PMHCA All-Awardee Virtual Meeting
June 8 & 9, 2021
Welcome!

As attendees continue to login, we ask that you enter your answer to the question below in the chat box.

What travel destination would you most like to visit?
PMHCA All-Awardee Virtual Meeting

Tuesday, June 8
12:00pm to 5:00pm ET
Meeting Notes

• Today’s meeting is closed-captioned
• Submit questions that will be addressed after a presentation
• Materials to be shared via Chat: Agenda, Meeting Booklet
• Please be in listen only mode or mute your speakers
• If you have a technical issue: webmeeting@altarum.org
Today’s Moderators

Madhavi Reddy, MSPH
Kelly Dawson, MPH
Cara de la Cruz, PhD
Welcome & Opening Remarks

Lauren Raskin Ramos, MPH
Division of Maternal and Child Health
Workforce Development Director
Division of MCH Workforce Development Updates
PMHCA Programs

June 8, 2021, 12:00-1:15 p.m. Eastern

Lauren Raskin Ramos
Director, Division of MCH Workforce Development
Maternal and Child Health Bureau (MCHB)
Presentation Outline

• MCHB Updates
• DMCHWD Activities
• Opportunities for Engagement
• Discussion
Maternal and Child Health Bureau (MCHB) Strategic Plan

An America where all mothers, children, and families are thriving and reach their full potential.
MCHB Strategic Plan continued

**MCHB MISSION**
To improve the health and well-being of America’s mothers, children, and families.

**MCHB VISION**
An America where all mothers, children, and families are thriving and reach their full potential.

**GOAL 1**
Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

**GOAL 2**
Achieve **health equity** for MCH populations.

**GOAL 3**
Strengthen **public health capacity and workforce** for MCH.

**GOAL 4**
Maximize **impact** through leadership, partnership, and stewardship.
Promoting Pediatric Primary Prevention (P4) Challenge

- **Solicit bright ideas from new voices**
- **Demonstrate improvement in well visits and immunizations**
- **Easy process for application**
- **Compete for share of $1 million in cash prizes**
FACT SHEET: President Biden to announce National Month of Action to mobilize an All-of-America Sprint to get more people vaccinated by July 4th

The White House Briefing Room Statements and Releases

We Can Do This Campaign Made to Save
Current and Anticipated DMCHWD Competitions

**FY21**
- Healthy Tomorrows Partnership for Children Program
- Leadership Education in Neurodevelopmental and Related Disabilities (LEND)
- MCH Navigator
- MCH Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program
- MCH Workforce Development Center

**FY22**
- Leadership Education in Adolescent Health (LEAH)
- Interdisciplinary Technical Assistance Center (Autism)
• American Rescue Plan Act (ARPA) PMHCA – New Area Expansion
• $80 million through ARPA to expand PMHCA
  ▪ Up to 32 new cooperative agreements, $14.2 million/year
  ▪ States, political subdivisions of states, and Indian
  ▪ tribes and tribal organizations not currently funded by HRSA
  ▪ September 30, 2021 awards
• New Implementation Center Planned
  ▪ Technical assistance for all PMHCA programs
  ▪ Fall 2021
DMCHWD Activities and Opportunities for Engagement

• COVID-19 Prevention and Response Innovation, Ongoing Needs, Telehealth Activities
• Supporting a Resilient MCH Workforce
• Diversity in the MCH Workforce
• Program Impact / Career Trajectories
  • Faculty and Trainees
  • Recruitment, Career Pipelines, Succession Planning
• Dissemination of Best Practices and Program Impact
• DMCHWD Strategic Plan Implementation Roadmap
Questions and Discussion
Lauren Raskin Ramos
Director, Division of MCH Workforce Development
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Web: HRSA MCHB
Keynote

Debra Pinals, MD

Katherine Rosenblum, PhD, ABPP, IMH-E IV
Strengthening the Roots and Promoting Early Relational Health

Kate Rosenblum, PhD, ABPP, IMH-E IV
Professor, Departments of Psychiatry and Obstetrics & Gynecology
Co-Director, Zero to Thrive
katier@med.umich.edu
Disclosures, Katherine L. Rosenblum, 6.8.2021

- I have no conflicts of interest for this presentation
- My work has been funded by the Michigan Department of Health and Human Services Centers for Medicaid/Medicare, SAMHSA, Michigan Health Endowment Fund, Flinn Foundation, Gerstacker Foundation, and the National Institutes of Health (NIMH/NICHD)
Promoting the health and resilience of families from pregnancy through early childhood with research, education, partnership, and service

WHAT'S HAPPENING >
Take Away Points

• Relational health in the early years is a vital sign
• Safe, supportive, and nurturing relationships promote wellbeing and healthy development across domains, and can buffer against the effects of toxic stress
• Parenting is deeply culturally embedded, and a racial equity and anti-racist approach requires that providers and services center on families’ perspectives and experiences, seek and elevate parent voice, and embrace a stance of cultural humility
• We can support and nurture relationships at multiple levels – parent-child, family, community, systems
Note…

• Offering examples from our work simply as illustrations
• Core concepts should apply to many different models/interventions/programs
• There are many pathways towards nurturing, supporting, and strengthening relational health
Definitions

Early relational health describes the positive, stimulating, and nurturing early relationships that ensure the emotional security and connection that advance physical health and development, social well-being, and resilience.
Personal Reflection

• Take a moment to think about a tree that is special to you. This might be a tree from your childhood, a tree near your home, a tree you remember, or one you see every day.
• Get comfortable, close your eyes, and take a moment to picture your tree.
Personal Reflection continued

What are some of words that describe how thinking about and mentally “being with” your tree make you feel?
Like the Roots of a Tree…
Early Relationships are Foundational
The Core Story of Development

• Early experiences in life build “brain architecture”
• Children develop in an environment of relationships
• Genes and environments interact to shape the architecture of the brain
• Cognitive, emotional and social capacities are inextricably intertwined
• “Toxic stress” and adverse experiences derail healthy child development
• Brain plasticity and the ability to change behavior decrease over time

Willis, 2018
Strong Roots concepts and how they support resilience and early relational health
What builds resilience?

- Psychoed Attachment-based Parenting Group
- Self-Care
- Enhancing Social Supports
- Practice Parent-Child Interaction
- Connection to Services

Strong Roots and Protective Factors
Nurturing Resilience
Intergenerational Transmission of Risk and Resilience… from generation to generation
Mechanisms by which adverse childhood experiences influence health and well-being throughout the lifespan

From acestudy.com
Child Stress and the Pandemic(s)…
Links Between Original A.C.E.s (Atrocious Cultural Experiences) and Current A.C.E.s (Adverse Childhood Experiences)

<table>
<thead>
<tr>
<th>Original A.C.E.s</th>
<th>Examples of Systemic Oppression/Inequities</th>
<th>Adverse Childhood Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genocide</td>
<td>Police violence</td>
<td>Abuse</td>
</tr>
<tr>
<td>Slavery</td>
<td>Mass incarceration</td>
<td>Physical</td>
</tr>
<tr>
<td>Colonization</td>
<td>Disparities in preschool expulsions</td>
<td>Emotional</td>
</tr>
<tr>
<td>Forced family separations</td>
<td>Inequities in access to jobs and housing</td>
<td>Sexual</td>
</tr>
<tr>
<td>Sanctioned attacks on individuals’ bodies</td>
<td>Inequities in pay</td>
<td>Neglect</td>
</tr>
<tr>
<td>Removal of property/land</td>
<td>Inequities in the child welfare system</td>
<td>Physical</td>
</tr>
<tr>
<td>Denial of basic human rights</td>
<td></td>
<td>Emotional</td>
</tr>
</tbody>
</table>

(Ghosh Ippen, 2016)
Trauma and Adversity Can Impact Worldview and Behavior

Conceptual Framework on trauma and help-seeking
Based on Edna Foa, Mardi Horowitz, John Bowlby & Liang, Goodman, Tummala-Narra, & Weintraub, 2005;
When I’m feeling overwhelmed or stressed:

I can’t hear you.

I can’t think clearly.

I can’t respond to you.

I need your help to calm me and feel safe.
The good news: Evidence confirms the potential for resilience, health, and hope!
Yet we must attend to the soil
The Pair of ACEs

Adverse Childhood Experiences

- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Divorce
- Substance Abuse
- Mental Illness
- Domestic Violence
- Incarceration
- Homelessness

Adverse Community Environments

- Poverty
- Violence
- Discrimination
- Lack of Opportunity, Economic Mobility & Social Capital
- Community Disruption
- Poor Housing Quality & Affordability

Prior Experience is Not Destiny

Positive early relational experiences are protective
Positive Childhood Experiences predicted adult mental and relational health ... even in the presence of ACES!
"good enough" .... not perfect

And there are many different ways to be a good enough parent...
Principles of Early Relational Health
(from the ERH Team at CSSP)

- Based on the importance of foundational relationships from birth
- Arises from listening to families, communities and cultural stories that tell of resilience and strength
- Science-based, strength-based and family-centric
- Reflects the bi-directional delight of parents, extended family, and caregivers in their developing relationship with their child
- Grounded in human dignity and opposition to systemic racism
- Acknowledges the overload of economic oppression and racism
- Foundational to the positive experiences that address equity and anti-racism, recovery, resiliency, and protection from stress
- Not a program nor intervention, but an “all-in” approach that partners with communities, programs, and approaches
- A paradigm and mindset shift for early childhood & mental health
Illustrations from our work
At Zero to Thrive we focus on programs that are...

• Relationship Based
• Integrate Reflective Practice
• Promote Parent and Family Strengths

I'm looking for information and resources to support...

**Families or Caregivers**
Information and resources to help parents care for themselves and to help children feel safer and more secure during these uncertain times.

**Perinatal Women**
Information for perinatal women to care for themselves and to learn more about the impact of COVID-19 on pregnancy and breastfeeding.

**Professionals**
Information and resources for professionals who are helping guide families through this crisis while still coping with its impact themselves.
What builds resilience (knowledge)?

- Strong Roots and Protective Factors
  - Psychoed Attachment-based Parenting Group
  - Enhancing Social Supports
  - Connection to Services
  - Practice Parent-Child Interaction
  - Early relational health

- Learn
- Resilience
- Practice
- Connect

- Knowledge
  - Relationships
  - Concrete support in times of need
Illustration: Community-Based Parenting Intervention: Strong Roots and the Mom Power Program
**Mom Power and the Strong Roots Curricula**

- Attachment theory-driven, manualized,
- 10 multifamily + 3 individual sessions
- Key aims:
  - Engage, nurture
  - Provide safety, build relational trust
  - Enhance self-efficacy through empowerment
  - Build skills around self-care, problem-solving and emotion regulation
  - Nurture parenting by strengthening reflective capacity and positive (joyful) interactions

(Muzik, Rosenblum & Schuster, 2010)

Funding: State of Michigan Department of Health & Human Services; Todd Ouida Scholars Award; RWJ Scholars Award
Early Foundations

- Optimistic
- Self-esteem
- More independent
- Keep trying despite challenges
- Self-soothe
- Better able to problem solve
- Resilient
- Cooperative
- Kind to others
- Can ask for help
- Resist peer pressure
- Trusting
- Better relationships
- Get along with others
Making Complex models accessible: Attachment Based Parenting
The Tree Metaphor Video

Zero to Thrive: Using the Tree to Understand Relationships Video (YouTube)
Why a tree?

*Trees are…*

- Flexible
- Resilient
- Grow Strong
- Can Survive in Harsh Climates
- Can Survive Storms
  *(but need to focus on the roots to survive)*
- Can be Transplanted
  *(but are more vulnerable and need extra nurturance and care)*

*What else?*
I like eating the apples off it. I can draw them rilly good.
Dad's Tree

Michigan White Pine

Perfect

4

Bow Hunting

Green all year!
How do we support parents in using the Tree?
Infants and children who are highly stressed or have experienced trauma/loss can send confusing signals

For example:
• Turning away instead of seeking support
• Failing to be comforted
• Risk taking
• Tantrums/aggression
• Developmental regression

Parents/caregivers who have experienced trauma and loss can send confusing signals, too
What Is Reflective Capacity/Functioning?

• Appreciating that mental states underlie behavior
• Includes feelings, thoughts, beliefs, desires
• Recognizing that behavior has meaning
• Ability to perspective take
• Ability to be reflective instead of reactive

Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Oppenheim & Koren–Karie, 2007
Why the emphasis on reflective capacity?

Without Reflective Functioning

With Reflective Functioning

Awareness of child’s internal states
Understanding of child’s behavior
As driven by internal experiences
Reflective capacity as a protective buffer

• Reflective capacity is linked to:
  – responsive parenting
  – child attachment security
• Reflective capacity is modifiable—that is, it can be nurtured and supported

Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002; Hutman, Siller, & Sigman, 2009; Siller, Hutman & Sigman 2013
Mom Power
The Wondering and Response Wheel

How can I respond to meet my child's feelings and needs?

What is my child doing? Is this a "branching out" or "building roots" moment?

What might my child need from me?
- Enjoy, Help, Attend, Nurture, Restore, Repair

What might my child be feeling?
Wondering Response Wheel

• There is no one-size-fits-all way to respond
• Allows for and supports the cultural embeddedness of relationships and parenting
• Helps empower parents to walk through a process that promotes reflective functioning
• The circle does not end– it goes around and around
• You can process past events and “be detectives” together
What does the research tell us?

- Reduced depression, parenting stress, helplessness
- Positive impact on parenting/relationships
- Increased connection to community resources
Participation in Strong Roots Multifamily Group (Mom Power) Reduced Parenting Stress and Increased Activation of Brain-based Empathy Circuits

Swain, Ho, Rosenblum, Morelen, Dayton, & Muzik, 2017, *Devel. & Psychopathology*
“I didn’t have roots growing up in foster care and now I see how important connection is and I want to build roots with my baby”

Relationships
Build Roots and Sprout Hope
Take Home from Evaluation

• High levels of stress may interfere with being able to enjoy positive affect with your child
• Shared positive affect is key for early emotional development
• Neither stress nor biology are destiny... when we support parents and reduce parenting stress, we are *changing brains* and nurturing resilience across generations
The Strong Roots Programs: Adaptations for dads, families, teachers, child welfare-involved families

Strong Military Families
Fraternity of Fathers
Hearts & Minds on Babies
More info on the Zero to Thrive website
What builds resilience (practice)?

- Knowledge
- Relationships
- Connect

Resilience

Learn

- Self-Care
- Psychoed Attachment-based Parenting Group

Strong Roots and Protective Factors

Practice

- Early relational health
- Practice Parent-Child Interaction
- Connection to Services
- Enhancing Social Supports
Advancing Relational Health: Opportunities in Pediatric Primary Care
Relational Health Promotion in Pediatric Primary Care

Thriving With Your Baby Clinic
At Bronwood Center for Women, Children, and Young Adults
Let's Make a Movie of You and Your Baby!

Do you have a baby between 3-14 months of age?
Get to know your baby!
Tuesdays 12:30 – 4 pm
Sign up at the front desk.

Thrive With Your Baby Clinic

Promoting Relational Health in Primary Care through Brief Video Feedback Review

What is relational health?

Early interactions are the foundation for infant social, emotional, and cognitive health and well-being. Positive, responsive interactions across the first 1000 days lay a foundation for developmental success.

Why do relational health matters?

Stress and changing experiences are a normal part of life for a family. Strong relationships can help lessen the impact of stress and harm on children and can help them feel safe. Responsive parenting promotes resilience in children.

Why make a video of a parent and baby interacting?

Every time a parent and baby visit the doctor, the provider checks the baby’s vital signs—heart rate, blood pressure, and temperature. This National Health Service offers a new video-based tool that allows primary care providers to use to strengthen positive parenting and to connect families with extra support.

How will the video be used?

Using a 6-month-old child visit, the clinician makes a short video of the parent and child playing together. After the video is complete, the clinician shows the parent the video and the parent’s observations on the child’s play. They look for moments of enjoyment and engagement and then explore together about any confusing or difficult moments. If the parent wants additional support, they can receive this based on their relationship with their baby. Clinicians help families to programs in their community.

Questions?

Please email Natalie Burns, LMWW at the University of Michigan Department of Psychiatry, nburns@umich.edu

Zero to Thrive

A Program of the University of Michigan Department of Psychiatry
Thrive with Your Baby Clinic: Integrating Early Relational Health Conversations in Primary Care

- Universal health promotion and prevention
- Brief observation of child–parent(s) interactions
- Early Relational Health Screener (ERHS)
- Video review with parents
- Relational Health Conversations
To promote ERH: Why Video/Observed Interaction?

- Background and rationale
- Brief overview of “the how”—“how we do this,” and “how we are” in our work
Background and Rationale

- Nurturing and responsive early relationships provide a critical foundation for young children’s development
- Early relational health can provide a protective buffer in face of adversities
- We can nurture and support early relational health in these foundational relationships
- Relationships are culturally embedded and hold unique meaning for each partner, each relationship, each family
Video review can be used to support early relational health conversations
Why Observation &/or Video…?

Video observation and reflection can…

- Recognize the parent as the expert
- Focus on strengths
- Provide a record for monitoring change [video]
- Allow the provider to highlight connection moments
- Engage multiple caregivers and family members

But we must hold in mind and address….

- Challenges that can include family—and clinician—reticence
- Cultural considerations
- Legal considerations—protecting family from unintended use
- Referrals—as needs are identified, what are systems of care, resources?
Many Intervention Models Use Video

Empirical evidence to support the power of video review—“seeing is believing:”

• Interaction Guidance
• Video–feedback Intervention to Promote Positive Parenting
• Circle of Security (Intensive Model)
• Infant Mental Health– Home Visiting
• Early Relational Health Screening
• Others…
<table>
<thead>
<tr>
<th><strong>Provider Stance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of a benevolent, collaborative stance</td>
</tr>
<tr>
<td>Not to “judge” but to share in observations and reflections</td>
</tr>
<tr>
<td>Chance to observe and appreciate the special strengths and characteristics they and their children bring</td>
</tr>
<tr>
<td>Goal is to build on strengths to promote relational health</td>
</tr>
<tr>
<td>Empower parents, offer hope</td>
</tr>
<tr>
<td>Offer information/guidance with careful intention</td>
</tr>
<tr>
<td>Cultural humility, curiosity, and diversity informed</td>
</tr>
</tbody>
</table>
Relational Health Conversations

Goal of the providers’ comments are:

• to be curious, collaborative, and humble
• to be open—encourage and support parental observation and insights
• to lead the parent to discover and own the knowledge
Illustrative Questions to Prompt Collaborative Reflection

• What did you notice? How typical was this interaction?
• What was the feeling while you were interacting? For you? Your child?
• Was there anything that surprised or concerned you?
• What was the “sweetest moment” for you?
• Does watching this tell you anything about your child or yourself? Your relationship?
• Anything you’d like to try doing differently?
• Are there things you enjoyed seeing yourself do? Your child?
• Things you’d like to do more?
“Broadening the Frame…”

Delighting in parent observations:
- “I really appreciate your sharing that with me…”
- “I saw that, too!” “I enjoyed that, too!”

Expanding and/or Reframing
- “I also wondered if…”
- “Do you think that…?”
- “Sometimes I have heard other parents/children…”
Early Relational Health Screen (allianceaimh.org)

5-minute video clip in home, school, or primary care setting

“Let's make a movie together and see what we can see and learn together about your baby”

Limited toys, non-distracting

Screening Tool – multiple dimensions

- Leslie Munson, Vibeke Moe, Mark Eddy,
- Marie-Celeste Condon, & David Willis
Why do we do this?

Supporting early relationships
What does the research say...

Video feedback in widescreen: A meta-analysis of family programs
Ruben G. Fukkink

SCIO—Kinderuniversiteit, Universiteit van Amsterdam, Nieuwe Prinsengracht 130, 1018 VZ Amsterdam, The Netherlands
Received 2 June 2007; received in revised form 23 January 2008; accepted 24 January 2008


Less Is More: Meta-Analyses of Sensitivity and Attachment Interventions in Early Childhood
Marian J. Bakermans-Kranenburg, Marinus H. van IJzendoorn, and Femmie Juffer
Leiden University

Is early preventive intervention effective in enhancing parental sensitivity and infant attachment security, and if so, what type of intervention is most successful? Seventy studies were traced, producing 88 intervention effects on sensitivity ($r = 0.766$) and/or attachment ($r = 1.303$). Randomized interventions appeared rather effective in changing insensitive parenting ($d = 0.53$) and infant attachment insecurity ($d = 0.20$). The most effective interventions used a moderate number of sessions and a clear-cut

zero TO THRIVE
A Program of the University of Michigan Department of Psychiatry
What do parents say?

Parents report shift in feeling they understand their baby, and feeling supported by providers

Video (YouTube): Zero to Thrive’s Thrive with Your Baby Clinic (testimonial)
What builds resilience (Relationships)?

- **Learn**
  - Psychoed Attachment-based Parenting Group
  - Enhancing Social Supports

- **Practice**
  - Self-Care
  - Parent–Child Interaction

- **Connect**
  - Connection to Services
  - Concrete support in times of need

- **Resilience**
  - Early relational health
Circles of Holding

- Providers/Systems
- Family/Community
- Parent(s)/Caregivers
- Child
Relational health across relationships and systems—improving connections to support teaming
What builds resilience (connect)?

- Psychoed Attachment-based Parenting Group
- Enhancing Social Supports
- Connection to Services
- Practice Parent-Child Interaction
- Early relational health
- Self-Care
- Learn

Resilience

Strong Roots and Protective Factors

Knowledge

Relationships

Connect

Concrete support in times of need
Services

Knowing the resources in your community—addressing the continuum of needs—building relationships:

• Prevention Services
• Part C Early Intervention
• Substance Use Treatment (MAT, therapy/recovery-oriented treatments, case management)
• Trauma treatment for parents and young children (Infant Mental Health/Infant Parent Psychotherapy)
• Wrap-Around or Intensive Home Based
• Therapeutic Visitation Supports
• Pediatric Primary Care/Medical Home
• And more…
What builds resilience (self-care)?

- **Learn**
  - Psychoed Attachment-based Parenting Group
  - Enhancing Social Supports
- **Practice**
  - Practice Parent-Child Interaction
  - Connection to Services
- **Connect**
  - Concrete support in times of need
- **Resilience**
  - Early relational health
  - Self-Care
Nurturing Wellness

The synergy that is created when heart, mind, body, and spirit are all healthy and working together

Mind
Conscious thinking and reasoning, beliefs, emotions, and attitudes

Spirit
Connectedness, purpose, and meaning

Heart
Love, compassion, and empathy

Body
Health, nutrition, and rest
Early Relationships are Foundational and Can Buffer Effects of Trauma/Toxic Stress
Infant Mental Health Home Visiting moderates the association between maternal ACES and toddler language development

Figure 2. Interaction between caregiver experiences of childhood adversity and intervention condition on child communication screener performance.

Note: Conditional effects for each slope are as follows: Control Condition: $b = -0.08$, $SE = .02$, $t(54) = -3.60$, $p = .0007$; Treatment Condition: $b = -0.03$, $SE = .02$, $t(54) = -1.24$, $p = .2194$
Strong families!
Take Home Points

• Early relationships are foundational

• Centering on Equity
  Critical need to keep focus on disparities, bias, access, & justice

• And ultimately… strong roots, built through connection, help children, parents, families, and communities grow and thrive

• Videos and other resources free and available zerotothrive.org
This is still true.

Take good care of your patients, your family, and you.

katier@med.umich.edu

Susan Hayaski, PhD
Amanda Gmyrek, PhD
21st Century Cures Act Evaluation Capacity-Building Webinar Series

Webinar #10: HRSA MCHB Evaluation Update

June 8, 2021

Presented at the PMHCA All-Awardee Meeting

Prepared by JBS International
Introductory Remarks

Welcome and Introductions
Cara de la Cruz, PhD
Public Health Analyst
HRSA MCHB
Webinar Overview

• HRSA MCHB Evaluation Status
• Evaluation Capacity-Building Technical Assistance (TA) Call Themes
• Methodological Considerations Update
• Interim Promotion Packet Update
• HRSA MCHB Evaluation Next Steps
• Questions and Answers
HRSA MCHB Evaluation Status
HRSA MCHB Evaluation: Timeline and Activities Overview

- **Fall 2020**
  - Health Care Provider (HCP) and Practice-Level Survey administration opened
  - Evaluation Capacity Building Webinar #9

- **Winter 2020**
  - HCP and Practice-Level Survey administration closed

- **Spring 2021**
  - Annual Presentation to Awardees Webinar
  - Evaluation Capacity-Building TA Teleconference Calls
    - Evaluation Capacity-Building Webinar #10

- **Summer 2021**
  - Evaluation Capacity-Building Webinar #11
  - Program Implementation Survey administration
  - Preparation for Fall 2021 HCP and Practice-Level Survey administration
Evaluation Capacity-Building TA Call Themes
Evaluation Capacity-Building TA Call Overview

• JBS spoke with representatives from all 28 awardee programs in March – April to discuss:
  – Awardee program implementation and evaluation updates
  – HRSA MCHB evaluation data collection updates and next steps
  – Awardee evaluation TA needs
• Calls provided information about the current status and context of awardees’ program activities and informed HRSA MCHB evaluation methodological decisions.
Evaluation Capacity-Building TA Call Themes

- Various approaches to enrollment/participation
- Practice-level implementation
- Variable impact of COVID-19 on use of consultation line
- Importance of physician champions
- Introducing the consultation team/increased program marketing
Evaluation Capacity-Building TA Call Themes (cont’d)

- Focus on provider wellness
- Providing additional opportunities for provider engagement (e.g., office hours)
- Shift toward sustainability
- Additional local data collection
- Evaluation capacity-building TA areas of interest:
  - Sustainability
  - Health equity
  - Billing/reimbursement
  - Provider wellness
  - Cost effectiveness/cost benefit analyses
Methodological Considerations Update
Methodological Considerations: Pre-Administration

Survey administration approach (i.e., JBS administered vs. awardee administered)

<table>
<thead>
<tr>
<th>Survey Administration Task</th>
<th>JBS Administered</th>
<th>Awardee Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compile primary email addresses for enrolled HCPs and/or practice managers/leadership</td>
<td>Awardee</td>
<td>Awardee</td>
</tr>
<tr>
<td>Identify sole-provider practices</td>
<td>Awardee</td>
<td>Awardee</td>
</tr>
<tr>
<td>Send survey notification email</td>
<td>JBS</td>
<td>Awardee</td>
</tr>
<tr>
<td>Send survey email to enrolled providers and practices</td>
<td>JBS</td>
<td>Awardee</td>
</tr>
<tr>
<td>Send survey reminder emails*</td>
<td>JBS</td>
<td>Awardee</td>
</tr>
<tr>
<td>Implement strategic communication activities using Promotion Packet</td>
<td>Awardee</td>
<td>Awardee</td>
</tr>
<tr>
<td>Track email metrics (e.g., # of recipients and bounces)</td>
<td>JBS</td>
<td>Awardee</td>
</tr>
</tbody>
</table>

*HRSA MCHB evaluation surveys now include an email address field, which allows for survey completion tracking for JBS-administered and awardee-administered surveys.
Methodological Considerations: Pre-Administration (cont’d)

• HRSA MCHB evaluation data collection timeframe
  Coordinating HRSA data collection with local data collection efforts
• Changes in enrollment strategy and definition
• Sole-provider practices
Methodological Considerations:
During Administration/Post-Administration

• During Administration
  – Including HRSA MCHB evaluation survey links with local data collection survey links
  – Using mail/fax to administer surveys
  – Unique awardee approaches for program promotion and visibility
  – Disseminating promotion packet materials
• Post-Administration
  – Awardee receipt of HRSA MCHB evaluation data
Interim Promotion Packet Update
Interim Promotion Packet

• Materials provided for May through August 2021
• Materials sent on May 21, 2021, with strategic, communications-related guidance to help awardees:
  – Increase provider and practice engagement with programs
  – Raise awareness of future evaluation surveys and encourage participation
Interim Promotion Packet (cont’d)

Promotional materials include:
• Drop-in text (for newsletters)
• Social media messages
• Email text
• Canva graphics and GIFs
• PowerPoint slides
• Champion engagement text
• Talking points
Polling Question #1

Which Interim Promotion Packet materials have you used so far? Select all that apply.

- Email text
- Drop-in blurbs
- Canva graphics
- Canva GIFs
- Social media messages
- PowerPoint slides
- Talking points
- Champion engagement email
Polling Question #2

How frequently are you distributing the Interim Promotion Packet materials?

• Weekly
• Every other week
• Monthly
• Every other month
Polling Question #3

Are you using the Interim Promotion Packet materials to engage with:

- Enrolled providers/practices
- Non-enrolled providers/practices
- Both
HRSA MCHB Evaluation

Next Steps
HRSA MCHB Evaluation Next Steps

• Evaluation Capacity-Building Webinar #11 ~ August 2021
  – Fall 2021 evaluation data collection kickoff
  – Presentations on using evaluation data to drive sustainability/program impact reporting for legislators/policymakers

• Program Implementation Survey ~ August – September 2021
  – Second administration of the Program Implementation Survey
  – Coordination by awardee teams on response but only one response submitted per program

• Promotion Packet ~ September 2021
  Second iteration of the Promotion Packet to implement concurrently with the HCP and Practice-Level Survey administration to (1) promote programs and services offered and (2) encourage feedback on surveys

• HCP and Practice-Level Survey Administration ~ October – November 2021
  Extension of survey administration end date, as needed, depending on responses received
Questions and Answers
Thank you!

Questions or feedback? Feel free to contact JBS.

Susan Hayashi, PhD
(240) 645-4588
shayashi@jbsinternational.com

JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, MD 20852
Taking Action with Humility: Supporting Equity in our Process Speakers

Golda Philip, JD, MPH
William Oscar Fleming, DrPH, MSPH
Alexsandra Monge, MPH
Kelly Coble, LCSW-C
Amie Bettencourt, PhD
Maternal and Child Health Bureau: Equity Focus Areas

June 8, 2021, 2:00-3:00 p.m. Eastern
Golda Philip, JD, MPH
Deputy Director, HRSA Division of Civil Rights, Diversity, and Inclusion, MCHB
Equity: Areas of Focus

Our People
- Providing ongoing learning and growth opportunities for staff at all levels regarding the impact of systemic racism and other forms of discrimination
- Diversifying staff
- Creating a culture of inclusion

Our Organization
- Integrating equity into all aspects of programmatic work
- Assessing structures/policies/practices

Our Partners
- Centering and amplifying experiences of women and families, particularly those of color
- Listening to and learning from the field, including diverse and non-traditional partners
- Providing leadership for the field
Golda Philip, JD, MPH
Deputy Director, Office of Civil Rights, Diversity, and Inclusion, HRSA MCHB
Email: GPhilip@hrsa.gov
Phone: 301.945.3119
Web: mchb.hrsa.gov
Taking Action with Humility: Supporting Equity in our Process

Kelly Coble, Amie Bettencourt, Alexsandra Monge, W. Oscar Fleming
Welcome & Introductions

Kelly Coble
Amie Bettencourt
Alexsandra Monge
W. Oscar Fleming
Agenda

• Equity and Culturally Responsive Practice
• Overview of the “Is My Practice Culturally Responsive” Tool
• Integrated reflection points
• Discussion
Health Equity

“The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused an ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Healthy People 2020
Reinforcing Concepts

“a lifelong commitment to self-evaluation and critique, to redressing power imbalances, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations”

Tervalon & Murray-Garcia, 1998

Adapted from State of Victoria, Department of Health, 2009
Equity as a Process

**Exploration**
- Use a variety of sources to define community needs

**Installation**
- Data-collection instruments are selected and adapted to ensure appropriateness for the culture

**Initial Implementation**
- Use improvement data to inform analysis that supports equitable decision making

**Full Implementation**
- Look for...indicators of system-wide changes attributable to this program.

3-5 Years

Source: National Implementation Research Network
MD Experience/Reflections

Photo by Gary Lopater on Unsplash
Tool Overview – Is My MCH Practice Culturally Responsive?

- A point-in-time assessment at four levels
  - Individual
  - Team
  - Process evaluation
  - Outcome evaluation
- Focused the integration of a culturally responsive, racial equity lens in current practice
- Intended for repeated use to identify areas of strength and targets for growth
- Facilitates action planning based on the findings
Individual/Teams

• Training
• Authentic conversations
• Consultation with experts
• Formation of Health Equity Teams
Process/Impact Evaluation

• Meaningfully engaging families & persons with lived experience
• Culturally responsive data collection and analysis
• Identifying and developing strategies that center Health Equity
• Equity-related legislation

Photo by Isaac Smith on Unsplash
MD Reflection 2

Photo by Robert Zunikoff on Unsplash
Q&A

Please share your questions and ideas in the chat

Photo by Jon Tyson on Unsplash
Thank You

mchwdc.unc.edu
Alexsandra Monge
alexapo@email.unc.edu
Oscar Fleming
oscar.fleming@unc.edu
Break
Ask Your HRSA Project Officer or Grants Management Specialist Presenters
Ask Your HRSA Project Officer or Grants Management Specialist

June 8, 2021, 3:15-4:00 p.m. Eastern

**MCHB:** Cara de la Cruz, PhD, Kelly Dawson Hughes, MPH, Madhavi Reddy, MSPH

**HRSA DGMO:** Kaleema Ameen, Crystal Howard, Leon Harrison
American Rescue Plan Act – PMHCA – New Area Expansion

- **American Rescue Plan Act – Pediatric Mental Health Care Access – New Area Expansion NOFO**
- **Applications are due July 6, 2021, by 11:59 pm ET.**
- States, political subdivisions of states, and Indian tribes and tribal organizations are eligible to apply.
- **PMHCA Innovation Center** – will support a national network of PMHCA programs to provide technical assistance and resources, peer to peer learning and support, identify and disseminate effective and innovative models of training and care, develop program and policy options to strengthen and sustain PMHCA programs, and support awardee capacity to collect and analyze data.
Important Due Dates & Tips

2018 Cohort
September 30, 2018 to September 29, 2023 (5 Years)

• Reporting for Year 2
  ▪ NCC Performance Report 1/28/21
  ▪ Federal Financial Report 1/30/21
  ▪ NCC Progress Report 6/16/21

• Reporting Year 3
  ▪ NCC Performance Report 1/28/22
  ▪ Federal Financial Report 1/30/22
  ▪ NCC Progress Report 6/2/22 (approximate)

• Reporting for Year 4
  ▪ NCC Performance Report 1/28/23
  ▪ Federal Financial Report 1/30/23
  ▪ NCC Progress Report 6/2/23 (approximate)

• Reporting for Year 5
  ▪ Project period end performance report (year 5 only) 12/28/23
  ▪ Final comprehensive report (summary of all 5 years)* 12/28/23
  ▪ Final Federal Financial Report (year 5 only) 1/28/24

2019 Cohort
July 1, 2019 to June 30, 2023 (4 Years)

• Reporting for Year 2
  ▪ NCC Performance Report 10/29/21
  ▪ NCC Progress Report 3/17/21
  ▪ Federal Financial Report 10/30/21

• Reporting Year 3
  ▪ NCC Performance Report 10/29/22
  ▪ NCC Progress report 3/17/22 (approximate)
  ▪ Federal Financial Report 10/30/23

• Reporting for Year 4
  ▪ Project period end performance report (year 4 only) 9/28/23
  ▪ Final comprehensive report (summary of all 4 years) 9/28/23
  ▪ Final Federal Financial Report (year 4 only) 1/28/24
The National Consortium of Telehealth Resource Centers (NCTRC)

- NCTRC Overview
- Telehealth Resource Center map/contact information
- NEW! The Center for Connected Health Policy transitioned their twice-yearly State Telehealth Laws and Reimbursement Policies report into The Policy Finder, a consistently updated digital database of all 50 states and the District of Columbia
- The National Telehealth Technology Assessment Resource Center (TTAC) recently released a series of three pandemic toolkits related to telehealth needs during the Public Health Emergency:
  - General pandemic organizational response toolkit
  - Telehealth Policy/Reg Considerations During a Pandemic
  - Pandemic response telehealth technology toolkit
TRC Coming Attractions in 2021:

- The FQHC Best Practices Project assesses the adoption of telehealth during the Public Health Emergency waiver policy changes. This project assesses how COVID-19 has impacted utilization of telehealth, identifies barriers to implementation, and reviews data related to telehealth during the PHE.

- The TRC Mapping Project will cover 26 states, 8 territories (so far) and will use existing data sources to show various types of telehealth data (expansion, broadband speed, etc.)
Pediatric Mental Health Care Access Program
All Awardee Meeting 2021

Kaleema Ameen, Grants Management Specialist
Crystal Howard, Grants Management Specialist
Leon Harrison, Grants Management Specialist
Division of Grants Management Operations
Health Resources and Services Administration (HRSA)
This Presentation Will Cover:

- Roles and Responsibilities of Your GMS
- Understanding the NoA
- The HRSA Electronic Handbooks (EHBs)
- Managing Your Grant
- Tips & Reminders
- Q & A
Roles and Responsibilities of Your GMS

- Provides clarification on grants regulations and financial aspects of the project
- Reviews and make recommendations on continued Federal support
- Monitors compliance with grant requirements and cost policies
- Monitors receipt of all required reports and follow-up as necessary to obtain delinquent reports
- Issues Notice of Awards (Signed by the HRSA GMO)
"Before I consent to being your Valentine you’ll have to agree to these terms and conditions."
Understanding the NoA

Program/Grant Conditions of Award
Grant Conditions- Always require a response by a specific date

Program/Grant Terms
Generally informational and advisory by nature (e.g., uses and limitations of funds and post award administration)
Understanding the NoA (continued)

Standard Terms
Appears on the initial award for the budget/project period and describes general terms and conditions of the grant.

Reporting Requirements
Identifies the various reporting requirements and due dates of the grant, such as FFRs and Progress Reports

Contacts
Identifies the Federal contacts for assistance.
The HRSA Electronic Handbooks (EHBs)

• **Register for EHBs** and clicking the “create account’ link
• **Account Management** - Project Directors/Principal Investigators are responsible for the user management and permissions for their grant
• **Account Access** - Permissions required to access the given Grant Portfolio, login to HRSA EHBs; click ‘Add Portfolio’ link on the side menu bar
• **Technical Support** - Assistance registering with HRSA EHBs; accessing Grant Portfolio or other EHBs issues, contact the HRSA Call Center at 1-877-464-4772
Plan for Carryovers for Unfinished Projects

When submitting your annual Federal Financial Report make sure to request carryover of any unobligated funds for incomplete activities.
Managing Your Grant

- FFR combines Quarterly Report PSC 272 and Financial Status Report SF 269
- Submit within 150 days after the end of budget period
- FFR form must be submitted electronically in EHB

Request to Carryover Funds
- Carryover- unspent funds from previous funding period available for use in current funding period
- Must submit request within 150 days after the end of the budget period

Payment Management System (PMS)
- Grantee contacts PMS to set up account for funds
- Quarterly reports are due using the SF 425 (FFR)
- Please submit reports on time
Managing Your Grant continued

Prior Approval (includes but not limited to)

- Change in Project Director
- Replacement of key personnel specified in the NoA
- Change of grantee organization
- Changes in Scope, Goals & Objectives
- Revisions in Budget and/or Budget Justification
- Carryover Request

*Prior approval is not necessary if changes within budget line items do not exceed 25% of total budget.
Updated Acknowledgement of Federal Funding Statement

The revised Consolidated Appropriations Act requires recipients to state the following on products & documents developed with federal funds:

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $ XX with XX % financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”
The Language Access Executive Order 13166

E.O. 13166 has two overarching goals for all Federal agencies:

1. Improve access to federally funded programs by persons with limited English proficiency; and

2. Implement a system by which LEP persons can access the agency’s services consistent with the mission of the agency.
Tips and Reminders

• This is a Cost Sharing Program with a 20% match requirement.
• Total Award Amount $445,000 / Match $89,000
• The Indirect Cost Agreement should be included with your application. If you do not have an ICR Agreement you can use the De minnis Rate of 10% (please indicate).
• It is recommended to completely breakdown your Personnel Cost in the Budget Narrative.

Please Note:
Definition of Equipment-tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of $5,000 or more per unit.
Tips and Resources

- Read your entire NoA carefully
- Always make sure your contact information is accurate and keep your Project Officer, Grants Management Specialist, and Pediatric Mental Health Care Access Program staff up to date on any changes.
- Submit financial reports on time
- Exercise sound fiscal responsibility
- Regularly communicate with your GMS & PO
- Make sure your System for Award Management (SAM) registration if current.
PHA & GMS Contact Information

Public Health Analysts (MCHB)
• Cara de la Cruz, PhD
cdelacruz@hrsa.gov
301-443-0764
• Kelly Dawson Hughes, MPH
kdawson@hrsa.gov
301-945-3331
• Madhavi Reddy, MSPH
mreddy@hrsa.gov
301-443-0754

Grants Management Specialists (HRSA DGMO)
• Kaleema Ameen
kameen@hrsa.gov
301-443-7061
• Crystal Howard
choward@hrsa.gov
301-443-3844
• Leon Harrison
lharrison@hrsa.gov
301-443-9368
Connect with HRSA

Learn more about our agency at: HRSA.gov

Sign up for the HRSA eNews

Follow us!
Panel: Impact of COVID-19 on PMHCA Programs

Bethany D. Miller, MSW, M.Ed.

Alex Kuznetzov

Lauren Geary, MPH
Supporting Providers and Families to Access Telehealth and Distant Care Services for Pediatric Care

Alex Kuznetsov
Senior Manager, Disabilities and Special Health Care Needs
Lauren Geary, MPH
Program Manager, Adolescent & Behavioral Telehealth Initiatives

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,000,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
AAP AGENDA

- Project Overview
- Key Project Updates
  - Behavioral/mental health efforts
  - Projects of interest to PMHCA Programs
- Resources
AAP: SUPPORTING PROVIDERS AND FAMILIES TO ACCESS TELEHEALTH AND DISTANT CARE SERVICES FOR PEDIATRIC CARE

• GOAL: Support telehealth access and infrastructure for the provision of comprehensive care to children and adolescents, including children and youth with special health care needs (CYSHCN) and other vulnerable pediatric populations, utilizing a medical home approach during and after the COVID-19 pandemic
• Key focus areas: Behavioral/mental health, CYSHCN, rural and underserved communities, adolescent health promotion
• Grounding principles:
  – Medical home model of care
  – Equity
• Project Period: May 1, 2020 – April 30, 2021
  No cost extension: May 1, 2021 – April 30, 2022
NEEDS ASSESSMENT

• Secondary data analysis and primary data collection
• Key findings:
  – Behavioral/mental health services particularly well suited for the telehealth environment
  – Disparities in accessing telehealth may be associated with digital literacy, location, language, socioeconomic status, race/ethnicity, disability, age
  – Many families receptive to telehealth: convenience, flexibility, time saving
  – Resources needed to support telehealth include
    ▪ Best/promising practices
    ▪ Trainings for specific populations and specialties
    ▪ Training on workflow, etiquette
    ▪ Patient and family feedback and perspective
    ▪ Training for medical students and other health professionals
    ▪ Data to demonstrate value
AAP Behavioral/Mental Health Efforts

• Behavioral/Mental Health and Telehealth ECHO Project
  – Faculty members representing AACAP and PMHCA programs

• Virtual Office Hours
  – Using Telehealth to Respond to Mental Health Challenges during COVID-19
  – Considerations for Safety and Suicidality in a Telehealth Environment

• Connections and partnership building
  – 12 AAP Chapter ECHO Grants
  – Rural telehealth stipend program (35 practices)
  – Pediatric Mental Health Care Access Program and National Network of Child Psychiatry Access Program promotion
AAP Behavioral/Mental Health Efforts Continued

• Enduring Educational Resource Development
  Collaboration with the University of Maryland - Baltimore
  – Online modules
  – Short videos
  – Micro learning opportunities

• Public Messaging Campaign
  – Promoting Telehealth Toolkit for Pediatricians
  – Telehealth Can Enhance Mental Health Care
  – aap.org/telehealth
Promoting Telehealth

Let parents and caregivers know that telehealth is an option in your practice.

Download and share social media graphics, videos and links to HealthyChildren.org articles to help families in your practice better understand the basics of a telehealth appointment and how to get ready for one. Share messages on your own social networks using these prepared posts. Check back often as more tools will be added to the toolkit!

All posts should include the hashtag #Telehealth101
Prepare for a Telehealth Visit in 5 Easy Steps

1. Call the pediatrician
2. Update your contact info
3. Get documents ready
4. Download the telehealth app and test the link
5. Set up in a quiet, well-lit room

Prepare for Your Child’s Visit in 5 Easy Steps

Select Platform ▼  Select Language ▼

Download
Tools for Hearing

- Closed Caption
- Interpreter
- 711 TTY service
- Family/Caregiver & Patient
- TTY Operator
- Doctor

Tools for Vision

- High contrast, larger size
- Screen reader

Tools for Hearing/Tools for Vision

Select Platform  
Select Language  
Download
How Telehealth Can Enhance Mental Health Care

If you've noticed your child or teen is struggling in school, having difficulties with family or friends, has changes in how they eat or sleep, or seems depressed, hopeless, anxious, or angry, they may be giving you signs they can use some extra support.

The COVID-19 pandemic has left many children, teens, and young adults feeling a sense of loss. They have lost time with friends, family and community. They have lost activities at school. They may have even lost people they know to COVID-19. Everyone has felt a loss of normalcy during this time.

Start with your pediatrician

If you're worried about your child's emotional health, you might be able to schedule a telehealth visit with your pediatrician. Telehealth can be a visit that takes place by video or phone. Pediatricians are finding that this is a good way to talk with you and your child from the comfort of your home. A telehealth visit can ease any feelings of discomfort that some children and teens may feel when talking about emotional health issues.
BEHAVIORAL/MENTAL HEALTH EFFORTS

Substance Use Teleconsultation Pilot Program

• Collaboration with Boston Children’s Hospital Adolescent Substance Use and Addiction Program, Massachusetts Child Psychiatry Access Program
• Teleconsultation model, connects primary care clinicians to substance use specialists
• October 2020 – March 2021: 73 teleconsultations occurred
• Capturing lessons learned and promising practices, which may be used by PMHCA programs to support similar teleconsultation efforts
  Surveying practices to learn more about use of the teleconsultation service
Collaboration with National Network of Child Psychiatry Access Programs (NNCPAP)

- Leadership and advisory role
- Child and adolescent psychiatrists serving as faculty on ECHOs and virtual office hours
- Technical assistance and support, including to AAP Chapters

Upcoming Webinar
RESOURCES

• HealthyChildren.org Articles
  – Telehealth 101: Get Plugged in to Your Child’s Health
  – Telehealth Can Enhance Mental Health Care
  – Teens & Telehealth
  – Telehealth Visits for Children Who Need Hearing or Vision Help
  – Working Around Technical Issues for Your Child’s Telehealth Visit

• Email Technical Assistance Support: Distantcare@aap.org

• Public Messaging Campaign Toolkit: Promoting Telehealth

• AAP: Telehealth Tips and Resources
  – Breaking Down Telehealth Barriers in Your Practice
  – Minimizing Telehealth Technology Barriers in Rural and Underserved Communities
  – Virtual Office Hour: Considerations for Safety and Suicidality in a Telehealth Environment
  – Virtual Office Hour: Using Telehealth to Respond to Mental Health Challenges during COVID-19

Many more resources coming soon!
Mississippi Child Access to Mental Health and Psychiatry (CHAMP)

Dustin Sarver, PhD
KSKidsMAP Pediatric Mental Health Access Program

Amanda Aguila-Gonzalez, MPH

Polly Freeman, LBSW, MSW
Missouri Child Psychiatry Access Project (MO-CPAP)

Wendy Ell, OTR/L  Kate Barbier, MPH, MSW
Join Us Tomorrow

Wednesday, June 9
12:00pm to 4:30pm ET