

**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

Webinar

“Responding to the Changing Needs of Grantees – What’s New for TA in 2015”

January 29, 2015

3:00 pm ET

**Presentations by:**

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Operator: Good day and welcome to the ZERO TO THREE Responding to the Changing Needs of Grantees - What's New for TA in 2015 conference call. As a reminder, today's conference is being recorded. At this time I would like to turn the conference over to Kathy Reschke. Please go ahead.

Kathy Reschke: Thank you so much Robert and Happy New Year everyone, a little belated. My name is Kathy Reschke as Robert said. I'm the e-Learning Coordinator for the MIECHV Technical Assistance Coordinating Center or the TACC. I'll be your facilitator today. And just wanted to remind you that you should have received an email yesterday that had a link to download your pre-Webinar registrant packet and in there you'll find the PDF of these PowerPoint slides.

So if you haven't done so and want to, go ahead and download that so you can take notes today. On behalf of the TACC I want to welcome you. As you could see by our agenda today, members of our very own TACC team are taking the virtual stage. They're going to be sharing with you what our technical assistance to MIECHV grantees will look like in the coming year and why it's going to look a little bit different than in previous years.

Just a quick reminder that if at any time you have a question or a comment about the presentation we really would love to hear it. So, to submit a question or comment you can use the control panel down on the lower right of your screen. There's a panel at the bottom with an open text field and just type in your question there. Those are going to come to me and I'll moderate that.

And then we'll have time at the end for Q&A and I'll keep track of those questions and ask them to our presenters at the end. So to set the stage for today's presentation, we are delighted to welcome Cindy Phillips. Cindy is the Deputy Director of the Division of Home Visiting and Early Childhood Systems at the Maternal and Child Health Bureau at HRSA. Welcome Cindy and thanks so much for being with us today.

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Cindy Phillips: Absolutely. Thank you for the introduction. I'm glad to speak with you all today to talk about the changing technical assistance program that TACC has upcoming in the next year. There are some exciting things that will be happening and you'll hear from the TA Specialists as well as Val about those changes. But I just want to talk a little bit from HRSA's perspective about the changing technical assistance.

As you all know, the MIECHV program has been changing over the years as grantees are moving from infrastructure development to implementation to sustainability and outcomes. This is a development process for MIECHV implementation and in fact it's a process for all types of programs going from infrastructure to implementation and beyond. Grantees are in a very different place than they were - than you all were in 2011.

TA needs have changed and there's a need to grow and develop with the program. So HRSA has been working with TACC and some of our other TA contractors which I'll talk about near the end and we see the importance of adapting TA to be more responsive to grantee needs so you're all familiar with the TACC Needs Assessment which I do believe is coming out -- if it hasn't come out already.

But also HRSA does our own internal, very informal needs assessments of what types of TA grantees need. In fact, we just recently developed an internal TA plan for grantees where we asked our Project Officers about some of the most important issues and problem challenges that are brought up to them by their grantees. Some of the issues, I think, are different than they were originally in the program -- the first few years of the program.

Some of the issues that came up were TA for performance improvement, things like program and fiscal management, data management **support** and all of our favorite DGIS **support**, continuous quality improvement, community engagements, targeted benchmark improvements. So really looking to how we can make our programs as effective as possible.

And then performance improvement on key benchmark areas. As you know this is a key part of the MIECHV program. Things like assistance on maternal depression screening, domestic violence screening and referrals, and developmental surveillance screening and referral were some of the things that were mentioned. Recruitment and retention of both staff and families, as well as just retaining the staff and the families throughout the life of the program.

So in terms of families, creative and proven models for outreach and connecting and recruiting families, models and processes to work with family retention, options for exploring family engagements. Then in terms of retaining staff: finding qualified staff in rural locations, staff with early childhood backgrounds, staff with leadership development, and training home visiting staff on the models. These are all sorts of things that have been mentioned by the Project Officers.

A couple of other things that were high on the list for TA training: we're integrating and coordinating home visiting and early childhood systems, the need for TA for local implementing

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agencies and grantees, and then supporting model developer TA to grantees. Some of these, as you know, TACC and HRSA and some of the other contractors have already been addressing. But I think there's going to be an increased focus on some of these areas and we'll hear more about that.

But I do want to -- before I turn it over to Val -- I do want to talk about a couple other TA venues that HRSA has or will be implementing shortly. You all know about the TACC technical systems and we'll hear more about that. But we also have been working with DOHVE on the DGIS system and performance measures and we're going to continue to do that until the next year and you certainly all have heard about the DGIS redesign, which at some point we would like to talk in more depth once we have more information from the various listening sessions.

We're working with JBA Associates on the December 31, 2015 Report to Congress. We have just in the last week implemented a Technical Assistance IDIQ and the focus of this IDIQ will be on site visits and data analysis. And for all of you who may or may not be familiar with our new site visits that we're going to be doing with grantees over the next year, is that we will be implementing comprehensive site visits so that every grantee will receive a site visit once every three years.

And then we'll also have intensive site visits for more emergency type of very timely site visits that are needed, and we will be utilizing fiscal and subject matter consultants through this TA IDIQ for those types of sites visits. Then the data analysis is just to support the growing data collection and analysis needs of the program to tell the story of home visiting.

We are hoping to implement a Logistics IDIQ to provide support for regional meetings throughout the year which many of you are involved in. Also, as you know, Project Officers continue to provide programmatic support and grants monitoring and really are the subject matter experts in the program. Then we have our Home Visiting CoIIN which is another activity, I think, in the next couple months we'd love to provide an update on.

Then something for the future is that we are interested in implementing an Evaluation IDIQ to look at the redesign of the ECCS, the Early Childhood Comprehensive Systems Program, and how that aligns with the home visiting program. So there's some exciting things happening. There are some changes and I'm going to turn it over to Val so she can start us off with some of the proposed TA venues that we will see in the future.

Valeri Lane: Thank you, Cindy. We are very happy that you stepped out of what has to be an incredibly busy schedule to introduce herself to grantees, say "Hello" to the MIECHV grantee audience and to open this webinar with both a welcome from HRSA and a really helpful overview of themes and important topics that grantees may be looking forward to this year as well as that structure of technical assistance supports that will be available across the grantees that are implementing MIECHV.

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That's exciting to have such a robust response to these needs that will be available to everyone. So, as is obvious from the title and focus of this webinar, there are some changes ahead that Cindy mentioned for TACC technical assistance in the coming year. The majority of the time on this webinar will be spent on sharing those changes with you. Before we begin that however, we want to offer a very brief frame that describes the scope of technical assistance available through the TACC.

This part of our work will not change in this coming year. Through our contract with HRSA, the TACC is tasked with delivering TA in a variety of modes. First we have universal TA such as this webinar. It's always designed to address areas of broad interest that will meet the needs of many or all grantees. In addition to these monthly webinars, other universal TA efforts include the TACC e-Newsletter, Issue Briefs such as the one on Centralized Intake that came out in December, and the facilitation of the online collaboration portal.

Our second mode of TA that has been and will continue to be available is TA facilitated through peer exchanges. These Forums for Learning take multiple forms through the TACC from communities of practice or topical cohorts to exchanges among grantees in the online portal to regional meetings that offer the opportunity for grantee teams to learn together and from each other in person. As with universal TA, these peer exchanges are designed for participation among multiple grantees.

The third mode of TA that we will continue to deliver is targeted TA. Targeted TA is designed to be uniquely focused on the individual needs of one grantee. Targeted TA is always delivered virtually and can be focused on any area of interest or need identified by the grantee. If the expertise you need doesn't lie within the TACC, we do have a consultant pool to draw from so that we can best meet your needs. As Cindy mentioned, it's important to note that the TA planning activities that are currently in process in your conversations among Project Officers, your grantee teams and the TACC, they are focused on looking intently at this mode of delivery - targeted TA.

Intensive TA, our fourth mode, is also designed to be uniquely focused on the individual needs of one grantee but is delivered in person on site with the grantee. The number of these onsite intensive TA opportunities for the TACC is limited to up to ten per year. As you know, since there are definitely more than ten grantees, it's very exciting to know that the Technical Assistance IDIQ focused on intensive TA will now be available. So that opportunity will be available to more grantees.

As mentioned earlier, the calls that are being held in which your TA interest and priorities are being discussed among your Project Officer, grantee teams and the TACC TA Specialist, these are bringing in new depth to our understanding of the TA needs of MIECHV grantees. This effort, along with the Technical Assistance Needs Assessment Survey that was sent out earlier this week, will be used to inform all levels or modes of technical assistance for the coming year. So please consider this as a shameless plug to respond to the email that was sent to MIECHV state leads with a link to the TA Needs Assessment Survey this week. You are welcome, and it didn't

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say this in the email that you received, but you are welcome as grantees to have multiple inputs from your state or territory MIECHV team.

Believe it or not, we are eagerly waiting to hear from you. We really do want to know what you're identifying as your needs because we want our work to be responsive to your needs and interests. So these modes of TA delivery have been a part of the TACC's work since the beginning of the Technical Assistance Center, that's not changing. What is changing is what shows on this slide.

We are implementing a shift in topical focus of the TA delivered through the TACC, and we are also shifting from technical assistance that was designed with the MIECHV state and territory grantee teams as the focus audience to one that acknowledges the need for grantees to also, and in turn, support outcomes at the LIA or implementing agency level. So as this slide indicates, we will be shifting from supporting grantee efforts to build infrastructure to supporting grantee efforts to, in turn, support improvements and outcomes at the child and family level.

So that was then, and this is now, and the big question is always, "Why?" Well, the simple answer to this question is anchored in a developmental framework. Just as a child's need for support changes as the child moves through infancy, toddlerhood and so forward, so too those of the complicated and far reaching initiatives such as MIECHV. And while MIECHV remains a complex and complicated initiative, it is fair to say that the program is in a very different place than it was, say, three years ago.

So it came as no surprise when your feedback on technical assistance that's collected through the TACC partner, Walter R. McDonald and Associates (you may see it as WRMA In your email addresses), the TACC annual assessment said, "We're ready to move ahead." So as many of you can attest, implementing MIECHV to the full extent of the legislation has been a complicated process. In the initial stages of funding the efforts of grantees and thus, related TA needs largely centered on various aspects of starting up MIECHV and moving toward implementation.

Thus, early TA to grantees supported efforts at developing system infrastructure and the ramp up to full implementation. Some grantees had a context of existing state home visiting systems, some did not. Thus, TA needs were varied, but largely focused on system development and infrastructure – integrating MIECHV within existing state systems and moving from the development of required plans - the CQI plans, benchmark plans and so on to the actual implementation of those plans. An evidence-based program needs a solid foundation in order to meet its intended purpose, and these amazing efforts have clearly strengthened the foundation in MIECHV.

So, this is now. After all that work ramping up and establishing systems and enrolling children and families, we are now at the critical juncture of having data that informs us and I might add, others, how MIECHV is doing in terms of improving outcomes at the child and family level in the six benchmark areas. This is a primary purpose of the program.

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Thus, with the long journey of implementation behind us, maybe not too far behind us but in that process, much attention is turning to this intended purpose - improvements in the benchmark areas. And if you note, the word "improvements" does not imply stasis. Flat lining is not an option at this point. The goal is that upward trajectory that is ahead. This is the impetus and rationale for shifting the focus of TACC TA. We all want better outcomes for children and families and the TACC wants to support grantees in that effort.

So to recap, this is another way to look at the then and the now. As discussed previously, the topical focus showed in that first row shifts from infrastructure development to a real focus on benchmark improvements. It's also important to note what's in the footnote that shift is not an absolute. As mentioned earlier, states and territories began their implementation in MIECHV in widely varying context. So TA will continue to be based on the developmental needs of grantees.

Those that are still tidying up some loose ends on infrastructure can have those needs attended to through TA from the TACC. Those with a longer history of state home visiting systems may not consider that they have "TA needs", per se, but may have a vision of going from good to great or going from excellent to rock star. We hope you will reflect on this and share your vision in your responses to both prongs of the TA Needs Assessment: the survey and the conversations with your Project Officer and TA Specialist.

The target audience for TACC TA remains the same. Our work is intended to support MIECHV state and territory grantee teams, and I apologize that the word territory did not fit in that small box, but we do know that you're there and we'll continue to work with you also. A key difference in this final shift is that the target of the resulting improvements in the "that was then" era of infrastructure development, etc. The goal was improvements within the state systems.

And the, "this is now" frame of benchmark improvements, the focus of resulting improvements is at the LIA level. We are hoping to work with you to build your capacity to support improvements where families are being served. Now, Petra Smith, a TA Specialist for Regions VII, VIII and X is going to go into more detail in how this will work. As mentioned earlier, our approach to the TA Needs Assessment is also shifting this year to incorporate individual conversations among each grantee, their Project Officer and the TACC TA Specialist.

These conversations are designed to help each grantee eliminate data driven goals for improvement this year and to prioritize those interests. This information will be used in two ways. One - and this is what Petra will lead you through next - to inform individualized TA plans for each grantee. And second, to inform universal TA efforts by aggregating topics of interest across grantees. Petra, this is your hand off.

Petra Smith: Thank you Val. I'm excited to be able to provide you today with an overview of how the TACC will be using TA and to help improve benchmark outcomes. So today I will briefly outline how we're adjusting our approach to meeting TA needs through developing a plan. And then I will provide you with two examples of what a completed process might look like.

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And as you can see on this slide, the TACC will approach plan development in three steps. The steps follow a traditional approach to the plan development. So, the first is an analysis and discovery phase. And then the second step in the process focuses on the development of the goals. And the third step in the process then focuses on the parallel process of implementation.

First is the assistance that the TACC provides to you as the grantee. And then second, the assistance and support you provide to your implementing agencies to improve those outcomes. (Excuse me) As Val stated earlier, you are currently meeting or will be meeting with your TA Specialist, to engage in this first step of this process -- the analysis and discovery.

And Val also mentioned that the information that we obtained through the analysis and discovery will help inform TA holistically. It helps not only shape individual TA but it also informs other TA, for example, webinars, the newsletter or our communities of practice. So once you have this step completed, you have the option to move to the next step and set specific goals and work on action steps and implement a TA plan.

Kathy Reschke: Petra, I wondered - are there some steps that you could describe under each of these analysis and discovery, goal setting, parallel implementation -- what's entailed in those?

Petra Smith: Great question, Kathy. So let's look at these three steps in a little bit more detail. The first one is the analysis and the discovery. This helps identify the opportunities for improvement or strengthening. So during analysis we collaboratively review your strength. We also discussed a number of data sources and with that examine some context. So you as the grantee may also want to include applicable team members in this discussion.

So some examples might be that depending on the situation or the context, you may want to include community stakeholders or draw from your data or maybe professional development team members. So include those in the discussion. And then some examples of data in this process that we can look at are our benchmark data. We could look at some of the demographic data, perhaps also dosage or other types of data that are relevant.

And then the discussion will also include contextual or perhaps situational information. So, for example, there might be some unique community relationships on a local level that perhaps present barriers to building a referral and enrollment system. Then, once opportunity is identified, we will ask you to prioritize and then decide which of these you would like to focus on first. So really kind of thinking about what makes the most sense here to focus on. This might be the most impactful in moving the needle on the benchmark outcomes. Or, it might also mean that maybe you have some infrastructure in place that will help assist in achieving an outcome faster.

So moving forward, the next step is goal setting. In this step, this step may take some time and may take a number of meetings depending on the number of priorities that you have identified but it also may, you know, just depend on the complexity of the situation and it may depend on how many stakeholders will be involved in the goal development process. So being patient with

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their process and knowing and understanding that it may take some time to develop those goals.

The plan, as stated before, includes traditional components including setting the smart goals and specific actions to achieve those goals. Then through discussion, you may also explore underlying circumstances that may influence the situation. So what are some barriers or causes that might prevent you from moving forward or that might provide additional context. So for example, you want to address breastfeeding rates.

And then as you engage in that discussion you find that the rates significantly drops after mothers return to work. You further then maybe discuss context with your team and you note that a high percentage of woman work at two of the major employment sites. You know from community meetings that these employment sites have maybe traditionally not supported strategies that would enable a mother to continue breastfeeding. So discovering these underlying factors like this will help with formulating specific action steps to achieve those goals.

And, as previously here as well, we would like to encourage you to make this a collaborative process and include a number of stakeholders that may play a role in the plan. So, for example, you might want to draw in Project Officers or perhaps DOHVE, maybe some local implementation agencies. You could also maybe draw from various members of your team or perhaps even community stakeholders as previously stated.

Something to note here is that the plan may involve steps that consist of TA from the TACC, but it may also include TA from other sources perhaps like HRSA or DOHVE, other national resources, maybe internal resources or consultants. Or, you know, there may also be circumstances where the TACC does not necessarily play a role in the plan. Then as we move to the next slide, you can see this last step focuses on a process of parallel implementation. Action steps of the TACC will support you as the grantee while you simultaneously take steps to support and provide that assistance to the implementing agencies.

These steps and processes build or are complimentary of one other so we really take some time to process through that and see where the connections are. So some possible strategies for the TACC that they may use is researching a topic in a literature or maybe how it's addressed with other states or another example might be that we connect you to one or more peers or perhaps some subject matter experts.

And you in turn as the grantee, that parallel process, may learn from other states and then decide as a result you develop and implement new policy or perhaps maybe you adopt a peer model or coaching or learning community.

Kathy Reschke: Petra, now that you've given us an overview of these planning steps, I think maybe some examples would be really helpful. So, could you provide an example of, for example, what that process would look like if a grantee wanted to address domestic violence screening under Benchmark 4?

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Petra Smith: Oh, certainly Kathy. I'd be happy to do that. The example, Kathy, that you asked about is the number of domestic violence screenings. In this example under "analysis and discovery" the discussion may center on benchmark data or more specifically, maybe benchmark data under number Benchmark 4, the domestic violence constructs. Or it may also focus on dosage data, enrollment and retention and other types of data.

The discussion may also focus on including the local level site or geographic variance so there might be some local level differences that play a role in this process. The context discussion may include the availability of local resources or a variance in implementation protocols or policies, so varying difference or varying application on that local level. And then as you move to the right part to the discovery section in this example, it was identified that families that were not screened were discharged early or had only limited contact parts or dosage after enrollment.

So, in other words, retention was a contributing factor here. The discussion may also have led to the identification of gaps in local family engagement processes. And other discoveries may also include perhaps variance and the comfort level of the home visitor with the screening tool. We hear that the best sometimes as a concern or a context in this situation, so this would lead to professional development opportunity.

Now we move to the middle section in this example and that middle step, the goal setting step. So in this example, the stakeholders that were involved in the plan include the Project Officer, various members of the grantee teams, but also data team members and some applicable sub-recipients or local implantation agencies. The goal that was identified in this process here in this example was for the grantee to increase the percent of domestic violence screenings from 40% to 90% by December 2015.

And, you know, as stated earlier this specific example would address Benchmark 4 -- reducing domestic violence. So then as you move to the implementation steps, that parallel process, and here specifically focusing on that TACC's strategies, a TACC specialist may use a formative process to identify changes in the state level intake procedures to find state level policies that have led to a varying application of the process on a local level.

And then a second piece might be that the TA Specialist would provide some examples of engagement and retention research. And a third example might be to connect you with experts and peers to discuss professional development opportunities. And then you in turn in that parallel process will assist the local implementation agencies.

So you may have changed state policy around data tracking and now you take that next step and work with the local implementation agency to do some better data tracking. But similarly you may also work with that agency to align their processes with your new policy.

A third step would be that you could develop a number of professional development opportunities to assist the LIA with gaining family engagement expertise. So as mentioned

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previously, the TACC in your parallel strategies with the LIA, complement or build on one another. And also would like to mention here that in this slide only - this slide only outlines TACC strategies. So as stated previously, the plan may also include TA from a number of other resources.

Kathy Reschke: Well thanks for that example, Petra. That was great. We do have time for one more example. So how about addressing the enrollment gap? I know that that's a common one that a lot of grantees deal with.

Petra Smith: Great, I can do that Kathy. Here we'll take the same approach to the examples. In the analysis and discovery in this example, the discussion may have focused more on MIECHV demographic data. Maybe focus specifically on enrollment and retention data, maybe also on dosage. Some of the context in this example could have focused on a comparison of LIA processes on a local level. So then through that process you may find that the discussion identified that grantees maybe had some unclear or fuzzy or ambiguous recruitment policies.

The sub-recipient on the local implementation may have in turn used conflicting interpretation of those policies and applied variance standards to caseload or maybe dosage. This then led to enrollment and it also led to some of the fidelity concerns. You may also find that there are unexplored systems, integration opportunities, perhaps the local implementation agency is not connecting with community agencies or maybe the relationship with some community agencies is strained.

Then as you move to that second step, the goal setting step, you see that the stakeholders in the plan included a Project Officer and grantee team members. This might be an opportunity to also draw in model developers to help with some of their clarifications, then also the applicable SEP recipient local implementation agency. The discussion then led to the goals and it was for grantees to meet 85% of their enrollment capacity by July 2015.

Then the goals specifically address that Benchmark 6 which is coordinating all referrals to community resources. Then if you look at that last step, the parallel implementation, and look at those TACC strategies. So in this example, the TACC Specialist may support and coach you in the development of a state level recruitment plan. So here's where the TA Specialist maybe also can provide some examples of recruitment plans from other states.

The TACC Specialist of the second step may also support you in the development of state level recruitment policies and in this process maybe help you to connect state policy to local implementation processes. So making that connection to what you've developed on the state level and making sure that that aligns with local processes.

A third step may include arranging calls with other model developers and peer states. Then in that parallel process you then, in turn as the grantee, may assist local implementation agencies with assessing caseload expectations so there might be some different ideas about caseloads. You may also engage the local implementation agency in a strength assessment over the current

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referral enrollment system. And then in turn, spend some time with them to help them develop that local recruitment plan.

Then to solidify and strengthen that process then you may decide that you want to implement the plan and to strengthen a plan implementation process on a local level, you may decide that you want to be engaged in some weekly coaching calls for a period of time.

Kathy Reschke: Thanks Petra for those examples. I think that was really helpful. So let's see if I can summarize what you said about the process. So the analysis and discovery steps help identify and prioritize the needs and then narrow the items a grantee might want to address to the ones that impact the benchmarks the most. And then those help shape the goals and the action of the plan.

A careful thought process gets applied to discover how TACC strategies can connect with grantee strategies that both support local implementation. So that's that parallel process you talked about. Did I get that right?

Petra Smith: I think that's a great summary Kathy. Thank you. So I will turn over the webinar to Cathy Bodkin right now. She is a Senior TA Specialist for Regions I, II and III and Cathy will describe some of the changes in the TACC's Community of Practice process.

Cathy Bodkin: Thank you very much Petra, and for that review of how the individual state TA and TA plans could develop. The communities of practice have been existing for the past couple of years and many of you have participated in these. They are now being redesigned this year based on your feedback in the WRMA evaluations and through consideration of how to make effective use of your time as you seek to improve outcomes for children and families in your communities.

The topics will be informed by the benchmark data and by goals identified in the state TA plans for growth and development. The goals of these communities of practice will have measurable outcomes that will be set at the beginning for each CoP and they'll be clear as you're entering the CoP exactly what the goals or desired outcomes are.

The groups will be time-limited in a way that they have not been before. The duration of their community practice and the number of sessions will be determined really by the topic and the goals. A group could decide to meet over a six week period with a very specific goal or they might decide to meet once a month for six months. And membership will be closed after the initial signups in order to foster and enhance peer sharing and learning.

Knowing others in the group and what they are experiencing in their states and seeing their parallels in your own will promote exploring the topic in depth and peer learning and sharing. The CoPs will build on the previous MIECHV communities of practice and the TA work that's already been done with grantees. So we will certainly be referencing the integration of system

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elements such as professional development, leadership, enrollment and centralized intake and the use of data since these are the elements of a sound infrastructure development.

An example of the kinds of topics that could be identified for community of practice might be exploring retention strategies with hard to reach populations or, for instance, possibly with serving rural families; strengthening referral networks through particular providers, perhaps strengthening the referral network with hospitals or pediatricians or obstetricians might be an example of an area to be explored by a community of practice.

Another example might be decreasing the emergency department visits and how the state grantee would help local communities develop a plan to do this. We look forward to your input on what these topics might be and your thoughts about how to make these communities of practice most effective to your work and to your state teamwork.

And we hope that you will participate in these enhanced communities of practice. I'm going to turn this over now to Kim Bradley who's going to explain a new resource that we're developing for the state teams. And Kim is a Senior TA Specialist who works with Regions IV and V. Thank you, Kim.

Kim Bradley: Great, thanks Cathy. Hi everyone. I'm going to share information about our transition from phConnect to Groupsite. I'm sure this will come as no surprise, but based on the feedback you all have provided to the TACC one of the things you value the most is the opportunity to connect with your peers around this work. We all know that the opportunities to do this in person are extremely helpful but seem to be few and far between.

For this, one of the goals has always been to create a virtual community that would allow for peer learning and sharing to occur with ease. I think it's fair to say that the "with ease" part has been a little bit challenging to date. We are hoping that the selection of a new platform, Groupsite, will make this process smoother and even more valuable to each of you.

So why Groupsite? We definitely heard you all in regards to challenges with phConnect. And as a result, we began looking for a new platform. We selected Groupsite based on its features and user-friendly nature. We actually asked the Region IV and IV grantees to pilot Groupsite over the summer and early Fall and based on that experience, we did decide to go with the formal selection of Groupsite as our new virtual peer sharing platform.

I want to take just a few minutes to review some of the key features that Groupsite has to offer, some of which are listed here, again with our eye on the prize which is the peer sharing capability. Groupsite has a very robust file cabinet area for document sharing. Also has great discussion board options as well as features for chat rooms and e-mail blasts. Additionally, one of my favorite features, which we'll get into a second, is the shared calendar as well as it allows us to archive previous TACC resources such as our e-Newsletters and webinar archives.

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So let's kind of just take a look here at what it exactly looks like when you go into Groupsite. First, just to, kind of, ease your mind a bit, we will be sending out a more detailed guide about using Groupsite within the next few weeks. But I just want to provide a high level overview and invite you and encourage you to go in and explore on your own. You will not break it, I promise.

So this is what the homepage looks like. Unlike phConnect, there will just be one main community where all of the grantees will be included. We will not have separate rooms or communities at this time with the exception of the Region IV and V community.

As I shared, they did pilot this platform for us and in doing so they added resources, documents and discussion boards. So for this we want to keep those items intact for them. But we do encourage all grantees to use the main MIECHV community moving forward.

Let me show you briefly where to find some of the key features by going through some of these green boxes here which we'll start in the upper left corner. This is the navigation bar that contains the dropdown menus. The next is, here at the lower left corner, just a quick access to the most used functions - so the discussions, the file cabinet and chat rooms potentially. And then right there in the center at the lower part, that's where the latest resources have been added.

I'm going to show you a way to get to all of the file cabinet and resources that have been added. But this just kind of gives you the latest items. Then on the lower right-hand corner it's the MIECHV calendar. Again, I'm going to show you another way to access it in full monthly calendar view. But even in this area you can click on these and the details for registration, conference call lines will populate for easy access.

Then also there's a search function within this main page as well. So let me just go through a couple of the key tabs. So the Communicate tab contains first and foremost the discussion topics. So this is a place where you can begin those discussion topics and really ask questions of your peers. For example, I know several states are either doing or have questions about doing or having Medicaid reimbursement for home visiting.

This could be a venue to ask that question of your peers. Sometimes grantees may not know which states to reach out to for specific information. So this is a venue to do it in a massive, very safe venue to do that in the massive to inquiry a large group.

Under the communicate tab as well is the feature for live chat. We'll have more detail around this in the guidance that we send out. Additionally we will be including the announcements that HRSA sends out via their listserv. We will include them here as well under the announcements just like a centralized place for that information, too.

Moving on to the share tab, the calendar of events is located under here. As I've shared, this is actually one of my favorite features of this new platform because, as you can see here, you can

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have the whole month of events in one place. We will continue to send out those individual announcements for events.

But again here, coming here, you will be able to see everything all at once in your monthly view. By clicking on the individual event and you click on that it will give you the detail -- some more information about a description but also it will give you the registration link and/or the number to call in or GoToMeeting links depending on what the activity entails. We will be including our universal TACC activities on the calendar and some of the original activities as well.

Another really cool feature is the file cabinet. We did have a file cabinet or what we called, "Document Repository" as a part of the phConnect platform but it was a little bit difficult to upload. In fact, grantees were not in a position to upload documents. But with this, you will be and we would encourage you to. We will include instructions on how to do so in the guidance that comes out. But yet this is just another opportunity for you all to take a very proactive lead in sharing the resources that you've spent so much time and energy developing that would be helpful for your peers too.

Additionally, just as a little bit of extra information, we did just recently add all the state profiles onto the file cabinet so each of the state profiles that you all completed over the summer updating are located in the file cabinet in Groupsite. And we are working on migrating all of the CoP, the Community of Practice documents from each of the four community practices over into the file cabinet to you. And this will be an area that continues to expand as we get more folks invited on this community.

Additionally, under the resource tab here we have archived the newsletters, all the previous newsletters that we have issued. Also there is a link to our website page that contains all of the links to the previous TACC webinars. As you can see, this platform is designed to be a one-stop shop for previous MIECHV TACC resources, information on future activities and events and perhaps most importantly, a place for grantees to learn and share with one another through the sharing of your resources and engaging in discussion.

So in next steps, state leads have already received an invitation to join Groupsite. That came out right before the Christmas week. Other members of the state teams will receive an invitation within a week or so following this webinar. After the additional team members receive invitation should you notice that someone from your team did not receive an invite please email Lena Cunningham which is [lcunningham@zerotothree.org](mailto:lcunningham@zerotothree.org) with the name, email, address and job title or role of the individual that still needs to be included on the invite list.

Once you receive the invitation, you'll click "Accept Lena's Invitation" which is highlighted in blue on this screen and create your account. This will take you to a "create your account" option and this will allow you to set up your personal preferences for notifications, add a profile pic if you like.

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I think another little tip which may be helpful is if you consider saving, once you've logged onto Groupsite and get into the MIECHV main page, it as your favorite and to your list of favorites in your Internet Explorer if you happen to have that. That will allow you for easy access to Groupsite on an ongoing basis.

So there's going to be more to come in the form of insights as well as additional guidance. But please, once you receive the invitation, accept it. And those of you that are already in there, we strongly encourage you to go in, explore, upload documents and start discussions with your peers and with us. So with that, I'm going to turn it over to Val who's going to be introducing some new TACC staff.

Valeri Lane: Thank you Kim and thank you for taking us through that. Complicated, but we think much more user-friendly system that we'll be using to support grantee interactions over the next year. Yes, we have new TACC staff. We have four new people, two of whom are already on the project and two that will be coming soon. So, we wanted to give a shout out to them, introduce their names to you and the roles they will be doing.

I also want to say that we're not necessarily expanding our whole project by four staff. That would be a pretty significant expansion, but that positions opened over the past few months due to new contract awards at ZERO TO THREE. So everyone that has been with the TACC is still with the organization but has wandered on and up to new opportunities. So we're very excited for them, and excited that we had the quality of staff that others find attractive. And we love our family, so we are not upset.

But, we do have great new people coming on. Our new Assistant Director will be Kelli Bohanon. She's coming to us from the state of Washington and she will begin on February 17. So we don't have her onboard to say "Hey", now but we will very soon. Emmy Marshall is the new TA Specialist for Regions I, II and III. Emmy hails from North Carolina and I believe some of you may have already had Emmy on a call or you will be seeing her name very soon.

Katrina Coburn will come to the TACC as the e-Learning Coordinator. She will be taking over the role that Kathy Reschke, who's leading this webinar, has done. Katrina lives in Maryland, but has most recently been with the Pennsylvania Key. Those of us who are familiar with QRIS systems may understand what that means and the level of work that she's done there. Katrina and Emmy both started with us on January 20th, I believe, so they are both beginning and are already onboard.

Our final new person is Mary Caputo. She will be the Technical Assistance Specialist in Regions VI and IX and she will be beginning on February 9<sup>th</sup>. So we welcome all of our new staff and hope you will enjoy working with them.

Kathy Reschke: Thank you Val and thanks also to Petra and Cathy and Kim. Lots of interesting and exciting changes. And I just wondered if any of you had questions about those? We only had one question come in, but if you have a question about anything that you've heard, please go ahead

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and enter it into the question box now and we'll see what we can do to get that question answered.

So one question I think that came up Val, and you might have touched on it but I think it's worth repeating. You mentioned the shift towards more focus - focusing on benchmark outcomes. But what if a grantee has an open TA episode? Or has an emerging need and wants to submit a TA request for help with something that isn't directly connected to benchmark outcomes?

For example, an infrastructure issue or implementation issue. How is that going to be addressed? Are those going to still be addressed or not in this new shift of focus?

Valeri Lane: Thank you Kathy, those are great questions. First, I do want to reassure that any open TA episode will be completed as it was originally requested and assigned. So we're not going to cut off anything that's already in process regardless of the focus of that TA episode as we call them here within the TACC. You may find that the TA Specialist will start highlighting the connection between whatever elements you're working on and improvements on the benchmarks, but the episode itself will continue until completed.

The second part of the question was, "What about a new episode for grantees that still need some work on infrastructure?" If a new request isn't directly connected - so the request isn't "How do we make improvements in our benchmark; in our maternal depression, for example?" We are aware - we know that infrastructure is absolutely necessary to the implementation of a system as complex as MIECHV and that this foundation or the infrastructure does support overall outcomes.

A direct connection or absolute attention to one of the 37 constructs may not be necessary. What we will do, however, is articulate the connection that does exist. So for example, if you as a grantee are interested in building some kind of formal relationship with the primary care provider that serves families then we know that receiving TA from the TACC we would deliver TA that might offer examples of how other grantees have approached this or been successful in building those relationships.

That does speak to infrastructure. It may be development of MOUs or how do you get from a home visiting to a medical conversation and so on? It's not a big leap however to tie that element to improvements and well child visits, for example. So we know infrastructure contributes to benchmark outcomes in some way. We're just going to be more intentional in articulating that connection.

Kathy Reschke: Okay, thanks for that clarification Val, I appreciate that. So we do have some other questions that have come in. The first one's a pretty short one but important. So you mentioned that the TA Needs Assessment already came out. Someone asked, "In their email, where did it come from so it can be found again in the pile of mail in their Inboxes?"

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Valeri Lane: It's another great question and an easy answer. Kelly Crane from Chapin Hall sent the survey out. I've been communicating with her since I saw that question come in. And it came out from her early Tuesday morning, January 27th. And her email shows up as "Crane, Kelly". So if you want to search in your January 27th emails you will find the link to that survey.

And she also updated me so this is "news hot off the press" that as of today we've actually already had 16 responses representing 10 states and territories. So a few yet to go, but we'll call those the "early adopters". Those are the people who will find it quickly and we hope to hear from the rest of you. Again, we're shameless in plugging this because we want the information. Thanks for asking.

Kathy Reschke: It will help to know exactly what to look for in their Inboxes so thanks for that. Okay, next question. And this is, Kim, you could probably answer this one the best, it's about Groupsite. So would you say, again, whether we need, 'we' meaning the grantees, need to submit in advance the names and emails of our other key state team members to be invited to participate in Groupsite? Or do they just have to go to Groupsite to register themselves?

Kim Bradley: So we actually have our roster that we keep up with, those from HRSA's input as well as key specialists input, with key team members. We're going to start with that roster and that's what Lena's going to use to send out the initial invite beyond the state leads but those will come out over the next week or so.

And if you notice that there is somebody missing from your team that should have received an invite then if you could please send those names to Lena of which her email address is [lcunningham@zerotothree.org](mailto:lcunningham@zerotothree.org). We can include that in the follow-up e-mail of this webinar but we thought it would be easier just to push out the invites based on the rosters that we have currently which should be, for the most part, very much up-to-date.

Kathy Reschke: Okay, so it's sort of wait and see and if they still have someone who didn't get an email invitation but if they still want to have it done they can go ahead and submit that?

Kim Bradley: Yes, yes.

Kathy Reschke: Is that correct?

Kim Bradley: Yes, uh-hum.

Kathy Reschke: Great, thank you Kim. And here's another one for you, perhaps Kim, although it might be of value you might weigh in this as well. It says, "Will there be any vetting process for the documents that will be uploaded to the Groupsite in order to ensure quality and that they're in alignment with MIECHV expectations of quality?"

Kim Bradley: So Val I'll take a stab and then if you want to jump in. I really think it depends on what it is. I mean, I really hope what we did with Regions IV and V where we had a very broad file cabinet

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and I think we'll work all the way up to that on this main room. But there's something where, you know, it's just kind of based where a particular state is.

There could be one thing that I think was very helpful, was having examples of agendas and conference bulletins for states that have done state conferences, state home visiting conferences. So for those types of documents for example, I don't feel -- I don't know if Val you may feel differently -- but a real vetting process is needed to share in the examples.

There may be other documents for certain state profiles. It's a good example where we would take the lead in uploading those documents. So there's probably some opportunities for some additional dialogue internally for us to include in the guidance. But that's kind of where I'm thinking off the top of my head. And Val I don't know if you want to add anything.

Valeri Lane: I'll just do a quick add and that is that the collaboration portal that has been phConnect and we're now migrating to Groupsite is a closed site that is only open via invitation and it is intended for the use of MIEHV grantees. Because it's not a public site the quick answer to your question is, "No." There isn't vetting because they aren't considered completed documents or they're not considered something that's being published by HRSA or MIECHV officially.

So it will take the form of what we are hoping and we are so excited that at Groupsite there is an opportunity for grantees or members, Groupsite members, to upload their documents that we can have a more vital and active kind of site where people are sharing things. And as with many other public or private sites, I should say, I think the vetting will happen naturally.

If somebody posts, if a grantee posts something that you think has had helpful pieces but isn't the overall quality that you would want to just adopt and use then you can have a conversation with that person because you'll have access to chat feature and be able to communicate with them and say, "Can we borrow this piece?" "Or can we use that piece?" and so on.

So, answer is, "No. not real vetting unless it's an official document. And those will be on our website and not necessarily on Groupsite.

Kathy Reschke: All right and one more quick question about Groupsite. Again, it's back to the invitation I think. So someone asked who they should contact if they didn't receive a request. So they should, as I understand it, they should kind of wait and for maybe another couple of weeks until we get the latest invitation that's going to go to the broader roster or the larger, longer lists of state teams. Is that correct?

Valeri Lane: Well, Kathy I may want to reinterpret that question...

Kathy Reschke: Oh, okay.

Valeri Lane: Because it comes from the person who asked about the TA needs assessment request.

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Kathy Reschke: Oh, okay.

Valeri Lane: So, let's just say, if you did not receive that request, then you can email Lena Cunningham and we will get you the survey that you need. But I'm saying it because we've given her email address already and I believe it's on the materials.

Kathy Reschke: All right, great. Thanks for that clarification for all of us. All right, so Cindy I think this one is a question for you. "When will the three-year rotation of site visits start?"

Cindy Phillips: Yes, so we're hoping that it will start in March. And we already do have a tentative plan for the rest of this fiscal year. Of course there are always things, approvals that are needed and everything, but we do have a plan and you can check in with your Project Officer to see if you are on the plan for a site visit this year and many of you may have heard from your Project Officer, and we basically just went back through our records for the last several years to see when grantees had a site visit.

Then when they, if some may not have ever had a site visit or haven't had one for probably three years, they'll be on the docket for this year. So I would encourage you to check in with your Project Officer because we do have the fiscal year schedule planned and hopefully we'll start in March.

Kathy Reschke: All right, great. Thanks Cindy. So another question about, and I'm not sure whose going to answer this one so I'll just throw it out there. "Is there an official template for making a state plan, a state TA plan for growth and development that will guide TA needs?" So do we have an official template?

Petra Smith: I can take that question Kathy, this is Petra. We have a draft of the template, but it's currently still in development so we will be providing more information about that template soon.

Kathy Reschke: All right, thanks Petra. And another great question, "How does all of this fit in for tribal grantees? Everything presented has been state and territory grantee focused."

Valeri Lane: Kathy, I'll take that one. This is Val.

Kathy: Okay.

(Valeri Lane): Since no one loves a vacuum on a webinar. Okay, the answer to that is that the TACC is funded to serve state and territory grantees. There is a different technical assistance center that's called PATH, the Programmatic Assistance to Tribal Home Visiting, and they are responsible for technical assistance for tribal grantees. So we cannot speak for them even though that is one of the new projects that is housed at ZERO TO THREE.

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And I think you will have to go through your TA connections within PATH to get that answer because we cannot speak for the technical assistance that's delivered through them. And while I'm speaking and have the floor, I want to come back to one last question about where the TA Needs Assessment Survey was sent. It was sent originally to state leads only.

If you as the person who's asking do not have access to that or didn't get it forwarded from your state lead, you might just want to check in. We got a couple of bounces for state leads that had changed, but I think we've already corrected for those. And so, check in with your state lead and say, "We heard on the webinar it's okay if we respond, too" because that's true and we do hope to hear from you soon.

Kathy Reschke: All right, thank you. Well, those are all the questions that have come in. Of course, if you have another question that you don't think of until later you can always just shoot an email to me or to someone else on the TA team and we'll try to get that answered for you. So, I think that just about wraps it up for today. We're going to let you off a little early.

But I did want to mention, of course, some more resources where you can find great things. You will be getting a follow-up packet in early next week that will contain the link to this audio, to the audio of this webinar, as well as a link to the PowerPoint. So if you want to share those with other people on your team who weren't able to attend today, you're welcome to do that. If you can't wait until we get the full-version posted on the website which usually takes six to eight weeks.

Also we will be back on our usual Tuesday, last Tuesday of the month, schedule for webinars next month. That will be a webinar on "Thinking About How to Use Data in Different Ways" and we're going to have MIECHV state teams from West Virginia and Illinois talking about their experiences sharing their data with other stakeholders outside of their home visiting systems both at the community and at the state level. So keep your eyes open for an email invitation to register in the next week or two.

Also, as Kim mentioned, keep your eye out for an invitation to Groupsite in the next couple of weeks because, as she mentioned, you can find all kinds of great stuff on there including archives of all of our old webinars as well as our newsletters. And that's just a whole bunch of great resources on there.

So lastly, please do let us know what you thought about today's webinar by taking the time to complete the evaluation that you're going to be receiving very soon from WRMA. I hope if you got any message from today is that we really do place great value in hearing from you and your feedback really does shape the work that we do.

So thank you again for joining us today and for all that you do every day to support families and those who work with them. It's been a real pleasure serving you. Thanks - have a great evening.

Operator: And this does conclude today's conference call. Thank you again for your participation.

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