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Megan: Hello, everyone. Happy New Year, and welcome to the "Hear from Your Peer" webinar, "Moving Beyond Surviving to Thriving in Times of Transition: Sustainability and Transition Planning Tool for Healthy Start". I'm Megan Hiltner with Health Start EPIC Center. We have approximately 90 minutes set aside for this webinar and the webinar is being recorded. We'll post the recording along with the transcript and the slides to the EPIC Center website following the webinar. We really want your participation during the webinar today and please chat your questions into the chatbox in the lower left corner of your screen. We will only be taking questions through the chat and we do want your feedback at the end of this event, so please take a moment following the webinar to complete the poll that will pop up on your screen right afterwards.

Here's how we structured the webinar for today. First, you're gonna hear some welcoming remarks from the Division of Healthy Start in Perinatal Services, then we're gonna be holding a question and answer conversations with three Healthy Start points panelist. They're listed here. Then we carved out a chunk of time at the end to respond to your questions and your comments, and then we'll wrap up with some reminders. Now, I'm gonna turn it over to Commander Mary Emmanuelle, Senior Public Health Analyst with HRSA's Maternal Child Health Bureau, Division on Healthy Start and Perinatal Services. Mary?

Mary: Good afternoon and welcome. Every organization experiences change. How successfully they deal with that change determines how well they will meet their mission for years to come. The most common change is a leadership transition that changes the missions, structure, and funding can also occur. All these changes potentially impact sustainability and require some level of transition planning. While we can't always control changes, we can influence the outcomes to some extent through sustainability and transition planning. During these conversations at our webinar, we will address the following points. One, provide an overview of sustainability and transition planning. Two, provide an overview of a sustainability framework to support programs developing an organizational sustainability plan. And three, describe three levels of communication as the most important aspect of addressing change and implementing sustainability and transition planning. And finally, four, incorporate ways at which strides and gains can be maintained.

During this webinar, we'll have a panel of discussion about why sustainability and transition planning is relevant for Healthy Start. Providing an overview of the CoIIN developed sustainability and transition planning packages as well as hear about two real-world examples of implementing a sustainability plan and transition plan. Opportunities to show your own experience and those questions will be offered. So now, we like to briefly introduce our team panelist for today.

You may already know many of these folks and in the interest of time I'm just going to give a brief intro to each of these individuals and as you can see we're posting their pictures so you can match the picture of the voice with the name.

Estrellita "Lo" Berry, she's the President and CEO of the Central Hillsborough Healthy Start Project. Then we'll have Julie DeClerque, she is the Research Fellow and Investigator from Healthy Start Baby Love Plus Evaluator. And finally, Lisa Matthews, she's MomsFirst Project Director with the Cleveland Department of Public Health.

Megan: Well, thank you for that welcome and introductions, Mary. We're gonna dig right in folks. So I'm gonna post this first question to Ms. Lo Berry. So Lo from your perspective, why is it important to conduct sustainability and transition planning?

Lo: Greetings from the Sunshine State, Happy New Year, everybody. I'm Lo Berry and I'm the seasoned veteran of the Federal Healthy Start. Unless Healthy Start was [inaudible 00:04:06] Lisa Matthews. I'm really blessed with the best leadership and staff this side of heaven and we strived every day to provide optimal health for all. At REACHUP we work with the sense of urgency every day to change the health trajectory of our service population. So at this point, we have the results that show we reduce it from mortality by 57% from 1998 to 2015 in our service area. Still, we look forward to the day of no infant mortality and no infant mortality to spare in our community and in our nation.

So the question about sustainability and transition and planning, why is it so important. I want to share with you four quick reasons that REACHUP feel that it is but first I want to remind what people what I feel is the bottom line of why sustainability is so important is because we really do want to show up our diligent work of improving the lives and wellbeing of families in our community. We want to be better equipped so that we can do four things. One, falls to community partnerships and builds capacity for the resources that continue as needed in our communities after funding is discontinued and/or decreased. Number two, we want to create strategies to ensure the continuation of key elements of programs and services components, i.e. for us, that is transportation for high-risk moms, meaningful male inclusion, and our clinic services.

Three, you want to demonstrate with confidence and with data while we are got returned on investment, and number four, we want to maintain the strives in the games while providing consistent quality services. And that includes our clinical outcomes as well as high effective and efficient staff. So note to self, we want to really remember that planning sustainability and transition in

planning really should happen at the beginning of a program and not in times of crisis.

Megan: Thank you so much, Lo, for that, setting the foundation for the importance of this. I'm gonna ask this next question of the poll panel. So please tell us about the tools that the Healthy Start CoIIN has developed. And Lo I'll start with you to respond.

Lo: The CoIIN has developed two packages, the sustainability planning, and transition and communications planning packages. They develop this for programs to support our work. They are not required, they are being offered as potential tools for reference. The foundation of the packages are grounded in best practices from a lit review and are enhanced with CoIIN grantee experience as an annotated resource page which describes the tools and resources shared from CoIIN members. They are intended to serve as a starting point for your program to begin sustainability and transitioning planning, these packages can help you begin to address changes and insure services to your participants.

Megan: And just so you know folks, we'll be posting these materials to the EPIC Center website soon following the webinar. And Julie DeClerque, I'm wondering if you can briefly talk about your sample sustainability planning tool.

Julie: Sure, I'd love to. Thanks. My name is Julie De Clerque. Just real briefly, I've had the privilege and honor of being the evaluator for our Healthy Start Baby Love Plus program at North Carolina since 1997. So over the years, we've really tried to adjust to the needs of the local. We were in three different regions in North Carolina, all of them being quite unique. And, of course, Healthy Start has changed over that time and it turns out, you know, being just focused on reducing infant mortality to reducing disparities and infant mortality to a much broader look at the pre-conception health and going way beyond the scope of what we initially started at with just looking at infant mortality.

So some of the things that we have worked with that I would be sharing today are more related in many ways to another project that we worked on that's very similar, we have OUTREACH and case management but it's focused more on youth who are parenting, both boys and girls. And this was funded through the Office of Adolescent Health and one of the key requirements and this wasn't about it, seven-year project so an additional three years, but I guess the funder decided that we had become sustainable and we weren't funded for the last three years, which maybe was a compliment and left us kind of in alert. So I think we had some lessons learned from that that was shared over the course of today's

meeting. But what we started off with the Office of Adolescent Health package for sustainability that was required to be used, and honestly, it was taken or built around the same package that are EPIC helped us put together for in this program sustainability plan and the PSAT, the Program Sustainability Assessment Tool.

One of the things I'll just mention briefly that we...so we, from the very start in this other adolescent health program, we had to have logic models in place which, you know, we all kind of rolled our eyeballs but really, it helped us organize the key activities, the inflicts, the key activities we were going to be conducting and then moving over towards the other side of the logic model sheet, what our outcomes were. And basically, the same kind of thing we have in our logic model for Healthy Start. So looking at the performance measures, for example and the benchmarks to get to our performance measures we...the analogy would be worked backward to look at what were the activities at each local site that we're being put into place in order to, over time, reach those outcomes.

And then we started some sustainability planning so that in their annual plan for what activities they were gonna do, who was gonna do them, and what would be our intermediate expected outcomes, we built in a column that was for sustainability. So how are we going to be addressing, over time, which activities are we doing are ones that we might be able to continue if we did not have continued funding which ones we could sustain without continued funding and which ones, over time, we felt weren't necessarily, maybe we would have reached the goal. We don't need those things anymore or they weren't any longer part of what we needed in order to reach those impacts that we are looking for.

So there are a number of things that will be in a package on the EPIC Center website that describe kind of each of the steps. Those agendas for meetings and how to first introduce the ideas to some of the exercises including the PSAT, the Program Sustainability Assessment Tool that has a really key domain to some meetings with the equivalent of our CANs and Healthy Start. We are local action advisory groups and meeting with them and want to work with them. So, in a nutshell, there's enough material here, I think for several webinars just like that I think some of the key things in terms of initiating it, which is I think Lo you hit it on the head is, to begin with, it, start with it at the very beginning of the program or something that assess it over time.

Megan: Thank you so much, Julie, for that overview. And how about you, Lisa, can you talk a little bit about some of the tools that you've used and how you've used them?

Lisa: Yes. Greetings from Cleveland, Ohio. This is Lisa Matthews, the MomsFirst Project Director with the Cleveland Department of Public Health. And some of you may know that Cleveland was one of the first, excuse me, I shouldn't say first, I should say one of the original 15 Healthy Start sites and I've been with the project actually since 1993. So the majority of that time I've been there and been through a lot of these in the past. So I'm excited to be able to share for you and walk through with you today on this webinar some sample documents that have provided the basis for operationalizing transition planning here at the Cleveland MomsFirst project.

The documents kind of all...or the tools, I guess, fall into four categories. The first is around putting together a timeline and the timeline for transition would highlight the importance of continuing to provide the required services maintaining documentation through the transition but also establishing due dates for each of the organizations as they go through the process. And that timeline would include details of providing written and verbal notification of the transition to participants, this position of case files and processes for accounting of equipment and supplies that were purchased with grant funding. And then what we also have is we've taken that written documents and we've put together another tool which actually takes that document and kind of overlays it into a calendar format which actually provides a visual map and for some people it's easier for them to follow the visual tool than just the written tool.

The second area falls around as I mentioned creating a participant letter which would notify participants about the change in program that's taking place providing names of potential organizations that they may continue to receive services from either within or outside of the project. The third area I mentioned was an inventory list and this tool provides a mechanism for documenting the inventory of all equipment and supplies purchase with grant funding which makes it easier than at the end of the project period to account for those items and make arrangements for them for the future.

And the last tool that we'll include is the paper record reconciliation tool and we created guidance and a natural tool to ensure a smooth transition for participant files and it includes steps and directions for reviewing every active participant file using the tool. And this will ensure that records are as complete and accurate as possible prior to any transition either within the program or to an external agency. And it also not only serves that purpose, but it also provides a snapshot for the staff receiving the participants. So at a glance, they can determine the high points of where this participant been, what services they

received and what they need coming up. So thank you again for the opportunity to be a part of this webinar and share this information with the group.

Megan: All right, thanks, Lisa. And in [inaudible 00:17:05] just put them to the chatbox as we continue with this conversation. If you all have used or found the sustainability and transition planning tool that you found helpful or you would like to share with the group, please chat it in because I do think that this group has said they were open to hearing what others are doing. So let's move along with our next question here. So you all shared in your intro of yourselves that you're mature in your time working with Healthy Start and you've done this for a while. So from your experience what would you say has been the most beneficial step in carrying out your sustainability planning? And so Lo, I think I'll start with you again, can you please share?

Lo: Yes, and really quickly and not to hold up the show but I wanted to reiterate the fact from our package's snapshot that they will be sent out and posted to the EPIC Center website following this webinar and I had intended to mention in my computer visual has gone down again, it back up now, went down. So I mentioned, intended to mention or highlight in that package's snapshot a couple of things. One of which was very helpful for us and that is in the, when you go back to the planning process and we don't have to go through all of it but one of the things that was very helpful for me and my team was the program sustainability assessment tool that actually, you know, help us to assess our programs capacity for sustainability.

And so I would definitely say for people to try to check that out to see if that would be helpful because it actually helps breakthrough in eight domains which really having the package and we'll talk about a little bit I think before the call in. But that was really helpful to us. And then, of course, in the transitioning of planning we're gonna talk more in detail about that in the next slides to come. But I really wanted to highlight that assessment because it was helpful.

Megan: Great, thanks, Lo.

Lo: Yeah. So from three experience and what would we say is the most beneficial step in carrying out our sustainability planning. For us, we are not-for-profit 501(c)(3) and so what was critically important to us was effective communication and buy-in regarding input and output from our board of directors, from our management team, from the staff, from primary stakeholders in our local community, and of course, our participants, recipients for services. So that was critical for us.

Megan: How about you Lisa, what was the most beneficial step for you?

Lisa: Well, similar to Lo, I'd like to highlight that although we are not a 501(c)(3) as I mentioned earlier, our setting as the Cleveland Department of Public Health so we're in a city government setting. I guess, the key point is that we've learned, if the messaging comes from the community meaning, again, similar to Lo, our consortium members, our participants, our partner organizations, coming together and keeping infant mortality in the spotlight. This has resulted in the movers and shakers in our town. You know, when I say movers and shakers I mean both city and county government, hospital CEOs, and others committing resources to reduce infant mortality and garnering their buy-in and support.

So, again, I think having the community rallying around the topic we've had our local news reporter featuring articles in the, you know, sometimes front pages of the newspaper about infant mortality in our community and others has really helped raised awareness and get it in the forefront and that's really helped again to bring resources to the table.

Megan: Thanks, Lisa. How about you Julie? What do you think is the most beneficial step in carrying out your sustainability planning?

Julie: Well, I think we've discussed a lot of the things already. Unlike the other two projects, our project in North Carolina for Baby Love Plus is we're a state-level agency going through the Title 5 program and then, so projects, that's for Baby Love Plus, that the projects where we ended up working in five counties that each of the local sites were very different. We had health departments, we had local 501(c)(3) focusing on family violence reduction and the other one that was a Smart Start that was more childhood development and strengthening families.

So I think that's the project where we really focus in on sustainability the most will start formally. And I think one of the big things that was very beneficial was we started off with a formal using the PSAT, the Program Sustainability Assessment Tool that has eight very clear domains and it kind of gets everyone shaped and served focus staying on the same framework. But then we went from there in different ways depending on the community and came back to the tool several times using it in different way. So it wasn't just a one-time thing when we got to score and okay, what did that mean, but it was a discussion jumping off point and we ended up doing some different things with it that we might get to later.

But I guess the most important thing I think I would say in terms of the big picture is that it's obviously not static, but these tools could be used quite

differently over time depending on the...this was over a four-year period. And at different points, people were ready and needed different things related to the discussion of sustainability.

Megan: Very good point. Okay, well, how about this question, if you had a do-over to prepare for sustainability what would you do differently? Lo, we'll start with you again.

Lo: If I had to do it over, I'll definitely keep in mind what I said earlier about sustainability really starting at the onset of program funding. Never do funds through grants and building and maintaining partnerships and relationships that's really hard work as all of us know and it's time-consuming. So if I could start over from the day we transitioned to our not-for-profit status from the University of South Florida, by hook or crook I would hire a full-time resource development specialist and that person would be responsible for diversifying our funding stream, overseeing our sustainability transition and plan and our succession planning for the organization. And that person will be responsible for an integrated strategic plan for the organization.

Additionally, setting aside in reserve and/or leveraging the more restricted dollars for the project director position for Healthy Start which Healthy Start is our premier project of 12 programs of REACHUP Inc. And the PD is primarily assigned to the Healthy Start project rather than split across of a program as a funding source at some of the other programs. So that's what I would do differently if I could start all over, hire that person.

Megan: Thank you. Lisa, how about you? What would your do-over be?

Lisa: Well, first I just want to say that I agree with Lo and can't emphasize enough the piece about starting to plan early, because we have found that to be very true as well. And in addition, the diversification of funding has been a strategy that we've used and it would have been ideal if we could have even taken it a step further and that is to pursue Medicaid reimbursement earlier in the game. It's something that's being explored here locally on many levels. We've kind of been, I hate to use the word but I'll say it anyway, a little bit hesitant about jumping into that but it seems like that is going to be at least in our community a way of moving forward with reimbursement through Medicaid.

But one of the things I also wanted to share is just a lesson learned is something that's actually worked very well for us and that is institutionalizing components of our project. For instance, because we've been around so long, we were early on. One of the requirements was that we had our own child that's review

committee. And this was a precursor to the [inaudible 00:27:13] and other requirements that there are now but our community, and this is just an example. This was a team, a multidisciplinary team that was comprised to review all they child desk that occurred in our community and because people then realized the value of the function of what that team was doing, the coronel or the police other that came, you know, and more witness to the process were at the table, really realized the value that component after as our funding went up and went down over the years and was streamlined, that component was what I'll say, again, institutionalized and the community picked it up because they saw that in real life the value in it and it operates to this day independent of any funding from Healthy Start. We are just now like a participant at the table but no longer responsible for running it or funding it or coordinating it.

And we have a few examples like that in our community about, for instance, our perinatal depression test versus another and so forth. Things that really came together because of Health Start where it was the catalyst but because, again, the community saw the value and I often wish that we would have looked at maybe some other facets of our program and how we could do the same with them. But, again, it just a lesson learned something that were really happy with the way it's gone with the component that it has and another potential option for people out there listening for perhaps doing the same with some components of their program.

Megan: Thanks so much, Lisa. How about you Julie, what would your do-over be?

Julie: Well, I'm sure sitting in a different viewing being an evaluator as opposed to sort of running the program and trying to put my hand on sort of trying to figure out what have been said at the state level. And what's interesting when we did the PSAT and we looked at our various program domains and we ask, "Well, which of the activities related to those things could we sustain with the current resources and partners and opposed to those that are essential but could be sustained only with the current funding. And in this other project that was half and half, it was actually split. So I think one of thing I wish we would have done is focused more on the ones where it was needed but we wouldn't need additional funds to continue it and focus more on those domains and those activities instead of continuing to sort of have the same focus over time.

And the other piece was many of the...and two and a half basically of the five counties they did continue some of their core activities and some of them things were taken on by partners as they didn't really have at the table, to begin with and they didn't consider, for example, the local library ended up being a space they use for various things. And the local health department took on, hired

some of the staff to be case managers and kept the same participants who are enrolled involved. So in some cases that worked out, but this was, the program basically didn't continue as it, you know, in its name or in its structure that's maintaining it. So I don't know whether is that a bad thing or not. I mean projects do come and go, but I guess the key things are the services still available in the communities where they're needed. And in some cases they didn't happen, it just stopped.

Megan: Well, that goes really nicely actually into our next question I think. And it kind of get that at the team members that are involved in sustainability planning and did you have any surprising champions? Julie, do you want to keep sharing because speaking along the same track as the library and the health department and that sort of thing?

Julie: Well, it depended on the local counties, of course. But we were surprise that some people came forward. In one case where it was, these young families connect, it was an adolescent health program where we were working on the sustainability piece and we're working with youth who were, you know, pregnant or who already had children, and they ended up working very closely with the Healthy Start that was there. But they weren't originally written in or part of the plan in terms of, you know, case management and coordinating, so it ended up, over time, being kind of a no-brainer and they were wonderful partners and now they're helping very much with the sustainability of those services. But that wasn't, you know, it's when you go to write grants and you're separate agencies everyone's sort of in their own bubble but that worked out. And in some of the other counties folks through the churches came forward and then some of the agencies that hadn't really focused in on, for example, enrolling males in the program.

And that program, the man could come in, the young dad could come in on their own without the mom necessarily but with the child. And in a couple of places the churches stepped up and started some mentoring and things for the young man and that wasn't really originally written in nor were some of the agencies that help the man with the job placement and job fulfillment. So there were just some serendipity kinds of things that when people came to the table they knew about the services. That's the problem with offering and heard that it was gonna discontinuing and they started coming into the meeting where we, again, did a PSAT. We use the tool again with sort of a fresher, different group of partners. And they had their own ideas about how it might be carried forward and so it was very fresh.

Megan: Right. How about you Lo? How did you indentify your team members for sustainability planning and did you have any surprising champion?

Lo: Our quality improvement, quality assurance team actually took the leadership role, which is comprised of representation of REACHUP Inc. So with that, we have our data team is represented, our case management, our outreach, and then a representative from the programs that we have and a representative from the management team. So that particular group is the one who works in concert with our board of directors to develop our plan. And it is a working document and living document because although we have it simply in the blue print, there's been changes along the way.

If I have to take a guess at what was the most surprising champion for us was the Bright Start Fighters Organization and they really didn't come to health. They came to us to utilize our space because we have a community space for our organizations to have meetings. So that's the way for us to get to connect a interface with other organization with like-minded missions. And so they were a different breeze sort of from what we were accustomed to but when they came into the building because of the conference room that they use. It has pictures of real families and staff and the services that we do. And so, you know, the lead person got interested and wanted to know what it is that we did. And so when we did, we have them to come back and do a presentation and then they became partners. And so they connect with the male inclusion piece and the piece that we have with the school for middle school boys, so it is for us.

Megan: That's great. Thanks for sharing that. Okay, here's another question that allowed you to share, what was the hardest decision that you had to make in carrying out the sustainability and transition planning? Let's start with you Lo.

Lo: I would definitely say operating outside of our agency normal communication practices. So we were reporting and communicating at the community level before internal program level. And our history is that we tend to share whatever is going on with the organization, good, bad, and indifferent internally first, and so to get those things armed out to a certain extent before we engaged outside, you know, stakeholders. So with this most recent application that came out the budget was, of course, reduced less than what we had anticipated and expected. So we felt the need to immediately convene with some of our key and major stakeholders and in particular those who have capacity to assist with funding.

And so having that heart-to-heart conversation with potential funders before discussion it with the staff that was a lot of hard. The other thing, keeping it real, the vulnerability piece for us sharing our financial woes so to speak with funders. Sometimes it could be a double-edged sword, a double-edged sword and because we have learned over the years not everybody is invested in our

success. So we really didn't want to convey a message our situation wherein it generate a chatter and false assumptions. And one of those false assumptions being, "Oh, REACHUP getting ready to close these doors." Because that's certainly isn't true. And so for us, it really was putting ourselves in a more vulnerable position than what we were accustomed to and having some really serious dialog with key stakeholders before we did with all of our staff.

Megan: Good point. We'll get to the questions in the chatbox...we have a question in the chatbox, we'll get to it later but I think you were just getting at some of the questions that was there. Next, Lisa, would you be up for sharing what the hardest decision was for you that you had to make in carrying out this work?

Lisa: Well, just speaking to the recent NGA proposal that we just recently put together. Similarly, it was very challenging to make decisions about how to move the program forward with a fraction of the budget. Receiving over 50% cut led to difficult decisions both in terms of staff and our administrative office and partnerships in the community but while making those difficult decisions we had to keep in the forefront and be mindful in structuring our transition so that it was as seamless as possible for participants and keeping them at the forefront is what really help us make the decisions that we needed to make in terms of how to best serve our community with the resources that we would have in place. And, you know, how to best maintain continuity of care.

So as we went through the steps and we made those tough decisions and we relayed them up the chain of command here all the way to the mayor's office and we relayed them into the community when we issued our fee. Again, at the forefront of everything was how are we gonna maintain so that word on the street is in again that MomsFirst disclosing, MomsFirst similar to Lo's, shutting its doors, we didn't want that message to get out. So having those conversations with staff, having them face to face and explaining them and the reason why these changes were necessitated I think makes a big difference because we have to remember, you know, how staff reflects the situation in the community to their participants resonates immensely. And if the staff is able to share that information and first of all, accepting and digest that information if it impacts them. And secondly, communicate that information effectively to their participants that can make or break the situation. So I think that should be tapped in the forefront when structuring your transition.

Julie: Lisa, this is Julie, I just want to echo what you're saying and I think you've identified sort of the two big levels, which is the staff and then also the participants. And I know in North Carolina, the same thing we just didn't have enough resources to go forwards at the level and the breadth that we have been

doing for many decades. And so, one, and from the point of view of staffing and to geography, we helped another group prepare an application of their own to be funded in North Carolina. So that you will see maybe one with whom gets funded and they will but they would sustain things on an area of great needs. Another piece is more related to the young families, connect the adolescent health program that I was working with where in terms that ended, that young families connect after 7 years instead of going 10 years.

And one of the things that was I think everyone was most concerned about was what about the participants who were still enrolled and they enrolled knowing that they had, you know, up to two years to be in the program. What would happen to them and we had to have like I think you started out wanting a very clear transition plan for each individual participant in their family. And we'd, you know, we found that in some ways sometimes it was a big celebration. We had diplomas and certificates that listed all your accomplishments and how many goals they had completed and certificates that earned and jobs that they had had and children that have been born that were healthy.

And then so many agencies and different people would come to these celebrations and there was a warm handoff. So that was very hard to think about and sort of hard to figure out what's the right thing to do when in some cases a local sites came up with very collaborative and creative and appropriate approaches.

Megan: Thanks, Julie. Let's kind of shift to really looking at a bit more around communications and transitions planning. So you've been at this a while, Lisa, I'm gonna direct this first question to you. Have you found keys to success in planning a communication and transition plan?

Lisa: Well, Megan, some of the things we learned along the way are reflected in the tools that I touched on briefly before. First of all, making sure that each of our partners maintains an ongoing list of equipment and furniture and supplies that they've purchased with grants. Funds help us not only throughout the grant cycle with reconciling the physical inventory with what's on site once per year but it also provides documentation of items to be returned at the end of the contact. So that's been one tool that we've used.

Secondly, I think I mentioned about records in determining in advance which participants can be transferred to another project, subcontractor within your site, if your site is shrinking or to perhaps another home visiting program in your community if they're getting ready to age out and/or are interested in continuing services after you've downsized. So this provides families again with an opportunity to make a selection about how their "care" or participation will be

affected by the transition and that gives them a way to participate in that decision-making process.

Again, I think I mentioned earlier that you know a standard letter should be developed. But really the message should be delivered face to face as much as possible with each participant detailing the transition, what to expect, who to call, the options available, again, for them to have some buy-in and to the process for continued services, and then only if they can't be reached. For instance, some of our participants are hard to locate and we don't always get to see them every month as we would like to then they have the letter as reinforcement or again as documentation and confirmation of the conversation so they know next steps and what their options are.

Lastly, we talked about making sure that the records both the paper and electronic record are thoroughly reviewed for completeness. And one of the things on our form we highlight is upcoming screenings that are due. In this way, the reconciliation sheet remains with the record throughout the transition. And then depending on what the participant opts in terms of either staying with another site within the program if that's one of the options or transitioning to another community partner. It allows the new community health worker to review the record and kind of get a snapshot or get an easy way to familiarize themselves with the participant by reading that summary so that there's not a big lapse of service during that transition. Because we feel it's very important, again, that it'd be as seamless as possible to the participant. And we've done this a few times as we've downsized or as partners...ell, we just recently close to partner out in December who actually opted to move in another direction and close out their program.

And what, again, we learned was that you really need to stay involved with the transition like we developed a calendar, we helped them develop a letter, we help them do this, but we didn't just give it to them and say, "Run with it." We really didn't want to make any assumptions that things were completed. So I think you really need to stay involved and work the plan with the provider and that way you can avoid as many surprises as possible.

Megan: And I just posted the next question because, but Lisa you're really getting into a lot of the responses to this question and keeping folks involved. And you also talked about the letter and communication. But I'm wondering if you can give some specific messages, key messages, and how you've included your staff and participants in this messaging for your transition plan.

Lisa: Well, let's see. I think just being as transparent and empathetic as possible. I touched on it earlier that some of the staff are just, some are, we know we'll be

staying with the program and we'll be just making sure their participants understand. Other staff we know will actually be perhaps losing their job or moving to another agency so it's a scary time for them as well. So we've always found similar to what Lo said that being as transparent as possible really helps people understand and to, you know, not take it personally but to be able to put the change into perspective. Change is hard for all of us no matter what the situation but I think how that change is presented can help with how people perceived and accept and deal with it.

So my key message would be that transparency is very important. And then because sometimes, you know, this does get internalized or people are emotional about it. Being empathetic and then having a clear process with step by step directions, you know, do those things to key people on track tends to help organize the process a little bit. And we're all in this together so the importance of inclusiveness is also I think something that should be included as one of your key messages.

Megan: Thank you so much. Lo and Julie any thoughts on this question? Have you found that there are any key messages that you've used in having these conversations or communicating these transition plan?

Lo: Yeah. For me, a couple of things. Yes, some of us have been, you know, at this for more than a minute and I can recall in some of our initiative sustainability efforts from the very beginning through our Healthy Start local health system action plan, through [inaudible 00:50:49] sustainabilities who get through the national whitepaper and other things that has been generated across the country. I find that sometimes we forget that we have the tools right at our fingertips. And sometimes it's about actually pulling all things out and sort of dusting them all or reviving or revamping and editing.

So that for me is key to being successful in the communication by looking behind as well and see what things that you can build upon. So with us, with REACHUP we of course, we're still learning how to be more deliberate and more thoughtful about communication planning which is relative to the success of transition. So I think one of the biggest key takeaways for us other than what I've just mentioned is also realizing we have platforms that are being used right at our fingertips and disposal. And always had, sometimes not utilized to the extent that we needed to utilize them or could utilize them but we have them and I just name three for us.

For us, it is our partnership network where we meet monthly with key stakeholders and our maternal child health community of constituency. The second one we've had a community consortium since our inception of our

project, a very successful conception which is really and truly run by recipients of services not as stakeholders. And then we, the third thing is that we have monthly management team and staff meetings that have opportunity interface and network with all of REACHUP. And that's all 12 programs at least once a month. So just being mindful of the venues and the platforms that's at the fingertip and adequately utilizing those venues are key takeaway.

Megan: Thanks Lo, and thanks for those clear kind of three areas the you found to be really helpful. Julie before we go to our next question I wanted to give you a chance if you found that there have been any key messages that worked for you?

Julie: Probably, and, again, I'm sort of working at a different level more than this from the sort of the outside looking in. But one of the main surprises I think was that we assume that without the funding things we just stop. And having some of the local, you know, filling of the cans in the local communities called us back and said, "Can we have another listening session?" Well, I go, "Of course that makes sense." And so they deserve a not a farewell but sort of a just an exchange of lessons learned or insights that locally people had. And so people brought some of their spouses with them and in one county, for example, the husband of from this person who came is a barber and handed up, he said, "Well, he'd like to continue some of this, how could he work with some of the guys?"

And there were just some things that happen that we weren't expecting and that wouldn't have our messaging in terms of, "Well, the program is over and we've done our best in terms of transitioning folks to the continued services that they need and stuff." But we didn't take into account some of the other folks in the community, again, at that very end that last sort of phase. They could be involved in one or two, that they didn't know about the program as much and to think of themselves as being someone contribute. But like you said, well, I mean there are things that happen and they're in the community that we don't even know about and that are very important.

Megan: Yeah, and invested. Thanks, Julie. Okay, group, this is the last question for the panel that we formally prepared. After we get this question we'll open it up to the chatbox in your questions, so be thinking about those or you can go head and chat them in. Whenever you have...they come to mind. But for this last question I'm gonna post it to you, Lisa, what advice would you have for a program who decided not to reapply for Healthy Start funding?

Lisa: Well, I would say that it can't be business as usual through March 31st that the first thing once that decision was made that should have started was to

begin discussions with your community partners and agencies that to determine how they can start to serve the needs of your participants. Because it's great to be able to make sure your participants can be transitioned to other needed resources in the community. So once that decision was made I think that the, again, other partners in the community should be engaged making sure again that the resources, your participants need will be available to them. And then start assessing your case while looking as to which participants will be aging out at 18 versus 24 months, how to whittle down that caseload.

I would have, of course, stop enrolling new participants given that there would only be a few months to serve them and instead refer them to other community resources so that they aren't getting bounced around from program to program. Of course, a staff leaves, and we're doing that here as staff leaves, we're not replacing them. Because the time that it takes to onboard and train and build a caseload, it would almost be counterproductive if we weren't going to be continuing or in our case is we're gonna be downsizing.

So these are just some of the things that I think because not only apply for those or applied to those who have not decided to reapply for funding but also to those programs that are downsizing or expecting to downsizing in the new federal grant period.

Megan: Thanks so much, Lisa. Okay, group, I'm gonna now turnover to the chatbox and get some of the questions that have been chatted in. Feel free to chat more in. And these questions I'm really just kind of post to the full panel. And some have sort of you've alluded to some but I want to ask you directly because you may have more words of wisdom to share. So this first question is, can you talk about a time when there was a need to reduce staff and how this was addressed. Other than a letter, how were caseloads addressed?

Lisa: This is Lisa. I think I just recent alluded to this in the last slide but we've not actually reduced staff but we...similar situation, we've looked at things like, again, who's getting close to aging out of the program? Oftentimes it's hard to retain families anyway, at least as we service them now to age two years. So some fall off naturally, others are getting close to the end of the caseload or excuse me to the service time. We also looked at those that have had no contact for greater than 30 days. If they are hard to get a hold off, we will accelerate the process in terms of, because currently we live them on the caseload for up to 60 days without contacting, continually try to reach them where we will maybe accelerate that process a little bit and let them know that their case is gonna be closing or they need to get in touch with us if they don't want their caseloads so that we can make other arrangements for them.

We've often transitioned clients to other workers that haven't had a full caseload, to help them build their caseload if we have workers in need of building their caseload. And then we've also had workers that were able to take on additional cases because we have a provision whereby if someone has been in the program and the child is over age one and doing well with their participant's service plan. Their intensity, so to speak, can be reduced so that their caseload could be expanded a little bit more. So we looked at all those options and try to make the best decision in order to absorb all the participants. We've never actually been in the situation where we've had to turn clients away, which has been a good thing.

Julie: Yeah. And I know young families connect which is the same size. I've been with case management and OUTREACH, the staff person themselves towards the case manager. We helped kind of smooth the path for them that that project was actually has been the health department and so they were just hired by the health department as a Medicaid managed care worker. You know, so it was into a different program but basically, the continuity I think was pretty smooth from the point of view of the family and the participant that was involved or the participants. That actually happened in two counties but that was just, I don't know if it's lucky but I was very fortunate that that was possible.

Megan: Thanks to you both. Here's another question that came in and I know we've chatted a little bit about it but I just...and so like I'd like to act it just to see if others things come to mind in response. So regarding transition planning, how do we manage to keep staff while we're waiting to hear or refunded. This person is worried they're gonna lose staff because they fear of loss employment and they'll move on. That's so tricky.

Lo: This is Lo, I think that's the importance of the transparency piece and sharing with the staff what we're up against and what needs to happen. And then to be able to share something really strategic and something in black and white regarding a plan saying this is how we're gonna adopt. And we frame mostly our messaging around our adaptability. It's something that the group and all of us that do this kind of work that we are constantly doing day by day is adapted to a situation.

And so in our messaging conversation around adaptability, we'd be as clear as we can about what resources are at our fingertips and the ones that what we're trying to broker to make sure things come out the way we hope they do. Even to the plan of for us having a plan A, B and C. And well, we do into details about what entails all of A, all of B, and all of C, they're pretty confident that to the best of our abilities, if we say that we're going to work towards maintaining X

amount of position and reason why. Then they're clear about what those positions are and what those priorities are and they know whether or not they probably should be looking, you know, in some other direction or should they take a risk and stay. Because what they're doing and what's and what's in our system has seen or have been identified as a priority.

Lisa: This is Lisa. I echo that. I mean our staff and our agencies are all aware of the reduction and funding. We just issued an RFP which is downsizing the amount of partner agencies so and from that regard the writings on the wall. But we also are very fortunate that we have a graded funding stream and some of our executive directors have been very strategic and not filling positions when they come up vacant with another funding source with the plan that they're gonna transition staff if they don't get funded in this round to those positions. So there's a lot of strategic moves being taken in the community outside of us as well but the agencies that value the program and want to keep the program going regardless of the outcome of the federal funding.

We're in a unique position that we have the good fortune to be able to do that to some extent. It's kind of like robbing Peter to pay Paul and that is causing a vacancy and another program is they hold on to wait and see if we get funding with this program, but it's just taking a look at the resources and then again rallying the community. We've rallied our local philanthropic community through first year Cleveland which is a city-county partnership and our mayor's office as they prepare our 2019 budget to see if any of the deficits can be picked up. So we've got a multipronged strategy going on all at the same time. And we're hoping that like Lo said plan A, B, C, you know that it comes together and just trying to play all the angles.

Lo: Yeah. Good point.

Megan: Well, there are no more questions in the chatbox. So I did want to call everybody's attention if you didn't see it in the chatbox, Cheryl Gagliano shared a resource that we can also loop back out during our follow-up email that she shared that they have a continuity of operation planning plan in place that helped them with sustainability in times of major disruption or disaster. So it can be developed anytime. So she send that link and share that, we will share that out. If you have other things, tools you've used feel free to share that with the group and we'll circulate it. I have a couple of reminders and as I share those reminders I'm gonna ask all of our panelists and even and Mary Emmanuelle as well to think about a closing remark you'd like to share with the group. So I'll give the wrap-up and reminders here and then I'll ask all of our presenters, panelist to maybe share any sort of closing remarks they'd like to share.

So first is that you may have, those of you that are project directors or points of contact for your program, you may have seen an email from Christina Lottie with the Division of Healthy Start and Perinatal Services about a Healthy Start project director questionnaire and that questionnaire will be coming out soon from the EPIC Center or/and it's regarding, you fill it out or if you were involved in 2016, you fill this out a while back. But the division is looking to do this again and it is really looking at implementation of the key approaches for Healthy Start. It'll take about 15 minutes to complete, so I'm just putting a call out to please take some time to complete that questionnaire when you get it.

There are a couple of webinars I wanted to let everybody know that are gonna be happening in February. One is on February 19th and it's on behavioral health equity and it's from 3:00 to 4:30 and the presenter are gonna be a group called Change Matrix and they've been doing this work for a while and have some frameworks to share. Then on February 21st, the Healthy Start CoIIN is going to be sharing again and they're looking to present on the case management care coordination model, so another webinar from the Healthy Start CoIIN. And all of these resources, materials, recorded webinars, transcripts, slides, all that stuff is gonna be posted on the EPIC Center's website and that's listed here. So with that, I'd love to check in with our panelist and I'll just put it up there would anyone like to start with any closing remarks that you'd like to share?

Lisa: This is Lisa. I just like to wish everyone the best of luck as your project may or may not be transitioning. Remember as we reiterated here today, even if you are not transitioning in the sense of downsizing and/or wrapping up your project that with the start of a new five-year project period as we said start that planning early and don't just assume that this is good information but you don't need it right now to really take a look at the different tools that we're gonna share and see how you can start incorporating them into your work early on as we do move into the next five-year cycle to help you plan for when the time comes that you will need the information. It's better to have a well laid plan and things in progress than as many people may have experienced you know that hurry up and wait kind of reactive mode isn't always the best way to go. So I urge everybody to be proactive and take the information that was shared today and use it in your future planning however that may work best for your project.

Megan: Thanks, Lisa. Julie or Lo or Mary, who want to go next?

Julie: This is Julie, I don't have that much to say but I just wanted to say, Lisa, I couldn't have said it better. I think that's really key and I just based it on the other project that we were working with here in North Carolina, never forget that people step up to the table and they're coming from places that are in the

community already and you're just telling you never thought they might be interested in working together or just taking a lead on some of these things. So hopefully and then I think they could come to the table, they don't have to wait until the program might be downsizing. There'd room for them at the table hopefully in the beginning.

Lo: Yeah. This is Lo and I say ditto, ditto. Similar partners here. And on top of that I really would like to say to the Healthy Start family for us to really remember that we are a steadfast and awesome group of people and that no program entity has the heart for this work that we have, and so I to look forward to continue efforts, period, in our work and our efforts to promote optimal health for everybody.

Megan: Thank you so much.

Mary: Hi, this Mary.

Megan: Go ahead Mary, sorry about that.

Mary: I'm sorry about that I guess I cut into you, I apologize. I just wanted to thank everyone on behalf of the Division of Healthy Start Perinatal Services for all your continued efforts and your strong work and the transition piece. As it was mentioned earlier this is great information, it's very focused on it every [inaudible 01:11:16] plan and then if you don't need it then wonderful and if do you do you'll be prepared. So I wish everyone a great weekend and I hope you learned a lot from this webinar.

Megan: Thanks so much, Mary. So in closing, a huge thank you to the Healthy Start CoIN especially the three panelists, Lo Berry, Julie DeClerque, Lisa Matthews, for sharing your expertise today. Thanks to all of you who joined and carved out time on your busy schedules to join the webinar. We'll be posting the information to the website within a week. This concludes our webinar. Thank you,