

# Conversations with the Division of Healthy Start & Perinatal Services

**November 3, 2016**



# Webinar Agenda

Topic	Speaker
Housekeeping	Megan Hiltner
Welcome	Madelyn Reyes
Healthy Start Program Update	Benita Baker Johannie Escarne
Division of Grants Management Operations	Sarah Morgan
Healthy Start Monitoring & Evaluation System	Chris Lim
National Healthy Start Evaluation	Jamelle Banks
Mentoring Kick Off	Deborah Frazier
Healthy Start CoIN	Raymond Howard
Question & Answer	All Participants



# Meeting Logistics



Please note the following:



- This session is being recorded, and will be archived for future viewing.
- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.



# Welcome

**Madelyn Reyes, DNP, MA, MPA, RN**  
**CAPTAIN, The United States Public Health Service**  
**Senior Nurse Consultant , Division of Healthy Start and Perinatal**  
**Services**  
**Maternal and Child Health Bureau**  
**Health Resources and Services Administration**



# Healthy Start Program Update

**Benita Baker, Branch Chief**

**Johannie Escarne, Acting Branch Chief**



# Healthy Start Program Updates

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## Staffing Updates

- Already onboard: Dawn Levinson, Christina Lottie and Sandra Matholsah
- Arriving ~ December 1<sup>st</sup>: Mary Emanuele and Sony Fermin

## April 1<sup>st</sup> Grantees

- NCC progress report submission (December 5, 2016)
- Rebudgeting

## November 1<sup>st</sup> Grantees

- NCC progress report review summary
- NoA release



# Healthy Start Program Updates

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## Regional Meetings

- June – September 2017
- Location confirmation (January 3, 2017)
- Expectations

## CityMatch Conference

- September 19 – 20, 2017
- Nashville, TN



# Division of Grants Management Operations

**Sarah Morgan**





**Welcome to  
Health Resources and Services Administration  
(HRSA)**

***Healthy Start  
BUDGET PERIOD***

***Sarah Morgan***




# Today's Agenda

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- **Notice of Grant Award (NoA)**
- **Federal Financial Report (FFRs) Due Dates**
- **Federal Expenditures & Unobligated Balances**
- **Carryover Request**
- **Rebudgeting**
- **HRSA Healthy Start Contacts**



<b>1. DATE ISSUED:</b> 06/16/2011		<b>2. PROGRAM CFDA:</b> 93.926 <small>CFDA number for program</small>		 U.S. Department of Health and Human Services <b>HRSA</b> Health Resources and Services Administration <b>NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation)</b> Public Health Service Act, Section 751 Public Health Service Act: Title III, Part D, Section 330H ; 42 U.S.C. 254c-8
<b>3. SUPERSEDES AWARD NOTICE dated:</b> <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>		Revision # Award Number		
<b>4a. AWARD NO.:</b> 5 H49 [REDACTED] 03-00		<b>4b. GRANT NO.:</b> H49MC [REDACTED]		
<b>5. FORMER GRANT NO.:</b>				
<b>6. PROJECT PERIOD:</b> FROM: 06/01/2009 THROUGH: 05/31/2014		Approved Project and Budget period dates		
<b>7. BUDGET PERIOD:</b> FROM: 06/01/2011 THROUGH: 05/31/2012				
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Healthy Start Initiative-Eliminating Racial/Ethnic Disparities				
<b>9. GRANTEE NAME AND ADDRESS:</b> [REDACTED]		<b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b> [REDACTED]		
<b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b> <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>		
a. Salaries and Wages : \$73,217.00 b. Fringe Benefits : 4.00 c. Total Personnel Costs : \$119,981.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$2,604.00		a. Authorized Financial Assistance This Period <b>\$750,000.00</b> b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$120,655.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$629,345.00</b>		



# Important Due Dates

Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

Budget Period ends August – October: FFR due January 30

Budget Period ends November – January: FFR due April 30

Budget Period ends February – April: FFR due July 30

Budget Period ends May – July: FFR due October 30

## Federal Expenditure and Unobligated Balance (Use lines d-o for single grant reporting)

d. Total Federal Funds Authorized			\$1,194,763.00
e. Federal Share of Expenditures	\$532,933.00	\$644,829.18	\$1,177,762.18
f. Federal Share of Unliquidated Obligations			\$0.00
g. Total Federal Share (sum of lines e and f)			\$1,177,762.18
h. Unobligated balance of Federal Funds (line d minus g)			\$17,000.82

### Carryover Request Decision

You have reported unobligated balance in this Financial Report. The details are in the table below. Do you intend to request a carryover for this amount?

Unobligated balance of federal funds: \$ 17,000.82

Select	Option
<input checked="" type="radio"/>	Yes - for part of, or entire UOB amount, I will create and submit carryover prior approval within 30 days of Financial Report submission date
<input type="radio"/>	No
<input type="radio"/>	Not Applicable



# Your Carryover Request Will Contain:

1. A Cover Letter that tells HRSA the reason funds remain unobligated from your prior budget period.
2. A fully detailed budget for these remaining funds.

**Keep in mind: These remaining funds are to be used to finish work that was approved in your work plan for the prior year.**

# Remember:

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- **Approval of your request is not guaranteed.**
- **What is guaranteed is that HRSA will give every consideration to your request.**



# Keep in Mind:

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- **Every non-federal entity is entitled to rebudget up to 25% of total budget funds, within your approved budget and within your approved work plan, without even requesting Prior Approval from HRSA.**

# Healthy Start Contacts: Grant Management Specialists (GMSs)

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LaToya Ferguson,	<a href="mailto:tferguson@hrsa.gov">tferguson@hrsa.gov</a>	(301) 443-1440
Sarah Morgan,	<a href="mailto:smorgan1@hrsa.gov">smorgan1@hrsa.gov</a>	(301) 443-4584
Tonya Randall	<a href="mailto:trandall@hrsa.gov">trandall@hrsa.gov</a>	(301) 594-4259



# Healthy Start Monitoring & Evaluation Data Reporting

**CDR Chris Lim**



# Monthly Healthy Start Reporting Changes

Upcoming monthly HS reporting updates:

- Cumulative to monthly data counts
- Healthy Start participants enroll will count number of:
  - Pregnant women
  - Non-pregnant women
  - Infants
  - Children

Changes effective December 10, 2016 for November data.



# Healthy Start Monitoring & Evaluation Data Reporting

## Tentative HSMED System Project Schedule

Item#	Activity/Deliverables	Completion Date
1	Provide HS grantees the go-live of the HSMED system	Tentatively due 12/2016
2	Provide XML format/tool	11/2016 - 12/2016
3	Provide training offerings	01/2017
4	Expected grantee 1 <sup>st</sup> monthly data submission	02/2017

# Healthy Start Monitoring & Evaluation Data Reporting

## Tentative HSMED System Training Schedule

Training Item	Projected Date	Notes
HSMED System Grantee Pre-Registration Sign-Up	April 2016 - Completed	HS grantees registered users to the HSMED system.
Phase 1 Training Offering	Tentatively January 2017	Focuses on preparing HS grantees to be data export ready.
Phase 2 Training Offering	Tentatively January/February 2017	Focuses on preparing HS grantees to upload and report formatted data into the new HSMED system.

# National Healthy Start Evaluation

**Jamelle Banks**



# Evaluation Updates

## IRB

- Received IRB approval in September 2016
- Protocol and informed consent includes approval for the following:
  - Participating in the HS evaluation;
  - Completing the HS screening tools and providing the information to MCHB/HRSA;
  - Providing HS participant individual identifiers to state/jurisdiction Vital Records Offices (VROs);
  - Linking client-level data to vital records (e.g., infant birth and death certificates) for all 100 HS grantees;
  - Linking client-level data to other data sources such as PRAMS survey data for 15 randomly selected HS grantee sites; and
  - Sharing linked (e.g., vital records and PRAMS), de-identified data with MCHB/HRSA
- Received HIPAA waiver for authorization for release of patient medical record data by providers



# IRB Questions

When can we begin consenting participants?

- Grantees may begin consenting participants now
- After obtaining consent, grantees may also begin collecting participants' individual identifiers (e.g., mother's name, mother's DOB, mother's unique client ID, infant DOB) for any participant with expected or known delivery in CY 2017

Should grantees go back and consent current enrollees or only new enrollees?

- Informed consent should be collected for anyone completing the screening tools and participating in the evaluation (e.g., linking to vital records data). This means grantees have to collect consent forms for current enrollees and any new enrollees.
- Please note the Healthy Start Screening Tools may NOT be administered to participants (current and new) until OMB approval is received.

If a participant does not consent to be in the evaluation, can she still be counted as a participant and can she still receive services?

- Yes, if a participant does not provide consent she can still be counted as a participant and she may still receive Healthy Start services.

# IRB Questions Continued...

Can grantees make changes to the informed consent/Do grantees have to use this informed consent?

- Grantees may tailor/modify the informed consent as long as the added language does not contradict the IRB approved protocol or consent forms.
- Grantees may NOT remove language that pertains to the evaluation, completing screening tools, providing individual identifiers, linking to vital records or PRAMS, and sharing de-identified data to MCHB/HRSA.
- Grantees should use the informed consent for enrolling participants in the Healthy Start evaluation.

If a participant does not consent to be in the evaluation, does she still have to fill out the screening tools?

- The Healthy Start screening tools were included in the IRB approved evaluation protocol and require participants' consent to be completed.
- Screening Tools serve several purposes, including: case management; program monitoring; and a source of information for the evaluation. For these reasons, all Healthy Start participants are encouraged to complete the screening tools.
- However, if a participant does not consent she does not have to complete the screening tools. Even after consenting, a participant may choose to opt out of the evaluation at any time – participation in the evaluation, including completing the screening tools, is voluntary.

# Evaluation Updates

- OMB
  - Public comments
  - Anticipate receiving OMB approval in November 2016
- HS Evaluation Support Contract
  - Awarded to Abt Associates in September 2016
  - Several tasks include:
    - Develop, administer and analyze the HS Participant Survey
    - Provide TA for and monitor VR and PRAMS linkage, including signing of data sharing agreements
    - Data analysis
    - Preparing preliminary and final evaluation reports

# Evaluation Updates

- PRAMS Oversampling Participation

- We have acceptance from the following PRAMS and Vital Records Offices: NYC, NY, CT, MO, LA, IA, MI, OR, PA, SC
- Currently do not have a Southern Level 3 HS grantee or a Border Grantee (Level 1)
- Contacting PRAMS programs, VROs, and HS grantees to finalize the list

- Data Sharing/Transfer Agreement

- Received approval from HRSA IT and Office of General Counsel
- NAPHSIS shared draft agreement with several Vital Records Offices for initial feedback
- Anticipate finalizing model agreement in November 2016

# Mentoring Kick Off

**Deborah Frazier**



# Healthy Start CoIN

**Raymond Howard**

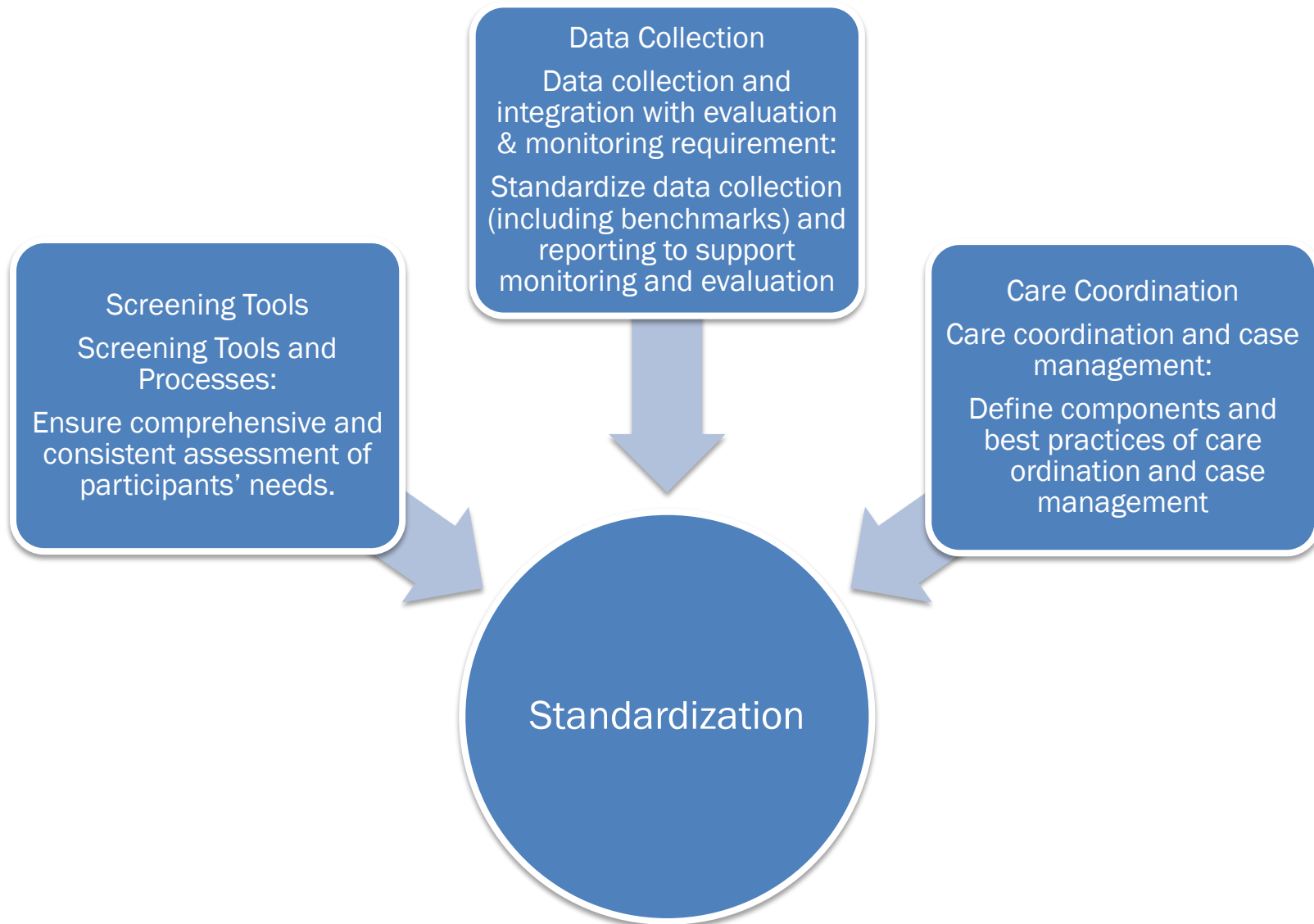


# Conversations with the Division Webinar



## Healthy Start CoIN Update

# Initial HS CoIN Priorities





# Screening Tools Implementation Support

The CoIN and EPIC Center have been coordinating assistance in 3 key areas to support grantees in the implementation of the screening tools:

- Assistance to grantees who are currently using ChallengerSoft and ETO to support group negotiation to reduce the per site cost of customizing an interface to support the screening tools and generate a data submission to DS Federal.
- Developing a data collection application as an alternative to paper-based screening tools.
- Developing a training and TA plan to rollout the screening tools and benchmarks to support program improvement. The training program include e-learning modules, webinars, instructor led sessions and job aides.

The training support will kick off on November 22 with the Healthy Start Benchmarks and Screening Tools: Care Coordination, Quality Improvement, and Program Evaluation webinar.



# Healthy Start CoIIN Communication Strategy

The HS CoIIN is a partnership of Healthy Start grantees dedicated to strengthening Healthy Start services and systems.

The goals for the communication strategy are to:

- Support HS CoIIN members' ability to communicate key issues related to the role of the CoIIN, topics discussed and decisions made in a consistent manner; and
- Support CoIIN members' ability to solicit input and feedback from all Healthy Start programs and colleagues to inform the CoIIN discussions.
- With the intended outcome of enhancing communication with Bureau and Grantees-notes.



# Communications Planning: HS CoIN Update at Regional Meetings

The purpose of the CoIN updates at the regional meetings was to have an opportunity for regular updates from the HS CoIN to all grantees.

- Evaluations from regional meetings showed high level of confidence that all Healthy Start grantees could describe the current standardization initiatives:
  - 87% (n=275) said they were either "very confident" or "somewhat confident"

# Lessons Learned from Screening Tool Priority

- Shift the core work from the large CoIIN group to small work group model to more efficiently address initiatives.
- Build in feedback opportunities from all grantees to manage workflow of each CoIIN work group.
- Recognize the diversity of approaches of Healthy Start programs and reinforcing the need for standardizing certain components while honoring the uniqueness of each program.

# Next Standardization Initiative

## Care Coordination/Case Management

- The initial step toward standardization is establishing a shared understanding of care coordination/case management across the Healthy Start CoIIN.
- Establish common definitions of care coordination and case management as a foundation for any other steps in standardization.
- Care Coordination/Case Management is the foundation of re-framing Healthy Start as a system of care:
  - To ensure sustainability of the program in order to mobilize more communities to create more equity for our families in need.
  - Ensure care coordination and case management are rooted in the community, are multidisciplinary: address linkages and referrals; include a family centered approach; incorporate advocacy and a cultural focus.



# Initial Steps for Addressing Care Coordination/Case Management

- Discussed how to bridge the screening tools to care coordination/case management standardization.
- Focused on ensuring a common language for care coordination/case management. This discussion focused on defining and distinguishing the difference between care coordination and case management for HS programs:
  - What is the difference?
  - How are each defined?
  - Conducting the literature review or other data collection efforts will build on these definitions.
- Identified the following as key next steps:
  - Potential data sources.
  - Key areas/domains to assess across grantees.
  - Work groups:
    - Policies and Procedures;
    - Application Review and Companion Survey;
    - Literature Review.



# Closing

Standardization is an ambitious endeavor, with many potential barriers such as need for technology and lack of resources that are difficult for one person to **influence/impact/change**.

**BUT**

Each of us can foster the adoption of standardization within our own programs or across other Healthy Start programs by serving as Ambassadors for this initiative.

*Help colleagues understand the importance of standardization:*

- *to deliver consistent quality services for participants.*
- *to validate Healthy Start by demonstrating impact of Healthy Start on participants.*
- *to advance Healthy Start by providing data that can drive program level improvements.*
- *to sustain Healthy Start by demonstrating positive participant outcomes.*



# Open Discussion

Please type your questions into the chat box.





# Contact Information

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**Benita Baker and Johannie Escarne**

**Branch Chiefs, Division of Healthy Start & Perinatal Services**

**Maternal and Child Health Bureau (MCHB)**

**Health Resources and Services Administration (HRSA)**

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