

**MIECHV Needs Assessment SIR Guidance Walk-through Webinar Transcript**  
**January 15, 2019**

Operator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of the call. If you'd like to ask a question during that time please press Star followed by Number 1. Today's conference is being recorded. Any objections you may disconnect at this time. Now I'd like to turn over the meeting to Cindy Phillips. You may begin.

Cindy Phillips: Thank you. Hi everyone. Thank you for taking the time to join us today and for your continued commitment to serving MIECHV children and families. I'm Cindy Phillips, the Acting Director of the Division of Home Visiting and Early Childhood Systems here at the Maternal and Child Health Bureau. I'm here with a number of my colleagues who will be presenting with me today. We have Amanda Innes, Senior Policy Analyst, Rachel Herzfeldt-Kamprath, Social Science Analyst, (Svin Lay), Policy Analyst and Laurie Wolfgang, Project Officer.

Also joining us are our partners from the Center of Excellence in Maternal and Child Health at the University of Illinois at Chicago -- or UIC -- who will present themselves later on in the presentation. We're very excited to be here with you today to walk through the MIECHV program Supplemental Information Request which we'll call SIR for the submission of the statewide needs assessment update referred to again as the SIR guidance.

The statewide needs assessment is a critical and foundational resource for MIECHV awardees. But before passage of the bipartisan budget act of 2018 which was last February there has been a requirement for you to update your needs assessment - there has not been a requirement for you to update your needs assessment since 2010. We see great value in these updates to inform your planning and insure services and at risk communities meet the needs of those communities. At the same time the goal of any update is not to disrupt current service - services and negatively impact the communities that have benefited from the home visiting programs.

The release of a needs assessment SIR guidance is the culmination of years of work from our MCHB team informed by meaningful and thoughtful feedback from you all at every key step in the process so thank you. Thanks so much for sharing your thoughts and questions in listening sessions and town halls. And thank you for providing comments and recommendations in response to the Federal Register notice seeking feedback on these SIR guidance. All of your feedback and questions have guided our team's development of this guidance.

We were pleased to be able to provide you up to 200,000 in supplemental funds in your fiscal year 2018 formula awards to support this needs assessment work. We look forward to working with you over the next 21 months as you learn about and document the risk in communities and needs of families of young children in your state. We are excited to see what you learned during this work. Please let us know how we can help you. Now I will turn it over to the team for the presentation.

Amanda Innes: Hi everyone, thanks Cindy. Greetings I am Amanda Ennis, Senior Policy Analyst and team lead for policy and technical assistance and I'd like to echo Cindy's thanks for your helpful feedback and reflections over the past couple

of years to help us move forward with an approach that we hope will support you in achieving your own needs assessment goals. Before we begin the presentation I'd like to review just a few Webinar logistics. You may listen to the presentation through the teleconference line but phone lines will be muted. Throughout the presentation we will open the phone lines for your questions. We ask that you do not answer questions in the chat box. This Webinar will be shared in the near future via the awardee listserv and posted on our MIECHV Web site in addition to other technical assistance resources we will discuss later in the presentation so stay tuned.

And now that we have the technical aspects of the Webinar covered let's review our agenda. To provide you with context on how we got to this point I'll spent some time sharing some opening thoughts including guiding principles that shaped our thinking, recommendations on how you can make this needs assessment update meaningful for - informative for your state or jurisdiction and some tips for getting started with your needs assessment update. Then we'll cover the purpose of a needs assessment update, the statutory due date and submission requirements.

We will walk you through the SIR guidance by discussing each of the statutory requirements, discuss upcoming technical assistance opportunities, talk through some next steps to consider. And we want you to know that we plan on taking your questions throughout the presentation and finally we're going to provide you with an opportunity for further discussion at the end of the Webinar. So we've heard you say that hearing about the context of program guidance really helps. So we'd like to reflect a bit on how we've gotten here.

Prior to the new statutory requirement to conduct a needs assessment update which was passed this year, we assembled a team to propose options of how

to support you in updating your MIECHV statewide needs assessment. First we outlined some guiding principles that have informed our thinking along the way. First, the approach had to align with any applicable statutory requirements and request statutory intent. Second we recognize the statewide needs assessment as an important resource for ensuring MIECHV services are provided in at risk communities and are responsive to the needs of families within those communities. We know some of you use the needs assessment for multiple purposes and we recognize that they must be tailored to your needs and your stakeholders.

Third, we aim to ensure that any approach we considered would not require disruption to existing services or negatively impact communities that have historically benefited from evidence-based home visiting. It's not the intent of the update to require you to shift resources away from at risk communities you currently serve. Fourth, recognizing that conducting a statewide needs assessment requires a significant investment of time, effort and funding we committed to an approach that would support you with financial resources and provide options that would minimize burden and allow for flexibility. We hope that by providing you county level data and an optional method to use we've given you a viable option to reduce some burden associated with a needs assessment update.

Additionally we aim to build flexibility into our guidance so that a range of assessment methods are available to you and they're optional indicators to assess needs. We know you have many competing demands on limited resources. We hope you can leverage your needs assessment work to support broader assessment of needs across the maternal child health and early childhood landscape. With those guiding principles in mind we turn to you and listen closely to your feedback and comments throughout all the mechanisms that Cindy mentioned earlier. Your recommendations and

comments were so helpful. And so we tried to develop a guidance that can enable you to make the MIECHV needs assessment update more meaningful and informative for your state and jurisdiction.

So some of the ways that you may want to use your need assessment update are to better understand current needs of families and children in at risk communities, target home visiting services to at-risk communities with models that meet community needs, support statewide planning to develop and implement a continuum of home visiting services for families and children prenatally through kindergarten entry, inform public and private stakeholders about the unmet need for home visiting and other services in your state, identify opportunities for collaboration with state and local partners to establish referral networks, expand community resources and strengthen strong early childhood systems and direct technical assistance resources to enhance home visiting service delivery and improve coordination of services in at risk communities.

Before you get started we encourage you to consider a few opportunities that may lie ahead as your state embarks on this work. You may be interested in starting with consideration of what your own states needs assessment goals are. How would you like your state to use your MIECHV statewide needs assessment? We look forward to hearing about what approaches and methods you select to gather and analyze information to meet your needs assessment goals. This can help ensure that your final needs assessment can be used as you intended.

We know that you have many competing demands on limiting - on limited resources. Consider how your needs assessment work can support broader assessment of needs across the early childhood landscape. There are number of new federal investments promoting innovation and enhancement in the

early childhood space. How can a MIECHV needs assessment help you serve as a helpful partner and state agencies embarking on new activities to improve the well-being of families and communities?

We hope that as you seek to coordinate the needs assessment with state partners as statutorily required that these conversations opened up new opportunities for ongoing coordination. We hope that you'll share which you discover with your partner and that what you find will help you tell the story of where and how home visiting can support families and children. Now I'd like to turn the presentation to my colleague Laurie Wolfgang who will discuss the purpose of the update.

Laurie Wolfgang: Thanks Amanda. As you know one of the strengths of the MIECHV program is that awardees are charged with implementing services where they're most needed. Since the original needs assessment was conducted in 2010 awardees have been really successful at ensuring that the most at risk families are targeted by implementing services in those communities. The purpose of updating the statewide needs assessment is for awardees to gather more recent information on community needs and ensure that MIECHV programs are being implemented in the areas of high need.

Originally required in 2010 the formal needs assessment served as a critical and foundational resource for awardees by identifying needs in their communities. We want to emphasize that the requirement for this needs assessment update should not be construed as requiring moving MIECHV funded home visiting services de-funding of programs for the sole purpose of moving services to other communities or otherwise disrupting existing home visiting programs, relationships in the community and services to eligible families. Instructions in the SIR guidance provide flexibility for awardees to identify at risk communities through a variety of methods.

The due date, for those of you who were around in 2010 you were given less than 60 days to complete your original statewide needs assessment and develop a statewide plan. Well the good news is that we are giving you quite a bit longer than 60 days this time. We're given you 20 months, 21 months to be exact. And while a written work plan and timeline for this project is not required we encourage you to develop an internal work plan and timeline and communicate regularly with your project officer on establishing project milestones and discussing any challenges or barriers that you might encounter along the way.

Make sure to build in enough time for routing and approval processes within your organization as well.

Since many of you will be subcontracting all or portions of the updated needs assessment make sure you incorporate deliverable deadlines that take into consideration your own review and approval processes. And finally just as with the original needs assessment any awardee that does not submit an update by the statutory deadline of October 1, 2020 will be considered nonresponsive to the requirements of this SIR which may impact MIECHV and Title V MCH block grant funding in FY 2021 or later.

All right onto the requirements. As we mentioned earlier one of our goals for the SIR guidance was to align the guidance with statute. The MIECHV statute lays out a number of very specific requirements for the needs assessment updates. Stating that awardees must identify communities with concentrations of risk, identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state, discuss the state's capacity for providing substance abuse treatment and counseling services and coordinate with and take into account requirements in the Title V MCH block grant,

Head Start and cap the needs assessment. The SIR outlines specific instructions on how to complete each of these requirements which I'll discuss in more detail in upcoming slides.

There are two main components that you will be required to submit for a complete needs assessment update and that one additional requirement for nonprofit awardees. First is a needs assessment update narrative submission. This is a Word document and you can find an outline on what should be included in your narrative in Appendix A of the SIR. Second is a completed needs assessment data summary for your state.

This is an Excel file and you'll find an outline of instructions for completing the needs assessment data summary in Appendix B of the SIR. Additionally nonprofit awardees submitting the needs assessment on behalf of the state are required to provide documentation that they have been given authority to conduct and submit the needs assessment update on behalf of the state where they provide services.

Okay, before we move on to the next section I wanted to pause right now so that you can have questions about overall purpose, suggestions for getting started on the needs assessment and the statutory and submission requirements. After the line is unmuted the operator will unmute your line and state your name, tell us what state you're from and then you can proceed with your question. As we mentioned earlier please refrain from using the chat box to pose questions and remember that we may not be able to address all of your questions during today's Webinar and unanswered questions may be included in FAQs at a later date. Operator can we open the lines for questions?

Operator: Thank you. We will now begin the question and answer session. If you would like to ask a question please press Star 1 and record your name clearly. One

moment please while we wait for the first question. Our first question comes from (Colleen Wilbur). Your line is open.

(Colleen Wilbur): Are these slides going to be available to us?

Amanda Innes: Thanks for your question. Yes we'll be happy to share the PDF and then we're also recording this Webinar and we'll post the recording on our Web site.  
Thanks.

(Colleen Wilbur): Okay great.

Operator: Our next question comes from (Jessica Stewart). Your line is open.

(Jessica Stewart): Hi. I have a question in regards to in the SIR on Page 15. It talks about Table 7 with the at risk counties. And it lists Number 5 with the data that's going to be provided by HRSA and then it gives optional alternate estimated need of eligible families as Number 6. If we're using an alternate estimate do we just include that or do we also have to include the information provided by HRSA if we're not going to be utilizing that method to determine the need of eligible families?

Laurie Wolfgang: Yes, thank you for your question. So if you are using an alternate method to estimate your state's need you will not need to provide the day - or the data that HRSA's providing to you. And just to note that data that HRSA's providing to you should have come to you in your supplemental data spreadsheet that was entered in by your project officers in the last week or so.

Amanda Innes: Thanks for your question.

Operator: Once again to ask a question please press Star followed by Number 1. We have no further questions at this time.

Laurie Wolfgang: Okay, thanks. Great I'm going to turn over the presentation to Rachel and she's going to walk us through instructions for identifying your at risk counties.

Rachel Herzfeldt-Kamprath: Thanks Laurie. So our goal of identifying at risk counties is to support you in targeting limited resources and prioritizing families in greatest need for home visiting services. Please note for the purposes of this needs assessment update HRSA is operationalizing the term community as county or county equivalent. While your final risk of at risk communities should be reported as a list of at risk counties in Table 7 of your needs assessment data summary you may consider other levels of data in your analysis such as approach or census tracts for example. More information about the flexibility built into our approach will be discussed later in the presentation.

As you can see on the slide the SIR outlines two phases to identifying at risk counties as well as two possible methods you can use to develop your list of at risk counties. In phase one which is required you will develop your list of at risk counties using either the simplified method or an independent method. You may remember from our earlier listening sessions and Webinars the simplified method uses nationally available data to identify at risk communities. The goal of the simplified method is to reduce burden of the needs assessment by providing you with data and flexibility to meet the requirements of the needs assessment update. The results of the simplified method are presented in the needs assessment data summary for your state which you should have received from your project officer earlier this week or last week. If you have not received that please reach out to your project

officer. If you find that the simplified method does not meet your needs you may use an independent method of your choosing.

Once you have developed your list of at risk counties through either the simplified method or an independent method you should consider Phase 2 which is optional. Phase 2 allows you to add additional counties that were not identified in your selected method but that you know are at risk based on other available data. The SIR specifies that you will populate the information including data required for identifying your list of at risk counties into your needs assessment data summary. Our partners at UIC will discuss this in more detail later in the presentation.

Additionally you will describe your selected method and the results of your method in your needs assessment update narrative. The next two slides will delve deeper into these two phases and two methods.

The first option for completing Phase 1 of identifying your at risk counties is to utilize the simplified method and the data provided to you by HRSA in your needs assessment data summary. You recently received an updated version of the needs assessment data summary from your project officer. Upon reviewing that data provided to you by HRSA you may find that the simplified method appropriately identified at risk counties in your state. If this is the case you will list at risk counties in Table 7 of your needs assessment data summary and consider Phase 2 which again enables you to add counties that you know are at risk but may not be identified through county level data. However there are some scenarios where after reviewing the needs assessment data summary you might choose to add additional data to the simplified method. For example after reviewing the data you might notice that the simplified method has captured many of the at risk communities in your state however it might not reflect specific risk factors

that are of significant concern in your state. If that is the case you may add indicators or domains of specific risk factors if they are not already included in the simplified method. Please note that added indicators and domains must align with the statutory definition of risk. Or perhaps upon reviewing the data you may note that the data does not reflect some county geographic areas that you know to be at risk such as certain at risk ZIP Codes or census tracts. So you may choose to add sub county geographic data to the simplified method if you know that data can help identify risk within a county that is not apparent at - in county level data. Even if you add sub county geographic data you must still submit a final list of at risk counties.

If you choose to add data to the simplified method you'll insert the data into your needs assessment data summary and describe in your needs assessment update and narrative why the added indicators or geographic data are important for identifying at risk counties in your state and how the added data aligned with the statutory goals for the program. You can also consider Phase 2. Once your list of at risk counties is finalized you will describe in your needs assessment update narrative how the counties identified reflect the level of risk in your state.

Alternatively you may decide that the simplified method does not best meet your state's needs and instead decide to use an independent method of your choosing for identifying at risk counties. An appropriate independent method must use a rigorous method and new data. Your selected data and statistical methods to analyze the data must also be different from those used in the simplified method.

Examples of alternative rigorous statistical methods that you may want to consider are listed on this slide and in the SIR guidance. Now for those states that have completed a statewide needs assessment since the initial required

needs assessment in 2010 the SIR guidance states that the results of a recent update may be used if the recent update meets the following criteria. First it was completed after October 1, 2016, a rigorous methods such as those allowable and an independent method was utilized to identify at risk counties, the update reflects the measures of risk identified in statute and the update reflects recent data such as data that reflects 2014 or later.

If you plan to use the results of a recent update we recommend that you share this with your project officer in advance of the deadline of the SIR or of the needs assessment update to ensure that it meets the requirements described. If you use an independent method or the results of a recent update you will replace the data in your needs assessment data summary with the data used in your independent method and provide descriptions of the data, sources used, present state level descriptive data, demonstrate your methodology and list you're at risk counties.

You can also consider adding counties through Phase 2 if you choose to use an independent method. In your needs assessment update narrative you will describe in detail the rigorous methodology you use to develop your list of at risk counties and the rationale for selecting the methodology to best meet the needs of your state. You will also describe how the counties identified in your list reflect the level of risk in your state.

Once you have identified your list of at risk counties through either the simplified method or an independent method you should then consider phase 2. Phase 2 which is an optional phase allows you to add additional counties that you know are at risk but for some reason were not identified in Phase 1 of the analysis. These may be counties that do not demonstrate risk based on county level data but include smaller local areas of high or emerging need and may include communities your MIECHV program currently serves. As an

example you may know of localized areas that are particularly affected by certain risk factors such as the opioid crisis or high maternal mortality that are embedded in counties with less overall risk.

To add these counties simply add the county to your list of at risk counties on Table 7 of your needs assessment data summary. You must also describe in your needs assessment update and narrative the local or emerging needs and cite any relevant data that demonstrates why the added counties are at risk and meet the statutory criteria for concentration of risk.

Once you have identified your list of at risk counties the next section of the needs assessment focuses on assessing the quality and capacity of existing home visiting programs or initiatives in your state. The goal of this section is to support you in assessing any gaps in home visiting service delivery and identifying and documenting unmet need among MIECHV eligible families.

To assess the quality capacity of your home visiting program the SIR instructs you to provide key data points for each of at risk counties. The data points required are listed in the SIR. And you will provide data for each of your at risk counties on Table 7 of your needs assessment data summary. In your needs assessment update narrative you should review the data and describe any gaps in your home, in home visiting your state whether home visiting programs are meeting the needs of eligible families and any gaps in staffing community resources or other requirements for operating evidence-based home visiting. Optionally you may consider reflecting on the demographics and characteristics of the families served by home visiting in your state. Home visiting program waiting list in your state or enrollment in alternative early childhood programs however these areas are optional.

Finally you should consider staffing community resources and other requirements for the implementation of evidence-based home visiting services. This may support you in assessing the readiness of at risk communities to provide home visiting services effectively and considering opportunities to support at risk communities in building their capacity. Again before we move on to the next section I'd like to pause for any questions about the instructions on identifying at risk counties and identifying the quality capacity of home visiting services. Operator if you could open up the lines?

Operator: Thank you. And as a reminder to ask a question please press Star followed by Number 1. Our first question comes from (Melissa). Your line is open.

(Melissa): Hi. Yes I have a question. So if we go into Phase 2, you know, add additional counties or sub counties which could be at risk for higher emerging needs then those indicators that we use to identify that higher emerging need does that fall under the independent method?

Amanda Innes: So thanks for your question. So I think there's a little bit and I want to just clearly distinguish between Phase 1 and Phase 2. So what Rachel described was part of Phase 1. If you're using the simplified method you have the opportunity to add additional data indicators or sub county geographic areas to the simplified method analysis. Separately from that you may want to consider Phase 2 which would be in conclusion of a county and your list of at risk counties but may not, it may be a county that doesn't show up through your analytical method whether it's the simplified method or an independent method. And it may be because there are smaller pockets of need that don't emerge at the county level or some new or emerging leads needs that are not clear in county level data. And so you would have the opportunity optionally in that Phase 2 to add that county to the list of at risk counties and to describe

in your narrative the data and information that you have that would designate that county as at risk. All of the data that are considered should be aligned with the statutory indicators of at risk communities. Does that answer your question or what can we share further that would be helpful?

(Melissa): Can you go a little bit more into the independent method?

Amanda Innes: Yes.

((Crosstalk))

Amanda Innes: Yes sure. Let me go back to that slide. Is there anything in particular that we could share? So this is, so the option as we said selecting the method is what would - we'd like you to think about what would work best for your state. If the requirement and expectation that the method that's selected, the independent method is a rigorous method and we've provided some examples of the kinds of analyses and methods that would be appropriate.

Rachel Herzfeldt-Kamprath: And just a reminder too, if you're using an independent method it should be a different methodology than the methodology in the simplified method. And it should be different data that was already included in the simplified method which again is all listed and reflected in your needs assessment data summary that UIC will cover shortly.

(Melissa): Okay thank you.

Amanda Innes: Thanks.

Operator: Our next question comes from (Kate Park). Your line is open.

(Kate Park): Hi. I wanted to ask - I'm from Connecticut. We only have six counties. And we're more likely to do this analysis of the town level or the census tract level. But my question is it sounds like even if we do the analysis on a sub county level we still come up and identify counties. Is that correct?

Rachel Herzfeldt-Kamprath: Yes, that is correct. So the county could include multiple towns or multiple ZIP Codes or census tracts that you identified to be at risk. But we do want the final list of at risk communities to be reported as counties. So even if that's all of the counties in Connecticut that's perfectly fine.

(Kate Park): Okay, that's very helpful. Thank you.

Operator: Our next question comes from Lynne Nilson. Your line is open.

Lynne Nilson: Hello everyone. This is Lynne Nilson. I'm the Title V Director for Utah. The question I have for all of you - I mean and most all of you should know this that the Title V programs across the state right now are doing our needs assessments, you know, our mandatory needs assessments for the block grant. And I'm curious if there is a crosswalk that has been created or developed so that we can have a really nice like crosswalk, you know, so that as I work with my MIECHV director and he works with me and all of our teams that it, they really mesh well together. And I just wonder if that had been created or if anyone has ever done that because I think that would be helpful for all of us, you know, MIECHV directors and Title V directors?

Amanda Innes: We agree. So yes...

Lynne Nilson: Well get busy with that would you?

Amanda Innes: No we are...

Lynne Nilson: No pressure.

Amanda Innes: Yes, no that's, thank you so much for your comment. And we're excited that there's a lot of opportunity for partnership between MIECHV awardees and your, and the state Title V partners. We mentioned and we're going to say more about a guide that's going to be forthcoming in the near future and then we're also working on a crosswalk between the two needs assessment. And we see a lot of opportunity for some really strong coordination and for leveraging of the kind of information that are gathered through each of these needs assessments. So it's coming and stay tuned and thanks.

Lynne Nilson: Fabulous. That's great. And at our technical assistance meeting in DC and in Virginia just in October you - some of your people were there and I was like going finally thank you for showing up at our meeting and participating and so I appreciate that. So thank - we'll look forward to seeing that.

Woman: It was nice to see you.

Amanda Innes: Yes very good to see you.

Operator: Our next question comes from (Benjamin). Your line is open.

(Benjamin): Hello, this is (Benjamin) from Oregon and I just have a couple of technical questions. On Page 5 Number 2 I was wondering if you could describe the different, the nuance difference that you see between B and C, B being the gaps in the home visitation and then C, the extent to which programs or initiatives are meeting the needs of eligible families. So how are needs different than - how are you defining needs differently than a gap?

Amanda Innes: Thanks. So I think that section that we had - and I'm sorry I (unintelligible) what page it is where we describe identifying the quality and capacity of existing programs kind of talks about kind of operationalizes how we see the difference. But we - that session includes both sort of thinking about the kinds of families that are receiving services and then so who is receiving the services and the extent to which families are receiving services in the state and then also the gap is different. So where are the geographic gaps or gaps in at risk communities that are not being served? Does that help?

(Benjamin): Yes, thank you. I if I may have another technical question on Page 14.

Amanda Innes: Great.

(Benjamin): Number 3 the first bullet can you tell me what is meant by the types of individuals and families? Is that they eligibility sort of a young parent low income is that what is meant by type or is it something else?

Amanda Innes: Yes so that language comes directly from statute. And then if you a little bit later on we - I'm trying to - just one moment. So on Page 16 so we include a number of required indicators for this section that we - we're asking for you to report on for each at risk county. And for that you'll see we include the estimated number four is estimated number of families and the number five we, we're searching for an estimate of need of eligible families. And by eligible that reflects the MIECHV statutory definition of eligible families.

On the following page we have a number of optional indicators which invite you to also describe the demographics and characteristics of families served by home visiting programs in your state, the cultural language needs of families and some other items that relate to the families that are served so

there's both a mandatory indicator and also some optional indicators based on data that are available to you.

(Benjamin): Okay thank you.

Amanda Innes: Thanks.

Operator: We have no further questions at this time.

Amanda Innes: Great, thanks. I'll now turn it over to our colleagues from the Center of Excellence in Maternal and Child Health at the University of Illinois at Chicago who are going to walk through the needs assessment data summary and the supplemental data spreadsheet that you received from your project officer in more detail. (Carrie Ann)? (Carrie Ann) I think you might be on mute.

(Carrie Ann Rusudi): Can you hear me?

Amanda Innes: Now we can hear you. Thanks.

(Carrie Ann Rusudi): Can you hear me now still?

Amanda Innes: We can.

(Carrie Ann Rusudi): Okay. Thank you. My name is (Carrie Ann Rusudi) and I've been - had the privilege to participate on a couple of Webinars with you all in the past so hopefully you will remember me. I want to walk you through the two data files that you received along with the final SIR. Just to orient you I'm not going into detail on anything today. If you have specific questions about your

states you can save them for the end of this or, you know, we can talk. They can also be shared with me after this Webinar.

So you're just going to see a bunch of screenshots. I'm on the table of contents. This is exactly the same format that you received when you got a needs assessment data summary with the draft SIR. It hasn't changed at all. We have added one additional tab. Actually, it has changed so we added one additional tab. And the list of the tables are included here on the table of contents. And I'm going to go through one by one briefly.

The first tab is a overview of the simplified method that Rachel has introduced. This gives you the very specific step by step pieces of our algorithm for how we came up with the list the initial list of at risk communities. And briefly it's based on indices of risk in five domains, low socioeconomic status, adverse perinatal outcomes, child maltreatment, crime and substance use disorder. These are all based on nationally available county level data.

These indicators within each domain align with the characteristics described in statute to identify committees of concentration of risk with the exception we do not have indicators or domain for domestic violence which was also included in statute. And briefly the simplified method identifies the county as at risk if at least half of the indicators within at least two domains have Z scores greater than or equal to one standard deviation higher than the mean of all counties in the state. So this is spelled out in even more detail on this first tab the simplified method overview.

The second table is description of indicators. So this is the first chance you get to see what all of our indicators are, how they're grouped into the different domains, how we're defining them and what those short label is that you'll see

in the following tables. That's in Column B. We also provide the year of data. So you'll see that we've updated the data from your previous data summary as best we could. We provide the sources of data, the source link so you can actually get back to that data if you'd like, any notes that we might have and what we know of in terms of the next updates for the data.

Table 3 is all of the descriptive statistics for the indicators. As I said the method is based on identifying which indicators are greater than or equal to one standard deviation of above the mean of all counties. So here is where you'll find for each indicator what was the mean of the counties or the average rate in all the counties, what's the standard deviation we used for calculation and some additional descriptive statistics like the median, the range and the interquartile range. We also provide the state estimate in the last column.

Table 4 is all of your raw indicators. So from all of the data sources that we got data from this is the raw data all compiled together nice and cleaned up. We left areas where there's missing data missing so that you can see what counties are missing data.

We tried to minimize missing data by selecting indicators that most counties had data for but that's not possible for all indicators. And then Table 5 is our standardized indicator where we have taken the raw indicator and found a Z score by subtracting the mean and dividing by the standard deviation. That's what this means. And you can see that we've highlighted all the indicators that are greater than or equal to one standard deviation above the mean in Table 5.

In Table 6 this is the sort of the compilation of the simplified method. You'll see a column for each of the domains and the - under those you'll see the proportion of indicators within that domain that were greater than or equal to one standard deviation. And so we were looking for domains where half or

more of the indicators had - were greater than or equal to one standard deviation above the mean so we've highlighted those in pink. And then to get a final understanding of whether or not that we consider the county to be at risk we summed the domains that we consider to be at risk, the pink domains. And if there are two or more domains that are at risk for a county we consider the county to be at risk.

So all we have in the final column is the number of at risk domains. So you can see in this example County 1 only had one domain that was at risk so we by definition that's not included in the list of at risk counties. But as opposed to that County 7 and Counties 8 both had three and four respectively domains that were at risk. And those of the counties that we consider to be at risk. So this is all the same as what we included in the previous data needs summary.

Table 7 that a lot of people have been asking about today is where you will list your final list of at risk counties as well as the information outlined in the SIR and as Rachel and Amanda talked about regarding home visiting capacity in those counties. And then lastly the addition to your data needs, data - I'm sorry I'm getting the title of document mixed up but in addition to this Excel spreadsheet is we added example formulas. And these example formulas are supposed to help you with those modifications to the simplified method that Rachel outlined and that are mentioned in the SIR in more detail.

So if you did want to add new indicators if you did want to add sub county geographic areas these formulas will help you in that process. You can add the raw data to Table 4 and then you can reformulate Tables 5, 6 using these formulas. And we provided sort of the sample formula in the third row and then a description of what that formula is supposed to do and some instruction on how to use it. So we can provide more TA around this later on in the process but I just wanted to make you aware that that's what this is.

So that's the summary table. The second file that you received is called the supplemental data file. And I will briefly go through that. It's a little confusing and we tried to make this as clear as possible what's included in here. In purple we wanted to provide you this states an estimate for families in need of home visiting services that you could use to fill in Table 7. And we provide that data here in supplemental data file. So the first two tables in this file are in regard to coming up with our estimate for the number of families in need in each county.

So table 1 is methods and then the Table 2 are actual county estimates. And then the tables that are in green are supplemental data for the substance use domain. And I'll go into more detail in a moment about why that's there and we're going to talk about that. So the Methods tab related to how we came up with our estimate for the number of families likely to be eligible for MIECHV services is detailed here. And I won't spend too much time going over it. We used the criteria for eligible families based on statute as Rachel said. And we utilized American Community Survey public use micro data in order to be able to identify people in your - the counties of your state that might be eligible for MIECHV services.

So some of the criteria that we used were families that lived have income less than 100% of the poverty line, that have a child under the age of 1 and no other and families with children less than 5 and some other criteria that you can read further.

And that we wanted to provide you some information that might, is not helpful for most people but if you have an epidemiologist on your staff or other data analysts who want to have a better understanding of how we came

up with our estimate using public use micro data we have that information there for you on this tab.

So the second tab is much simpler to explain. It's again just a list of counties. And then in Column B is our estimate for the number of families in need of home visiting services in that county. So there's nothing else to go over for that. So you can use this data to fill in Table 7 or as Rachel explained you can come up with an alternate estimate.

So the second half of the supplemental data file is additional indicators to sort of capture the substance use disorder domain. What happened and what's explained in Tab 3 and the instructions is exactly why this new data is here and not in the other file. What happened is that we selected for the simplified method to use indicators from the National Survey of Drug Use and Health that is administered by SAMHSA. And up to the 2014, 2016 data set we had available the indicators were around binge drinking, and marijuana use, and illicit drug use outside of marijuana. And the last one was use of pain relief - pain reliever medication for nonprescription purposes.

So we had identified those as our substance use disorder indicators. And when we came to do the update with the 2014 2015 data the survey had changed and there were no longer collecting some of the, most of the indicators that we had used before. So for instance binge alcohol use is no longer being collected in the Updated National Survey of Drug Use and Health.

So we tried to come up with the best alternative in the updated data that we can provide to you here. And we kept it separate because we didn't know - we didn't want it to seem like we were completely changing the indicator. We wanted to have - give states some flexibility on whether or not they wanted to use these new indicators.

So we provided alternates based on the updated survey for binge alcohol use is now alcohol use disorder. The alternative for illicit drug use is now cocaine use in the past year. And the alternative for nonmedical use of pain relievers is heroin use in the past year. So also included on this tab at the bottom are just a few suggestions that we came up with for how you might want to use this additional data if at all and we just wanted to give you some suggestions right there.

So moving forward in this file it begins to look exactly like the other data summary file. And we wanted to match so that you could easily copy and paste into the other if you wanted to use it. So Tab 4 is descriptive statistics for these new indicators. Tab 5 is the raw indicators, Tab 6 is the standardized indicators and Tab 7 is the final table with the number of at risk domains.

I want to go back and just point out something to you that in your actual data summary file even though we kept the alcohol and the illicit drug use in the nonmedical use of pain reliever indicators the same and that in your main data set we did include the updated marijuana indicator because it is the same indicator as is used in the new National Survey of Drug Use and Health. So you'll see marijuana 2016 in both files verses you'll only see the old alcohol illicit drug use and pain relief indicators in the - in your main file and you'll see the new alcohol use disorder, cocaine use and heroin use in this file. So that's a little bit confusing but I just wanted to clarify. So those are all, the two files and all the tabs in the files and I want to open it up to any questions you guys might have right now so if the operator could open the line again.

Operator: Thank you. As a reminder if you'd like to ask a question please press Star followed by Number 1. We have the first question. Our first question comes from (Mallory). Your line is open.

(Mallory): Yes who would have received those data files that have already been sent out?

Amanda Innes: You should have received them either late last week or early this week and if you have not received them please reach out to your project officer and we will figure out where they are.

(Mallory): Okay, thank you.

Amanda Innes: And just to follow-up they...

Operator: Our next...

Amanda Innes: ...the CFLs would have been sent to state leads in your state, sorry.

Operator: Our next question comes from (Balla). Your line is open.

(Balla): Hi. This is (Balla) from (Eloy) MIECHV. We're just wondering like is there any limit on the number of new indicators or new domains that we can add to the simplified method? That's one question. And the second question is if you have sub county level data only for certain indicators are there any guidelines as how to rank the counties using some indicators with sub county level data and some indicators with fully county level data?

Amanda Innes: So to answer your first question there are no limits on the number of indicators that you can add to the simplified method. The only requirement is that the added indicators or added domains of risk align with the statutory definition of risk. And to answer your second question if you have sub county geographic data for only some indicators it's fine to just add that for those

indicators. You do not need to have consistent sub county geographic information for all of the indicators.

And again like (Carrie Ann) mentioned we'll be providing further (TN) and support and are happy to provide individualized (TN) support on supporting you in using additional data to include a (unintelligible) site method.

(Balla): Okay thank you.

Amanda Innes: Thanks.

Operator: Our next question comes from (Jessica Devling). Your line is open.

(Jessica Devling): Yes hi, thanks. This is kind of an overarching question. I just want to make sure it's clear when we're thinking about risk it's in the context of within state correct? So the standardization of the mean is from with all the counties within your state? And when we're thinking about who is most at risk it's within each state correct because I mean I'm from Louisiana so there's a lot of our parishes would be considered high risk maybe compared to counties in other states so I just wanted some clarification on that front. Does that make sense?

(Carrie Ann Rusudi): Yes, that makes sense, sorry. So you are correct in your understanding of the data that is provided in the simplified method. It is comparing within the states. And like you mentioned it's comparing to the mean of all the counties and the state.

(Jessica Devling): And that's, should we be thinking of risk as within state?

(Carrie Ann Rusudi): Yes.

(Jessica Devling): Okay. So even if we do our own method that's the framework we should be thinking about?

(Carrie Ann Rusudi): Yes.

(Jessica Devling): Okay thank you.

(Carrie Ann Rusudi): Thanks.

Operator: And at this time we have no further questions.

Woman: Great, thanks. Well turn it now over to (Svin Lay) with HRSA.

(Svin Lay): All right, thanks Rachel. So as many of you are aware statute requires your needs assessment update include a discussion of your state's capacity for providing Substance Use Disorder or SUD counseling and treatment services to individuals and families in need of those services. This was also a requirement of the original needs assessment in 2010. The SIR instructs you to discuss the range of SUD treatment counseling services, describe gaps in current treatment and counseling services, describe barriers to receipt of these services and describe any opportunities for collaboration with state and local partners. The information that you provide for this section should focus on services for pregnant women and families with young children who may be eligible for MIECHV home visiting services.

And to better understand your state's capacity for providing SUD treatment and counseling services connect with leaders at the single state agency or FSA overseeing the Substance Abuse Prevention and Treatment Block Grant or

SABG in your state. This FABG program provides a range of activities including SUD prevention, treatment and recovery services amongst others.

And the final requirement for the needs assessment update I want to highlight today is coordination with the needs assessment required by Title V, Head Start, CAPCA and other appropriate needs assessments conducted in your state. The SIR instructs you to describe this coordination in your narrative. For the purposes of the MIECHV needs assessment update coordination may involve sharing of data and collaborating data collection efforts between agencies, engaging with state coders and state agencies to develop a work plan for conducting the needs assessment and considering findings and identifying opportunities for strengthening ongoing communication procedures amongst other processes with your state agency partners.

Remember that the end goals of the statewide coordination are to leverage available data sources to better understand need and risk in your state, (unintelligible) coordination with other early childhood system partners and ensure home visiting is well coordinated with your state's early childhood system. We're working with federal partners to inform state agencies to oversee other needs assessments about the requirement for you to coordinate with these assessments. Please connect with your project officers if you face difficulties in coordinating with these state and local partners so we can explore ways to support your efforts. So that we are - in the interest of time we'll move on to the requirements for nonprofit awardees. And I'll turn it over to Laurie.

Laurie Wolfgang: Thanks (Svin). As we mentioned earlier states where nonprofit organizations have received the awards to provide MIECHV services they must indicate whether they will submit the needs assessment directly or through the nonprofit organization awardee. Any states that submit their needs assessment

update through the nonprofit organization awardee will be required to provide documentation in the form of a signed letter indicating that they have given authority to that nonprofit organization to conduct the update and submit (unintelligible). Documentation should be in the form of a letter which may come from the states Title V MCH block grant agency, another health education and human services state agency or the governor's office.

Okay submission and review process, as we discussed at the beginning of the presentation a complete needs assessment update submission must include the requirements outlined on this slide -- a needs assessment update narrative, a complete needs assessment data summary and documentation for nonprofit awardees submitting on behalf of states. Your needs assessment update must be submitted through HRSA's Electronic Hand Book by October 1, 2020. You'll receive instructions regarding submission of the needs assessment update through the EHBs approximately six months prior to that due date.

Once we receive your submission HRSA staff will review the needs assessment update for completeness and compliance to the requirements outlined in the final SIR and your project officer may reach out to you if additional information or clarification is needed. You may be wondering what happens after you complete your needs assessment update. Through the FY 2021 MIECHV Notice of Funding Opportunity we will provide instruction for you on describing how the results of this needs assessment update will inform your program implementation.

This update is an opportunity to identify at-risk communities and consider where services - current services are available. Beginning in FY 2021 and in subsequent years pending the availability of future funding as you have done annually in recent formula applications you will propose which at risk counties to serve in your funding application. I'll turn it back over (Svin) now

to provide you with information on upcoming technical assistance opportunities and some next steps for consideration.

(Svin Lay): Great. Thanks again Laurie. Throughout the course of your work on the needs assessment update HRSA will engage you in a variety of technical assistant opportunities. First I'm excited to announce that HRSA will release a technical assistance resource called The Guide to Conducting the Needs Assessment - sorry The Guide to Conducting the MIECHV Statewide Needs Assessment Update here on referred to as The Guide before the All Grantee Meeting or AGM which will take place next month.

We anticipate this will be useful for all awardees including territories and serve as a comprehensive resource to help you plan and execute your statewide needs assessment update.

And on the first day of the AGM HRSA, UIC and HV Impact will host a TA session to walk you through the guide and highlight strategies and activities that may be helpful in your needs assessment update. The session is scheduled on Tuesday, February 26 from 1:30 pm to 3:00 pm. Additional needs assessment office hours will also be available during the AGM. We are also planning on releasing additional TA products including Webinars, peer sharing opportunities and a forthcoming FAQ resource. And further to provide you with individualized support please be aware that you're welcome to request targeted technical assistance from your assigned TA providers at any time. Please connect with your project officer to submit this request.

So before we go on to further questions and discussion I want to remind everyone of resources available to you now that can support you in completing your needs assessment update. First we encourage you to take time in the next month to read the SIR in its entirety and set aside time with

your stakeholders to discuss the as you are instructions. As always your project officer is your first resource in fielding any questions you might have regarding the SIR guidance. We encourage you to raise questions any time and to share updates on your progress and challenges during ongoing monitoring calls with your project officers.

We acknowledge that your plans for completing this update may have changed since submission of your FY 18 NOFO application. As a result some of you may need to explore the option to re-budget your FY 18 funds to accommodate these changes. Again please reach out to your project officer and grants management specialist to discuss how to commit a prior approval request to re-budget your FY 18 fund.

Now we'd like to open up the presentation traditional questions and discussions. As a reminder after the operator unmutes your line please state your name, what state you're from and proceed with your question. Any questions that we cannot answer today may be included in a forthcoming FAQs document. Operator please proceed with our questions.

Operator: Thank you. As a reminder if you would like to ask a question please press Star followed by Number 1. I show no questions at this time.

Cindy Phillips: Thanks. We'll stay on the line a little bit longer if folks think of other questions as they're thinking about the presentation.

Operator: Hold on please for the first question. Your name was not recorded. Your line is open so please state your name and your state. Check your mute button and state your name and your state. Your line is open.

(Janice Friese): Oh hi. This is (Janice Friese). I've epidemiologist for Montana MIECHV.

Amanda Innes: Yes?

(Janice Friese): Okay can I go ahead and ask my question?

Amanda Innes: Please.

(Janice Friese): Okay great. Thank you so much. I was wondering for the data summary in the descriptive statistics which I believe is Tab Number 3 or Table 3 would there be any way that we could get the national estimate added as well?

Amanda Innes: So we won't be reviving that table. But we could consider providing some additional information with national estimates. My sense is that those data would be available by clicking on the links that are available in the data summary table itself if that helps you get that in a more timely way.

(Janice Friese): Okay great because I think the national estimate might also add or could potentially add to the narrative piece. So I think that would be really interesting data to have.

Amanda Innes: Yes, thanks for asking.

(Janice Friese): Thank you.

Operator: And as a reminder to ask a question please press Star followed by Number 1. I show no further questions at this time.

Amanda Innes: Okay well we really appreciate your time today. We appreciate all of the feedback that you gave us on the development of this guidance. We anticipate that you will be diving in and that you'll be sharing this with your partners.

We hope that you'll stay connected with us about the progress that you achieve and also any challenges that you face. We're connecting with a number of federal partners to support exchange of data and information in a way that might be helpful to you and also helpful to some of your state partners. And thanks to (Svin) for mentioning some of our upcoming TA opportunities.

So stay tuned for a guide resource document that we're working on with our partners at HV Impact and the University of Illinois at Chicago and we hope you'll come visit us at the TA session at the All Grantee Meeting and during the policy office hours focused on the need assessment where we can dive deep on and answer your own state specific questions.

So thanks so much for your time and we look forward to engaging with you on this. Good luck.

Operator: Thank you for your participation in today's conference. Please disconnect at this time.

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