

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

FY24 Healthy Start Grantee Kick-Off

**Tuesday, June 4, 2024
1 - 4 pm ET**

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER



A photograph of a man with a beard and tattoos lifting a baby into the air. The man is looking up at the baby with a smile. The background is a blurred green park with trees. The image has a blue overlay on the left side.

Opening & Housekeeping

Olivia Kean

Healthy Start TA & Support Center (TASC)

FY24 Healthy Start Grantee Kick-Off
Hosted by the Healthy Start TA & Support Center at NICHQ

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HEALTHY
start
TA & SUPPORT CENTER

The logo for Healthy Start, featuring the word "HEALTHY" in blue, "start" in green, and a red and orange graphic of a plant or flower.



This session is being recorded.



All participants are muted upon entry. We ask that you remain muted to limit background noise.



Participants are encouraged to share comments and ask questions using the chat box.

Agenda

Welcome

Dawn Levinson, MSW

Division Introduction
& Organizational Chart

Dawn Levinson, MSW
Benita Baker, MS
CDR Johannie Escarne, MPH

Program Purpose & Overview

Mia Morrison, MPH

Introduction of Project Officers &
Project Officer
Roles/Responsibilities

Rochelle Logan, DrPH, MPH, CHES

Data Presentation

Ada Determan, PhD, MPH

CAREWare

Sarah Barrett, MPH

Grants Management Overview

Tya Renwick

Technical Assistance

Kristal Dail, MPH & Kenn Harris



Agenda Continued

Project Director's Manual	Kristal Dail, MPH & Ardandia Campbell-Williams, MPH
Q&A Break	All
Catalyst for Infant Health Equity	Melodye Waston, LCSW & India Hunter, MPH, MSW
Alumni Peer Navigator Pilot	Aaron Lopata, MD, MPH
Maternal and Women's Health Branch Programs	Lud Abigail Duchatelier-Jeudy, PhD, MPH
Opportunities for Collaboration	Efiok Ekorikoh Simone Esho, MPH Mary Emanuele, RN Kerri Bean Kristal Dail, MPH Shontelle Dixon, MPH, CHES
Q&A	All
Closing	Kenn Harris



A woman with braids is smiling and holding a baby. The image is overlaid with a blue semi-transparent filter.

Welcome

Dawn Levinson, MSW

Deputy Director
**Division of Healthy Start and Perinatal Services
(DHSPS)**

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Division Introduction & Organizational Chart

Dawn Levinson, MSW
Deputy Director

Benita Baker, MS
Healthy Start Branch Chief

CDR Johannie Escarne, MPH
Senior Advisor

DHSPS

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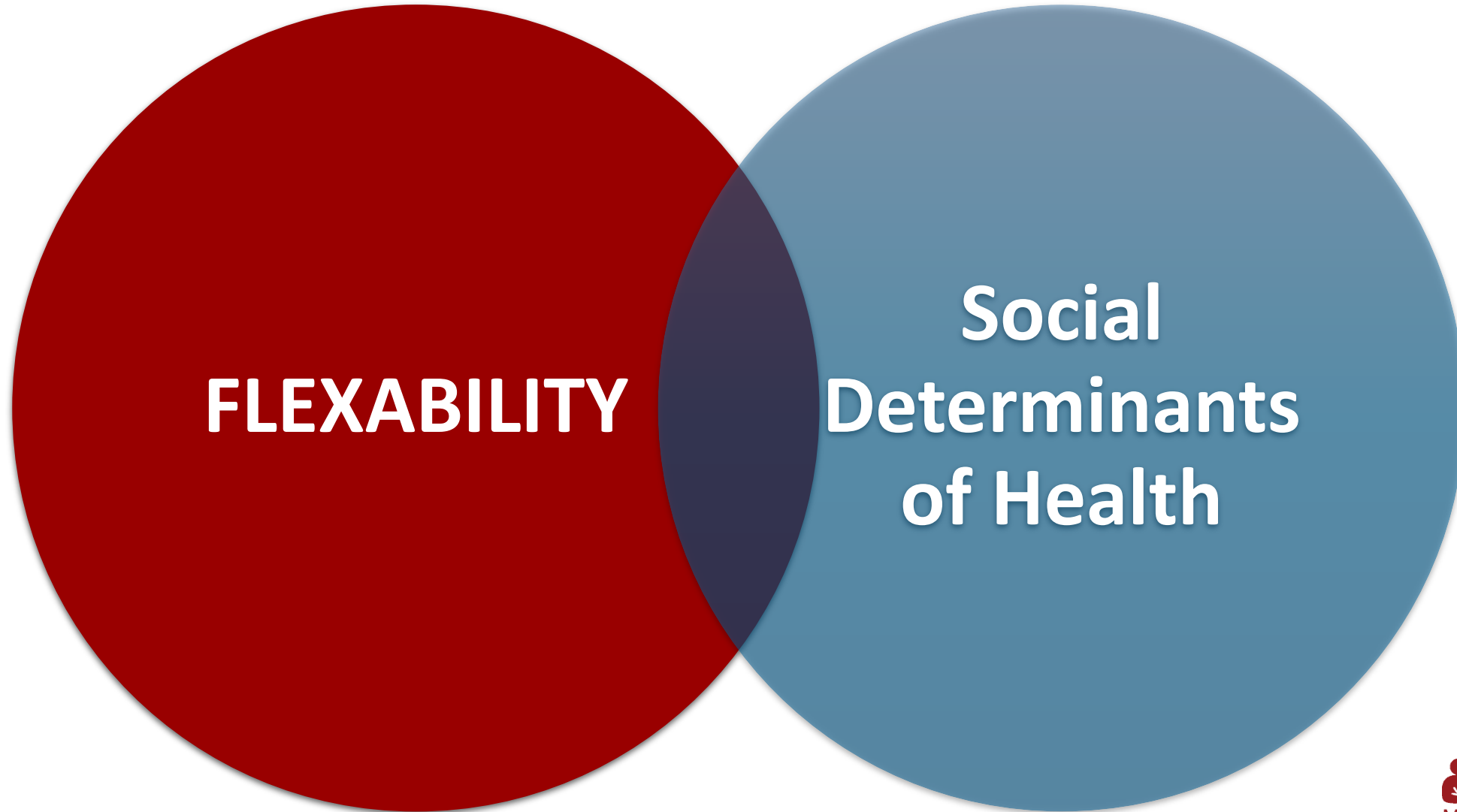
HEALTHY
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Healthy Start 1991- Present

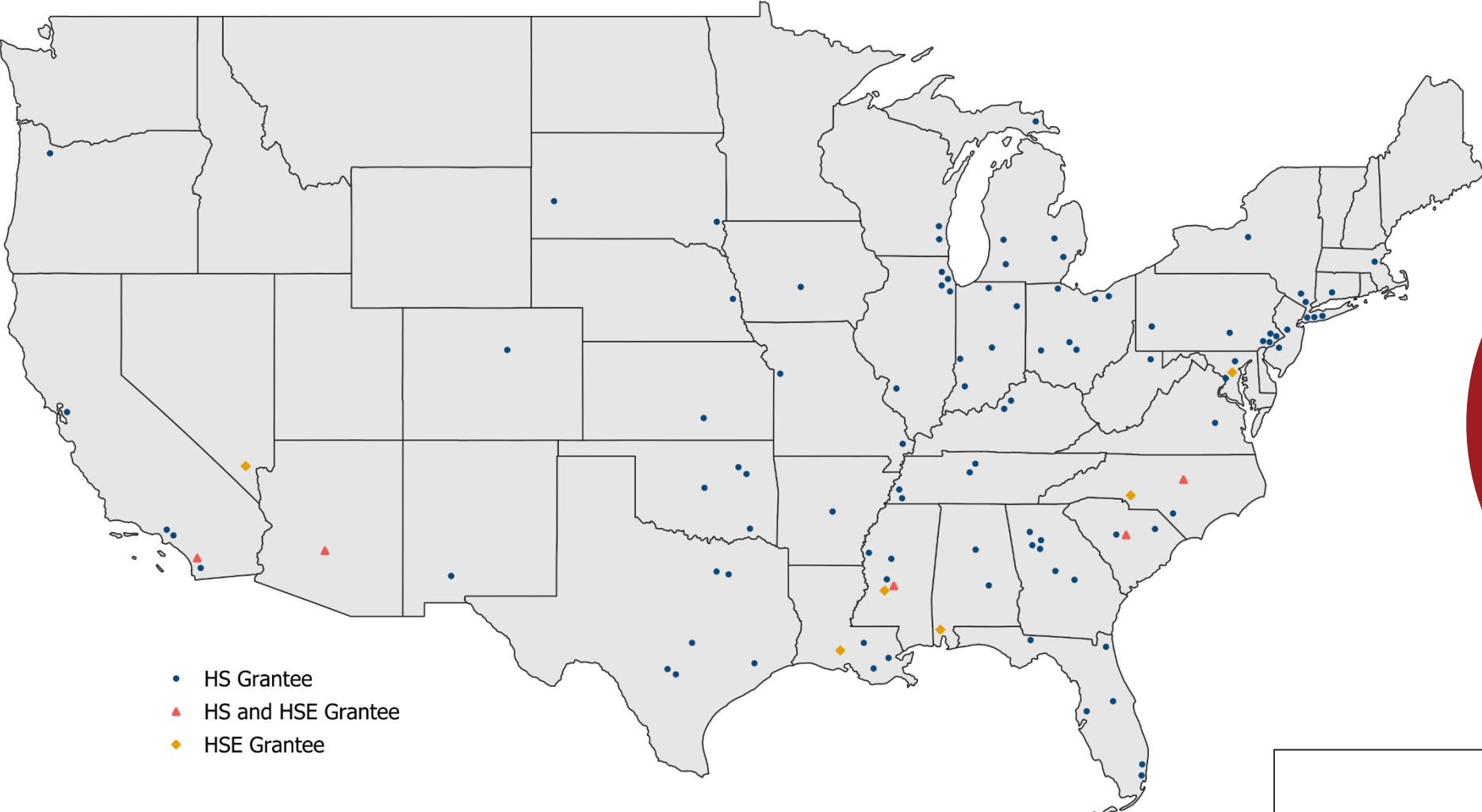


To improve health outcomes before, during, and after pregnancy, and reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes.

Similarities across Engagement Activities



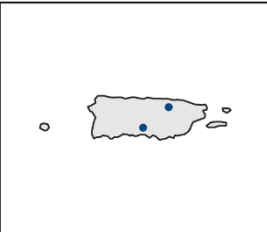
Healthy Start Grantees



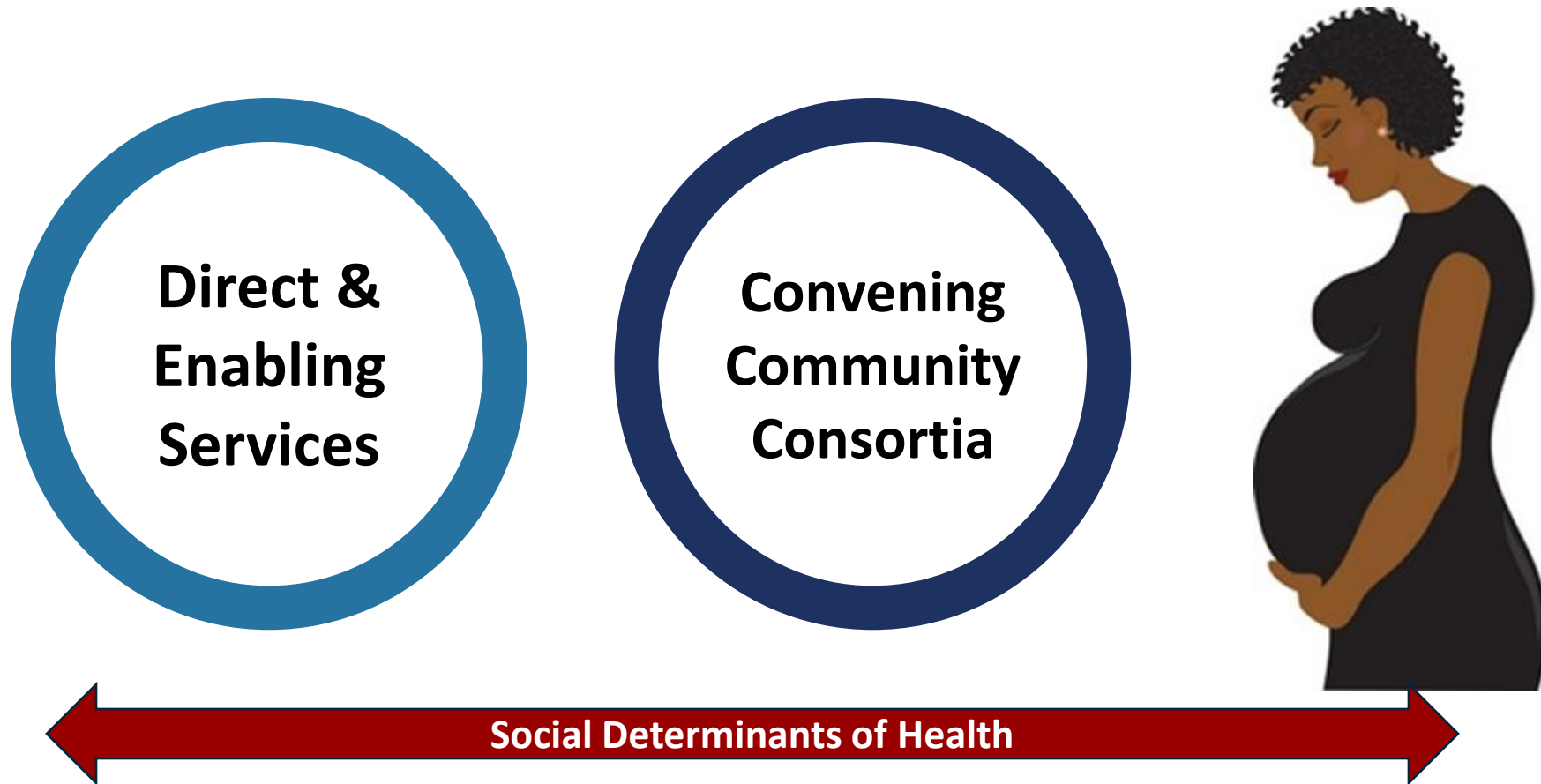
- HS Grantee
- ▲ HS and HSE Grantee
- ◆ HSE Grantee

115
Total
Communities Served

The point locations displayed on this map have been adjusted to prevent overlap. While efforts have been made to maintain accuracy, these adjusted positions may not reflect exact geographic coordinates. Please use this map for general reference purposes only.



FY 24 Healthy Start Program Design



Congratulations on your awards



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www.HRSA.gov



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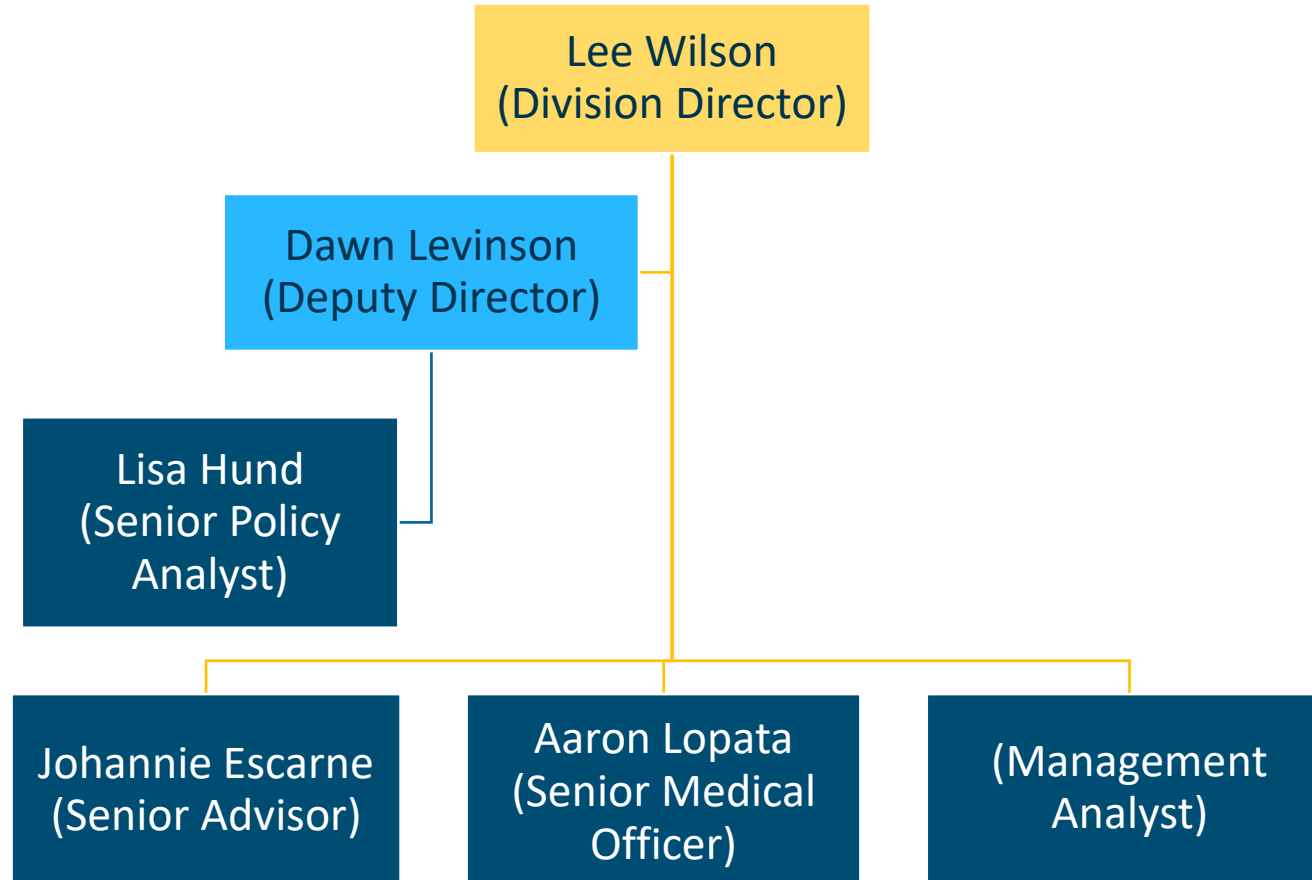
FOLLOW US:



Current Organizational Chart

Learn more at <https://mchb.hrsa.gov>

Office of the Director



Maternal and Women's Health Branch

Maternal & Women's Health Branch

- **Kimberly Sherman (Branch Chief)**
- Julisha Batieste (Management Analyst)
- Kristi Anderson (Physician)
- Christina Taillie (Hotline Project Lead)
- Ryan MacDonald (COR)

Maternal Health Services

- **Abigail Duchatelier-Jeudy (Team Lead)**
- Vanessa Lee (ACIMM DFO & MHI)
- Sarah Meyerholtz (ACIMM, MHI, IMHS)
- India Hinton (MHI/AIM Capacity)
- Tianna Leon (MHI/IMHS)
- Whitney Hewett Noel (MHI)
- Zyishia Bailey (IMHS/MHI)

Maternal Health Workforce & Training

- **Cassie Phillips (Team Lead)**
- Martha "Sonsy" Fermin (AIM Capacity, MMHSUD, FASD)
- Diane Tanman (MHI, MMHSUD)
- Sarah Wright (MHI, AIM Capacity)
- Lianne Grayson (MHI, MMHSUD)
- Johanna Paillet-Growl (MHI, MMHSUD)

Healthy Start Branch

Healthy Start Branch

- **Benita Baker
(Branch Chief)**

Technical Assistance & Comprehensive Services Team

- **Rochelle Logan (Team Lead)**
- Kristal Dail
- Melodye Watson
- Mary Emmanuele
- Mabatemiye Otubu
- Simone Esho
- India Hunter

Planning, Oversight & Program Operations Team

- **Mia Morrison (Team Lead)**
- Shontelle Dixon
- Keri Bean
- Zaire Graves
- Efiok Ekorikoh
- Ardandia Campbell-Williams

Data, Analysis, and Evaluation Branch

Ada Determan (Branch Chief)

- Dianna Frick (AIM Data, Mapping Tool, MH Evaluation)
- Sarah “Lina” Barrett (HSMED, HS Data Collection and Reporting)
- Peter LaMois (Hotline IT, HSMED Data, CareWare)
- Annie Seaman (MHI, MMHSUD, HS Data)
- Kristin Silcox (HSMED Data, HS DGIS)
- Melissa White (ORISE Fellow)
- Lameya Ahmed (ORISE Fellow)

A photograph of a woman with curly hair and glasses smiling while holding a baby. The image is split vertically: the left side is a blue-tinted overlay, and the right side is the original color photo. The text is overlaid on the right side.

Program Purpose & Overview

Mia Morrison, MPH
*Supervisory Public Health Analyst/
Team Lead, Healthy Start Branch*
DHSPS

FY24 Healthy Start Grantee Kick-Off
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Agenda

- I. Healthy Start Purpose & Goals
- II. Direct and Enabling Services
- III. Community Consortia Activities



Purpose and Goals

Learn more at <https://mchb.hrsa.gov>

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Healthy Start – Purpose and Goals

Purpose

The purpose of Healthy Start is to improve health outcomes before, during and after pregnancy and reduce the well-documented racial/ethnic differences in rates of infant death and adverse perinatal outcomes

Goals



Reduce infant mortality rates in the U.S.



Decrease disparities in infant mortality and poor perinatal health outcomes



Direct and Enabling Services

Learn more at <https://mchb.hrsa.gov>

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Direct and Enabling Services - Objectives



Case management/care coordination to facilitate access to medical care and community-based resources

Healthy behaviors before, during and after pregnancy

Healthy and safe infant and toddler care practices

Direct and Enabling Services - Continuum of Services



Case Management/Care Coordination

- Family centered and strength-based
- Pregnant, preconception and interconception women, fathers, partners, infants and children



Group-Based Health and Parenting Education

- Robust learning and supportive connections
- Pregnant, pre-conception and interconception women, fathers/partners



Clinical Services

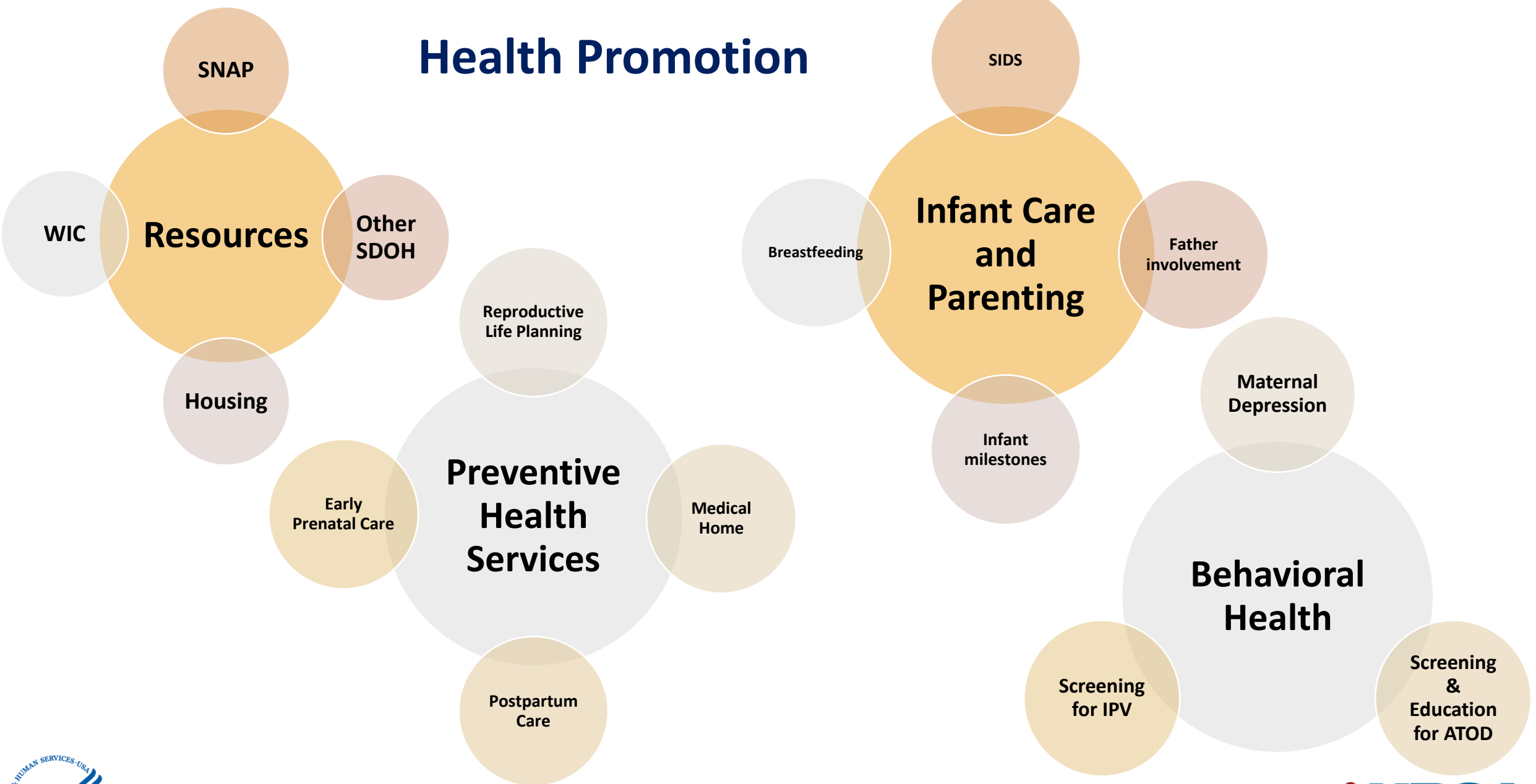
- 12% of annual budget
- Maternal and child health advanced practice professionals (e.g., certified nurse midwives)

Health Promotion

Group-Based Health and Parenting Education – Suggestions

Category	Description
Participants	<ul style="list-style-type: none"> • Groups may be comprised of up to up to 120 participants <ul style="list-style-type: none"> • Divided into smaller groups of 10-15 participants for breakout sessions
Number and Length of Sessions	<ul style="list-style-type: none"> • Weekly – monthly • 1-2 hours
Location	<ul style="list-style-type: none"> • Location that is convenient for participants • In-person encouraged, virtual allowed
Learning	<ul style="list-style-type: none"> • Information is evidence and/or scientifically based • Topics include pregnancy, reproductive health, mental health, nutrition, fatherhood, developmental milestones, parent/child interaction, safe sleep
Workforce	<ul style="list-style-type: none"> • Community Health Workers, Child Development Specialists, Dietitians, Lactation Counselors, Clinicians etc.
Case Management/Care Coordination	<ul style="list-style-type: none"> • Participants referred on an as needed basis
Incentives	<ul style="list-style-type: none"> • Transportation • Child Care • Nutritional Supplements

Health Promotion



Direct and Enabling Services – Numbers Served

Case Management/ Care Coordination

- **450** participants annually
 - **250** pregnant women
 - **25** fathers
 - **175** pregnant, preconception and/or interconception women; infants/children 0-18 months, fathers/partners

Group-Based Health and Parenting Education

- **250** unduplicated participants:
 - Pregnant, preconception and/or interconception women
 - Fathers/partners

- ✓ A minimum of 50 percent of participants served should be from the target population.
- ✓ Services should only be provided to individuals residing in your project area.



Fathers

- Please note:
 - **There is no limit** on the number of fathers your program serves.
 - Fathers can be enrolled in case management/care coordination
 - Fathers can be included in group-based services



Community Consortia



Learn more at <https://mchb.hrsa.gov>

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Community Consortia - Objectives



Advise and inform strategies for providing direct and enabling services to Healthy Start participants



Develop cross-sector partnerships to ensure access to care and community-based resources



Participate in a Healthy Start Community of Practice to develop and implement a plan to address social determinants of health

Community Consortia

A group of diverse representatives across the community working to address pressing issues and needs that may lead to poor perinatal health outcomes

Staff & Leadership

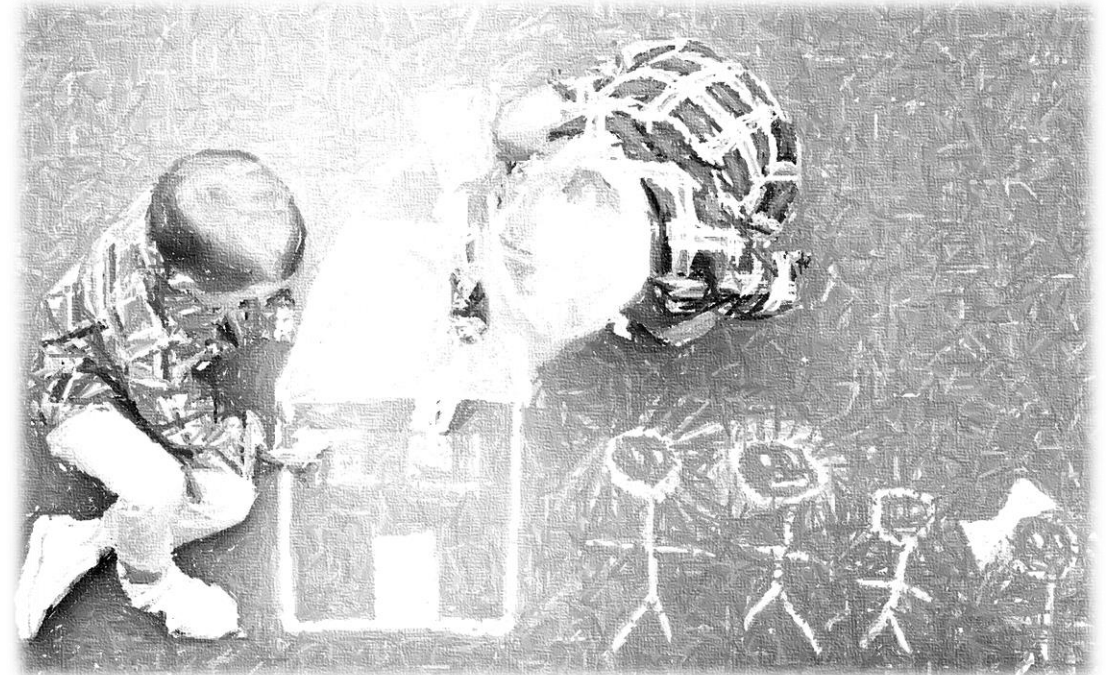
- Community Consortium Coordinator (from and representative of the community)
- Co-Chair (should be a current or former Healthy Start participant)

Membership (not exhaustive)

- 25 percent enrolled HS participants/people with lived experience in the project area
- Title V
- Public health departments
- Health centers
- Community leaders

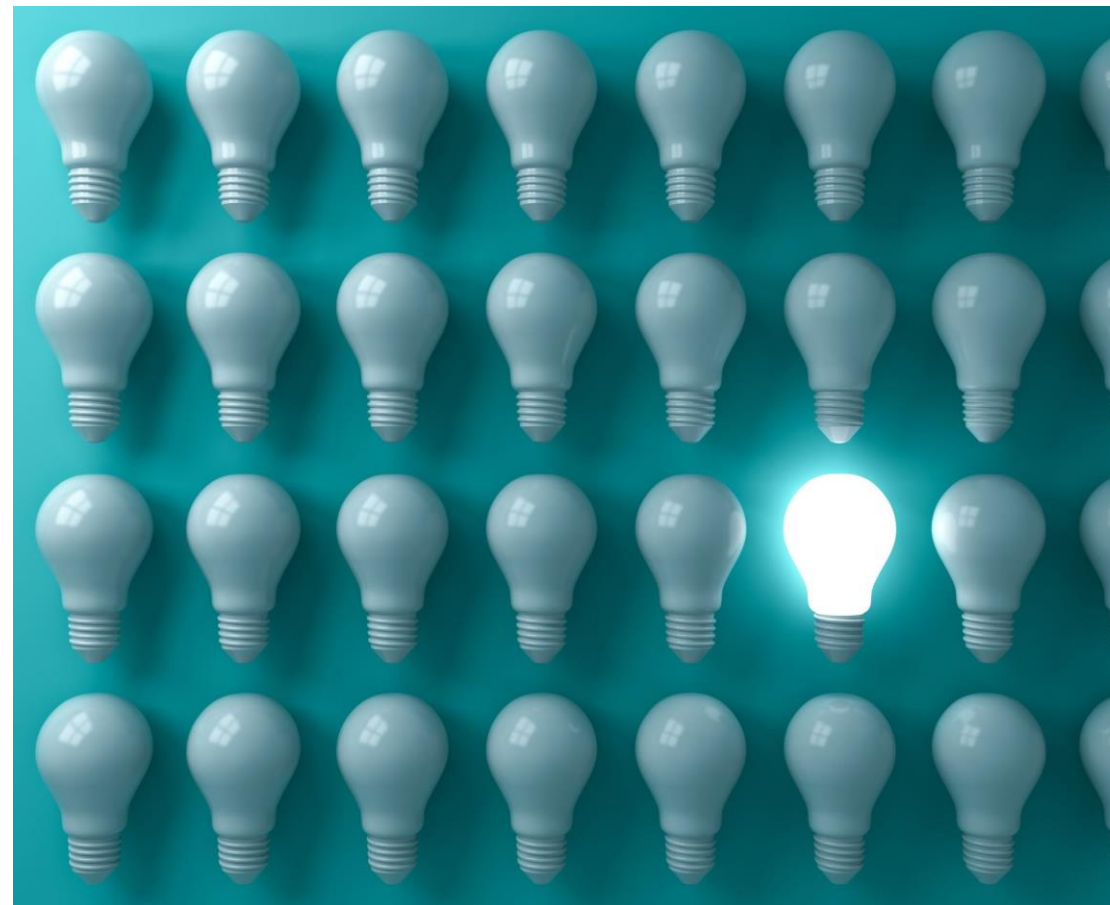
Community Consortia

- Convene your Consortium by July 30
- Submit a plan to address social determinants of health by February 1, 2025
- Collaborate with Community Consortium members, HRSA and the Technical Assistance and Support Center to finalize your plan



Healthy Start Program Leadership

- FIMR
- MMR
- PPOR
- Projects and initiatives aimed at improving maternal and infant health outcomes



Learn more at <https://mchb.hrsa.gov>



Mia Morrison, MPH
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Email: mmorrison@hrsa.gov
Phone: 301-443-2521
Web: mchb.hrsa.gov



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Introduction of Project Officers, Project Officer Roles & Responsibilities Key Program Deliverables

Rochelle Logan, DrPH, MPH, CHES

*Supervisory Public Health Analyst/
Team Lead, Healthy Start Branch*

DHSPS

Healthy Start Leadership Team



Benita Baker, MS
Branch Chief



Mia Morrison, MPH
Supervisory Public Health Analyst



Rochelle Logan, DrPH, MPH, CHES
Supervisory Public Health Analyst

Healthy Start Project Officer Team



Ardandia Campbell-Williams, MPH
Technical Writing



Efiok Ekorikoh
Rural Communities



Keri Bean
Housing/Homelessness



Kristal Dail, MPH
TA/Nutrition

Healthy Start Project Officer Team



Mary Emanuele, RN
Tribal Communities
Breastfeeding



India Hunter, MPH, MSW
Health Equity
HSE/Catalyst



Mabatemiye Otubu, RN, MPH
Clinical Services



Simone Esho, MPH
Community-Based Doula

Healthy Start Project Officer Team



Shontelle Dixon, MPH, CHES
Reproductive Justice



Melodye Watson, LCSW
Behavioral Health
HSE, Catalyst



Zaire Graves, MSPH
Community-Based Doula

Project Officer Roles & Responsibilities

Project Officer: The Healthy Start Project Officer (PO) is the first point of contact for HS recipients for program specific matters.



Oversight & Monitoring



Monitoring Calls

Bi-monthly
PO + PD discuss progress
towards program goals



Site Visits

At least 1 per project cycle

Healthy Start Program Deliverables



Health Education Plan



Community Consortium Action Plan



**Non-Competing Continuation
(NCC) Progress Reports**

Healthy Start Program Deliverables



Health Education Plan

Outlines grantees approach to health education to include

- target audience
- education methods
- Topics
- timeline
- DUE via EHB on August 30th

Healthy Start Program Deliverables



Community Consortium Action Plan

Plan to address SDOH by obtaining community buy in and approval

- Be based upon results of a community needs assessment and environmental scan.
- Be community-driven and address the factors and conditions beyond clinical care.
- Describe strategic partnerships and strategies to address the “upstream factors”.
- Include a minimum of five performance measures corresponding to plan activities.
- DUE February 1st 2025

Healthy Start Program Deliverables



Non-Competing Continuation (NCC) Progress Reports

- Annual narrative report demonstrating progress towards work plan goals and benchmarks to justify continued funding.
- The NCC serves as the basis for HRSA staff to determine if sufficient progress has been made and if funding should be continued
- Healthy Start Project Directors will receive a RFI through EHB with NCC Progress reports in instructions and provided at least 30 days to complete.



Data Presentation

Ada Determan, PhD, MPH
Health Scientist
DHSPS

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Data Team Introductions



Healthy Start Data and Evaluation Team

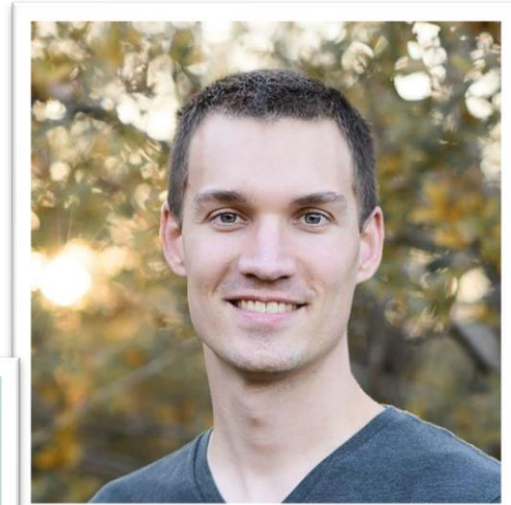
Lina Barrett, MPH
Public Health Analyst



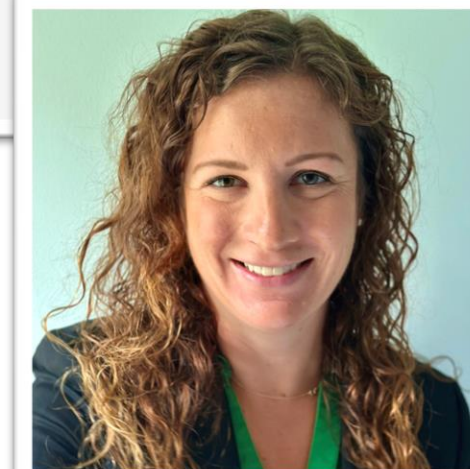
Ada Determan, PhD, MPH
Branch Chief



Peter LaMois, MS
HS IT Project Manager



Annie Seaman, MS
Health Scientist



Kristin Silcox, MS
Health Scientist



Data Collection & Reporting

FY2024 – FY2029 HS Grant Recipients



Mandatory Healthy Start Data Collection Forms



Mandatory HS Data Collection Forms

- Revisions OMB approved February 2024 (Non-Substantive Change Memo)
 - New forms and self-paced training at healthystartepic.org
 - All participants must be screened (CM/CC & GBE)
 - Staff must review new training *prior* to screening participants
 - Data must be uploaded *quarterly* to the Healthy Start Monitoring and Evaluation Data System (HSMED)

The image displays four overlapping screenshots of Healthy Start data collection forms, each with a distinct header color and OMB Control No.:

- Healthy Start Demographic Form | May 2024** (Red header): OMB Control No. 0915-0148, Expiration Date 09/30/2026. Includes a section for "INFORMATION IN THIS BOX IS FOR GRANTEE RECORDS ONLY—DO NOT UPLOAD" with fields for Name of Participant, Name of Interviewer, and Names and dates of HBSA.
- Healthy Start Background Information Form | May 2024** (Blue header): OMB Control No. 0915-0148, Expiration Date 09/30/2026. Includes a section for "INFORMATION IN THIS BOX IS FOR GRANTEE RECORDS ONLY—DO NOT UPLOAD" with fields for Name of Participant, Name(s) & Date(s), Name of Other Lir, and Name of Other Lir.
- Healthy Start Prenatal Form | May 2024** (Purple header): OMB Control No. 0915-0148, Expiration Date 09/30/2026. Includes a section for "INFORMATION IN THIS BOX IS FOR GRANTEE RECORDS ONLY—DO NOT UPLOAD" with fields for Name of Participant, Name of Interviewer, and Names and dates of HBSA.
- Healthy Start Parent/Child Form | May 2024** (Green header): OMB Control No. 0915-0148, Expiration Date 09/30/2026. Includes a section for "INFORMATION IN THIS GRAY BOX IS FOR GRANTEE USE ONLY—DO NOT UPLOAD" with fields for Name of Participant/Other Adult, Name of Enrolled Child, and Name of Interviewer. It also contains a "GENERAL INSTRUCTION" section and a "Public Burden Statement".

Live DCF Training – 6/13/24 @ 2pm-3:30pm ET



HS Data Collection Forms Quick FAQs

- Q** Do participants who enrolled in the previous grant cycle need to be screened with the new forms?
- A** Yes, all participants must be screened using the new forms.
- Q** Do Group-based Education (GBE) participants need to be screened?
- A** Yes, only with the Demographic form. Screening flow charts are provided in the self-paced training and at the live webinar training on 6/13/24.
- Q** If a GBE participant enrolls in CM/CC, is there a way to indicate this in the forms?
- A** Yes, the Demographic form has a field (G2) to update when a participant moves from a GBE to CM/CC participant, or vice versa.
- Q** Can I still upload screenings from the previous forms?
- A** No, the HSMED was upgraded on May 23rd to the new forms format/questions.



Reporting

Quarterly HSMED Reports, Annual Progress Reports, Annual Performance Reports



Data Reporting Overview

Report Name	Frequency	Collection System	Due Date	Resources/Data Standards
HSMED Report	Quarterly	Healthy Start Monitoring and Evaluation Data System (HSMED/EHBs)	Every 3 months starting July 1, 2024	<ul style="list-style-type: none"> • Form Implementation Guides • XML/CSV Schemas & Templates • HSMED User Manual • HSMED Validation Tool Manual • HSMED Upload Training 6/25/24 @ 2pm ET
Progress Report	Annual	HRSA's Electronic Handbooks (EHBs)	Midway through each fiscal year	<ul style="list-style-type: none"> • Progress Report Instructions (issued when report opens)
Performance Report	Annual	Discretionary Grants Information System (DGIS/EHBs)	90 days after Notice of Award is issued	<ul style="list-style-type: none"> • DGIS Forms • DGIS User Guide • Healthy Start Data Dictionary



HSMED Quarterly Reports

5-year Submission Schedule

Report #	Report Available Date	Submission Due Date	Reporting Period
1	7/1/2024	7/16/2024	4/1/2024 – 6/30/2024
2	10/1/2024	10/15/2024	7/1/2024 – 9/30/2024
3	1/1/2025	1/21/2025	10/1/2024 – 12/31/2024
4	4/1/2025	4/15/2025	1/1/2025 – 3/31/2025
5	7/1/2025	7/15/2025	4/1/2025 – 6/30/2025
6	10/1/2025	10/21/2025	7/1/2025 – 9/30/2025
7	1/1/2026	1/20/2026	10/1/2025 – 12/31/2025
8	4/1/2026	4/21/2026	1/1/2026 – 3/31/2026
9	7/1/2026	7/21/2026	4/1/2026 – 6/30/2026
10	10/1/2026	10/20/2026	7/1/2026 – 9/30/2026
11	1/1/2027	1/19/2027	10/1/2026 – 12/31/2026
12	4/1/2027	4/20/2027	1/1/2027 – 3/31/2027
13	7/1/2027	7/20/2027	4/1/2027 – 6/30/2027
14	10/1/2027	10/19/2027	7/1/2027 – 9/30/2027
15	1/1/2028	1/18/2028	10/1/2027 – 12/31/2027
16	4/1/2028	4/18/2028	1/1/2028 – 3/31/2028
17	7/1/2028	7/18/2028	4/1/2028 – 6/30/2028
18	10/1/2028	10/17/2028	7/1/2028 – 9/30/2028
19	1/1/2029	1/16/2029	10/1/2028 – 12/31/2028
20	4/1/2029	4/17/2029	1/1/2029 – 3/31/2029

- Accessed in the HRSA Electronic Handbooks (EHBs) from reports with “HSMED” tracking numbers
- Captures screening data collected in the last three months (ex., October report captures data from July-September reporting period)
- Available on the 1st of every quarter, due the third Tuesday of the reporting month
- New validation tool for testing uploads available
 - Do not upload test data to the HSMED



HSMED Reporting Resources

- **Implementation Guides**
 - Allowed values, required fields, data validations, etc.
- **XML/CSV Schemas & Templates**
 - Technical documents for required file structure
- **HSMED User Manual**
 - Overview and upload instructions
- **HSMED Validation Tool Manual**
 - Overview and instructions



All resources available at healthystartepic.org

**HSMED Upload Training – 6/25/2024 @
2pm-3:30pm ET**

*Will be recorded and posted to EPIC website

DGIS Performance Reports

- DGIS - Discretionary Grants Information System
 - MCHB reporting system for grant performance
- Accessed in the HRSA Electronic Handbooks (EHBs) from reports with “DG” tracking numbers
- Captures year-end participant counts, benchmark outcomes, and financial information

Report Resources:

- [DGIS User Guide](#)
- [DGIS Forms](#)
- **Healthy Start Data Dictionary** (*coming soon*)

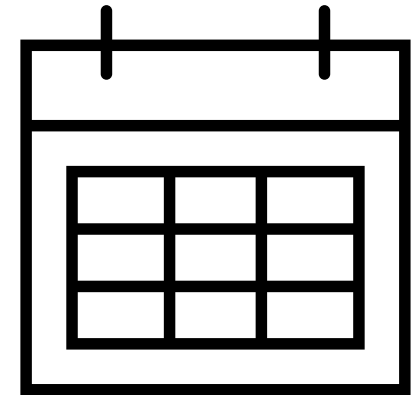
Year and Report Type	Collected Data
<u>Year 1 Start</u> N CPR - New Competing Performance Report	Year 1 <i>planned</i> budget and 5-year benchmark <i>objectives</i>
<u>Year 1 End</u> NCCPR - Non-Competing Continuation Performance Report	Year 1 <i>expended</i> budget, participant counts, and benchmark <i>outcomes</i> ; planned budget for Year 2
<u>Year 2-4 End</u> NCCPR - Non-Competing Continuation Performance Report	Year-end <i>expended</i> budget, participant counts, and benchmark outcomes; <i>planned</i> budget for next year
<u>Year 5 End</u> PPER - Project Period End Performance Report	Final year-end <i>expended</i> budget, participant counts, and benchmark outcomes



Reminder of Upcoming Data Trainings

- **Data Collection Forms Training** – 6/13/24 @ 2pm-3:30pm ET
- **HSMED Upload Training** – 6/25/24 @ 2pm-3pm ET

*All trainings will be recorded and posted to healthystartepic.org.



CAREWare for Healthy Start



Free data system, no cost to grantees



Includes HS Data Collection Forms, case management tools, generates HSMED compliant files, and performance report data



Highly customizable – create custom forms and reports

Questions about CAREWare?

Contact: careware@nichq.org

- ✓ Schedule a demo
- ✓ Schedule a training
- ✓ Sign-up for newsletter

Reporting Questions?

Technical Assistance Resources

- [HealthyStartData@hrsa.gov mailbox](mailto:HealthyStartData@hrsa.gov)– data collection and reporting questions, system-related questions/issues (HSMED, DGIS)
- **Project Officer** – program guidance, requirements, implementation questions, extensions
- **EHBs Help Desk** – login issues with EHBs
- **TA & Support Center** – CAREWare-related questions (careware@nichq.org)

*An FAQ addressing questions asked today will be made available on the EPIC website.



Healthy Start Data Mailing List

- All project directors are included in the HealthyStartData@hrsa.gov mailing list.
- If you are a data manager, program evaluator, or other staff who is responsible for reporting/managing grantee data, please join our mailing list to directly receive our announcements.
- To join, send an email to HealthyStartData@hrsa.gov.
 - Include:
 - ✓ Job title and grant position (ex., Public Health Analyst, Healthy Start Data Manager)
 - ✓ Grantee number (H49MC.....)
 - ✓ Email address
 - ✓ Request to join mailing list



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Contact Information

Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

MCHBHealthyStart@hrsa.gov



A photograph of a woman with long dark hair, wearing a green floral patterned shirt, kissing a baby on the cheek. The baby is wearing a white shirt with red polka dots. The background is a bright, slightly blurred outdoor setting. The image is split vertically, with the left side having a blue overlay and the right side being the original color.

Grants Management Overview

Tya Renwick

Grants Management Specialist

Division of Grants Management Operations

FY24 Healthy Start Grantee Kick-Off
Hosted by the Healthy Start TA & Support Center at NICHQ



Grants Management Specialists

- Tya Renwick - TRenwick@hrsa.gov
- Carla Lloyd - CLloyd@hrsa.gov
- Ernsley Charles - ECharles@hrsa.gov
- Marc Horner - MHorner@hrsa.gov

For the specific point of contact refer to the Notice of Award, Section #9

Grants Management Specialists

Role and Responsibilities

The Grants Management Specialist is responsible for:

- Day-to-day management and fiscal oversight of the grant.
- Advise and assist with the interpretation of grants management policies.
- Oversee the business and other non-programmatic aspects of grants.
- Guides recipients through fiscal and regulatory challenges to ensure compliance with grants management policies and requirements.

Notice of Award - Highlights

Notice of Award - Highlights	
GMS and PO contact information	Section #9
Budget Period: 05/01/2024 - 03/31/2025	Section #19
Project Period: 05/01/2024 - 03/31/2029	Section #29
Funding allocation	Section #31
Award Computation for Financial Assistance	Section #32
Recommended Future Support	Section #33
Accounting Classification Codes	Section #39
Terms and Conditions	Last pages of NoA
Reporting Requirement(s)	Last pages of NoA

Payment Management System

<https://pms.psc.gov/>

PMS Help Desk

☎ 1-877-614-5533

Payment Management System (PMS) Access

- Monday through Friday: 5 a.m. until 11 p.m. Eastern Time*
- Saturday and Sunday: 9 a.m. until 9 p.m. Eastern Time*

ONE-DHHS is the PMS Help Desk providing assistance to all system users. Support is available Monday – Friday from 7 a.m. to 9 p.m. ET (except [Federal Holidays](#)).

- Email: PMSSupport@psc.hhs.gov
- FAQs: [Self-Help Portal](#)

Prior Approval Requests

Common prior approval requests:

- Change in Project Director
- Carryover of Unobligated Balance
- Significant Rebudgeting
- Change in Scope

Federal Financial Reports (FFRs)

- Submitted via PMS
- Comments/Remarks Section
 - Report Disposition of the Unobligated Balance
 - ❖ Expanded Authority
 - 25% of awarded funds or \$250,000, whichever is less
 - ❖ Carryover

If a comment/remark has not been entered on the FFR

providing the UOB disposition the FFR will be returned for

Grants Management Specialists

Role and Responsibilities

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- Oversee the business and other non-programmatic aspects of grants.
- Guides recipients through fiscal and regulatory challenges to ensure compliance with grants management policies and requirements.

A photograph of two women. On the left, a woman with long braids is smiling and looking towards the right. On the right, another woman is smiling and touching the pregnant woman's belly. The image is split into two halves with a blue overlay on the left and a white overlay on the right.

Technical Assistance & Support

Kristal Dail, MPH

TASC Lead

Kenn Harris

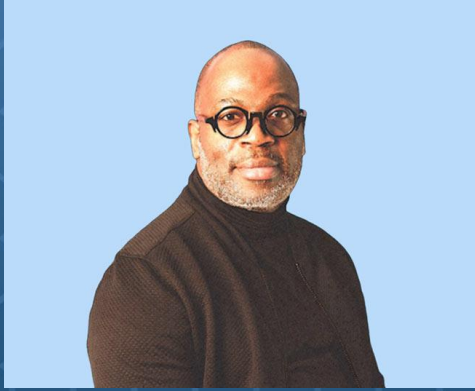
TASC Executive Project Director

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Hosted by the Healthy Start TA & Support Center at NICHQ

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National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER

Meet the TA & Support Center (TASC) Team!



Kenn Harris
VP of Engagement &
Community Partnerships,
Executive Project
Director



Nikki Maffei
Associate
Project Director



Olivia Kean
Senior Project Manager



Sharon Gutu
Project Manager



Tess Pierson
Project Manager



Danisha Charles
Project Manager



Tatiana Egbuna
Project Coordinator



ShaylaRose Johnson
Technology & Data
Systems Manager

Training & Technical Assistance (TA) Offerings

Group Training & TA



Learn

The TASC's educational offerings are designed to build grantees' knowledge and capacity around specific topics and foster alignment across the HS, HSE, and Catalyst community.



Engage

The TASC's engagement offerings enable grantees to connect with their peers, learn what strategies others are using around specific topics, and tap into the expertise of the HS, HSE, and Catalyst community.

Individualized TA



Get Support

Grantees can submit an individualized TA request to receive tailored, in-depth assistance in a focused area from TASC staff or a subject matter expert.

Group Training & TA



Learn

- **Topical Webinars**
- **Learning Academies**
- **Special Projects**
 - **Change Ideas to Grow, Nurture & Lift (CIGNAL)**
 - **StoryWork Project**
 - **Trauma-Informed, Resilience-Oriented & Equitable Care**
- **Community Health Worker Course**
- **Conferences**
- **External Trainings**



Engage

- **Healthy Start Hub**
- **Networking Cafés**
- **Communities of Practice**
- **Mentoring Program**
- **Healthy Start Family Activities**

Individualized TA



Get Support

- Individualized TA provides for free, in-depth assistance in a focused area to an individual grantee or group of grantees, with an eye toward practical application of evidence-based practices targeting Healthy Start performance measures
- Individualized TA can be requested through the TASC website

TA Application

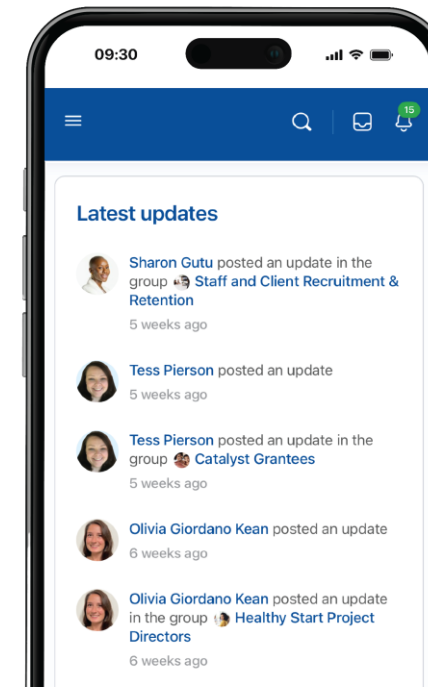
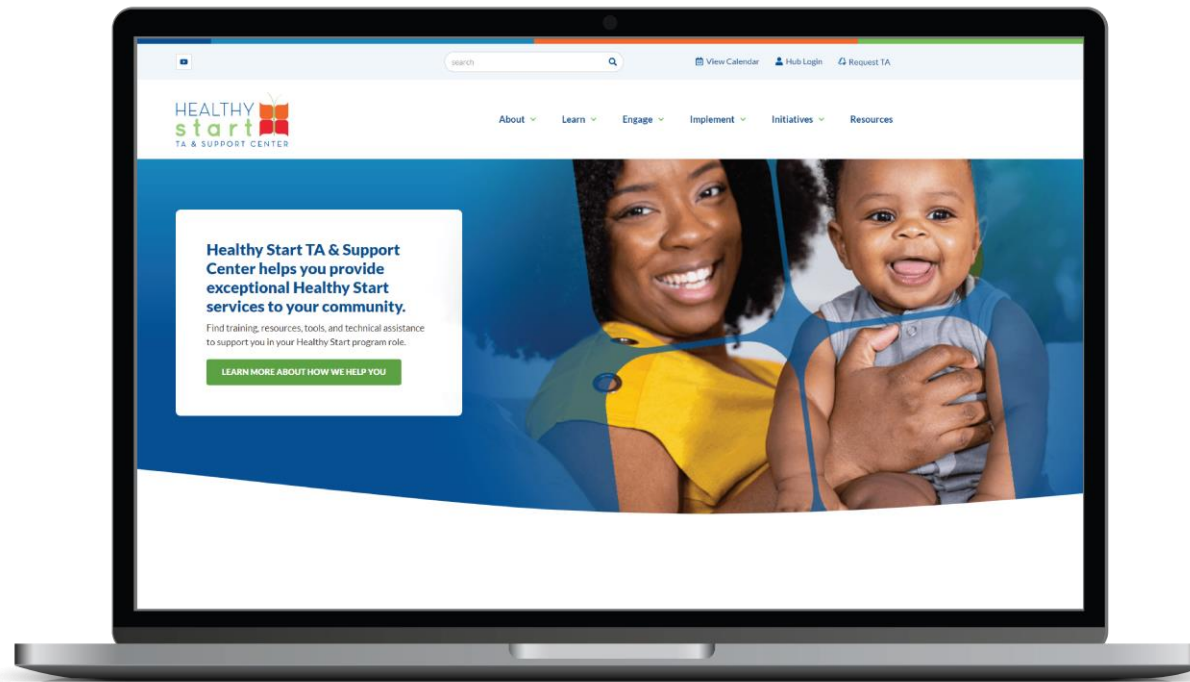
You can submit a TA request using the form below. Your request will be acknowledged within two business days by email by the Technical Assistance Center. A TA provider will work with you to understand your request in greater detail and determine the most efficient way to complete your request, develop a TA workplan together, and update your project officer. Feel free to [Contact Us](#) with questions.

Thank you!

Submission date (today's date) <small>* must provide value</small>	<input type="text"/> Today M-D-Y
Name <small>* must provide value</small>	<input type="text"/>
Email address <small>* must provide value</small>	<input type="text"/>
Best phone number to reach you <small>* must provide value</small>	<input type="text"/>
Healthy Start, Healthy Start Enhanced, or Catalyst Project name <small>* must provide value</small>	<input type="text"/>
Your primary Healthy Start role. Please select one response. <small>* must provide value</small>	<input type="radio"/> CLC/IBCLC <input type="radio"/> Community Health Worker <input type="radio"/> Evaluator/Data Analyst <input type="radio"/> Fatherhood Coordinator <input type="radio"/> Mental Health/Substance Abuse Counselor <input type="radio"/> Nurse/RN/Women's Well-Care Clinician <input type="radio"/> Program Director <input type="radio"/> Social Worker/MSW <input type="radio"/> Program Manager <input type="radio"/> CAN Coordinator

TASC Website & The Healthy Start Hub

Join us for the Website and Hub Launch Party on
Thursday, June 6 from 3-4:30 pm ET



Responsible Fatherhood Mentoring Program

The TASC, in partnership with the National Partnership for Community Leadership (NPCL), is launching the Responsible Fatherhood Mentoring Program: **Creating a Legacy for the Next Generation of Responsible Fatherhood Leaders and Practitioners**

The Responsible Fatherhood Mentoring Academy is a mentoring program that connects **fatherhood legacy leaders** with new and emerging responsible fatherhood leaders and practitioners that enables them to acquire knowledge of essential lessons learned over the **40-year history of fatherhood work** to facilitate program improvement and sustainability in the field.



Apply to be a mentee
by scanning this QR code!



How to Access TA & Support

- Visit our website at healthystart-tasc.org
- Visit the Hub at hub.healthystart-tasc.org
- Email us at healthystart@nichq.org
- Sign up for our communications:



<https://link.nichq.org/TASCemail>

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Project Director's Manual

Kristal Dail, MPH
Project Officer

Ardandia Campbell Williams, MPH
Project Officer

DHSPS

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PD Guide Contents

- ❖ PD Responsibilities
- ❖ HS Program Components
- ❖ Reporting Requirements
- ❖ Performance Measures & Data Collection
- ❖ Required HS Meetings
- ❖ Site Visits
- ❖ Technical Assistance
- ❖ Notice of Award
- ❖ EHBs Overview
- ❖ Prior Approval
- ❖ Who to Contact for Help
- ❖ Resources & Glossary

Project Director Responsibilities

Oversees and implements federal award activities.

Primary liaison between grantee and HRSA.

Decision-making, staff, fiscal oversight.

Ensures compliance with financial and administrative aspects.

Name on Notice of Award (NoA).



Healthy Start Program Components

Direct and Enabling Services

Services should be tailored to meet the specific needs of the project area and target population.

Group-Based and Parenting Education

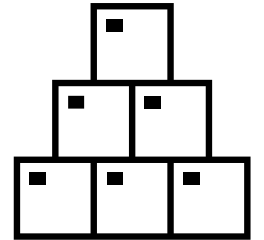
Health and parenting education sessions cover prenatal health, parenting and child development.

Community Consortia

Consortia are established to address critical issues and enhance perinatal health outcomes.

Clinical Services

Dedicate 12% of total budget to support clinical staff working on Healthy Start projects.



Reporting Requirements

<p>Non-Competing Continuation (NCC) Progress Reports</p> <p>An annual narrative report demonstrating sufficient progress towards work plan goals and benchmarks to justify continued funding. Submit annually to HRSA in Electronic Handbooks (EHBs).</p>	<p>DGIS Performance Reports</p> <p>Report annual performance data through the Award recipients are required to submit Discretionary Grant Information System (DGIS) Performance Reports annually in EHBs.</p>	<p>Federal Financial Report (FFR)</p> <p>As a condition of your award, you must submit a FFR annually in July. All FFRs must be submitted through the Payment Management System (PMS).</p>	<p>Integrity and Performance Reporting</p> <p>The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.</p>
--	--	---	--

- All submissions in response to conditions and reporting requirements (except for the FFR) must be submitted via EHBs.
- Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System.

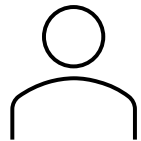


Performance Measures & Data Collection

Collect Individual Client-Level Data

Use the Healthy Start Data Collection Forms

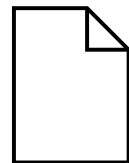
Data collection for HS participants receiving CM/CC services



Quarterly Reporting to HRSA

Report the client-level data elements through using HSMED in EHBs

Submit data quarterly



Performance Measures Reporting

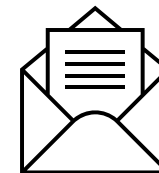
Collect data to report indicators for 10 HS benchmarks

Use DGIS in EHBs



Contact HS Data & Evaluation Team

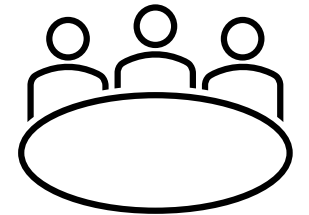
For questions on HS Data Collection Forms, general data collection and reporting, send email to HealthyStartData@hrsa.gov and copy your Project Officer.



Required HS Meetings

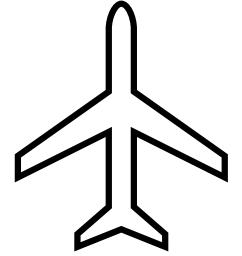
All HS Grant Recipients are required to attend the following meetings:

- **All Grant Recipient Meeting**
 - ✓ A meeting for all grant recipients to come together over the course of two days
- **Regional Grant Recipient Meeting**
 - ✓ Regional Meetings provide an opportunity for HS, HSE and Catalyst grantees to come together with other grantees in their region over the course of 1.5 days
- **Conversation with the Division**
 - ✓ A webinar where DHSPS staff share key updates and information with Healthy Start grant recipients



Site Visits

- A site visit is an essential tool for monitoring the project's progress and compliance with HRSA's program requirements.
- Serve as an opportunity to observe program activities and assess progress, ask questions, meet with direct staff and provide technical assistance.
- All HS projects receive an operational site visit within the 5-year project period.

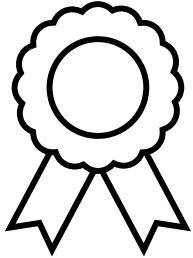


Technical Assistance

- The National Institute for Children’s Health Quality (NICHQ) serves as the 2024-2029 Healthy Start Technical Assistance & Support Center (HS TASC).
- HS TASC provides training and technical assistance (TA) to support Healthy Start (HS), Healthy Start Initiative – Enhanced (HSE), and Catalyst for Infant Health Equity grant recipients in improving their service delivery, meeting outcome measures, and building program capacity to work with community partners to improve health and social service systems to reduce maternal and infant health disparities.



Notice of Award (NOA)

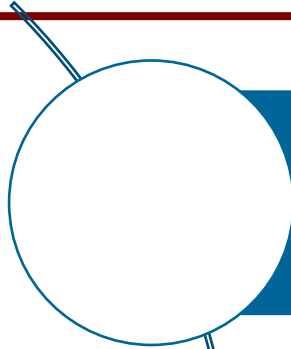


Official legal document issued to the grantee indicating a federal grant award has been made

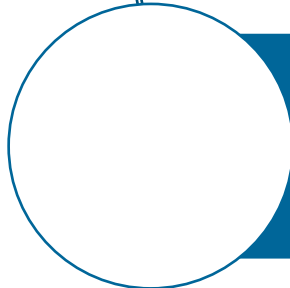
Contains terms and conditions of the grant.

Establishes the relationship with the grant recipient and authorizes the use of the Federal funds for approved grant activities.

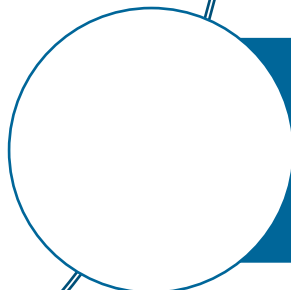
EHBs Overview



The HRSA EHBs is the system used by recipients of HRSA grants. This platform also serves as HRSA's monitoring tool for managing HRSA grants.



To enhance EHBs' security, the EHBs now uses Login.gov and two-factor authentication.



Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process.

Prior Approval Requests

- Change in Project Director (including extended absences).
- Carryover of unobligated balances that exceeds 25% of a given budget period.
 - ✓ In Healthy Start, recipients are permitted to rebudget without prior approval from HRSA, provided the amount rebudgeted is less than or equal to 25% of federal award.
- Extension of the final year of a project period (with or without funds).
- Significant re-budgeting: >25% of total budget (subject to thresholds and budget categories).
- Changes to project scope, deviation from terms, change in recipient or recipient organizational status.
- Approval to drawdown funds (if on drawdown restriction).

Who to Contact for Help

Project Officer (PO):

- 1st point of contact for program-specific matters.
- Explains program objectives.
- Provides technical assistance.
- Monitors the performance and progress of individual grant projects.



Contact information available on the first page of most recent NOA or in EHBs.

Grants Management Specialist (GMS):

- 1st point of contact for explaining regulations, policies and financial aspects of your award.
- Reviews and recommends continued federal support.
- Makes sure you comply with award requirements and cost policies.
- Oversees receipt of all required reports and prior approvals.
- Follows up on overdue reports as necessary.

Include HS grant # in all correspondence to GMS.

PD Guide Resources & Glossary



The final section of the Project Director's Guide contains a list of frequently accessed resources and a glossary.

This is to help you understand your role and responsibilities as a Project Director, resources to begin the relationship with your Project Officer, and create robust partnerships.

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



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Contact Information

Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

MCHBHealthyStart@hrsa.gov



Q&A & Break

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Catalyst for Infant Health Equity

Melodye Watson, LCSW

Project Officer

India Hunter, MPH, MSW

Project Officer

DHSPS

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Catalyst for Infant Health Equity

To accelerate the reduction in disparity for Black and AI/AN infants, the Catalyst program seeks to **move beyond direct services to implement targeted policy and systems changes** that are focused on one or more specific SDOH domains contributing to IM disparities in a particular county/jurisdiction.



Catalyst for Infant Health Equity – Purpose

Purpose

- To support the implementation of existing action plans that apply data-driven policy and innovative systems strategies to reduce IM disparities and prevent excess infant deaths.

Objectives

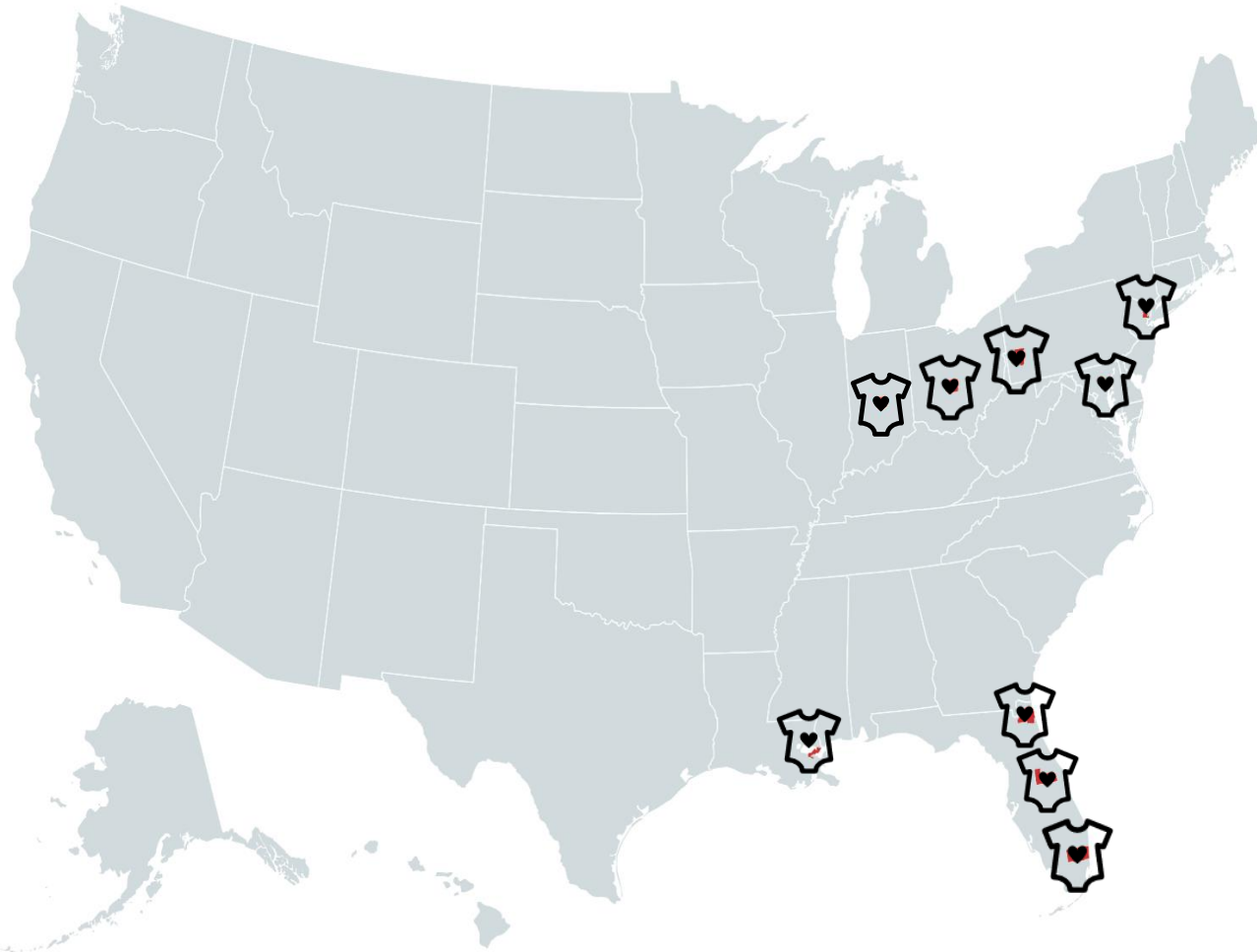
- Action Plan Implementation
- Strategic Partnerships
- Outcome Evaluation



Goals

- To decrease and ultimately eliminate disparities in IM across racial/ethnic groups by achieving steeper declines for groups with the highest rates; and
- To continue reducing overall infant mortality (IM) rates in the United States.

Catalyst for Infant Health Equity - Grantees



Grantee

Baltimore Healthy Start, Inc.

Broward Healthy Start Coalition, Inc.

Florida Department of Health – Orange County

Healthy Start, Inc.

Marillac Community Health Centers

Newark Community Health Centers

Northeast Florida Healthy Start Coalition, Inc.

Research Institute at Nationwide Children’s Hospital

Trustees of Indiana University

Learn more at <https://mchb.hrsa.gov>

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Contact Information

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Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

MCHBHealthyStart@hrsa.gov



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Alumni Peer Navigator (APN) Pilot

Aaron Lopata, MD, MPH

Chief Medical Officer

DHSPS

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Launching Alumni Peer Navigator (APN) Services



Learn more at <https://mchb.hrsa.gov>

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WHERE WE STARTED

The Problem

Billions of dollars in existing public benefits never reach families

1 in 5
(or 7M)

eligible individuals were not enrolled in **SNAP**

2 in 5
(or 6M)

eligible individuals were not enrolled in **WIC***

**Many of these individuals are enrolled in Medicaid or SNAP, which makes them automatically income-eligible for WIC.*



APN Services

What we set out to do



Learn more at <https://mchb.hrsa.gov>

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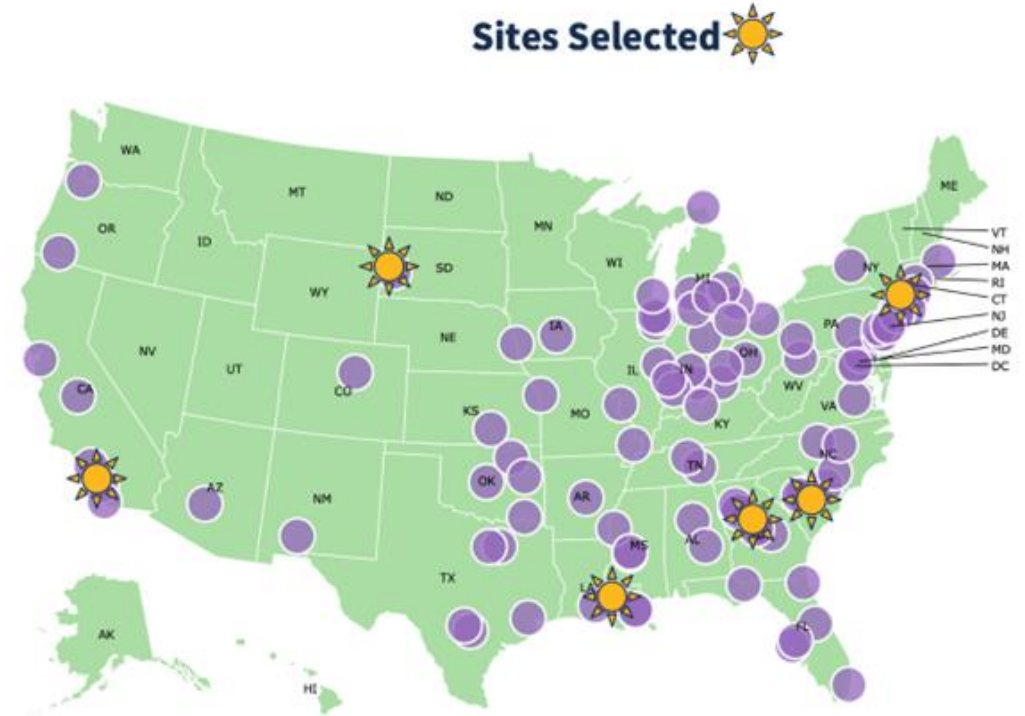
WHAT WE SET OUT TO DO

Launching the APN Services

The USDS "Birth of a Child" team worked with HRSA to start a pilot program called Alumni Peer Navigator Services. The pilot launched on July 10th, 2024 at 6 sites..

Alumni Peer Navigators (APNs):

Former Healthy Start participants now assist current participants in signing up for government and community programs like Medicaid, WIC, and SNAP while being paid.



WHAT WE SET OUT TO DO

Our Goals

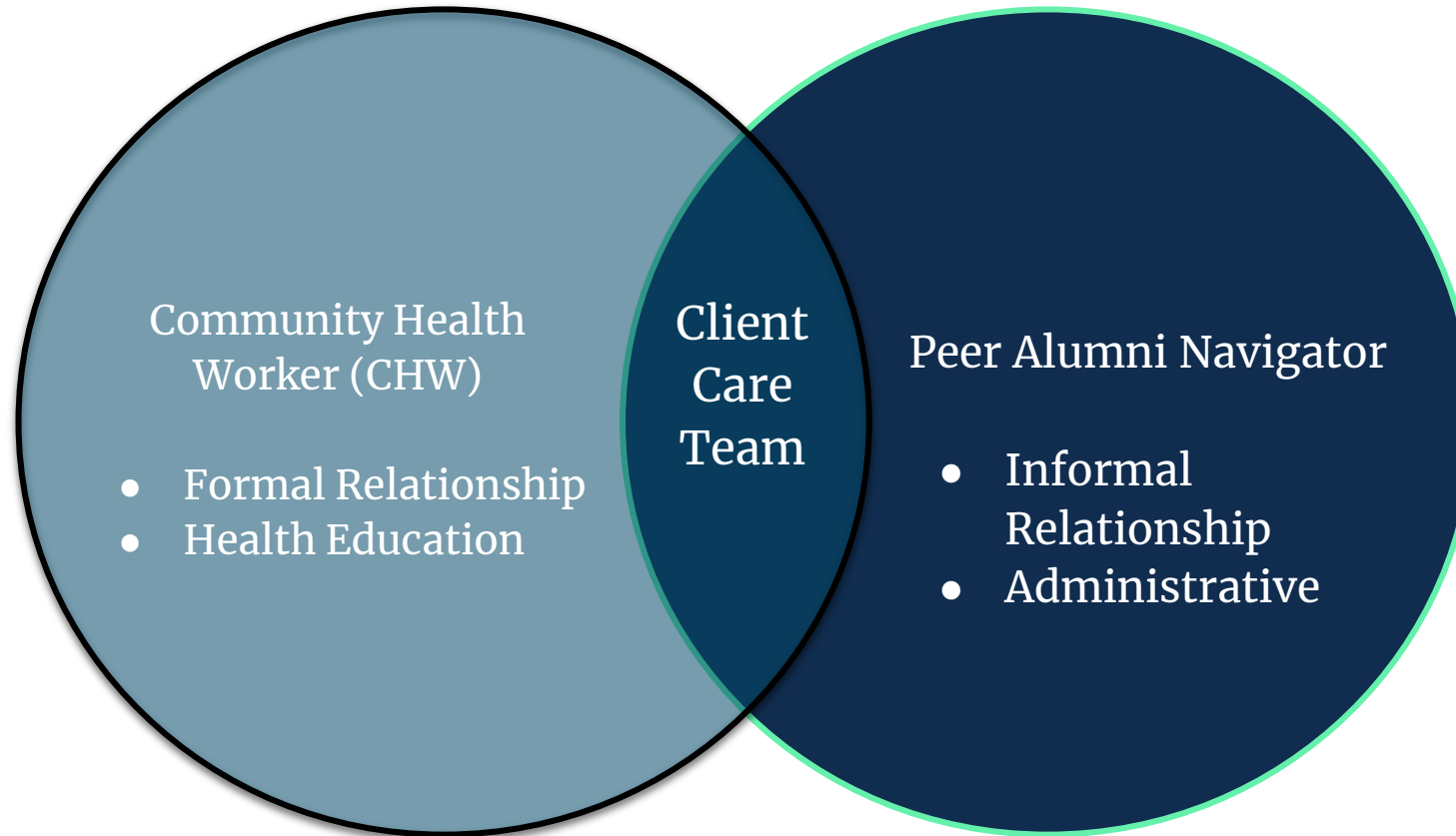
1. Make benefits enrollment easier for families
2. Reduce maternal and caregiver stress
3. Improve capacity of the client support team

Our Process

1. Build relationships to better understand and address the needs of communities
2. Invite communities (Healthy Start sites) to design solution to their challenges
3. Create, deliver, iterate

WHAT WE SET OUT TO DO

Team: Together Everyone Achieves More



APN Services

What we've learned



Learn more at <https://mchb.hrsa.gov>

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3



WHAT WE'VE LEARNED

Building on Lived Experience: Supporting Alumni to become Peer Navigators

“Alumni is a value add. I could see from watching [the APN] now, that she connects differently because she’s been through the program before.”

- SHIELDS for Families Healthy Start

Building Site Capacity to Better Serve Families

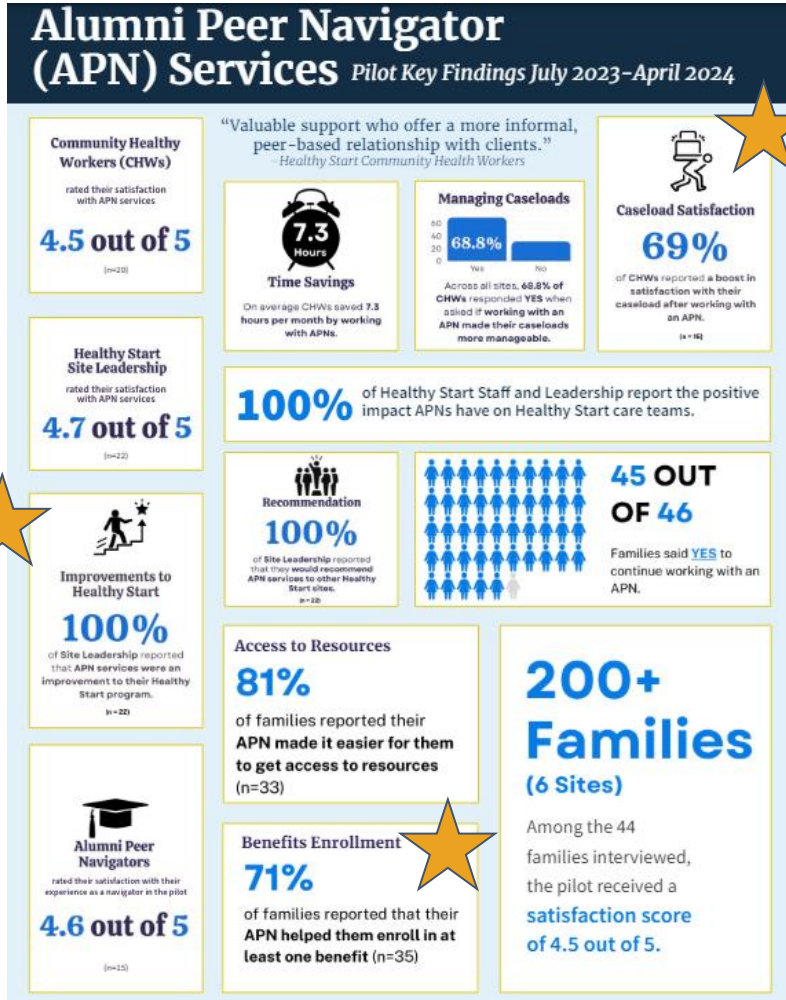
“When you add more money to add case managers, you are expanding the workload; you aren't really addressing the depth of the work. By adding depth, I can add breadth. The navigator has really closed the gaps...”

- Krystal “Jet” Stewart, Greater Harlem Healthy Start

Learn more at <https://mchb.hrsa.gov>

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WHAT WE'VE LEARNED



Learn more at <https://mchb.hrsa.gov>

APN Services at your Healthy Start



Learn more at <https://mchb.hrsa.gov>

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APN PLAYBOOK

A How-to guide with:

- Introduction to APN
- Vision: Collective Motherhood
- 5 Key Plays (steps) to starting the work at your site

Everything you need to get started!



Learn more at <https://mchb.hrsa.gov>

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Interested in learning more about APN Services?

Reach out to Shontelle Dixon at sdixon@hrsa.gov



Learn more at <https://mchb.hrsa.gov>

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A photograph of a woman with dark braids, wearing a white t-shirt with blue and red horizontal stripes, smiling warmly while holding a baby wrapped in a bright orange blanket. The background is a softly lit room with a wooden shelf. The image is overlaid with a semi-transparent blue filter on the left side.

Maternal & Women's Health Branch Programs

Lud Abigail Duchatelier-Jeudy, MPH, PhD

Public Health Analyst

DHSPS

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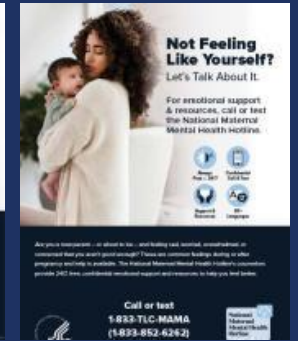
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National Maternal Mental Health Hotline

1-833-TLC-MAMA (1-833-852-6262)

Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English- and Spanish-speaking counselors are available. Interpreter services supporting 60 other languages as well as TTY for hearing impaired



Learn more at <https://mchb.hrsa.gov>

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Hotline Metrics



Responded to over **33,000** calls and texts from pregnant and postpartum people and their loved ones.



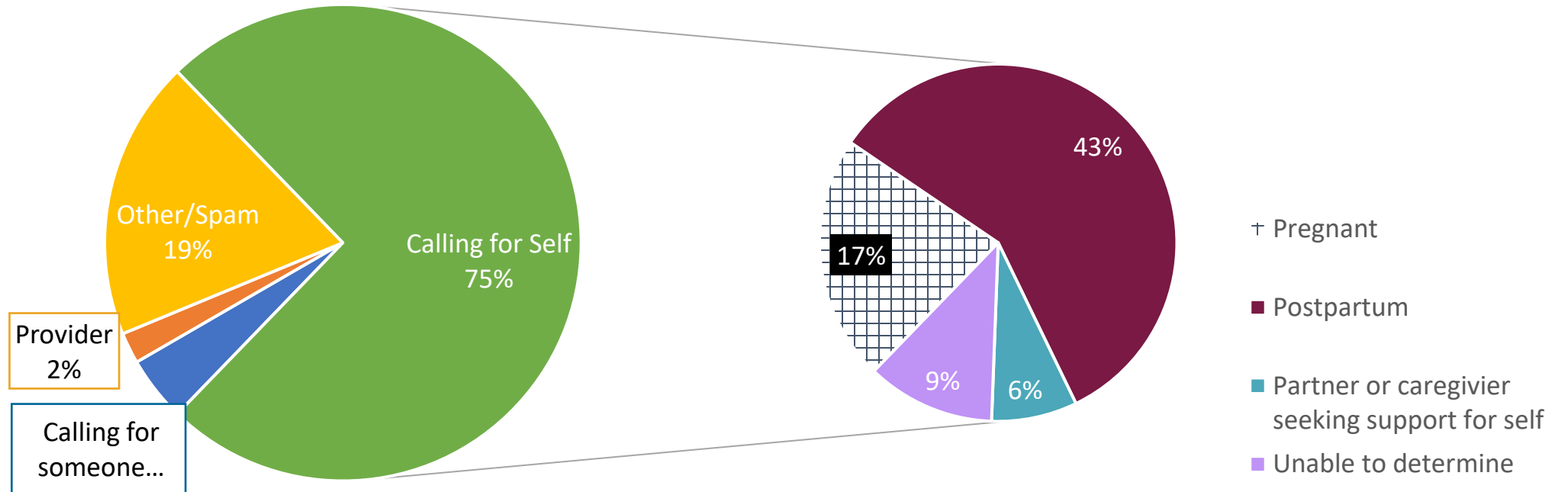
About **70%** of contacts were by phone and **30%** were by text.



The average speed to answer for telephone calls and texts is **less than 30 seconds**.

Hotline User Types

HELP-SEEKER TYPE
Q1: NOV. '23- JAN. '24

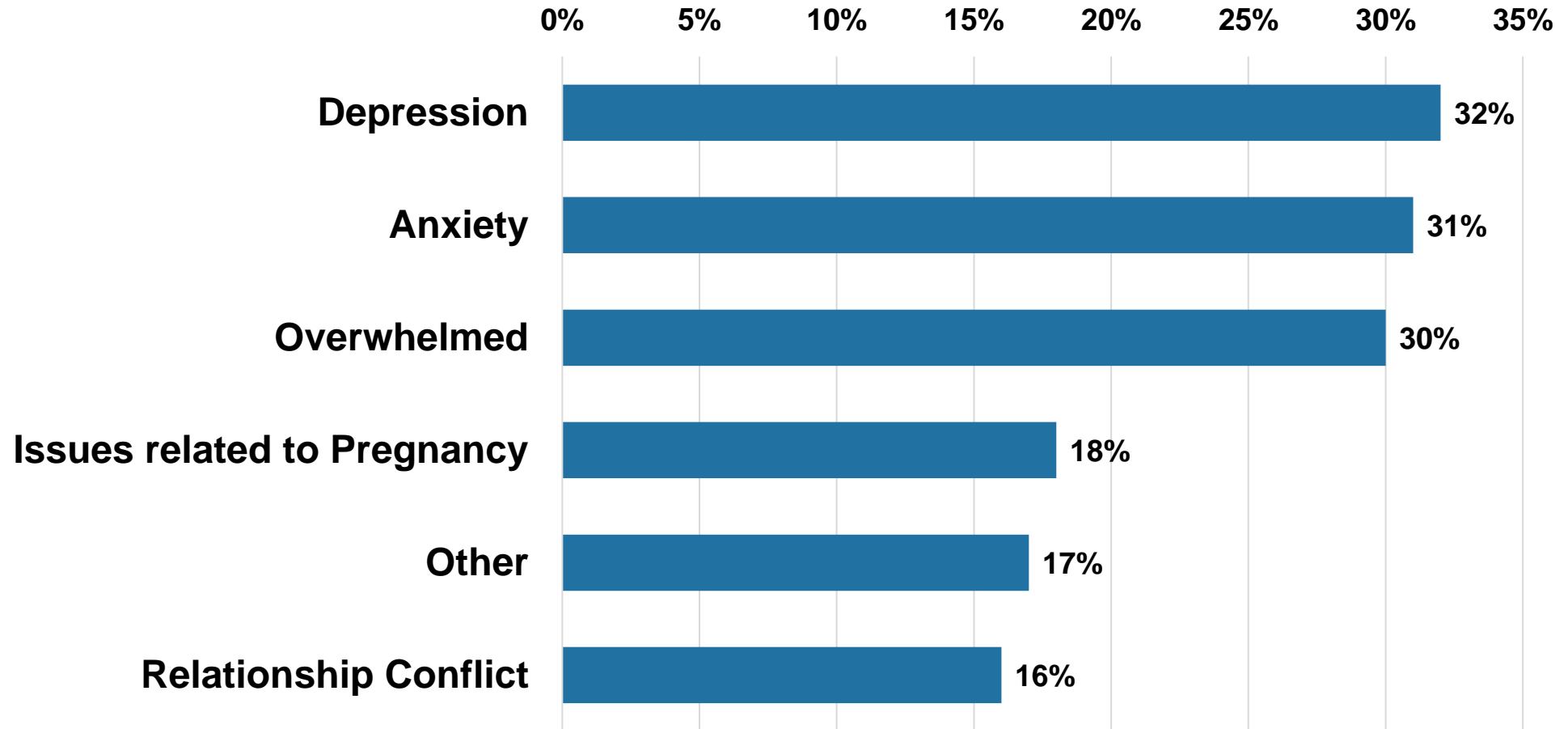


Note: Data reflects a denominator population of N= 5640

Learn more at <https://mchb.hrsa.gov>



Top Reasons for Calling the Hotline



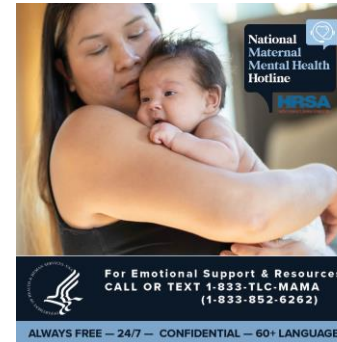
Learn more at <https://mchb.hrsa.gov>

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Learn More About the Hotline

Promotional Material Available



Learn more at <https://mchb.hrsa.gov> | Questions: hotline@postpartum.net

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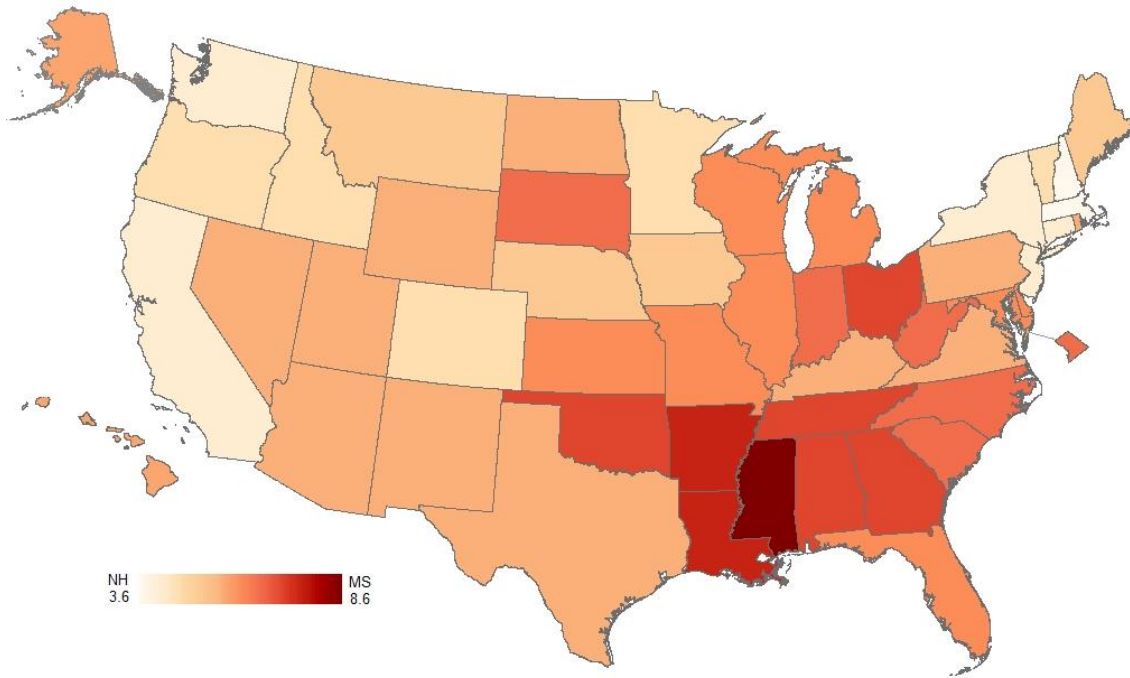




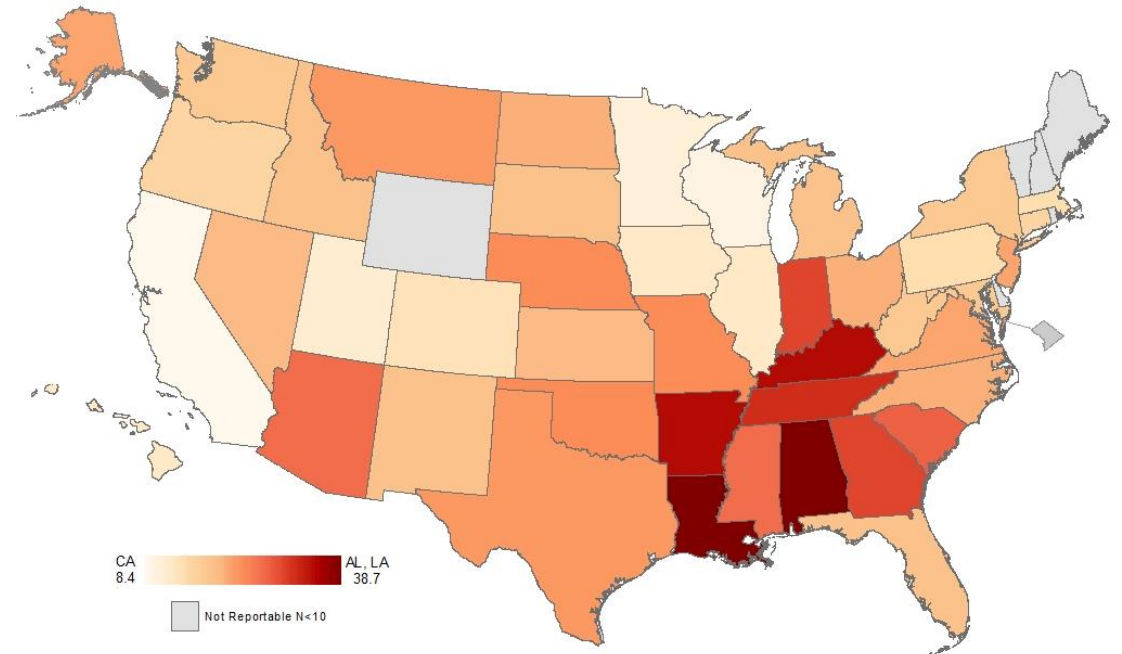
Current programs with the Maternal and Women's Health Branch

State Variation in Infant and Maternal Mortality

Infant Mortality



Maternal Mortality

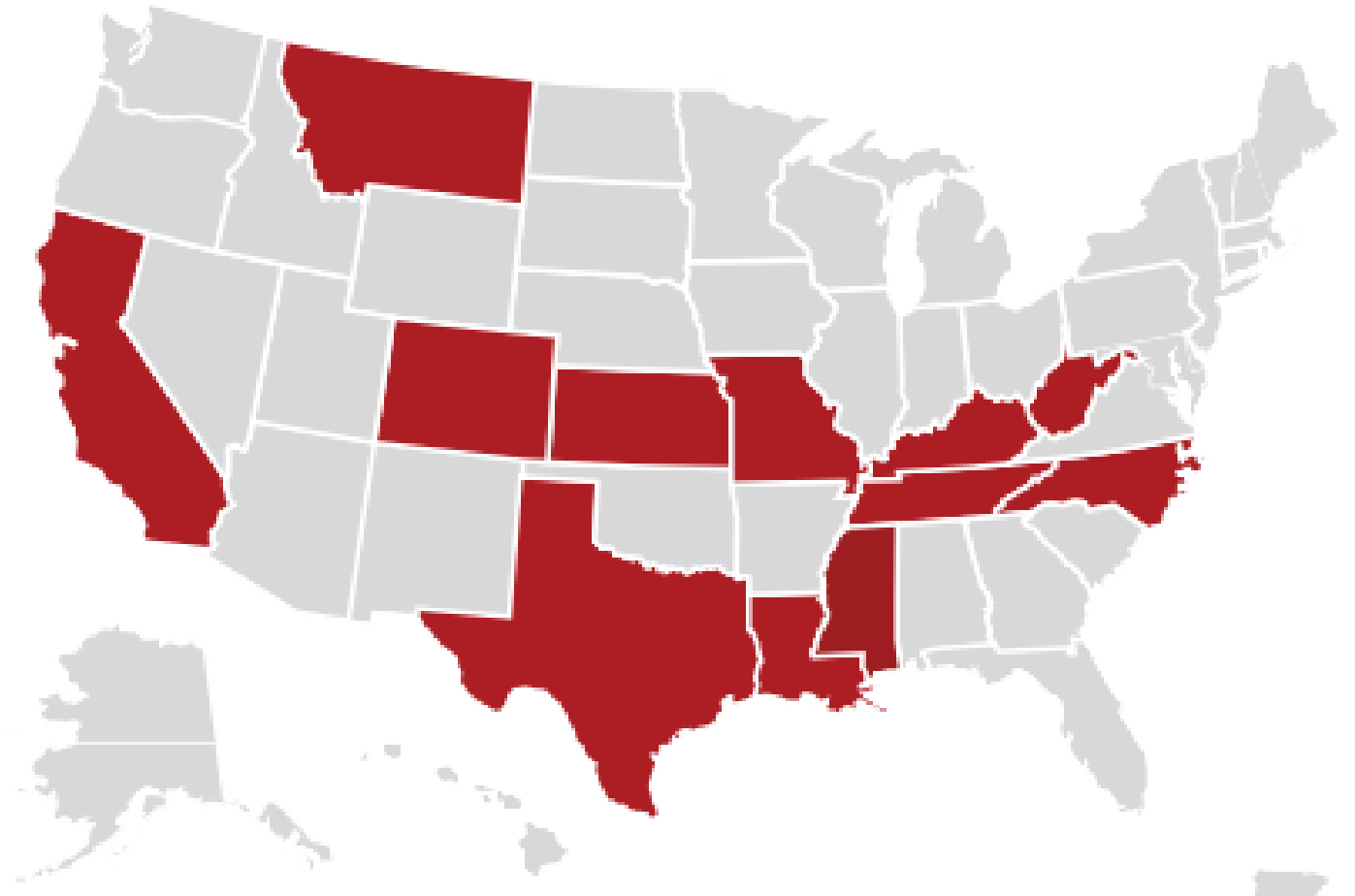


Correlation of 0.60



Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)

The **purpose** of this program is to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders.



CA, CO, KS, KY, LA, MO,
MS, MT, NC, TN, and WV

Learn more at <https://mchb.hrsa.gov>



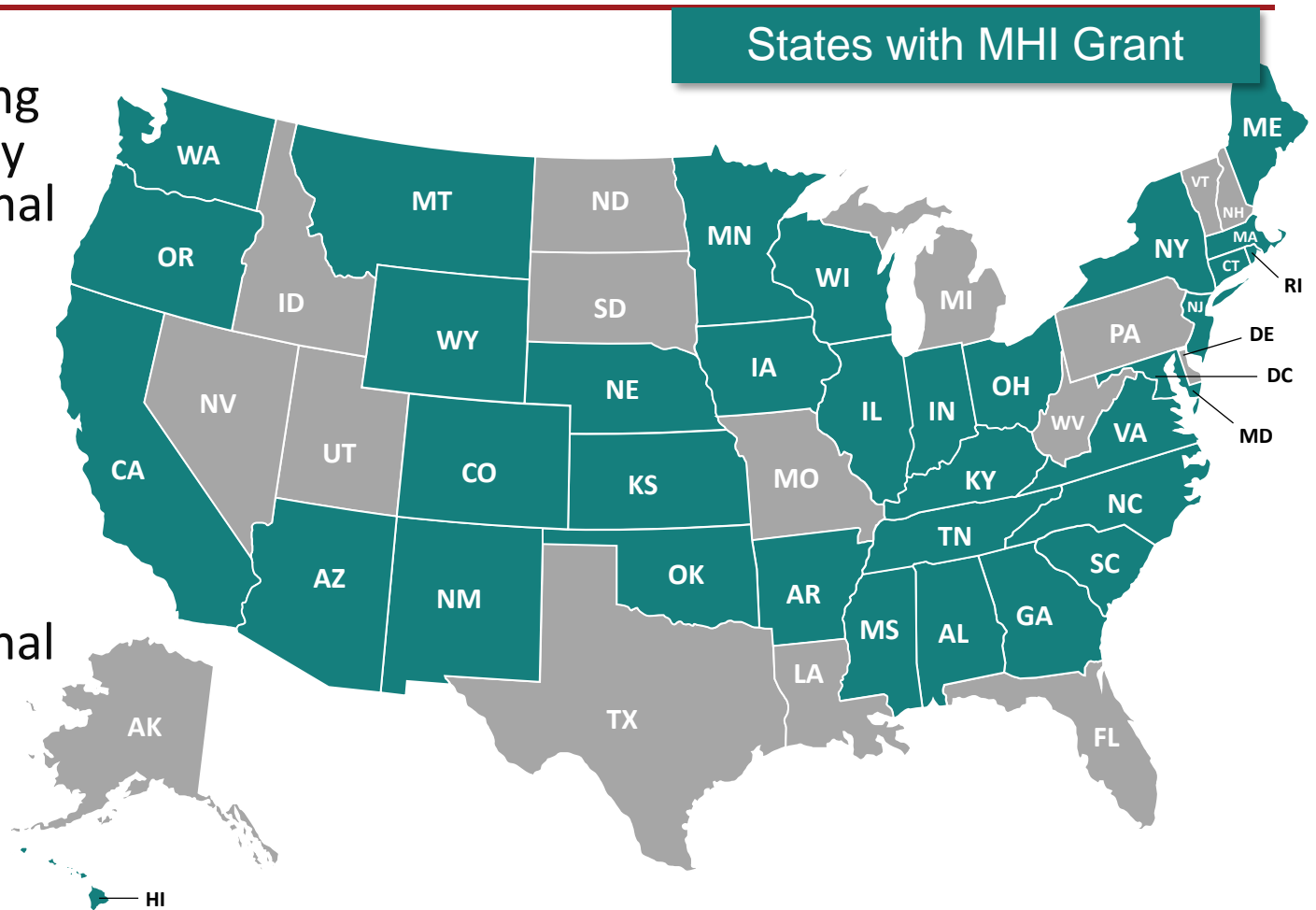
State Maternal Health Innovation Grants

Purpose: To assist states in improving maternal health outcomes, specifically maternal mortality and severe maternal morbidity.

- Provide state teams flexibility in addressing leading causes of maternal death.

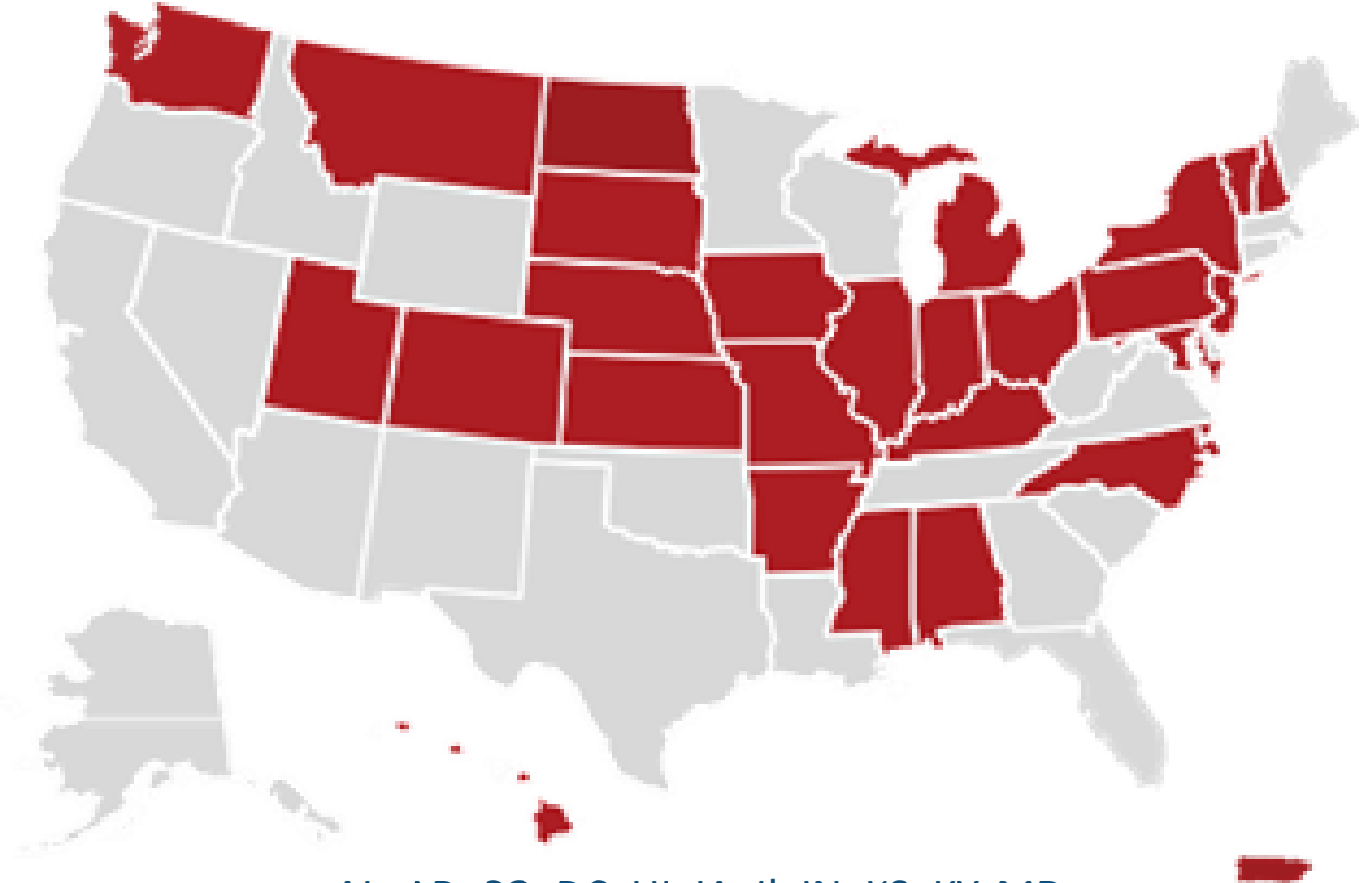
Program Requirements:

- Implementation of state maternal health task-force
- State-focused maternal health strategic plan



Alliance for Innovation on Maternal Health (AIM) Capacity Program

The **purpose** of this program is to support state capacity to implement AIM patient safety bundles and expand the reach, depth, and quality of AIM implementation throughout the United States.



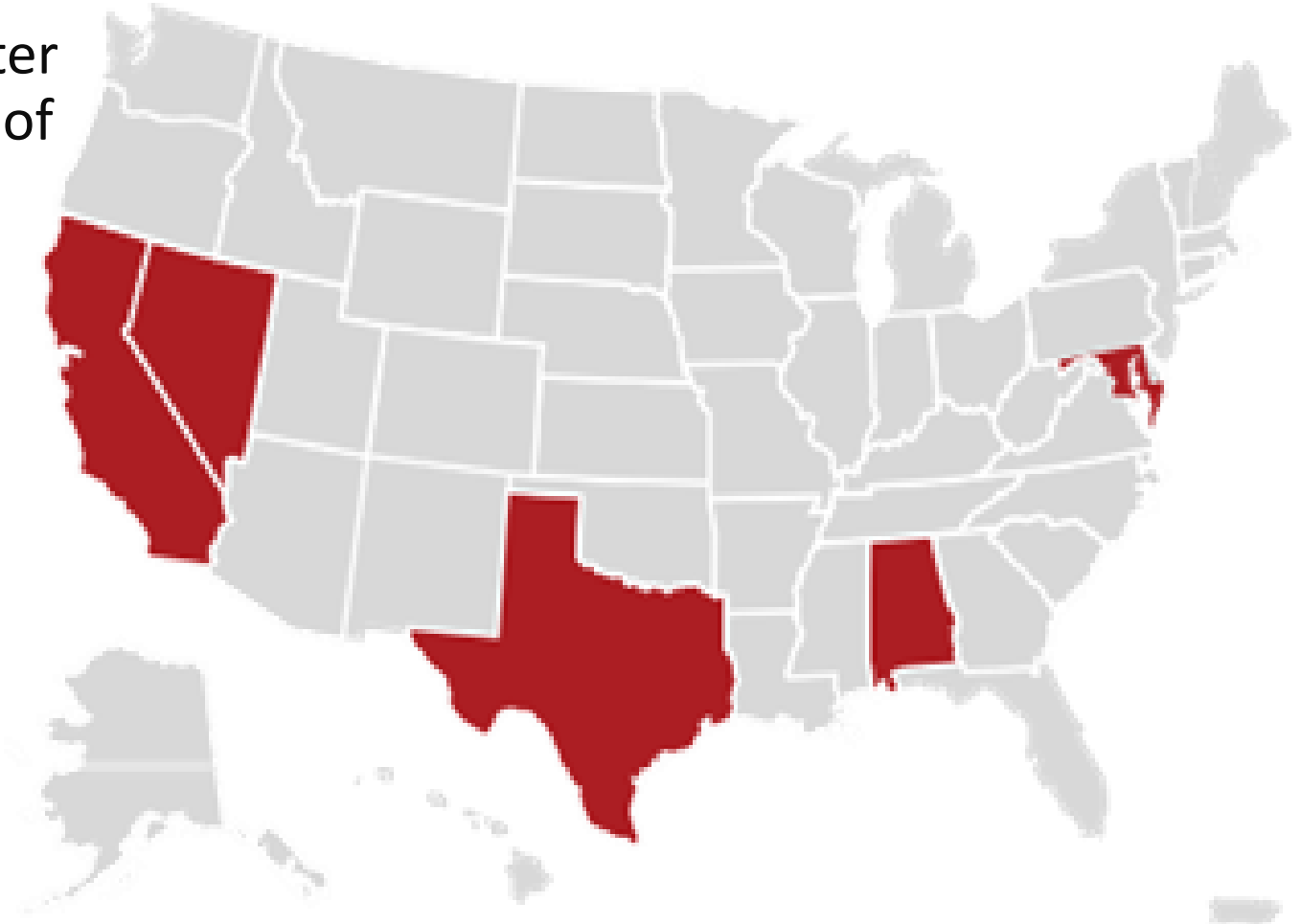
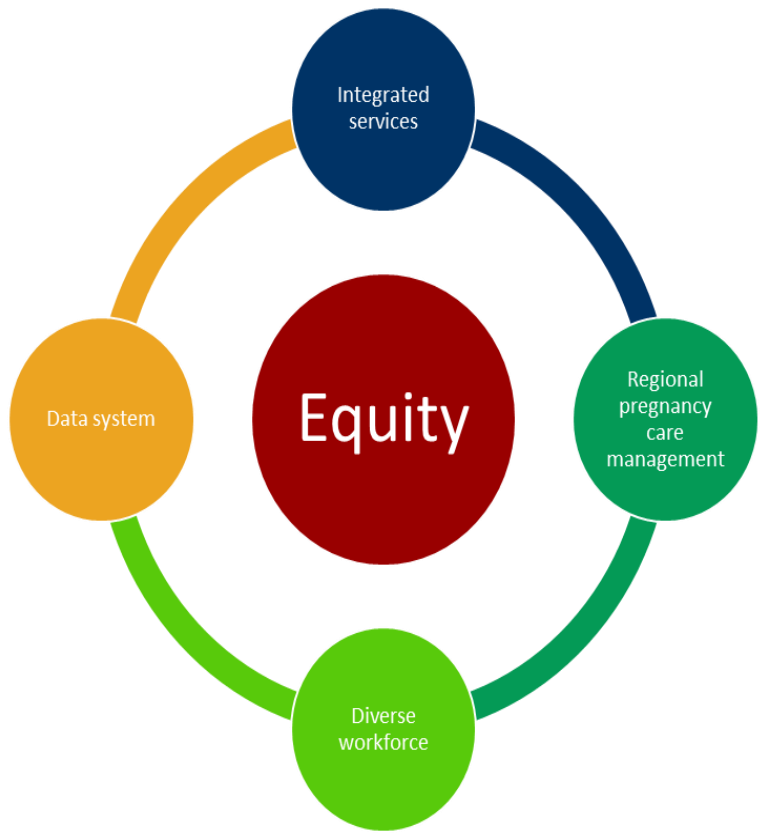
AL, AR, CO, DC, HI, IA, IL, IN, KS, KY, MD,
MI, MO, MS, MT, NC, ND, NE, NH, NJ, NY,
OH, PA, PR, SD, UT, VT and WA

Learn more at <https://mchb.hrsa.gov>



Integrated Maternal Health Services

The **purpose** of this program is to foster the development and demonstration of integrated health services models.



AL, CA, MD, NV and TX



Women's Preventive Services Initiative

When women are healthy, communities thrive.

WPSI
Women's Preventive Services Initiative
Recommendations for Well-Woman Care - A Well-Woman Chart

RECOMMENDATIONS FOR WELL-WOMAN CARE

Preventive care visits provide an excellent opportunity for well-woman care including assessing, evaluating of health risks and needs, counseling, and immunizations. Recommendations for Well-Woman Care - A Well-Woman Chart was developed by the Women's Preventive Services Initiative (WPSI). The Well-Woman Chart outlines preventive services recommended by the WPSI, U.S. Preventive Services Task Force (USPSTF), and Bright Futures based on age, health status, and risk factors. Additional recommendations for immunizations are provided in a separate table from the Advisory Committee on Immunization Practices. Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services are described in the Clinical Summary Tables that accompany the chart. The Recommendations for Well-Woman Care - A Well-Woman Chart provides a framework for incorporating preventive health services for women into clinical practice. These services may be completed at a single visit or as part of a series of visits that take place over time. The recommendations are not intended as a statement of the standard of care, and do not comprise all program elements or methods of care. Practices should use clinical judgment in applying these recommendations to individual patient care, taking into account the needs and resources particular to the facility, the population, or the type of practice. The Chart is updated annually. The WPSI website (www.womenspreventivehealth.org) has the most up-to-date version of the Chart and Clinical Summary Tables.

HEALTH CARE SERVICES	AGE (Years)							
	13-17*	18-21*	22-29	30-39	40-49	50-64	65-75	>75
GENERAL HEALTH								
Annual screening & counseling	●	●	●	●	●	●	●	●
Advising on preventing cardiovascular disease (CVD)	●	●	●	●	●	●	●	●
Depression screening	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Alcohol screening	●	●	●	●	●	●	●	●
Weight management	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Smoking cessation counseling	●	●	●	●	●	●	●	●
Smoking cessation screening	●	●	●	●	●	●	●	●
Flu	●	●	●	●	●	●	●	●
Latest CVD	●	●	●	●	●	●	●	●
Screening & counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●
DISEASES								
Alcohol screening	●	●	●	●	●	●	●	●
Depression screening	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Alcohol screening	●	●	●	●	●	●	●	●
Weight management	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Smoking cessation counseling	●	●	●	●	●	●	●	●
Smoking cessation screening	●	●	●	●	●	●	●	●
Flu	●	●	●	●	●	●	●	●
Latest CVD	●	●	●	●	●	●	●	●
Screening & counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●
IMMUNIZATIONS								
Alcohol screening	●	●	●	●	●	●	●	●
Depression screening	●	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●	●
Alcohol screening	●	●	●	●	●	●	●	●
Weight management	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Smoking cessation counseling	●	●	●	●	●	●	●	●
Smoking cessation screening	●	●	●	●	●	●	●	●
Flu	●	●	●	●	●	●	●	●
Latest CVD	●	●	●	●	●	●	●	●
Screening & counseling	●	●	●	●	●	●	●	●
Oral & cognitive screening	●	●	●	●	●	●	●	●
Oral & cognitive counseling	●	●	●	●	●	●	●	●

KEY:
● Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures
○ Recommended for selected groups

MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI

AMERICAN ACADEMY OF FAMILY PHYSICIANS
The American College of Obstetricians and Gynecologists
ACPP
NPWH

Program Purpose

To improve adult women's health across the lifespan by engaging a coalition of health professional organizations to recommend updates to the HRSA-supported Women's Preventive Services Guidelines.

Authority: Title V, § 501(a)(2) of Social Security Act (42 U.S.C. 701(a)(2)), as amended.

<https://www.womenspreventivehealth.org/>



FY24 Planned Awards

- **State Maternal Health Innovation Program (SMHI)**
 - Up to 18 awards
 - Awards varies based on birth volume (between \$1million and \$2 million)
- **Maternal Health Training and Resource Center (MHTRC)**
 - 1 award
 - Award amount is up to \$3 million
- **Supporting Fetal Alcohol Spectrum Disorders (FASD) Screening and Intervention**
 - 1 award
 - Award amount is up to \$950,000
 - All applications are due on grants.gov no later than 11:59 pm ET on June 21, 2024



Contact Information

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Opportunities for Collaboration

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Project Officers, DHSPS

FY24 Healthy Start Grantee Kick-Off
Hosted by the Healthy Start TA & Support Center at NICHQ

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Opportunities for Collaboration: Title V

Title V

- Program Purpose: To create Federal-states partnerships in all the states and jurisdiction.
- Program Goal(s)/ Objective: To support the health and well-being of all mothers, children, and families.

Example of potential collaboration: Partnership with State Title V program.



Opportunities for Collaboration: MIECHV

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- Program Purpose: The MIECHV Program supports home visiting for expectant and new parents with children up to kindergarten entry age who live in communities that are at-risk for poor maternal and child health outcomes.
- Program Goal(s)/ Objective: Provide families with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to succeed

Example of potential collaboration: Warm handoff to a MIECHV program after a child reaches 18 months



Opportunities for Collaboration: FIMR

Fetal and Infant Mortality Review (FIMR)

- Program Purpose: Conduct comprehensive multidisciplinary review of fetal and infant deaths to understand how social, economic, public health, educational, environmental, and safety issues relate to the tragedy of fetal and infant loss. Use findings to take action.
- Program Goal(s)/ Objective: Decrease infant mortality and disparities through records abstraction, family interviews, case review, finding that relate to root causes and recommendations and initiatives to improve systems of care.

Example of potential collaboration:

Create or participate on FIMR teams at Local, State, and/or Regional Levels
National Center for Fatality Review and Prevention (NCFRP)

Opportunities for Collaboration: Housing and Urban Development (HUD)

HUD Continuum of Care Program

- Program Purpose: Assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability.
- Program Goal(s)/ Objective: Promote a community-wide commitment to the goal of ending homelessness

Example of potential collaboration:

Invite local CoC's to participate in Community Consortium



Opportunities for Collaboration: WIC

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Program Purpose: To safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care
- Program Goal(s)/ Objective: Improve the health of pregnant women, new mothers and their infants

Example of potential collaborations: Create a cross-referral partnership, collaborate on events that promote breastfeeding etc.



Opportunities for Collaboration: National Healthy Start Association (NHSA)



The National Healthy Start Association (NHSA)

- Established in 1999 as the membership association to provide educational opportunities and support via
 - ✓ Annual Conference
 - ✓ Webinars
 - ✓ Monthly Women’s Health Series or Grand Rounds – 1st Thursday of the Month
 - ✓ Monthly Fatherhood Webinars – 3rd Thursday of the month
 - ✓ Annual Fatherhood Summit
 - ✓ Publications – Monthly Newsletter *Getting off to a Healthy Start*
 - ✓ Advocacy
- **Example of potential collaborations:** Join as a member and attend monthly webinars, attend conferences and summit. Participate in advocacy efforts.



Q&A

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Closing

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Thank You!

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