms pertain to the mom. But obviously, if there are changes or new requirements with our partners, we would need to accommodate that and build in new forms for that as well.

Amanda: Thanks, Val. So there was one follow-up question for that, and you might have answered it, but just to make sure. "If you were to add new fields or forms, how does that work? Can admins do it, or do you have to contact PeerPlace?"

Val: So my best understanding as of now is that you need to do that through PeerPlace. I actually saw that question and wrote down a note to follow up. We have an IT associate here on-staff, so he has become our primary contact with PeerPlace. So he's actually facilitating the Health Information Technology Grant, and that has really supported a lot of the work that we're doing with follow-up on the screening forms. What I am not sure of is whether he has access to the system to actually create forms or if all of that programming has to be done through PeerPlace. I think it's the latter, but I will double-check. I do know that the more we do on the front end to very clearly communicate what it is we want PeerPlace to do, we can set a lot of things in place that help them reduce the time they're spending on their end. So it helps reduce cost.

Amanda: Great. Thank you. If there are any other questions, feel free to chat them in the chat box. So since we lost one presenter, we have a little bit of extra time this morning. We wanted to show you a document that we had developed that lists some of the vendor options. So as we were interviewing the grantees who are using our Electronic Screening Tool, we started to gather, you know, some prices and other information about the tool. This is by no means an exclusive list. There, as mentioned previously, might be other vendors out there, but we wanted to share this information with you, as it might be helpful in your planning. So I'll turn it over to my colleague, Maria. She was the one who was reaching out to the vendors and had developed this sheet to be helpful to grantees. So Maria, I don't know if you want to talk about your process quickly and kind of how this document came to be?

Maria: Sure. And just to kind of reiterate what Amanda just said and kind of kicked off the webinar with, these are the programs that were identified through those interviews that she mentioned, and talking with the COIIN, and talking with people who are currently using the screening tool. So these are the five or six that kind of people seemed most interested in. And so we reached out to each of these programs directly to ask a few questions about how their system works and what pricing might look like, and a couple of the features that might be most interesting to all of you, really. So you'll see things like a price

estimate, which again is just an estimate. So if you would like more specific information, you would have to reach out directly. But there is contact information included for each of the programs. So if you have questions, or you want to learn more or talk with someone about how it might look for your specific program, you can reach out to the people listed on this sheet. And if you mention that you've seen this sheet, they should be able to give you information and know kind of a little bit of your background as a Healthy Start program.

So the other columns listed on this sheet are things that Healthy Start programs told us were important to them and that they would want to know about when selecting their tool. So you'll see things like the ability to produce an XML file and what level of customization is available. So we've tried to provide some quick information for a high-level overview of what these programs look like. The one thing I would mention is that Social Solutions recently reached out to let us know that they are developing another kind of line of their tool that might be interesting to some Healthy Start programs. Again, you can feel free to reach out to Jason, who is listed on this sheet, for more information about that. But this sheet, is posted on the same link that was sent out at the beginning of the webinar, where the recording will also be posted if anyone wants to take a look at it. So that's kind of a quick overview. I'll hand it back over to you, Amanda.

Amanda: Thanks, Maria. We do hope that this will be helpful to you and your planning. And we can re-chat the link in the chat box so that you have access to this. But, you know, like Maria said, if you have further specific questions about any of the tools specific to your program, feel free to reach out to the contacts that are listed here. And I can't see the chat right now, but if there are any other questions…

Michelle: We do have one more question. This question is for the Division. So I think we may need an answer chatted in and may have to provide it later. But the question is, "When will we have a copy of the new screening tool, the shorter version?"

Amanda: And I know that Chris wasn't able to join the line right now. So I see this question is from Jody, so we will get…Oh, Chris just chatted in, "The new screening tools are currently being reviewed." So I would say…Oh, okay. OMB Clearance will occur afterwards. Okay. So stay tuned. They're being reviewed, and the Division will keep you posted when the tools are ready and available.

Val: Can I just pop in? This is Val from Rochester. With respect to the cost, I don't know how this works for other systems, but with PeerPlace, one of the benefits is knowing that there are other Healthy Start programs. So Onondaga

and Rochester were able to cost-share the build of the new screening forms, which made it financially viable for the changes. I don't know if other programs allow you to cost-share and then just install the same forms on multiple sites.

Amanda: Great. Thanks, Val. Well, so thank you, everyone, for joining this afternoon. Before we end, I just wanted to put a quick announcement out for our next upcoming webinar, which will be December 11th from 3:00 to 4:00 p.m. Eastern Standard Time, "Introduction to Telehealth and Considerations for Healthy Start." You can always get the registration information for webinars from the latest EPIC Center training alerts or visit the EPIC Center website. That will conclude our webinar for today. Thank you for your participation, and I hope everyone has a great day and a great holiday week.