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Megan: Hello everyone and welcome to this orientation webinar for Healthy Start program in fiscal year 2019 through 2024. I'm Megan Hiltner with the Healthy Start EPIC Center and I'll serve as your moderator for today. The aim of this webinar is to provide you with an overview of the Healthy Start program, essential grants management processes, and actions offered through grant management office, and training and technical assistance resources available through the Healthy Start EPIC Center. I have a couple of housekeeping announcements before we get started. We have approximately 90 minutes set aside for the webinar. It is being recorded and the recording along with the transcripts and slides will be posted to the EPIC Center website following the webinar. We'll chat out that website here in a moment.

We will be taking questions and comments in the chat box throughout the webinar today and we will be compiling those questions and responses into an FAQ that will be shared back with you via the EPIC Center's website and through the Healthy Start e-news soon after the webinar. So we will not be responding to questions during the webinar today, but they can be compiled into that FAQ document. So look out for that. For those of you who did submit questions through our webinar registration system prior to the event, thank you for submitting those. We will be including those in the FAQ document that is sent out following the webinar. Let me go back here. And just an overview of today's webinar in our agenda, you can see multiple folks from the division of Healthy Start and perinatal services and grants management specialists are on the webinar today along with the team of folks at the Healthy Start EPIC Center who all share a few select training, resources, and technical assistance opportunities.

So without further ado, I'm now gonna turn it over to Captain Dr. David de la Cruz, Deputy Division Director with the Division of Healthy Start in Perinatal Services to kick things off with a welcome. David?

David: Yup. Thank you Megan. So good afternoon everyone and welcome to the conversations with the Division webinar. As Megan said, my name is David de la Cruz and I'm the Deputy Director of the Division of Healthy Start and Perinatal Services within HRSA's Maternal and Child Health Bureau. On behalf of the Healthy Start team I welcome you to our first conversation to the division for this new grant cycle. We convene these webinars as our division's way of keeping our three-point commitment to you. One, to maintain an open communication policy, two, to provide you with updates on important issues related to the program, and three, to offer you an opportunity to submit any questions related to the program and its implementation.

I'd like to remind you again that if you have any questions for the division, you do not need to wait for these webinars. Please contact your project officer at anytime. Your project officer should always be your first point of contact. Now, the purpose of this webinar is to ensure that you have the information you need as we kick off this five-year cycle of the program. You'll get information from the program side and also from our colleagues from grants management. We want to be sure each of you is hearing the same information directly from HRSA. I also want to announce that next month we'll be setting up a separate webinar to discuss data collection and reporting. So as Megan said, while we will not be answering questions during this webinar, we do, however, ask and encourage you to submit your questions to the chatbox throughout the next several minutes. We will then collect these questions and respond to you in a timely manner to a frequently asked questions document. This document will be posted on the EPIC website and shared with you.

So now I'm pleased to introduce our new Division Director, Dr. Tiffany McNair. Dr. McNair is our new director of the Division of Healthy Start and Perinatal Services within the Maternal and Child Health Bureau here at HRSA. She is the physician board-certified in obstetrics and gynecology as well as public health and preventive medicine. And she is coming up on her two-month anniversary as our director. At HRSA, key programs under Dr. McNair's leadership includes the Healthy Start Initiative, the Alliance for Innovation in Maternal Health, a partnership to combat maternal mortality and severe morbidity to the design and implementation of evidence-based maternal safety bundles, and the Women's Preventive Services Initiative, which is a coalition of national experts convened to develop recommendations and resources surrounding women's preventive healthcare services.

Prior to her tenure at HRSA, Dr. McNair was the Division Director and Medical Officer within the Prevention of Population Health Group at the Center for Medicare and Medicaid Innovations also known as the CMS Innovation Center. In this position she led the design and implementation of several programs including the Maternal Opioid Misuse or MOM model which aims to address the impact of the opioid crisis among pregnant and postpartum women as well as the infants. Finally, before joining the CMS Innovation Center, Dr. McNair was a White House Fellow. In this capacity she served as a policy adviser and public health consultant to the Vice President of the United States providing guidance and technical assistance to the White House adviser on violence against women. So with that, I'll turn it to Dr. McNair. Welcome.

Dr. McNair: Thank you so much, Dr. de la Cruz, for that very warm introduction and good afternoon everyone. Before getting started I'd also like to thank all of the team members on the division as well as JSI for their hard work

in putting today's webinar together. It truly does take a village. And so it gives me great pleasure to speak with all of you today and to congratulate you on this wonderful achievement in being awarded funding for the fiscal year 2019 cycle of the Healthy Start Initiative Eliminating Disparities in Perinatal Health or, of course, as you all affectionally know it as Healthy Start. For some of you let me say we're excited to have you join the Healthy Start family and for others I'll just say welcome home.

As an OB/GYN and Preventive Medicine physician as well as a public health practitioner I'm grateful for the opportunity to serve and support of what I'm sure is a shared pursuit among all of us in the Healthy Start family. And that's to realize thriving in healthy communities particularly among some of the most vulnerable under our care. As many of you know Healthy Start began as a presidential initiative with the goals to reduce infant mortality by 50% in 5 years. Fifteen sites with infant mortality rate, one and a half to two and a half times the national average were originally selected as demonstration programs. These programs were funded to implement innovative, community-driven projects tasks that not only reducing infant mortality including racial and ethnic disparities in this and other birth outcomes but also in improving the health and well-being of women, and by extension, children and families before, during, and after pregnancy.

Over the years Healthy Start has continued to grow and to expand its vision including with the introduction of five key pillars in 2014. One, to improve women's health, two, to promote quality services, three, to strengthen family resilience, four, to achieve collective impact, and five, to increase accountability through quality improvement, performance monitoring and evaluation. And today, nearly 30 years later Healthy Start embodies the third largest investment in HRSA's Maternal and Child Health Bureau and we celebrate the initiative current reach to 100 programs serving communities in 34 states, the District of Columbia, and Puerto Rico.

For the next five years programs will focus on four core elements streamlined from the prior five pillars but with similar aims. One, to improve women's health, two, to improve family health and wellness, three, to promote system change, and four, to assure impact and effectiveness. So let me pause briefly on that last element of ensuring impact and effectiveness. This is an end that requires commitment, shared accountability, and integrity in our collection and monitoring of program data. Such that we're able to tell the most accurate and compelling story of Healthy Start's impact, and also so that we're able to engage in consistent and continuous quality improvement along the way. And so with those core elements in mind all of you will be on the front line, driving the implementation of community-based interventions to support some of the most

vulnerable populations of women and children and families. And this is all so that we can strengthen the health work force, so that we can build a more effective and efficient service delivery system, and so that we can promote and improve health equity in communities across our nation.

An important note, within the division, there are special initiatives and priorities that are embedded into the administration of Healthy Start. Our team of dedicated and experienced project officers will provide supports and expertise in these areas including breastfeeding, behavioral health, wellness and preventive health, and fatherhood and male partner involvement. And we'll introduce some of these team members later in the presentation. But before shifting to a more detailed program overview I'd like to highlight another key priority as we enter this next cycle of Healthy Start and that's our focus on combating maternal mortality and morbidity. There are approximately four million births each year in the U.S. and while most women have a safe pregnancy, labor, and delivery of a healthy infant that is not the experience for all women. In fact, as many of us know the rate of maternal mortality and severe maternal morbidity is rising, with approximately 700 women dying in the U.S. as a result of pregnancy or delivery complications each year.

Moreover, the U.S. now has a higher maternal death rate than many other high-resourced countries. The most common conditions include, severe hemorrhage, hypertension, but it's important to note that mental and behavioral health conditions including opioid-use disorder are leading causes of maternal death in some states. In addition, disparities exist along racial and ethnic as well as geographic lines. For example, with non-Hispanic black women being three to four times more likely to die compared to non-Hispanic white women, and higher rates of maternal mortality in medically underserved areas, like the rural communities which some of you may serve. We also know that 60% of pregnancy related deaths are preventable and with that knowledge that we want to improve maternal health outcomes including access of quality intermediate care services this is an aim that's essential to HRSAs and the bureau's mission. It's in that [inaudible 00:10:5y] as we look ahead to expanding our impacts related to maternal mortality reduction. But we're excited about several new appropriations for fiscal year 2019 including a $12 million funding increase for Healthy Start, which aims to support the hiring of clinical service providers to provide direct access to well-woman care and maternity care services of all program sites nationwide. We recognize that Healthy Start is a critical resource for addressing maternal mortality and severe maternal morbidity particularly given that in many cases as you all know very well Healthy Start represents the only available trusted source of care able to reach high-risk women and their families.

First, it has awarded 65 Healthy Start grant recipients in this cycle with this additional funding and we are looking forward to help programs utilize this lever to ultimately reduce barriers to care and to potentiate their efforts in combating persistent disparities among underserved women. And so as I close, Healthy Start remains true to its core mission of reducing maternal and infant health disparities in high-risk communities. But it's truly exciting to see how far the initiative has come and how it continues to evolve and positively impact so many lives. This incredibly important work is simply not possible without the passion, expertise, and dedication of all of you.

Again, on behalf of the division and HRSA's entire Maternal and Child Health Bureau, we congratulate you and we look forward to partnering with you as we all seek to give the next generation a strong and healthy start in life. Thank you.

And so before we move on to talk more deeply about the program I do want to introduce to you to all of the members of the team. I'll start with our senior leadership team within the division which, of course, includes me and Dr. de la Cruz who you heard from. It also includes our Branch Chief, Ms. Benita Baker, and Commander, Sonsy Fermin and you'll be interacting with them quite a bit throughout your time in the program. Next, I want to show you all of the wonderful members of our team, the project officers who are really just the life plan of the program. I'm sure since many of you are familiar with their names, of course, and their voices but you may not be familiar with their faces. And so now you can put some faces to names and see that in addition to being your project officers and walking arm-in-arm with you along the way, you'll see that they also have number areas of expertise and focused areas to support the work that's happening on the ground with all of you.

And then lastly, I just want to acknowledge other members of our support team across the division who are engaged in work that in some cases is supporting Healthy Start, in other cases is potentiating the work that is happening with Healthy Start through our women's health portfolio, through our behavioral health portfolio as well. And we also have a number of folks who are supporting us behind the scenes through our data analysis and also through our administrative support. And so everyone is really a part of this team, part of this family to ensure that we can be successful along the way. So with that, I will turn it over to Ms. Benita Baker to give a program overview for all of you. Thank you, again, for your time and attention.

Benita: Thank you, Dr. McNair. Welcome everyone. It's great to have you here this afternoon as we kick off this next cycle of Healthy Start. Today, I'm going to talk a little bit about the most important person that you will interact with during the five years of this project period and that is the federal project officer.

So the role of the federal project officer is programmatic monitoring and promotion of the successful fulfillment of the goals and objectives of your program. So as such, the PO serves as the primary contact for programmatic or technical aspects of your grant in question. POs monitor the scientific and technical and programmatic aspects of your performance and this is achieved through routine communication, reviewing of your reports, program outcome data, prior approval requests, and providing or directing you to technical assistance. In addition, project officers conduct onsite or offsite reviews.

Some of you may be getting calls from your project officer or meeting request from your project officer to set up either orientation calls or transitions calls between previous project officer and the new project officer. But the orientation call is a call that really kicks everything off and that's the call that your assigned PO will have with you after they have reviewed various aspects of your grant. They try to get to know what your organization is about. They familiarize theirself [sic] with your budget proposals, review any summary statements or comments, any terms. And conditions and during that orientation call is where all of that is talked about, explained to you, you have a chance to ask any questions that you may have concerning your grant on the next five years or the next two days or anything. Just keep in mind, the project officer is your first point of contact for programmatic or technical support.

Also, project officers, again, as we said, they're responsible for monitoring their grants, their grant fees, their projects. There's a set of baseline monitoring, minimum baseline monitoring requirement, and there's call. There are reviews of your performance reports, reviews of your progress reports. And for Healthy Start we have monitoring calls that are either monthly, biweekly or quarterly that the PO will have with you. It's the PO's determination on how frequent those calls will be, so that's something else that you will discuss with your PO. Additionally, there will be a brief template to be filled out and submitted to your project officer. That template just gives us an idea of where you are at with the five approaches. Again, the project officer will email you a copy of that. You would detail your successive challenges with those five approaches, any budgetary issues that you've experienced in the past month, staffing changes and some initial data reporting would go. And that just gives the PO a brief overview of what's happening with your program. And we've heard from several grantees that that document really helps out when you have to do your annual progress report because everything that's happening basically has been detailed during the course of the year. So it's very helpful to both you as a grantee and the project officer.

So Dr. McNair briefly went over the change in the five approaches, the Health Start approaches from five to four. So I won't go over that. But there have been

a few changes for those who were grantees in the previous project tier that you know about or should know about because they were detailed in the notice of funding opportunity. And in addition to the reduction to four approaches, the service levels have changed. Originally, the service levels were from preconception, pregnancy, birth, up to 24 months, and now they are preconception, pregnancy, birth, up to 18 months. Some other changes to the program are the required participants served. It's required that you serve 300 pregnant women, 300 infants and children up to 18 months, preconception women, and interconception women combined, 100 fathers or male partners affiliated with Healthy Start women and infants and children for a total of 700 program participants annually.

Next, I'm going to talk about, and this isn't...there are several reports that will have to be completed during the course of these five years. Most currently, there is the new competing performance report. This report will need to be submitted by all grantees funded for the new project period, April 1, 2019, March 31st, 2024. This report is submitted through the EHB. You should have a deliverable in your queue that tells you the due date of this report. You would open the report and follow the directions. At anytime you have any issues there's a HRSA call center you can call or your project officer. Most often the project officer may not know some of the technical things that maybe going on for errors and things like that. So it's most helpful for you to call the call center.

So completing this report there are several forms, financial forms, demographic forms, there's an abstract, and they all have numbers. The performance measures you've seen those outlines in the NOFO. But what's going to be really confusing for you and we recognize that and we
want to try to mitigate any confusion you have in reporting. So we're gonna emphasize these reporting timelines over and over again and again. So the electronic handbook is set up for the entire bureau's program, which they report their data by budget period or fiscally budget period. Healthy Start has to report to congress on a calendar year basis on measures. The system cannot change just for Healthy Start. So we have to outline the timelines we need for you to submit to answer your data. And as you can see here we talk about financial forms so when you go into this new competing performance report, the financial forms will come up. Those are budget year timelines. Form six is budget year timeline. When you get to the performance measures you will see budget year, April 1, 2019 to March 31st, 2020. No matter what you see you will be entering calendar year data.

Now, this first year because you did not get started until April 1, you will enter in whatever data you have from April 1 to December 31st. That's fine. Each year you will have to fill out what's called a non-competing performance report

and, again, you will enter indicators for a calendar year data. And this is very difficult and we'll say, again, say it over and over and have it written out for you, but you would enter calendar year proposals for all performance measures for the full five years of the project period. I'll say that again. Your objectives for the full five years of the project period calendar year objectives, no matter what timeline is listed in the EHP for the performance measures. So that's all I have today, and, again, I want to reemphasize any questions you have contact your project officer. We will answer those questions and I know that there's a lot of questions you do have on these reports. So we will get to those questions. Megan?

Megan: Sure. Thanks, Benita. I was just gonna walk folks through this poll to sort of conclude some of the overview that you had provided and just to give folks a little more context as well. This question, in this poll, is in reference to the talking points that in the overview that Dr. McNair gave at the beginning of the presentation regarding the maternal mortality initiative. So I'm going to read you the poll question here and if you could please check all that apply to you please do that and if you're responding to other, if you could chat that into the chatbox. We'd like to collect all those responses and share those back with the division, so the poll question is, "If you did not apply for additional funding to support the hiring of clinical service providers please check all of the reasons why."

The options are, did not understand the instruction, not enough time to respond, amount of funds were insufficient to add the clinical components requirements, insufficient capacity/resources to add the clinical components requirements, needs of the population did not warrant the funding or other. So I will give you all a second to respond. Again, check all that apply and if it's other if you could chat that into the chat box that would be very helpful. So another moment here. I see folks are responding and I do also want to acknowledge those folks that have been submitting questions regarding the presentation thus far. I want you to know that we are collecting those questions and we are receiving those and we'll be pulling them together in an FAQ. Okay.

Thank you all for your responses. We're gonna be poling that together for the division and with that, we're gonna move along in the presentation. And now we have two folks, Ms. LaShawna Smith and Ms. Tonya Randall here from Grants Management to provide you with an overview of grants management requirements. Oops, I went too far and I'll go back one slide. Here we are. Over to you, Tonya.

Tonya: My name is Tonya Randall. I'm the Lead Grants Management Specialist of the Healthy Start program. I'm gonna start with the roles and responsibilities

of the grants management specialist. We provide clarification on grants, regulations, and financial aspects of the projects. We review and make recommendations on continued federal support, monitor compliance with grant requirements and cost policy. We monitor the feed of all required reports and follow-up as necessary to obtain tdeliquent report, issue notice of award that's signed by HRSA GMO, notice of award information, programs last grant conditions of awards. Conditions of award always require a response by a specific date and failure to respond to the HRSA division of grants management operations in a satisfactory manner may result in an adverse action. HRSA will remove the condition once it is met by issuing a new notice of awards. Programs/grant term, is generally informational and advisory by nature. For example, uses and limitation of funds and post award administration.

Standard terms appears on the initial award for the budget/project period and describes general terms and conditions of the grant. Reporting requirements. Identify the various reporting requirements and due dates of the grant such as FSR and progress report. The context identifies the federal context for assistance. HRSA electronic handbook, next, all post award administration is done through EHB, you register for EHB. HRSA's EHB can be accessed going to the following link below and clicking on "create account." Project directors/Principal investigators are responsible for the user management and permissions for their grant. Need permission to access the given grant portfolio, log into HRSA EHB and click on the "add portfolio" link on the side menu. Assistance regarding registering with HRSA or gaining access to the grant portfolio or other EHB issues you want to contact the HRSA call center.

Next, financial reporting. There are two financial reports, the 425 Federal Financial Report, the FSR, which is a grant financial report, and the 272 Federal Cash Transaction report, which is a report required by PMS. The federal cash transaction use allow top portions and sections 10A, 10B, and 10C and this one is submitted to the payment management system. And the report is due quarterly.

Report expenditures. This is the FSR and its required by the GMO and the lower portion section, you pull out the lower portion section 10B through 10O and this is submitted through the electronic handbook and this is due annually via EHB.

Prior approval. You would submit a prior approval through EHB for the following, change in project director, replacement of key personnel specified in the notice of award, change of grantee organization, changes in scope, goals, and objectives, revisions in budget and/or budget specification, budgeting funds to an unapproved budget category. Prior approval not necessary if changes

within budget line item do not exceed 25% of the total budget. Carryover that exceeds 25% of a given budget period does require prior approval.

Carryover of unobligated balance. Okay, so when you submit your FSR you want to select the EA option for expanded authority. And then you will have the following options, you could select, "yes" for the amount covered under expanded authority, which means the grantee wishes to use their expanded authority and the UOB is less than 25% or you could select, "yes" for the amount covered in part of or entire marginal amount over expanded authority. This should be selected if the carryover amount is greater than 25%. The grantee must submit a prior approval for the full requested amount. You select, "No," means the grantee does not wish to carryover any of their UOB or not applicable which means that there is no UOB remaining.

The definition of carryover. Unspent funds from one budget period to another.

When to carryover. At the time of FSR submission or up to 30 days after you submit the FSR.

What should be included? PMS have to be current and grant conditions must be satisfied. The budget form 424A must be included, the budget justification, which include a reason why you have an unobligated balance and how you're going to allocate the fund. The standard form 424A or budget justification is not required if the grantee is within the expanded authority guidelines of up to 25% or 250,000, whichever is less. So those two forms are only required if they exceed the 25% and they have to come in as a prior approval request. Another note on carryover [inaudible 00:36:38] is usually a carryover will only reflected on one notice of award, however, due to the two document numbers there will be two for the carryover request. One notice of award will de-obligate from the old document number and the second notice of grant award will re-obligate the carryover funds to the new document number.

Tips and reminders. Read your notice of award carefully. EHB is your portal. Make sure that the contact information including email addresses of the business official and person identified in the application are correct. Submit financial reports on time. Exercise sound fiscal responsibility. Regularly communicate with your GMS and your PO. Maintain accuracy and currency of your information in the system for award management known as SAM. OMB [inaudible 00:37:59] replaced by the uniform CFR 200 codified by HHS at 45 CFR 75 and you have another resource HHS grant policy statement. Thank you very much.

Megan: Thank you so much, Ms. Randall. And now we're gonna turn it over to Suz Friedrich with the Healthy Start EPIC Center to provide you with an overview of the Healthy Start EPIC Center training technical assistance opportunity. Suz?

Suz: Thank you, Megan. Good afternoon everyone. Again, my name is Suz Friedrich and I serve as the Project Director for the Healthy Start EPIC Center. On behalf of the EPIC Center I'd like to congratulate you all and welcome you to the Healthy Start community. What we're going to do in the next few slides is provide you with an introduction for those of you who are new to Healthy Start and obviously for those of you who are returning a reminder of the availability of training and technical assistance support for the Healthy Start grantees through the EPIC Center. The division of Healthy Start and Perinatal Services funds the EPIC Center to provide you with free technical assistance and training to really help you in achieving program objectives, to promote maternal and infant health, reduce infant mortality and improve birth outcome. So we are here for you. We encourage you to take advantage of these resources because they are fully provided to you as sort of on-demand when you need them.

Just a big picture, the Healthy Start EPIC Center has been in operation for almost completely five years and during that time we're really been building a knowledge-base of resources and tools to support you. All of those resources and tools are hosted on our web site. So there's a one- stop-shop for you to go to to access any of the existing resources that have been developed to date. This is the web site, the URL is healthystartepic.org and as I said it really is the knowledge-base of all available resources. These are available to you any time. There's no cost for any of these resources or services. So, again, we encourage you to take advantage of them.

I'm gonna be walking through some of the resources that are available on the Healthy Start EPIC website but I wanted to just inform you that we have a brief orientation video that has been added to the website. It's available right on the main page so a lot of what you'll hear me go through in the next few slides will be covered in that video orientation. We encourage you to take advantage of reviewing the whole thing. We're just gonna show you a little snippet right now. As a warning for those of you who are online, you will hear it through your computer. If you are on a telephone call you will not hear it. We will be chatting out a link so that you can access that video directly or if you mute your phone and turn on your sound on your computer. Do not leave your phone and your computer going at the same time or we'll have a very distracting echo.

Megan do you want to start the video?

Megan: Will do.

Suz: There it goes.
[00:41:22]
[Silence]
[00:42:20]
So again, this is just a snippet of the entire video. It only lasts a couple of minutes. It's not a very long video but it does give you an orientation to each of the tabs that are at the Healthy Start EPIC Center website. And, as I said, I'm going to be sharing a little bit more of what's on the website in the next few slides.

Megan, I need you to advance or give me control. Thank you. Oops, it went too far. Okay.

So among the various things that you will find on the website are all of the webinars that have been conducted over the last five years and they are archives and available. They're great resource for a quick crash course or reminder of sort of the contents that might be helpful to you. There is a catalog of all of the archive webinars which are organized by topic. So if you're looking for a particular content area and you'd like to find out whether we have any webinar on that subject, we encourage you to go to that link, that's the catalog which you can find under the training resources page. There are many, many webinars in there and they do cover the full range of process and benchmarks and other topics that will be of use to you.

Anybody is encouraged to sign up for the e-news. That's a regular weekly notice that we send out to anyone on the mailing list that updates any upcoming trainings. It provides some resources, some information that's current. If you are currently in the emailing list you will have already received weekly e-news'. If you haven't been receiving them over the last few weeks then you're probably not registered. It's very easy to add your name to the e-news list. We really encourage all staff in the program at all levels to get access to the e-news just to know what kinds of training opportunities are coming up, to know what resources are available and any new products or resources, materials that 'were developing they get disseminated through that mechanism.

So at the top of the website you'll see the e-news link and we just encourage you to sign up, it's very quick and easy. Also on the website is an inventory of evidence based practices. We currently have over 216, again, they cover all of the approaches and the benchmark topics, the performance measure topics. You can search using various different query tools and identify those evidence-based

practices that maybe most useful to you. So if you're looking to improve in a particular area or to implement a new program, we really encourage you to go to this evidence- based practice inventory. All of the practices that are listed are rated using a system of one, two, or three, where sort of the highest level or the strongest level of best practice it receives a rating of one. Two is more promising practices, and a rating of three are guidelines or protocols. So, again, there's lots of materials and resources in there.

If at any time you're looking for something and you can't find it or you're wondering if we have something that might help you, again, right on the main page of the website is a telephone number and an email address. You can contact us at anytime. We'll be happy to orient you to what materials are available or to provide you with assistance if it's not available online. So please, again, feel free to contact us. Another resource on the website is the project management hub. This has a whole bunch of resources and tools for project directors, project managers. This is where materials on the grants management and sort of expectations for your programming are included. This is updated with materials as they become available. There is a project director's guide, which is a wonderful tool to help walk through some of your roles and responsibilities. And, again, that is in the process of being updated so you'll see new materials as they become available.

Another resource on the website is the community health worker course. This is an 11-module course. It was developed specifically for Healthy Start. It includes some orientation to the various perinatal phases, preconception, interconception, prenatal, postpartum, and parenting. It also covers some of the roles and responsibilities of outreach worker, community health workers. It's open to anybody. It is an interactive training. It's a great orientation for staff. It's also a great introduction to the Healthy Start program and expectations. It is self-directed, so you can sort of put your time in when you have it. Each module we try to keep sort of within the hour or less so that it doesn't take too much time to go through an individual module and you only need to do the module that you feel are most applicable to your roles and responsibilities.

Another resource that we really want to encourage you take advantage of our staff development packages. These are little 30-minute training opportunities for staff. They're great for a lunch-and-learn or some other sort of brief interaction with your staff. It provides some background information and some interactive discussion tools and it really provides a quick orientation and an opportunity to discuss how your program is addressing some of these issues relative to the sort of recommended best practice or guidance. The link to the meeting training packages will get you to all six of these existing training packages. There are more that are in process so we hope to keep adding them as

they become available. And they, again, are useful for just quick staff development opportunities.

Another tool which we recommend are the performance resource sheet for each of the 19 performance measures that you address in your NOFO. There is guidance in terms of best practices, recommended sort of programming that you may want to operationalize to support achievement of the performance measures. There is one for each of the performance measures and they really do summarize best practices at the individual programming community level.

To find a grantee is the math of all of the Healthy Start programs. We are going to update that now with all of you. We are going to put it in the chatbox and I think Megan is gonna stick that in right now, a link to a quick form that we ask that you fill out. So if you'd like to have your information be as current as possible on the website. It doesn't ask for a lot of answers. It's a relatively brief formed just looking for your contact information. It could be able to update the box that pops up when you click on your site. So it's a great tool for being able to find your peers, your colleagues, and it also obviously is available for others to find you. So, again, fill out that form. It will automatically be used to update the information on the web site.

There are a number of special initiatives that the Healthy Start EPIC Center has been working with over the course of the last few months and, well, in some cases years, and there are special pages on the website that address these important topics. There are many resources and tools in each of these three topic areas. The first being, A step, the alcohol and substance exposed pregnancy prevention initiative. It really looks at providing resources and tools to increase the understanding of the impacts of fetal exposure to alcohol and other drugs. For the maternal mortality resource it's, again, has information tools and advent space practices to support you in reducing maternal mortality, which is obviously a huge priority for maternal child health at this time. And then the third special initiative is the healthy living. And this, again, has resources and tools to help you really to increase awareness of the environmental influences of healthy living behaviors and to provide some guidance both for how you can support your participants as well as your staff in achieving sort of a healthy living and a community of healthy living.

And then, finally, just to alert you to some upcoming events which we hope that you'll take advantage of. There are a number of webinars scheduled for the coming months in May as well as a Fatherhood Rap Session so the fatherhood male involvement rap session is scheduled for April 30th, at the end of this month. Anybody who is interested in participating there's a registration link provided on the screen. You can also find it on the website. There are two

webinars scheduled for May. On May 15th there's a webinar on what Healthy Start grantees need to know, and it will be related to the data reporting requirements for Healthy Start. And then the May 23rd webinar is engaging with your states maternal mortality review committee. This is a new focus under the new NOFO and so, again, understanding what that's all about and how you as an organization can actively participate. That webinar will provide you with some guidance.

And here are some contact information for us, our website, and our telephone number. Again, we're here to support you. We encourage you to take advantage of all the existing resources. We're always interested in knowing where we can be helpful. So if there are resources that you don't find or that you feel would be helpful for us to develop, we are happy to try to do that. And we encourage you to contact us at anytime and we wish a lot of luck. Thank you very much.

Megan. So with that, thank you, Suz. I'm gonna turn to back to the division for some closing remarks.

David: Well, thank you Megan. This is David de la Cruz, again. Thank you everyone for being on the call today. We hope these conversations are helpful to you. As we stated, the information that was presented on this webinar will be posted on the Healthy Start EPIC Center website within the next few days. Also, there will be a transcript from this recording and as well as the slides. We will generate a frequently asked document questions that will be posted on the website as well. So with that, we conclude this webinar and thank you. We look forward to working with you over the next several years.