

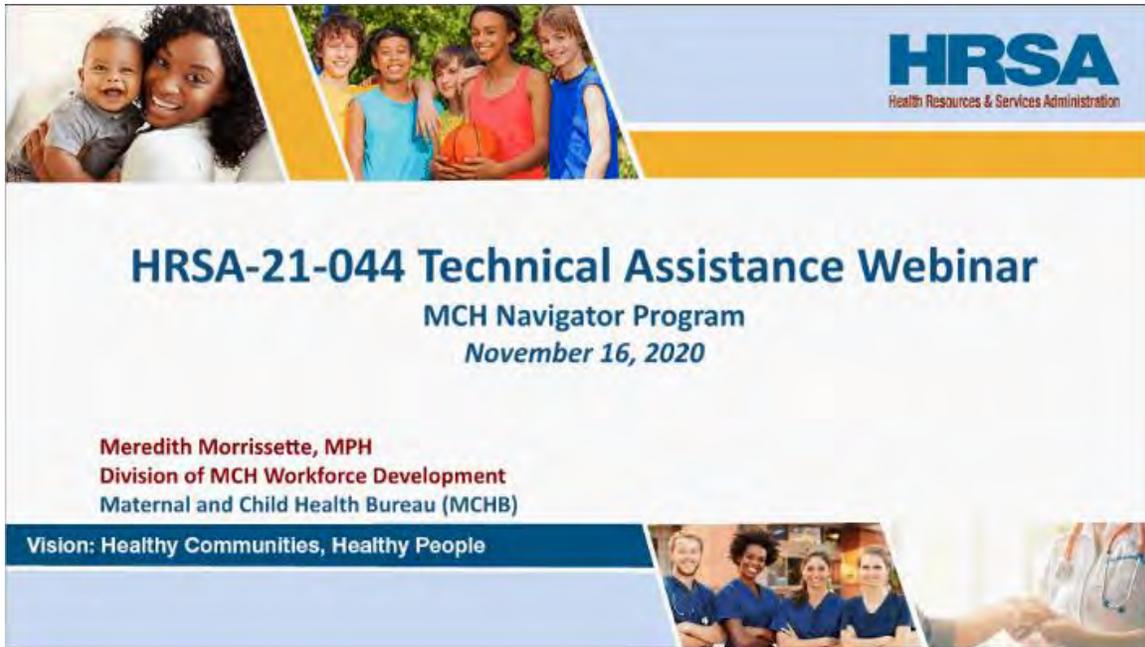


**MCHB (Maternal and Child Health Bureau)
Health Resources and Services Administration**

**HRSA-21-044 MCH
Navigator Program**

11/16/2020

Morrisette, Meredith (HRSA)



Event: HRSA-21-044 MCH Navigator Program

Date: 11/16/2020

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Attendees

Adobe Tech -

Nolan Simon

Adobe Tech -

Saeed Patel

Amanda Cantrell

Angela

Beth Lease

Captioner-Karen

Cheryl Wold

Joanne Silbert-

Flagg

John Richards

Keisha Watson

Lee Carson

Meredith

Michelle Tissue

Rachel Howe

Ron Jones

Tara Waller

Chat History

Rachel Howe: if I ask a question here will you see it

Rachel Howe: ?

Michelle Tissue: Yes

Rachel Howe: would we be creating a brand new website or building on what is already there?

Beth Lease: Hi! Do you have any restrictions on using a third party resource as a LMS?

Rachel Howe: would we be publishing directly to the internet or using a learning management system to host trainings?

Rachel Howe: why is the project up for a grant now? is the current grantee re-applying?

Rachel Howe: thank you!

Polls

N/A

Q&A

Q/A Done Over the Phone

Transcript

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HRSA MCH NAVIGATOR PROGRAM

MONDAY, NOVEMBER 16, 2020

1:00 P.M. CDT

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>> OPERATOR: Thank you for holding. We will begin the conference shortly.

Again, this is the operator. Thank you for holding. We will begin the conference call shortly

(Music)

>> OPERATOR: This is the operator. Ron Jones, if you are on the line, please press * sea. Ron Jones, if you are on the line, please press * 0.

(Music)

(Pause.)

>> OPERATOR: Good afternoon and thank you for standing by. I would like to inform all participants that your lines have been placed in listen-only mode until the question and answer session of today's call. Today's call is also being recorded. If anyone has any objections, you may disconnect at this time.

I would like to turn the call over to Ms. Meredith Morrissette. Thank you, you may begin.

>> MEREDITH MORRISSETTE: Thank you so much. Good afternoon, everyone. Thank you for joining us for this technical assistance webinar. My name is Meredith Morrissette. I'm the will project officer for the MCH navigator program. I would like to acknowledge Michelle tissue and Ron Jones also joining us on this presentation.

Ron, did you want to introduce yourself?

>> RON JONES: Sure. My name is Ron Jones. I'm the grants management specialist and I'm here if you should have any questions later on during the presentation.

>> MEREDITH MORRISSETTE: Thank you.

So in today's technical assistance session we will brief review background information on the health resources and services administration or HRSA and the division of MCH workforce development.

>> MEREDITH MORRISSETTE: I will summarize the notice of funding opportunity which you will hear referred to as the NOFO.

And then we will have time for a question and answer session.

Now, HRSA supports programs that provide healthcare to people who are geographically isolated, economically or medically challenged. Nearly 90 percent of HRSA's bug is awarded to grants and agreements to award's based on colleges add universities, hospitals, state, local and tribal governments and private entities.

HRSA programs help those in need of high quality primary healthcare, people with HIV AAIDDs, pregnant women and motors. HRSA supports the training of health providers and distribution of

providers to areas where they are needed most and improvements in healthcare delivery.

Our mission at HRSA is to improve health outcomes and address disparities in a skilled workforce, innovative high value programs. HRSA 2019 to 2022 strategic plan has five key goals that you can see on your screen. Improve access to quality healthcare services, foster a healthcare workforce able to address currents and emerging needs. Enhance population health and address health disparities through community partnerships, maximize the value and impact of HRSA programs and optimize HRSA programs to enhance efficiency, effectiveness, innovation and accountability.

There are five bureaus and 11 offices within HRSA. One of which is the Maternal and Child Health Bureau or MCHB of the. The division of MCH workforce development is within MCHB and is responsible for developing future and future generations of leaders through three types of programs: Undergraduate and graduate education, workforce development for practicing MCH professionals and community-based programs.

A division of MCH workforce development supports a continuum of training programs with an emphasis on supporting the Title V MCH workforce. These programs include exposure to MCH concepts through our undergraduate pathways, our interdisciplinary graduate education program and our support for the practicing MCH workforce.

The division also supports communities-based programs through our healthy tomorrows partnership for children program.

You can learn more MCHB and the division through the division's website.

We will now move into a summary of HRSA-21-044, the MCH navigator program. This presentation will provide only a high level summary of the NOFO. Please read the NOFO in its entirety.

The MCH navigator program is authorized by Title V of the Social Security Act as part of the special projects of regional and national significance or SPRANS.

The purpose of this program is to serve as a learning portal of high quality vetted MCH leadership competency-based trainings and resources to strengthen the knowledge, skills, and capacity of the MCH workforce through online continuing education tailored to meet the needs of emerging and practicing MCH professionals. You can learn more about the MCH leadership competencies by visiting the link shown on the slide.

The specific objectives of the MCH navigator program are to support the workforce by, one, assessing and addressing the state of knowledge and skills in the MCH community. Two, increasing the knowledge and skills of the MCH workforce and students.

Three, providing access to high-quality, relevant, accessible trainings.

Four, developing innovative website features and enhancements.

And five, collaborating with state Title V local public health staff and key MCH,s.

We will now move into an overview of the narrative requirements of the NOFO which begin on page 7. For the introduction, briefly describe the purpose of the proposed project.

Needs assessment. The needs assessment corresponds to review criteria number 1, need. This is on page 7 of the NOFO.

Briefly describe the background of the proposal by critically evaluating the national need/demand for the training and specifically identify MCH workforce development needs to be addressed and gaps which the project is intended to fill. You should also concisely state the importance of the project by documenting the potential of the project to meet the purposes of the program described in this NOFO. Demonstrate comprehensive knowledge of MCH workforce needs and how a well-trained MCH workforce contributes to improve MCH population health outcomes.

Methodology.

The methodology corresponds to review criteria number 2, response. This is on pages 7 to 10 of the NOFO.

State the overall goal or goals of the project and list the specific objectives that respond to the stated need or purpose for this project. The objectives should be specific, measurable, achievable, relevant, and time-oriented or smart with specific outcomes with each project here which are attainable in the stated time frame.

There are five main parts of the methodology. We'll go through each one at a time in the following slides.

The first section of the methodology is assessing state of knowledge and skills in the MCH workforce and the needs of the MCH workforce.

This starts on page 7 of the NOFO.

Describe how you will assess the state of knowledge and skills in the MCH workforce on an ongoing basis and how you plan to address any workforce gaps as related to the need of the MCH workforce.

Detail a plan and sources for regularly monitoring Title V workforce needs, assuring that any content created by the MCH Navigator does not duplicate existing MCH content such as that developed by MCH B's division of workforce development, HRSA funded training providers. Describe how project staff will utilize guidance from external MCH advisory groups an partnerships with MCH stakeholder organizations to inform this ongoing assessment and planning process.

Number 2. Increasing knowledge an skills of the practicing and future MCH workforce. This can be found on pages 7 to 8 in the NOFO.

Describe a plan to maintain and/or build upon the current natch Navigator to increase the knowledge and skills of the MCH workforce.

A successful program will provide a website that includes, one, examples of how to use the become settings such as academic, state Title V agencies and modalities.

Number two, trainings. Examples given, learning opportunities, briefs, spotlights.

Number 3, a self assessment such as the self-assessment currently on the MCH workforce.

Number 4, innovative programs and ways to engage learners, examples given, microlearning programs.

And number 5, learning resources critical to increasing the knowledge and skills of the MCH workforce including orientation to MCH such as learning bundles.

Also part of this second section, increasing the knowledge and skills of the practicing and future MCH workforce: Describe how you will work with different target audiences such as academics, training recipients, students, Title V programs, to increase the knowledge and skills of the MCH workforce in students.

Describe a plan for engaging with users to support workforce development throughout MCH workforce. Include any guiding conceptual framework for the MCH Navigator as related to guiding principles. Document and highlight how Title V agencies, academia, training programs, local MCH agencies, Title V programs and others are using the MCH Navigator resources to support workforce development and increase the knowledge and skills of the MCH navigator.

Describe your plan to measure increase in knowledge and skills using an online self assessment tool.

Also a part of the second section of the methodology, increasing the knowledge and skills of the practicing and future MCH workforce. Support and current and future MCH faculty. Describe, such as the centers of excellence in MCH education, science, and practice. To establish and maintain a forum to support the cadre of current and

future MCH faculty aiming to enhance knowledge and skills essential to teaching in the field of MCH.

Activities may include but are not limited to virtual and in-person gatherings to provide pathways into academic MCH, a platform for programs to share MCH curricular resources, and support for mentorships between MCH academic programs to facilitate the ongoing development of MCH training programs.

Describe how impact will be evaluated for the activities described.

We are now on to the third section of methodology. Number 3, providing access to high quality relevant and accessible training.

This starts on page 8 of the NOFO.

Describe how the MCH Navigator will meet the ongoing training needs of a diverse MCH workforce by providing a one-stop shop for high quality relevant training.

Describe in detail the rigorous and systematic vetting process you will use for all potential MCH Navigator trainings and materials, including assessments of specific criteria. Examples begin: Currency, accuracy, relevance of the information. Pedagogical approach and technical aspects of the presentation. And how you will involve the target user audience in this vetting process creating opportunities for user feedback and, thereby, ensuring quality improvement.

Describe how you may assure content, pedagogy and adult-learning approach are meeting workforce needs. In addition, describe in detail how existing content will be annually reviewed and vetted using specific criteria. Again, such as currency, accuracy,

relevance of the information, the approach, technical aspects of the presentation and involving target user audiences in order to create internal quality control measures, allow opportunities for user feedback, and ensure high quality content.

Continuing with this third section of the methodology, providing access to high-quality, relevant and accessible trainings. Again, pages 8 to 9 in the NOFO.

Where content gaps are identified, describe how new content will be developed or linked to, marketed, and delivered to learners, including criteria and protocols.

Describe a plan and sources for regularly monitoring currently available open access or in other words, distributed online free of cost or other access barriers. MCH materials and trainings as related to the MCH leadership competencies and subcompetencies.

Describe your strategy to link to the existing high-quality content.

Describe your plan for determining approximately how many trainings the MCH Navigator will house overall and why that approximate number was chosen and how it relates to the number of MCH leadership competencies and subcompetencies.

Continuing again with the third section of methodology, providing access to high quality relevant and accessible trainings.

Describe a plan for tailoring a personalized learning plan for each individual who takes the MCH Navigator online assessment much, including the type and number of trainings to be included in the learning plan. Describe what types of data you will collect from

learners such as demographic information, professional experience, et cetera.

And how you will analyze and use this data to improve the MCH Navigator and support MCH workforce development.

Describe a communications outreach and dissemination plan for how new content as well as new materials will be developed, marketed, and delivered to the MCH workforce and students.

Describe how current content and materials will be marketed and disseminated. Provide a detailed plan of how existing and new materials will be posted through enhanced web-based methods.

We are now on the fourth part of the methodology. Developing innovative website features and enhancements. This starts on page 9 of the NOFO.

The MCH Navigator has a history of developing annual innovative features and enhancements such as the microlearning programs, five minute MCH public health pronto and MCH 2020.

As well as individualized state workforce snapshots for state Title V agency directors. Additional examples of innovative features and enhancements may include but are not limited to emerging topical areas related to MCH leadership competencies, learning modalities, and or other technical innovations.

Describe potential innovations, including resources, staff, and technology required, how it addresses a critical MCH workforce gap, and how you would engage target audiences in the design and planning process.

Include information related to the process for development, implementation, dissemination, and evaluation of the innovative features and enhancements.

Describe a plan to identify and develop additional innovation over the period of performance and how you will engage with stakeholders to identify and develop these innovations.

We are now on the fifth and last section of the methodology.

Number 5, collaborating with state Title V local public health staff and key MCH organizations.

This starts on page 10 of the NOFO.

A successful program will have active functioning collaborative relationships with state title 5 MCH/children and special healthcare needs program, local MCH programs, HRSA-funded workforce projects, MCHB's work for send program and related programs. This is in attachment 1, table of partners and collaborations.

Describe how you will leverage these relationships to support workforce development through the MCH Navigator. Describe a plan to develop and maintain relationships with state title 5 and children and use of special healthcare needs programs and other relevant local and state MCH programs. Provide any letters of support that demonstrate these partnerships and linkages in attachment 2, letters of agreement.

Describe how you will measure the extent of engagement of partnerships established as related to the MCH Navigator.

Continuing with the fifth and final section of methodology, collaborating with state Title V local public health statute and key MCH organizations.

Describe plans for an external advisory group and or expert panel for the MCH Navigator, including experts from the field, and academia such as state Title V programs, public health educators and professionals, school health professionals, pediatric and family providers in community based and hospital ---based and hospital settings, academic research centers, families, children with special healthcare needs and culturally diverse communities.

Detail the roles of the group including how the MCH Navigator will benefit from having such a group and expectations of the members. Example given, serving as content reviewers. Be sure to include time commitment, workload and protocols.

Again, continuing with the fifth and final section of the methodology, collaborating with state Title V local public health staff and key MCH organizations.

A successful project will include regular collaboration with MCH B's division of MCH workforce staff to facilitate linkages of the MCH Navigator with network initiatives such as the MCH work force development, bureau of workforce, health education centers or AHCs and with the public health foundation's TRAIN learning network.

Describe how you will consult and collaborate with HRSA-funded training award recipients.

Work plan. The work plan corresponds to review criteria number 2, response, and criterion number 4, impact.

This is on pages 10 to 11 of the NOFO.

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the methodology section. Use a timeline that includes each activity and identifies reasonable staff as appropriate identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. Include the work plan as part of attachment 3 labeled work plan and logic model.

See the appendix MCH Navigator logic model, for the overall program logic model for the MCH Navigator program provided for informational purposes.

Resolution of challenges. This corresponds to review criterion number 2, response. This can be found on page 11 of the NOFO.

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and approaches that you will use to resolve such challenges.

Evaluation and technical support capacity. This corresponds to review criterion number 3, evaluated measures and criterion number 4, impact.

This can be found on pages 11 to 12 of the NOFO.

Describe the plan for the program evaluation that will contribute to continuous quality improvement. The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include description of the input such as

organizational profile, collaborative partners, key personnel, budget, and other resources. As well as key processes and expected outcomes of the funded activity.

Incorporate feedback from evaluation findings as well as external feedback from MCH partners into the program for continuous quality improvement.

Continuing with evaluation and technical support capacity. Provide a detailed evaluation plan describing how you will measure the effectiveness of activity related to assessing and addressing the state of knowledge and skills in the MCH community, increasing knowledge and skills of the MCH workforce and students, providing access to high quality relevant accessible training, alerting the workforce to new knowledge, developing innovative features and enhancements, and collaborating with state Title V local public health staff and key MCH organizations.

Because implementation of the MCH Navigator is tenned to be a collaborative activity of the MCH community broadly, evaluation plans must also measure the extent of engagement of partnerships established and the outreach of resources leveraged. Such as money, personal time, course development, et cetera attributable to these partnerships.

Continuing, still with the evaluations and technical support capacity.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of

how the organization will collect, analyze, and track data such as assigned skills staff and data management software, in a way that allows for accurate and timely reporting of performance outcomes.

Additional information on performance reporting requirements is in section 6 of the NOFO.

Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

As appropriate, explain how the data will be used to inform program development and service delivery. Document a plan for tracking user data as related to impact and program outcomes.

Describe any potential obstacles, implementing the program, performance evaluation and your plan to address those obstacles.

Also within evaluation and technical support capacity is dissemination and sustainability. This is on page 12 of the NOFO.

Document a plan to disseminate MCH Navigator training and educational resources to the target audience. Document a plan for dissemination of project results and the extent to which project results may be national in scope and the degree to which project activities are shared with other stakeholders, including Title V, to strengthen the MCH network.

Describe how you will demonstrate compliance with Section 508 requirements.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of

their projects, such as strategies or services and interventions which have been effective in improving practices and those that lead to improved outcomes to the target population.

Organizational information. This corresponds to review criterion number 5, resources capabilities and review criterion number 6, support requested.

This is found on pages 12 to 13 of the NOFO.

Succinctly describe your organization's current mission, structure, and scope of current activities and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.

Include an organizational chart as attachment number 4. Discuss how the organization will follow the approved plan as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

Describe briefly the administrative and organizational structure within which the program will function, including relationships with other departments, institutions, organizations, or agencies relevant to the program.

Continuing with the organizational information. The staffing plan and job descriptions for key faculty and staff must be included in attachment 5. Liabled staffing plan and job descriptions for key personnel.

Staffing plans and personnel requirements. The project director is expected to have demonstrated leadership expertise and experience in the specific project content and methods.

Project staff including the project director should have expertise in MCH content, the MCH leadership competencies and subcompetencies, Title V and related MCH programs, and MCH workforce development as well as adult learning and evidence-based education models utilizing available and emerging technologies.

Here is a table summarizing the funding. Information on the budget can be found on pages 13 to 14 of the NOFO.

Be sure to follow the instructions in HRSA's SF424 in the application guide. All budget narratives must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. It must -- explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes.

We have provided a table listing the attachments.

Here is a crosswalk showing how the narrative guidance matches with the review criteria and the number of points assigned to each section. Please ensure you carefully read the review criteria as these are the criteria that will be used to score your application during the objective review.

Page limits. The total size of all uploaded files included in the will page limit may not exceed 70 pages when printed by HRSA. The page limit includes the abstract, project and budget narrative, attachments including biographical sketches, and letters of commitment and support.

Standard OMB approved forms that are included in the workspace application do not count in the will page limit.

I am pleased to be able to be joined on this webinar with Ron Jones, our grants management specialist.

Our contact information is listed here on the slide.

(Pause.)

>> MICHELLE TISSUE: It looks like we may have had some --

>> MICHELLE TISSUE: Meredith, are you back?

>> MEREDITH MORRISSETTE: Yes, I'm back. My server was offline, sorry.

Here is our contact information and if someone can advance the slide -- oh, thank you.

Whoops. I went too fast. There we go. Our contact information. I also just wanted to note as we said at the start that this webinar is being recorded. And it will be posted on HRSA's website.

And now we can have some time for some Q&A. I also wanted to allow Ron Jones our grants management specialist, he's also on the line here. If he wanted to add anything to the presentation, I wanted to give him the floor to do that.

>> RON JONES: Hello. It's Ron Jones again. And I am the one, I don't know if you would have any questions for me, but I will certainly attempt to answer those if you do have any questions.

(Pause.)

>> MEREDITH MORRISSETTE: Thank you so much, Ron. So our formal presentation with the slides is concluded and we are happy to answer any questions folks may have at this time.

>> OPERATOR: Thank you. To ask a question please press * 1. Ensure that your phone is unmuted and record your name clearly when prompted. To withdraw your request, please press * 2.

(Pause.)

>> OPERATOR: No questions on the phone at this time.

>> MICHELLE TISSUE: And there are no questions in the chat pod either at this time.

>> MEREDITH MORRISSETTE: Meredith, thank you.

I guess we give everybody one or two more minutes just in case they are thinking of a question and they want to be able to formulate it. Then we can close out.

(Pause.)

>> RON JONES: Meredith, I think we have one question coming in. Or two.

>> MEREDITH MORRISSETTE: Yes.

>> MICHELLE TISSUE: Meredith, there are two quits in the chat. The first is about, would we be creating a brand new website or building on what is already there?

>> MEREDITH MORRISSETTE: If the question is coming from the current grantee, they would be building on what they have.

If this is a new grantee, they would be building their own website.

>> MICHELLE TISSUE: Thanks, Meredith. Another question about, do you have any restrictions on using a third party resource as a learning management system?

I don't know if you need more information, Meredith, if so, we can ask them to follow up with you directly.

>> MEREDITH MORRISSETTE: Yeah, we probably need to check with OC and OIT about that question.

>> MICHELLE TISSUE: Okay.

So Beth, if you can follow up with Meredith with your question about third party LMS, I think Meredith can follow you up from there.

One additional question in the chat: Would we be publishing directly to the Internet or using a learning management system to host trainings?

>> MEREDITH MORRISSETTE: In the past the host has been a Navigator, the Navigator is a portal. There are a lot of great MCH trainings that are out there. And the Navigator is where you would go to the portal to reach those. We wouldn't necessarily be hosting all of those trainings ourselves. We would be providing a way for the practicing and emerging MCH workforce to access the trainings.

>> MICHELLE TISSUE: Thanks, Meredith. One additional question about, that I can answer about why is the project up for grant now? Is the current grantee reapplying? All of HRSA's discretionary grants are competitive in nature. We typically compete our grants every five

years, standard for our division and our training programs. We are not able to comment on the landscape of who is applying.

>> MEREDITH MORRISSETTE: Thank you, Michelle.

>> MICHELLE TISSUE: Meredith, there are no additional questions in the chat at this time. I don't know if anything else has come in over the phone.

>> OPERATOR: No questions on the phone at this time.

>> MEREDITH MORRISSETTE: Meredith. Given that there's no additional questions, thank you, everybody, for attending the webinar. Please do feel free, I'm going to put back up the slide that has our contact information. So there's my contact information as well as our grants management specialist information, Mr. Ron Jones. If you have questions, feel free to follow up with us. But I didn't have anything else to add.

I'll leave it to Ron to see if there are any other closing remarks that you had. Probably, operator, we can close-up after that.

>> RON JONES: No, I don't have any additional comments, Meredith. As Meredith mentioned, you're welcome to reach out to either her or myself.

>> MEREDITH MORRISSETTE: Okay, thank you. Thank you, everybody, for joining today. We appreciate your interest in this program.

>> OPERATOR: This does conclude today's conference. You may disconnect at this time.

(The webinar concluded at 1:55 p.m. CDT.)

(CART captioner signing off.)

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