

Needs Assessment Plenary Session 4 Transcript

2024 Title V MCH Federal-State Partnership Meeting

October 21, 2024

John Richards: I wanted to say 3 guiding principles today, and you know these are not on any slide. So you have to write them down.

And I will say I literally came up with them - I shouldn't tell you this - I came up with these in the Uber ride home yesterday, after listening to everybody after thinking... needs assessment. If we were going to put 3 words together for needs assessment, what would that be?

Because what I'm going to dive into next are a series of steps. My job is to give you the summary. We've had this long, ongoing virtual seminar really, on how to do needs assessment. And we've invited lots of speakers. Today is the culmination of really the last 3, 4 months of work for actually 6 months of work.

And actually, it started last year at this session a year ago, when we were all getting together, we had just launched mchneeds.net. And now here we are. A year later we are poised. Some of you are further along the spectrum - you've analyzed needs. You've looked. You've pulled data. Some of you are just starting it. But it's okay.

Remember these 3 words for your needs assessment.

You should be diligent.
You should be honest.
You should be strategic.

Diligent, honest, strategic.

So diligent - I want everyone here to be diligent in the data that you collect. You are looking into the needs of your population groups. This is a big responsibility. You do this, though you know this. This is in your blood.

Be diligent, too, of your timeline. There's so much going on. You have so many responsibilities, but carving out a little bit of time every day to work on this - it is really critical.

You also want to be diligent about your openness to listen. Listen to partners that you know. Listen to population groups that might not have had the representation in the past. This is also part of your diligence.

Honesty... and I was going to put humility here because I'm a big fan of being humble. But I think, honest.

Here is the key - we have to be honest about the complexities of the needs assessment process. There is a lot going on, but at the same time, too, it's not rocket science. You're not writing a dissertation. You are going to do this, and you're going to do it well.

But you also have to be honest about what you can actually do to respond to the needs assessment. You don't have 5 million dollars to do this. You have to be very honest about where you can put your time, your effort, and your staff.

And then you have to be honest, knowing that this is an ongoing process. This is not your one and done. You are going to be listening to the needs - you have been listening to the needs already. You're going to continue listening to the needs of your population groups for weeks, months, years into this next cycle.

And then, of course, strategic. We like to think that we're always strategic. But this is a moment that this is the time where we can look at our partners very wisely and say, we have been listening to you. We want to engage you. If we have at times veered off, we want to come back and make sure that we are working hand in hand.

We want to be smart about giving yourself the time. We're always in a rush like, "Oh, gosh! We've got to get this needs assessment done! We got to put in the report!" But we want to make sure we have the time to do it well, to be reflective at the end. Don't wait till the 11th hour to push the button. Make sure that you have time to reflect and wrap everything up nicely.

Okay, so those are my three background pieces... and let's see if I can actually get us moving here. Maybe...

Alright. I mentioned MCHneeds.net. This is the commercial part of the presentation. MCHneeds.net is your one stop shop. We've talked about it a lot. You can get all the resources here from videos that we've created to the webinar series implementation tools, many of which we will talk about today.

And we also wrap it up - what is Title 5 doing? Currently, this is your place where you shine. And we're going to give you opportunities to shine in the breakout sessions.

Of course this is all built... hopefully, everybody in the room - have you all heard of the 9 step mechanism?

[Audience responds]

Yep, everyone looks good. Okay. So we're not going to go into those 9 steps. But part of my job is to go through and make sure that we're up to date. We've gone through steps one through 6 already. Today, we're going to do 7, 8 and 9. And then we're going to break out into these sessions. And we're just going to talk about everything.

All right. Where did we start? So back in April, at the AMCHP conference, we took a look. We did a little menti poll. We found that most people were... Some were just starting. Many people were actually in the process of needs assessments - that was great.

In August we took another poll, and we found that wow! We were still kind of exactly where we were, but there were more of the States being represented. So we're still sort of in those early introductory steps. What I would love to do right now if you could - all just take a minute, grab your cell phones. Take a snap of this QR code and let me know where you are in the process.

[Pause]

Okay... always technical difficulties. Alright. So you can use the QR code. You can also go - if you have a web browser, you can literally go to menti.com. You can also enter this code 4, 9, 9, 4, 5, 9, 8. So give you a second. I'm kind of curious to see... let us take a look. And we might not be able to see this. But that's all right.

You're going to see kind of where we are with needs assessment right now. Alright, when it's not showing up here - but I will just describe to you, hey, we use technology when we can, when it doesn't work, we just, we improvise.

So interestingly, we still are seeing - out of everyone here, so we have about 140 people who have who have just responded, 67 of you are actually in the process of needs assessment. So you are... We're pretty much still where we were. But more people are doing this needs assessment work.

But a lot of you are examining your own strengths and capacity. And many of you - 25 of you are actually assessing, selecting priorities. So we're moving a little further on the continuum. But there is still work to do. There is always a lot of work to do.

Alright. Thank you for providing that. We will actually share this back just so you get a sense.

So where are we? We've talked about steps one through 6 so far. And I'm going to take just a few minutes before we get into 7, 8, 9, just to give you a sense. Today's through line - we are really trying to focus on engaging our partners in the community, engaging our partners in the families and engaging people with lived experience. So everything we're going to talk about is really incorporating, highlighting those strategies that we can be doing.

This is important because we have a tendency to rely heavily on our partners. You can see Step one here is engaging our partners. We're really good at saying, "Oh, yes, we need to engage our partners" - those people who have a stake in this process. Well, we know there are time commitments. There are resource constraints.

There's sort of a lack of awareness of why this is important. There are so many barriers, but we get it at the beginning of needs assessment. We're good at this. What we have to do is we have

to carry this through as the through line throughout all the activities. So every time I'm going to talk about troubles, I'm going to talk about tools. And I'm going to give you some tips on how to engage communities, families, and people with lived experience.

So this engaging, we have sort of these structural - we have the ideas that we can do in appreciative inquiry. We can look at network mapping - all these great tools that we know about. We've read about. These are actually tools that you can use with your partners. We want to make sure that we engage people with lived experience. How do we do this? Well, there's a great tool for it. How do we do youth engagement? Here's a great tool with really good case study examples.

Okay, our tips. We have some really simple tips. We have some structural tips. Think about partnership charters, diverse steering committees. We also have strategies. There are so many ways to do outreach for people. There are ways to give assistance for your partners to participate - monetary incentives, childcare communication, transportation.

There are the power of piggybacking. Make sure that when you are reaching your partners you are engaging them in places where they already are.

All right! We have just a couple more minutes to go over steps 2 through 6 now.

Assessing needs. I want to give you some tools. Here we have 3 change tools. We have the 5 R's, and we have system mapping tools. Here we go. Let's don't forget your academic partners. Don't forget about working with community leaders, and don't forget about partnering with local organizations in addition to your local health departments. Again.

Examining strengths - this is where we're starting to see a lot of people are asset mapping. We have our CAST 5 tool, which is a little old, but we have seen some States use this this year. Network mapping and analysis and whole system mapping. This also, too, we've done over on MCH work, a lot of research and a lot of outreach on the hexagon tool. This is a great time to look at your own strengths. What are the programs you are doing? Which ones make the most sense to carry on into this next cycle.

This is a total whirlwind, but also, too... don't forget your academic partners. Don't forget working with community organizations, and don't forget to share your findings of your own assessments with your partners. So then, they can communicate this process in their own. So your communities, your partners, can conduct their own assessments of their own resources.

All right priority setting. We have covered, like many, many months of our... Excuse me of our process. We are looking at concept mapping, causal loop diagramming and impact matrices. Again, I'm throwing out so many tools. But these are - you can all go to MCHneeds.net and find this.

Alright. And then finally setting performance objectives. And let's switch over to developing those action plans. More tools. We have the 30-30 Action plan, causal loop diagramming, simulation tools. What are if we were to sum this up?

Looking at priority groups with diverse members? We want to establish monitoring early throughout this whole process, engaging your partners every step along the way. We want to pull those partners with us. So monitoring evaluation, listening, pull those partners together, because now we're done through steps one through 6. Now we're going to be moving on to the real hard parts where we're diving into a lot more detail, and they will do it better than I did in detail. I'm going to hand this over to Amy Mullenix and Rebecca Greenleaf at the Workforce Development Center. and my voice is going to give out now. But handing it over to them.

Rebecca Greenleaf: Good morning. John Richards is a hard act to follow. I'm regretting my life choices that took me to the spot where I have to speak after him this morning.

My name is Rebecca Greenleaf. I'm director of learning at the National Maternal and Child Health Workforce Development Center. If you haven't heard of us before we have an exhibit table, we'd love to chat with you. We're based out of the University of North Carolina at Chapel Hill.

We're a national training and technical assistance center. We focus on 4 core areas that we believe are instrumental in supporting development of your workforce capacity and helping you do your jobs well. So, we focus on systems integration, adaptive leadership, evidence-based decision making and equity and engagement.

We have 2 opportunities open right now that might be of interest to you. One - we're recruiting states for our learning journey. That's a 10-month cohort process, where we'll work with about 6 States to help them make progress and a priority that they've identified as being important to them. And by them, I mean you. So we would love to talk to you about kind of a project or something you might want to work on for the learning journey.

We're also looking for States to apply to host a team of students for our 2025 title 5 MCH Summer internship. The internship program is a great opportunity for you if you have a little bit of work that you haven't been able to get to, that you have... You know you've been trying to get to it, you just haven't had the staff. You could use a little bit of a boost - we have really smart, young, energetic students that can support you for about 10 weeks in getting some work done. So if you're at all interested in that, you can grab me, you can grab Amy, Dorothy, and Chantelle. Our other colleagues are here, or come see us at our exhibit table, and we'll chat with you there.

I borrow this graphic from Job, because I wanted to make the point that we present this needs assessment process in kind of this linear or like circular manner, as if it all goes just from one step to the other. And what I think actually happens is that we see a lot of wiggle waggle back and forth, and we start to set priorities. And then we say, "Wait a second. Let me go back and

see what the data says." When we start to set priorities, and then we say, "Well, wait a second. The legislature just changed their mind. We got to do something else now."

And so it's not really, I think, as linear as it is sometimes represented in a visual or a graphic in that way.

Because I am old now and can't see, I wanted to list out the steps from one to 7 in case you couldn't see that graphic earlier. And John walked us through this. But we're going to talk now about 7. And again, I think this is really a fluid process between like 4, 5, 6, 7. So would love to hear your thoughts about that during the breakout room.

Step 7 specifically is about identifying and assessing resources to support potential and planned activities. And what I want you to keep in mind as you start to do this step and think about your resource allocation is that you've landed at this point with a lot of different buckets of evidence, right?

So you may have a bucket - like a really big bucket - of all your needs assessment data. And that's important. You've spent a lot of your resources getting that. And you really want to weigh that and include that very thoughtfully and diligently and honestly and strategically.

You also have for your state, your health outcome data, right? So you know from that where you're moving the needle, where you're not moving the needle, what populations might be experiencing worse outcomes or better outcomes. So you're weighing that also.

You also have your input from your team and from other state and maybe local agency, local health Department, other staff. So you guys are seeing on the ground and in the field what's happening. And that's an important bucket of evidence that you can use.

You also probably - hopefully - have input from your community partners, your family leaders, your people with lived experience. And you're going to want to include that as a bucket of considerations.

You probably have financial data, so you may know where you're getting return on investment and maybe not so much. You know, as the title 5 director or the title 5 team member in your State, what's happening in the political environment, in the environment of your agency or your organization. You know what the priorities for the State are, and you're weighing that as a bucket of evidence.

And then you're also wanting to consider your own capacity to do the work and to address different priorities and to advance different strategies. And you need to assess the capacity of your partner agencies to also do that work.

So you, as the title 5 director are balancing a lot of different buckets of information that all contribute to the development of your 5 Year Action Plan, and we sometimes forget that. We

talk about the needs assessment as just driving the State action plan. And that's true, a 1,000%. But we've also got a lot of other information that we need to include. And so I wanted to remind you that all of these buckets of evidence lead to the development of the 5 Year Action Plan.

Why do we even do step 7? Why is Step 7 important? I think you know. So I'll just say we don't have unlimited resources that you have to maximize, that we want to make sure we're addressing the most pressing public health concerns. So things that are emerging, things that are causing, you know, really significant morbidity or mortality, things that you might have that might have some momentum right now. So you're thinking about what's most urgent for me right now, as I move into 2025.

It's an important opportunity to promote equity and reduce disparities. And so that has to be forefront of mind as you're doing this. And it's a way to enhance accountability and transparency as you do your long-term planning and evaluation.

As with everything in our lives, we might also run into some challenges, and so we've heard them already this morning. You will hear them again over the next several days. We don't have unlimited resources or capacity. So we have to make decisions about that. You might not have all the data and information that you really want. And then there might be other organizational or political factors that are in play that you're having to balance too.

So I'm going to share 2 decision making tools to support the process. If you've worked with the Workforce Development Center at all... You know that we love a tool - love a tool so much fun! But what I want you to perceive is that a tool is a mechanism for a conversation.

And so any tool that I introduce or any tool that I share - it's a way to facilitate having that conversation with your staff, with your partners, with your family leaders that helps you toward your goal of doing the work. So the tool itself generally is not... is not the work. Doing a tool will not give you a 5 Year Action Plan, but it will facilitate a conversation that will help you move in that direction.

So the first one that I want to share is impact matrix - love impact matrix. It is easy and straightforward. And in my experience, very likely to help you have fruitful and productive conversations.

So again, a tool just makes space for a conversation about the strategies, the activities, the programs, the innovations that are currently in place, or that you're thinking you might try out. It forces you - or encourages you - to consider your resources. And that's financial, that's human, it's your time resources, which I think for a lot of us, time is like our most constraining resource. So it forces us to think about that.

It helps us consider the impact of how we do our resource allocation. And it helps us make our decisions. And so it's really just a high level decision aid - it helps us think about: is what we're doing right now working? Yes, no, maybe. Is it meeting our high priority needs? Yes, no, maybe.

And then, based on that conversation, should I keep doing what I'm doing? Should I sustain that work? Should I stop and maybe do something else, move in a different direction, or should I maybe start something totally new? And so all of these things contribute to this conversation.

[Noticing something on screen] A bunch of arrows... I don't know why the arrows are there.

Okay, and then here's our impact matrix. So it is a very straightforward kind of quadrant tool. And what we've got on the vertical axis is the likely impact of the strategy or the intervention, the innovation that you want to put in place. And then at the bottom, we ask you to graph how difficult or easy it is for your staff to implement.

And then, based on that, you can see whether the ideas and the programs you're trying to do are major projects that are hard and will have a lot of work required, but will have high impact down the road. Or maybe they're hard slogs - there are a lot of work that you're going to do for a long time, and maybe there's not a lot of impact down the road.

Or maybe there's some things that are quick wins - they're not as kind of work, but you can do them, and they will have impact. Or maybe they're just fill-in activities. And I can think of at least 3 different ways you might use this. So I'm going to show you that.

So one way is to think specifically about a particular project or task or goal that you have, then brainstorm like tasks or activities or strategies that you might do related to that goal. You would have your team - and ideally, this is the team of your staff and community partners and family leaders bringing diverse perspectives. You would have them write their idea, write all of these ideas on sticky notes, and then you discuss each idea. So if you had 10 ideas, you talk about all 10. You'd graph them on the impact matrix and then discuss.

And so here's what this has looked like. We did this work in Colorado a couple of years ago, and they were looking at that time to process program eligibility packets to improve overall timeliness of that. And they identified 8 different ideas, change ideas that they could do to help move them toward that goal.

And so they graphed that - they did that process. They graphed that on this impact matrix. And then they looked at where that fell according to major projects, quick wins, hard slogs and fill-ins. And then that helped them make decisions about how to prioritize their human financial and time resources based on that.

So in Colorado at that time, this is what that actually looked like with sticky notes. And it's a fun kind of sticky note project. [Going back to previous slide] I'm going to go back because I want to show you the matrix and talk about other ways you might do this.

So another thing you might do with this is to have one idea in particular. So maybe your staff is thinking about, "We should start a new Interagency Council with our Medicaid and our other State Agency partners. We should meet monthly, and we should try to, you know, do whatever this, whatever idea seems most pressing right now."

And then everyone on your team could reflect on that idea. Okay, start a new Interagency Council - and then everyone on the team could place their sticky on the impact matrix depending on where they thought it might fall. And then you could discuss, and everyone could have a chance to defend why they felt that way. Why they thought, "Oh, an interagency Council! Yeah, that's a quick win. We can totally do that." Or "Oh, that feels like a hard slog. Maybe not." And that helps inform your decision making.

The other way you can do this - and we did this in Montana, hi Montana friends, just like a week and a half ago - and we had them graph 2 program domains and 2 NPMs in particular. And so they looked at in their shin population domain kind of portfolio of activities, they listed all the major categories of work that they were doing - care coordination, and a conference, and this and then all the things.

And then they graphed on there on this impact matrix. And I think that was really interesting to see for them - definitely for me, and I hope for them - kind of where that fell and where their high impact work is. And maybe some of their other work fell on this impact matrix. And again, that's a tool for conversation and decision making down the road. So at least 3 different ways you can use this impact matrix. Happy to chat with you about that anywhere in the women's room. If you find - if you see me in the women's room, come find me, and we'll talk about that. Happy to chat about that anywhere, anytime, anywhere.

The other tool I want to talk about is the prioritization matrix. And this also is like super simple. But what I like is that it lets you customize the tool based on what's important to you and your staff and your context.

So reasons you would do this - it helps you see all your change ideas in one place, it lets everyone contribute to the conversation. It lets you decide the criteria that you're going to use to evaluate ideas or strategies or decision making topics. And then it gives you a visual for explaining these decisions.

And so here is a fairly complicated one. What you can see is they have a lot of different kind of scoring criteria off across the top. And then they have their theme or focus areas going down vertically on the side. I'll show you a simpler example.

So here's another example. This is similar also to the RICE framework, if folks have used the RICE framework at all. So in this hypothetical example, this team decided that the 3 things most important to them, as they decided their strategies or their interventions for the year, were

their internal capacity, the current environmental climate if they could get it done, and then the impact on health disparities.

And then they would hypothetically list all of the things they were considering doing - all their strategies down here on the left hand side - score that, and then discuss as a group. And in the same way, this is really just again a tool to facilitate that conversation. We have sometimes said it is easier to facilitate, especially a hard conversation, if you can say, "Well, I'm just going to the next question on the sheet. It's not me asking the question, it's just the next question on the sheet, like we have to discuss it, because it's right here." So a facilitation tool like this can be really helpful, particularly if the topic is challenging.

I'm going to bring up Amy Mullenix, who's our deputy director to talk to you about some points that you might consider as you move through this step.

Amy Mullenix: Good morning, everyone. I am Amy Mullenix with the National MCH Workforce Development Center. I work with Rebecca. I am the deputy director there.

As she and I were talking about step 7 and thinking about allocation of resources, we had a lot of philosophical conversation reflecting on our work with you all - we have been working with you all for, and our director, for over 10 years. And so what I wrote down were just 4 things that I want you to think about.

And I'm hoping that I'm reflecting back to you everything that I have learned from you all over the last 10 years. So you can take this or leave this. But one main thing I really want to leave you with is this image of the trees in the forest. I want you to think of yourselves, especially if you're in a director position, as sort of like the keeper of the forest. There are a lot of trees in your life, and really our responsibility and your responsibility as leaders in this space are to make sure you keep seeing the forest. That's your primary responsibility.

When we think about leadership at the workforce center, we really think about this idea of sort of adaptive being in this adaptive space. Sometimes I think the needs assessment feels very technical. And we're doing this, and then we're going to get this data, and then we're going to analyze it, and they were going to be paralyzed for a minute, and then we're going to make a decision, and then we're going to move on.

This slide is a repeat of what Rebecca said. I'm just using now the metaphor of the trees. There are a lot of trees in your world, and more will be coming to you over the next few months. Those are inputs into your leadership brain, into your team leadership decision making, and it's your responsibility to see the forest and get to this one main output - which is your State action plan.

I realize that I'm grossly oversimplifying. Obviously there's more than a state action plan that comes out of this as an output. But hopefully, speaking of this sort of a generalities will be

helpful. So there's a lot of inputs that you are responsible for pushing into sort of one main output.

And only a few people really in every State have the benefit and the privilege of seeing all of those inputs. Rebecca mentioned this earlier - you have a lot of voices coming at you, telling you what's important, what the state priority should be. But really there's only a few people, and I would imagine that almost all of them are in this room today, that get to see all of that together for your state. So I really, I really just want to encourage you to leverage that forest view.

I'm going to put a plug in here for the block grant guidance itself. Not because Shirley's here, but... I reread the whole thing cover to cover. I'm a block reviewer, so it's new. You have new NPMs. I'm a reviewer. I read the whole thing, and I really walked away with this really clear sense of the values of Title 5 as a collective.

It was very helpful for me, and I think it is helpful, I'm sure, for you all in thinking about what really matters here, like in this decision-making priority matrix world, what are the values of this State Federal partnership. So if you haven't read that recently, I would encourage you to read it actually before you select your priorities, because it is very clear, and I thought very helpful in conveying what's really important.

And I would also encourage you to use your Federal partners as sort of cover or sort of being able to use that block grant guidance to articulate to partners if you are wanting to go in a different direction, that perhaps you haven't - something that you haven't always been doing. That block grant guidance can be really useful, I think, in that way, too.

Finally, you have your own public health expertise. Use that to look at the forest and to build your State action plan. And then really lean into your leadership. I think we are in our field in MCH - we are so inclined to defer to others. This is the moment where I would encourage you to lean in to your forest view and not be afraid to use that sort of leadership that you have.

My second point - you need time to do all of this. John used his time in the Uber to come up with those 3 important reflections. And that's sort of the level that I'm talking about. I'm not talking about individual strategies. I'm asking you to think about what are, how am I going to select what these priorities are?

Many of you do this well - you block off time on your calendars. I have talked to you about how you block some time off to like literally sit and think about all of these inputs. So I would encourage you in whatever way works for you - don't rush at the very end and then slap some priorities down, because that, I mean, that really goes sort of against the whole all the time, and hundreds of hours that you have spent on the gathering and the analyzing part.

Think about, relatively speaking, how many hours should we spend as a leadership team carefully selecting these priorities.

Number 3 should be trademarked as a quote for Rebecca Greenleaf - the needs assessment is not the same thing as the decision. Sometimes I think our language - we're a little bit fluid. We need to do the needs assessment, and then magically, the decisions will be made about priorities and action steps. And you know that's not true.

So again, making space for that. And then we've had some really rich conversations with a couple of states in this room who have talked to us about like their struggles to think about what it means to be selected as a priority. Like, is that a good thing if your program is selected as a priority in your state? Or does that just mean like extra reporting? Does it mean money? Does it mean more staff go to that area? Does it mean you just keep going like you've always gone?

Does it mean we're going to shift the contracts process? Does it mean we're going to shift how we give money to locals? These are the sort of questions that we're encouraging you to think about. And then there's this whole balance between the title 5 priority needs, and then sort of the broader MCH universe for which title 5 serves as the backbone, as Dr. Warren said.

So final thing is, I want to just reinforce for you - one of our mantras at the Workforce Development Center is that you in your state are the expert of your context. You can hear all of these things coming at you from all of these folks about what you should be doing. You are the experts of your contexts, and I, as I said before, I would encourage you to really embrace that expertise and that forest view when you're making these decisions.

I want to say thank you. And I want to use a sticky note because if you've worked with the workforce center, you know that it came with sticky notes. And really, what I have just described is like the hardest job in the world. This is difficult. So I want to thank you in advance for all of the work that you're doing on behalf of children families in this country. It's really hard work, and I'm glad that you're doing it because you're also great. So thank you.

[Audience responds] Thanks. Yeah.

I'm going to turn it over to Erika Lisa from Colorado, who's going to talk about Step 8.

Erika Lisa: Good morning, everyone. My name is Erika Lisa, and I'm a maternal and child health epidemiologist with the Colorado Department of Public Health and Environment. Today, I'm going to talk to you about Step 8 of the needs assessment process - so monitoring progress for impact on outcomes.

And I'm going to do that by walking you through the performance monitoring and evaluation process that we have in Colorado. We have a pair of MCH evaluators who do - who lead this work. And they do a really incredible job. So even though they're not here today, I want to make sure to give them credit for all the work they do and for all their help creating this presentation.

I'm going to start with a brief overview of the MCH framework we use in Colorado. This will just be to help clarify a few terms that I'll use throughout the presentation, as well as to just kind of level set as to where we are.

So this visual represents our MCH framework and includes our strategic anchors, health impact areas and our priorities for the 2021 to 2025 cycle. So we have 3 strategic anchors which are racial equity, community inclusion and moving upstream.

These anchors tether our MCH priorities to a shared vision, and also provide a lens through which we make decisions to ensure consistency across all of our work.

We then have 7 priority areas which you can see here with our little icons:

- Create safe and connected built environments
- Increase pro-social connection
- Promote positive youth and child development
- Improve access to supports
- Increase social and emotional well-being
- Reduce racial inequities
- And increase economic mobility

These priorities were in part guided by the 3 health impact areas of behavioral health, access to care and nutrition security that arose from our previous needs assessment cycle.

So zooming in on the strategies, outcomes and measures pieces of our MCH framework - you can see that we have in blue our list of statewide strategies, and then in red, our list of 6 State Outcome Measures to capture common outcomes across the priorities.

We then have our measures which there's too many to list. So you just have a little like screenshot of the 2 pages that include all of the measures, and those include all of our national performance measures or NPMs, our State performance measures or SPMs, and our evidence-based or informed strategies for our ESMs that fall within our 7 priorities and within the MCH priority populations.

We have measurement included in every part of our framework. We evaluate the strategic anchors, the priorities, and the strategies, and we routinely monitor the measures. We also have some supplemental evaluation measures for most of our priorities and for our State Outcome Measures.

We really use supplemental evaluation measures as additional data to track areas where there's a lot of implementation focus, but it may not need to be a full-on national performance measure or state performance measure. Some of these metrics might be intermediaries to other performance measures or campaign tracking metrics, things like that to really just track where we're putting a lot of focus and implementation.

So to monitor our large list of performance measures, we have this robust tracking spreadsheet that has separate tabs to track all of our measures. And this visual here is just a screenshot of our NPM and our ESM tab. We update the data for this tab annually as the new data comes out. There are a few measures that we get from surveys that are only done every 2 years - so biannually.

For all of our measures that have annual objectives - so for our NPMs, our ESMs and our SOMs, as well as our SPMs - we include the annual objectives at the bottom of the spreadsheet. So we can really quickly see how we're doing compared to our goals.

So every year I meet with our priority coordinators to go over the new data, and all of the NPMs, SPMs and ESMs for their priority. So we can look at the new data and see - how are we doing with our objectives? Do we need to adjust our objectives? Have we met our objectives already? Are we exceeding our next year's ones? Do we need to adjust those?

And then, with all of these measures being tracked in one spreadsheet, it's really easy for us to integrate them into data briefs, into our annual evaluation summaries, and to use in our annual planning and action plan revisions.

We use the spreadsheet very heavily in our block grant reporting cycle. And we've also used it in needs assessments this past year to try to think about what measures might we continue to use, or what measures have we been working on? And how has that been going? The spreadsheet also automatically feeds into our core measures dashboard, which I'll show you now.

Our evaluation team created this core measures dashboard in Google sheets to visually track our measures. It pulls data automatically from the spreadsheet, but just presents it in a way that you can look at pictures instead of looking at another spreadsheet and another list of numbers. So you can really visually see trends.

This dashboard includes all of our measures by priority as well as a list of our State Outcome Measures. So we can quickly see the big picture impact of our work. And this screenshot of the dashboard does include a few of our core - our State Outcome Measures which you can also see listed on the slide.

Data from this dashboard is used in our quarterly reporting template, which I'll talk about in a little bit, and we also again used it in our needs assessment process this year to just keep looking at the data and seeing how things are going. And since this dashboard was made in Google sheets, it's really easy to update. If our measures change, it'll be really easy to update with our new measures in this upcoming cycle. And it just helps everyone have a way of looking at the data that's not just another spreadsheet.

As you all know, everything in this monitoring and evaluation cycle really starts with planning. So for every cycle of the block grant, our priorities produce a 5-year logic model which aren't

necessarily static, and they can change over time as changes are needed within the logic model. The NPMs and SPMs appear as our longer-term outcomes, and our ESMs show up in the shorter-term outcomes as short-term or intermediate outcomes.

Of course, since a lot of the work happens at the local level, our local public health agencies also complete logic models and action plans, though the amount of reporting expectations varies by funding level just to ensure that we're not overburdening our locals with a lot of reporting if they're not getting quite as much funding.

So from the logic models, we move on to creating action plans. So the action plans start out by listing all of the national performance measures, state performance measures and evidence-based or informed strategies that are associated with the priority, as well as just a brief description of the priority's overall goal.

The action plans are then broken out into one to two or two to three specific strategies, with a strategy being the core components of the priority work or the broad approaches that will be implemented to achieve the outcome.

Each strategy is then broken out into objectives, and each objective is a 1 to 2 year SMART goal - so specific, measurable, achievable, relevant, and time-bound goal. These objectives are based on those short term or intermediate outcomes - some of those ESMs from the corresponding logic model.

Each objective has a data source listed for clarity on how we're planning to track that measure. Even if the data source just is internal tracking or something like that - but we have to be very clear about where we're getting the data from to continue to monitor our objectives.

Each objective is then broken out into specific actions. And those actions - they have a time description on them of when we're planning to work on this, and who's really responsible for it. Really can't overstate how important these action plans are for our evaluation process as we're monitoring progress on every single objective that we have listed on the action plans.

And then, of course, our action plans are updated annually, especially since our objectives are one to two year goals. So we complete some of our objectives and have to add new ones.

Our priorities all produce quarterly reports, and these quarterly reports really serve as the main source for performance management and identification of quality improvement projects at the State level.

Our priority coordinators fill out a standardized template in which they report progress on each objective and progress on our strategic anchors. They also go through and identify if there were any challenges in the last quarter, and if they need any extra assistance working through those challenges. They also report on if there were any lessons learned, any progress made, any cross-priority collaboration, and any proud moments that they had in the last quarter.

These reports include quantitative and qualitative data and are reviewed by both our MCH leadership team and our MCH evaluator - and our MCH evaluators - so that we can provide feedback for our priority implementation teams on a regular basis. We also really do use this as an opportunity to celebrate wins and successes and to give kudos to teams for the hard work they've done over the past quarter.

Our reporting process evolves over time. We used to do monthly reporting, but in this 5 year cycle it was switched to quarterly reporting to reduce some of the reporting burden on our priorities, because we know they're doing really important work. We don't want them to spend all their time reporting on their work. But also there's a lot more to talk about in a quarter than there is in just a month.

So we do have an annual quality improvement process built in for our reporting system, just to make sure we're making improvements in our reporting template as well as our review process in general, because we really want this to support not only our evaluation efforts, but also the teams that are doing the work.

Our local public health agencies also have regular reporting requirements to support performance management - though the frequency varies by funding level. Colorado is a very decentralized state, so we have a lot of local public health agencies, and we have 13 that are sort of higher funded that produce quarterly reports. And again, these are based on a template, and are a little bit less intense than the ones that our priority coordinators do every quarter.

We then have 44 sort of lower funded agencies, and they just have to do an annual report through a Google form. These reports are reviewed by our MCH local support team as well as subject matters experts from each of our MCH priorities at the State level. And our MCH program generally works very closely with our locals, and they have regular check-ins between state and local staff to discuss reporting, ask questions and identify any sort of technical assistance needs. So we have that really close relationship that's very important.

So every year our MCH evaluation team produces very thorough annual evaluation summaries for each priority. And I've included the first page of our promote positive child and youth development summary here just for your reference.

So each evaluation summary starts with a review of the performance measures for the priority and provides a sentence summary on how the performance measure data is trending. We're really big on not just using tables and numbers, and so using things like visuals or words to really talk about how the data is doing.

Progress on all of the supplemental evaluation measures is noted, and then each priority is broken out into the individual strategies and objectives within the priority. The summaries detail whether the objective was met and then provide specific highlights as well as challenges and

lessons learned for each objective. The evaluation summaries end with links to local public health agencies' successes and challenges within that priority.

Something that we're very excited about in this 5 year cycle - our MCH evaluators have been creating annual cross-cutting evaluation summaries to go along with the annual priority specific summaries. And the first page of our most recent one is shown on the slide.

The value this evaluation summary is really trying to look at our MCH work as a whole, and how we're doing with our program success based on our strategic anchors. So again, we have those 3 strategic anchors of racial equity, community inclusion and moving upstream.

To assess the overall impact of the MCH program, we look at trends in performance measures by looking at all of our performance measures together to see how many are getting better, how many are having no change, and how many might be getting worse. Since each objective also is time bound, we put all the objectives together that were due to be completed in the timeframe, and we look at what percentage of those objectives are complete, what percent are incomplete but in progress, and what percent might just be incomplete.

The summary also highlights successes across priority, providing concrete examples of successes that fall within our strategic anchors. And then we have a section on challenges and lessons learned. And this is really more across the big picture, seeing what things did our different priorities struggle with? That we're seeing trends across like, what is everyone struggling with versus like, "Oh, this one priority had this one very specific issue."

To align with the community inclusion strategic anchor, this summary also takes time to highlight new and active partnerships that were reported on in those quarterly reports.

And then for our last strategic anchor of moving upstream, we use a moving upstream evaluation matrix to categorize how our State priorities objectives align with that strategic anchor. So objectives are categorized across action levels - so upstream, midstream or downstream - with upstream actions being the larger macro level public policy or systems actions, midstream actions being more about modifying existing risk factors or working to improve working or living conditions, and our downstream actions being much more focused on individual management of conditions.

The objectives are then categorized across focus areas. And we pulled the focus areas from the Bay area regional health Inequities initiative or the BARHII framework which most of you are probably familiar with. And that framework moves from addressing social inequities as the most upstream focus to addressing mortality as the most downstream focus. So we take each of our objectives and we plot them on those 2 axes of action levels and then focus as well. And so each objective is plotted to see how effectively are we moving our work upstream.

We get a lot of the information for this cross-cutting evaluation summary from our Quarterly reports and our annual priority reports. But our MCH evaluators have also been conducting pilot

interviews with priority coordinators for the past 2 years, and so they've been asking questions like, "Where have you made the most progress on your action plan? What contributed to the success? How have others been involved to make this work happen?"

We really want to just keep digging deeper, to understand what progress we've been making and what's working well for our MCH program so that we can achieve our priorities as well as work towards our strategic anchors.

The last piece of the evaluation process that I'll talk about today is our local Public Health Agency's annual report. So this report just summarizes successes and challenges that our local public health agencies faced in the past year. It includes an overall summary of objective completion, but it's not necessarily intended to be comprehensive and list every single thing that every single local public health agency did. It's much more of a summary, and to provide an overview of the evaluative milestones that our programs achieved. This report is organized by priority rather than individual Public Health Agency, so that we can sort of see what similar work were the agencies doing over the year.

So, to wrap things up, I started out by giving an overview of our MCH framework, and I want to bring us back to that, so we can think about all the different pieces that I just talked about. So we have measurement included in each area of our framework. And this work really stems from our action plans and our logic models.

We evaluate progress on our strategic anchors, on our priorities, and on our strategies, in our quarterly reports and in our annual priority specific and cross-cutting evaluation summaries. Our core measures dashboard and our performance measure spreadsheets allows us to track our measures and outcomes over time, and those annual priority evaluation summaries and cross-cutting evaluation summary really tie all of this work together into a cohesive set of documentation.

All of the performance monitoring and evaluation work is woven into our block grant reporting into a whole variety of places, and it showed up in our needs assessment process this year in a variety of ways, including identifying areas where we had a lot of momentum to keep the work going.

But most importantly, of course, our evaluation work really helps support our program in continuing to work to improve the lives of Colorado's maternal and child health population.

Thank you all for the opportunity to talk about the work that our evaluation teams. I was really excited to get to share this, and I hope that everyone learned something that's valuable to their own work.

And now I'm going to pass it on to Leolinda Iokepa to talk about the next step.

Leolinda Iokepa: Aloha mai! I am Leolinda Iokepa with the Hilopaa Family to Family, and I'm here to share a story today, or several stories about reporting back to partners.

I came across this quote last week that reminded me of just Title 5 in the Needs assessment. I want to share it with you. It was an elder of ours who had recently passed, and she says, "If you plan for one year plant kalo," which is our taro plant. "If you plan for 10 years, plant koa" - these are the trees that we use to build homes and furniture. "If you plan for a hundred years, teach children."

I'd like to say that if you plan for 5 years in the MCH universe... you will shape generation upon generation, because you'll be ensuring the health of women and children. There is no other entity... Yeah... there is no other entity that can accomplish this in 5 years that I can think of, and I'm not biased. I think I'm objective.

And I say this because I've seen it with my own eyes. Now this picture is my son and my grandnephew. It was taken last weekend. Before he was born, I was one of those HICK for people, you know, helping states with their big M programs. Had some familiarity of what Title 5 did. Not too sure. But I will tell you when he was born, and his sister 16 months later - okay, I didn't get the birth spacing memo back then because it wasn't a state priority.

The back to sleep rules changed. He was allowed to sleep on his stomach. She was not. She was allowed to sleep on her back. How can in 16 months things change that drastically? But the change in that - that impact has lasted for generations, because every child that came into our family after that was going to be a back to sleep baby, whether their mommies wanted it or not.

Screening... screening became a priority, and guess what screening brought us to the stage, where we found out my son was in the spectrum - that he had autism. Our work together, and those impact allowed him to get the services supports he needed. As community, we work together to promote standardized screening in the 2000s, right, and then transition to adulthood in 2010.

All those impacts that we were able to do because we were able to come together as a community, as a state, as a country, to identify those priorities and set them. But the only way we could do that was with our partners. The work we do can only be magnified, amplified, and multiplied through partnership. I tell you there's just no other way. We've got to do it together.

So having the number 9 step kind of like is the sandwich of the number one step, we are mirroring our work that we do with our partners.

So what I want you to do right now is, think about in your head one word to describe the relationship you would like to see with your partners 5 years from now. Okay, find the person closest to you, and share the word. Go. Come on, make noise! If you are not in a needs assessment, what's your wish for a state?

All right. I want 3 words. Somebody yell out to me, what word do you have?

[Audience responds: "Robust, deeper, integrated!"]

Nice! How do we get deeper integrated, robust partnerships is we report back to them. And we maintain those relationships.

So let's talk about relationships. I want to share with you our relationship. The word for relationship in Hawaiian is Pilina. It comes from this idea of sticking together. We use pili grass - grass that actually sticks - to thatch our roofs.

So I kind of think, you know, in relationships - my discipline is political science, so you know, we talk about interdisciplinary - I think in systems.

So if I look at the MCH org chart and I think about what looks like in the family system - as a F2F grantee as well as other grantees that I've been a part of, as well as with our LEND program - you know, if you take a look at the division of children's special needs, division of state communities, they're like... like siblings.

So for us and our title 5 program, our state, our family health services - we're cousins, right? So that makes Dr. Warren Pops. I always say we're cousins, because you know, in Hawaiian the word for cousin is your first friend from birth.

[Audience: "Aww"]

Right? So why can't we have that relationship with our partners? Why can't we be those first friends? Because it comes back to responsibility, and this is how we do it.

Our word for responsibility in Hawaiian is Kuleana. So say with me, Kuleana.

[Audience: "Kuleana"]

Kuleana.

Our Kuleana - Title 5's Kuleana, if we take a look at the Federal statutes, right - is to improve health for our MCH population. We build upon the infrastructure. We create programs, services and supports. And we're good stewards with the money.

As a community and partner members, our Kuleana back... Yeah... is to protect the health that you've invested in, to give you feedback and to hold the system accountable.

In our history, and we talk about Kuleana - if you take care of the land, the land takes care of you. If you take care of the people, the people take care of you, so why not title 5?

So one of our beloved elders, Kalcia, had his 5 C's for the medical home. I'm going to share with you some of the 5 A's for reporting back to partners.

The first one is to be accountable. Say what you do, do what you say. Find multiple ways of communicating back, and frankly be honest when the data sucks.

[To audience member] Thank you, Carrie. That's the only bad joke I'm going to make about data at this point.

And I say this for a couple of reasons - not you, but you might know people who were children, they broke something in the house when they were told not to play in the house, and then they kind of hid it, and then thought nobody would notice. They kind of got scolded worse than that if they had said the data was broken. I mean, I'm sorry not... the data was broken, the vase was broken. Same idea. Don't put your partners in that situation - be transparent. They can take it.

Being adaptable - finding multiple ways to share the data, tailoring it for the communities, different formats, languages and media. Adjust your schedule so it's just not on your time, it's everybody's time. And be prepared for backup plans just in case things don't work out this time. No, it just means not now, that's all. Not now - it can be accomplished.

I will share with you... About 20 years ago we made a major systems change in our State Medicaid program, and we sat there in the planning meeting, and the director says, "See, I don't know how to tell people about it." I'm like, "Why don't we ask them? Why don't we ask them how do you want to know about the changes in the data?"

So we went out. We took our LEND trainees. We circled the State, asked people how they want to get their information. We learned from a community of Molokai that they get the information, not from TV, not from radio, not from the newspaper, but from the market that has posters and flyers on the wall - and they will only pay attention if a picture is in it.

So you better believe that as we put forth our work that we report back, we're going to make sure we've got pictures on our documents. We're not going to put the 35-year-old pregnant woman on the adolescent health picture. We're going to have the picture of the emo kid - just kidding. We're going to have multiple pictures of adolescents so they can see themselves. And they can see themselves in the data.

Some of our partner agencies - they don't bill, they don't invoice. We're going to help them by creating templates so they can participate and be part of it, so we can adapt to where they're at and not make them jump through the hoops.

Otherwise, we make ourselves accessible and available. It is lovely to be able to meet at the same time - not just through email, whether it's virtually whether it's in person. That constant connection and communication reminds us of why we like hanging out with each other. That's how we get the stickiness of the Pilina. We spend time together.

Create a communication plan and schedule the ongoing updates of how and what you're reporting back when so you don't lose track of it, and to make sure that you're in constant communication. You don't want anybody having FOMO that they're missing out right? You want them there, and present and excited and engaged, because that's where we want our partners to be, and that's where we want to be with our partners.

Also strive to be timely. It's kind of hard to remember 9 months later what this report was for and what you did, because, contrary to popular belief, nobody is obsessed with the title 5 needs assessment outside of the people in this room. And I know many of you lose sleep, lose sleep about it.

Another thing about being accessible is that you know it is the way - the only way for the community to get involved. I'm going to share with you a clip of a video. It is not from a title 5 community forum. It is from another State agency community forum that has a constituency of native Hawaiians who have homeland. And similarly they have very similar processes. I want to share with you some thoughts from one of the aunties...

[After video clip]

Okay. So what did we learn from Aunty? She knew she had responsibility. She declared her Kuleana in her testimony - "responsible for or responding to." She knew that she needed to be activated, and the only way she could do so if she was plugged in.

The interdependence that exists for public service is what makes it work. In any situation. I'm not saying, send a mailer to every single MCH population person. I'm saying, how might we get the word out? Is it our partners' hotel? Is it the public health nurse who tells her caseload about what you're doing? Is it the hotel workers Union that gets the word out? Yeah, we make the effort. We try.

The biggest lesson I think we've learned in this needs assessment process here that we heard from our partners was to not be extractive but be additive - to offer support, building our partners' toolkits, their data and their insights.

We've had agency partners that are very interested, but might not be ready, but they want to participate. So we do the old "see one, do one and teach one." We work with them, we help to build their capacity, we get them excited, and then they're ours forever.

We think down the road for future opportunities to engage and stay connected. It's that meeting, it's a connection. It takes effort, it takes time. But honestly, if we ask the "how might we" question - how might we leverage our partnerships to impact the annual needs assessment update?

Hey, friends, remember, we did this great 5 year needs assessment. Guess what? Every year we got to come back. How can we do it better? How can we engage you? Let's think about this. This is not one and done. This is a relationship.

I think the other important thing about not being extractive is to remember the pains of the past. There is IRB for a reason. We've chosen not to go into and speak with families from Lahaina for the wildfires, because we don't need to re-traumatize their experience. There's data that's being collected, and those data collectors are actually working with us to extract out the MCH population for us. Yeah. So be mindful that that exists, and that's just being good, good, good, good partners into our community.

We wouldn't be able to have this partnership if it wasn't for the openness, the vulnerability, and the risk taking of the partners involved. Just as much as it is vulnerable for the State program to share and be accountable, is just as vulnerable for partner organizations to be honest and transparent. So it goes both ways. We carry the burden together, and at this time I want to thank my best partner, Annette Mente from Title 5, who lets me be me in our partnership.

We've included our friends from the University of Alabama at Birmingham in this walk together for this 5 year needs assessment process that we've laid some foundation.

So on behalf of the Hawaii team, I want to thank you. If you remember anything, it's just report back is the right thing. I could tell you so many different self-serving reasons why it's important for you, but honestly, at the end of the day, if we do the things that are right, we do it the right way, it's all good.

Thank you for all the families and children that you serve in our communities. Mahalo.

John Richards: Just wow! Once again, we really have to think... So wrapping us up today, we've talked about so many topic areas. But I just want to briefly reflect on - you said our work is magnified, amplified, and multiplied through partnership. Hopefully, those are the other 3 words that you remember from today.

This is not a one and done. This is a relationship.

We're going to answer a couple of questions here, and then we're going to move into our breakout sessions. And hopefully, you will use these as an opportunity to do peer to peer learning. We want you to brag about what you're doing, but also be honest about where you're experiencing pressure points.

It is okay to say we have some issues. We're trying to figure something out. I bet you, if you are brave enough to say what your issue is, they're going to be 5 other people in the room going, "Oh, thank God, they said that because we have the same issue."

So we're going to do a bunch of breakout rooms hopefully, probably about 2 per each. We're going to break out into the steps. And as Amy and Rebecca said, this is - I love this line - this is not a linear process. It wiggles back and forth. I love when title 5 wiggles. It just makes us feel - we're going to be doing a lot of wiggling in these breakout sessions.

Hopefully, we're going to do sort of small and medium states and jurisdictions and medium and large. So you're going to self select. It's going to be a lot of fun. But if there are any questions to lead us off, we have a few minutes here to talk about some of your questions, and there are microphones up here if you want to jump up there.

I do see a couple of people popping up, maybe. Oh, I don't know if there's a microphone over here. Oh, back there.

Q&A Session:

[Audience Member]: Really engaging. I have a question for the Colorado team. First of all, for like a hero in the room, I'm so jealous, thank you so much for just going through your whole monitoring evaluation process. For the at least for your local derivation engagement, I was just wondering, how do you connect it to the NPMs? And how do you connect their work to all of the national objectives and performance measures?

[Erika]: Okay, so I'll start out by saying that evaluation isn't actually what I do. So I'm not entirely as familiar with that part. I'm very familiar with evaluation work we do at the State level, but I don't really work with the locals as closely. But there's there are others from our Colorado team here that hopefully we can maybe find during the break and ask that question, or I can follow up with our evaluators and interact with you later. That would be helpful. Sorry about that.

[Audience Member]: That's okay. Thank you.

[New Audience Member]: Hi everyone. I also had a question for Colorado. But I do want to thank all of the panelists who did an amazing job so much. So in California we are trying to adopt a more cohesive model across our population domain and really are inspired by your work in your interest and focus areas.

I was curious - so I noticed you had the 7 priority statement within a specific strategy. How are you... Are those 6 strategies applied across all population health domains? Or how are you working to across those domains, those this small number of strategies? And the reason I'm asking this is and I have a... as I'm working on it now. So working to get a little insight there.

[Colorado Team Member]: Yeah, thank you. So those specific strategies were a little bit more like broader. And that way we can kind of take that as a starting point. And we look at this like general strategies we have around purchase or yeah, and like apply those to our specific projections are kind of like a sort of a general roadmap of how do you get started - like, what's a good starting point for? Like what are effective? And how can you apply those? And so I think

that's been really helpful because it is really easy to fall into the gap. There's so much work to do, and there's so many things to do. And so, having that more generalistic call back to be helpful.

[Chad]: Okay, since there's time, as I was listening to all of the panels, I thought to myself, what the connection between what we said about Step 7, 8, and 9 is.

And so, as I was thinking about that to me, it's clear that, undermining all 3 of these sort of steps, or approaches or labels on the library... The underlying thing is that our goal underneath all of those things is to advance equity.

Like when we talk about Step 7, and we're talking about allocation of resources, the purpose of that is to be strategic in how you're thinking about advancing equity. Colorado shares this very comprehensive view of how they're collecting, analyzing, and evaluating their strategies, that is, with the intent and the purpose of advancing equity.

And so in this presentation about hearing back from partners, of course, the goal there is, so that we're hearing, listening, and responding to the needs with the purpose of the intent of advancing equity. So I just wanted to say for me, that was the through line here. Maybe we didn't articulate that very, but I think probably we would all agree that that's the through line of these later steps is that they're really intended to ensure that we're advancing equity in all... in all of these aspects of our needs assessment process.

And now I realize it's the wiggle waggle line... bam!

[New Audience Member]: Yes. I'm with the F2F in New Jersey and also with the National Family Engagement and Michigan Systems of Care program. And I just wanted to specifically mention, I thought all the presentations were excellent. They're very involved with our State in the needs assessment, not just in the children of special health committees, because we, for example, we piloted the community Doulas in our State.

[F2F Representative continues]: And we are going to... I just wanted to highlight that the monitoring guidance specifically calls out engaging with a particular partner, your Family to Family Health Information Center. And I think it's really important to do that for a lot of reasons. One reason is, that is, you know, MCHB's key investment in family engagement for families of children with special health needs across all the special health committees.

Also, it's important to note that a lot of the parents we talk to also have children that don't have special health care needs, but also have other types of maternal child health and adolescent health needs, and also an increasing percent of family to families are being engaged in other types of work.

So on maternal child and adolescent health side. And so I really encourage everyone to - if you haven't already done that - to reach out to your Family and Family Health Information Center,

and if you need any help with that relationship, please contact us at FAILS, because we could do not only supply to you, to the apps, but we also support title 5 agencies around family engagement.

John Richards: That's great, and you know it brings back up the importance of the MCH Block grant guidance, and, as Amy said, it is readable. It's immensely readable. We know that the citations are now very accurate.

Just putting it out there - this is something print up every once in a while go back and take a look at it. This is your go to. You can use this as leverage as you are working with your community partners to say, this is what the national requirements are. We are following these every 5 years. They get a little better. We get a little more inclusive.

Alright, I don't see other questions, so I want to remind us that this is indeed the hardest job in the world. But it's the most important. It is what is in front of us right now. We are going to go off into these breakout sessions to do that hard work, but I also want to say, along with the hard work and the questions and the pressure points and the areas where we feel like, "Oh, we don't have the time, we don't have the budget, we just... we are stressed too much."

I want us to take time in the next couple of hours - let us celebrate our wins and successes. Celebrate the work that you have done, that your teams have done. Bring that to the table. We are at the end of the assessment or the breakout sessions, we're going to ask for an exit ticket for everyone to give an idea. Imagine this is our one moment with these exit tickets. And I really want people to be creative here - creative, but also very focused.

Imagine, 5 years from now you're 5 years more fabulous. And at that point, hopefully, you're still working in MCH - if you're not, you have a successor. What one tip would you give? That's very specific that has detail that is actionable, that is implementable, that you would give to yourself 5 years from now about needs assessment when you are thinking into the future. Or if you're not here, what would you want your successor to know?

So they can pick up that torch because 5 years comes really quickly. We are going to take these exit tickets. We're going to put them up on MCHneeds.net. They're going to be there, but they're all... it's also going to be a time capsule, because I gotta tell you - in 5 years many of us will be in this room or a similar room, and we'll be standing together talking about the next 5 years and building on the work that we've done. Now, let's not let all of our really innovative breakthroughs slip through the cracks. Let's record them, and let's do that as part of these breakout sessions.