



INDIAN HEALTH SERVICE EVALUATION SERVICES URBAN 4-IN-1 EVALUATION

Training & Technical Assistance (TTA) Webinar

Presented by
Kauffman & Associates, Inc. (KAI)

INSTRUCTIONS FOR PARTICIPATING

- Join Audio—all lines will be muted upon entry

- Dial in by phone

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

+1 646 876 9923 US (New York)

+1 301 715 8592 US (Washington DC)

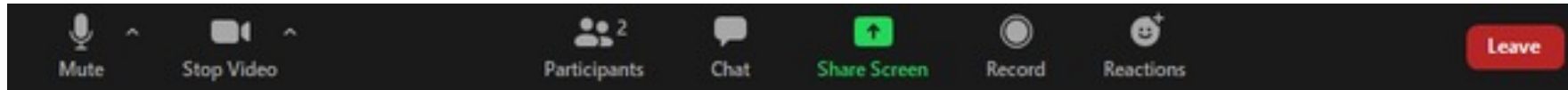
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- Press *6 to mute/unmute
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Today's Meeting ID:
913 4848 2286

INSTRUCTIONS FOR PARTICIPATING

- The participant controls appear at the bottom of your screen



- **Join Audio**  or **Unmute**  / **Mute**  : Mute and unmute your microphone.
Audio Controls (click the ^ arrow next to **Mute** / **Unmute**): Allows you to change the microphone and speaker that Zoom is currently using on your computer, leave computer audio, and access the full audio settings.
- **Start Video**  / **Stop Video**  : Turns your camera on or off.
Video Controls (click the ^ arrow next to **Start Video** / **Stop Video**):
- **Participants**  : See who's currently in the meeting. You can also access these options by hovering over your display name and clicking **More**:
 - **Rename**: Change your screen name displayed to other participants.
- **Chat**  : Access the chat window to **chat with other participants**.

Disclaimer

All information is intended for your general knowledge only. The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), the U.S. Department of Health and Human Services, or the U.S. government.



IHS URBAN 4-IN-1 GRANTEE TRAINING TO USE THE REVISED QUARTERLY REPORT FORM

January 12, 2022, at 1 pm Eastern

PRESENTER INTRODUCTIONS



Shabrie Perico, MA
Chiricahua Fort Sill Apache Tribe
Moderator
KAI



Crystal Tetrick, MPH
Otoe Missouria Tribe
Facilitator
KAI

PURPOSE

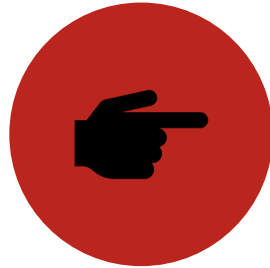
1. Formally train the 4-in-1 grantees on how to use the revised quarterly report form
2. Launch implementation of the revised quarterly report form for Year 3, Quarter 3 reporting

Note: Year 3, Quarter 3 Progress Report is due on **January 31, 2022**

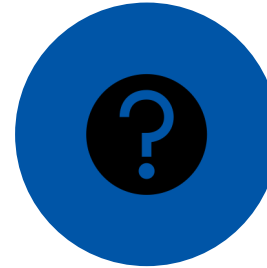
OBJECTIVES



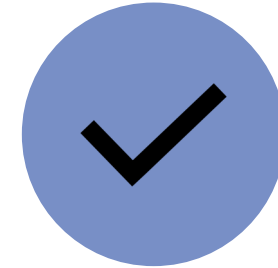
Describe the
REVISED quarterly
report form



Demonstrate use
and entry of
information into the
REVISED form



Provide clear
answers to
questions about the
REVISED form



Share next steps for
implementation of
the REVISED form

BACKGROUND

4-in-1 Grant

Title V of the IHClA (PL 94-437) authorized funding for the development of health programs in urban areas to make health services more accessible to urban Indians.

Quarterly Progress Reporting

4-in-1 grantees are required to provide quarterly progress updates on goals, objectives, measures, services, and program changes for each of the four program areas described in their application, including their unmet needs and recommendations.

QUARTERLY REPORT FORM REVISION PROCESS



Gather UIO, IHS, and TTA provider feedback on quarterly report form



Revise quarterly report form



Gather IHS feedback on revised quarterly report form



Provide trainings to implement revised quarterly report form

REASONS TO USE REVISED QUARTERLY REPORT FORM

The revised form makes it possible to:

1. report progress updates and unmet needs in one electronic fillable form;
2. track objectives in a quantifiable way;
3. track progress throughout the grant year; and
4. collect meaningful outcome data to evaluate the 4-in-1 grant program.

REVISIONS TO QUARTERLY REPORT FORM

- Clarified instructions for filling out reporting form
- Text boxes have character limits
- Clearly outlined form sections
- More inclusive reporting
 - Section A2: Unmet Needs
 - Section A3: Recommendations
 - Section C. Program Approaches

USING REVISED QUARTERLY REPORT FORM

Grantee Name:
Grant Director:
Reporting Coordinator:
Grant #:

4-in-1 Reporting Electronic Template

The Office of Urban Indian Health Programs provides this optional PDF template to submit required information instead of developing your own reporting document. This template is available at the 4-in-1 Grant webpage at <https://www.ihs.gov/urban/4-in-1-grant-program/>. The text boxes have a variety of character limits. Please be concise.

Reporting Period (select one):

Quarter 1 ▾ 04/01/2021–6/30/2021

This report is for the previous fiscal year.
(Automatically enabled April 1 of the current year)

Date Submitted:

Program Focus:

What percent (%) of the total program is each focused area?

Health Promotion/Disease Prevention (HP/DP): % Alcohol/Substance Abuse: %
Immunization: % Mental Health: %

A. Programs at a Glance

Instructions: For each health program area, briefly describe the strengths. Please consider the following items when responding to this question: partner collaboration, in-kind funding, program sustainability, etc.

Program	A1. Strengths of Program
HP/DP	<input type="text"/>
Immunization	<input type="text"/>
Alcohol/ Substance Abuse	<input type="text"/>
Mental Health	<input type="text"/>

- Accessible on the OUIHP 4-in-1 webpage
- Is a fillable PDF form
- Save a copy to the computer (recommendation: do not fill out on webpage)
- Allows user to save information and update
- Allows user to include supplemental files

REVISED FORM DEMONSTRATION

Provide report form overview



Walk through data entry for each section



Review next steps for submission to IHS

SUBMIT QUARTERLY REPORT FORM

- File Name
 - CenterName_Q3_2021
 - Example: AbcHealthCenter_Q3_2021
 - Note: We are currently in grant funding cycle, Year 3, which is 2021
- File Format
 - PDF
- File Submission
 - Save to your computer
 - Submit the report by attaching it as a “Grant Note” in GrantSolutions

PROGRESS REPORT DUE DATES

4-in-1 Reporting Schedule	4-in-1 Reporting Due Dates
Quarter 1 Report (4/01/2021—6/30/2021)	July 31, 2021
Quarter 2 Report (7/01/2021—9/30/2021)	October 31, 2021
Quarter 3 Report (10/01/2021—12/31/2021)	January 31, 2022
Quarter 4 Report (1/01/2022—3/31/2022)	June 30, 2022
Final Report	June 30, 2022

TTA REQUEST FORM

GRANTEE TA REQUESTS

**Indian Health Services Urban 4-in-1
Technical Assistance Request Form**

Please use this form to request technical assistance (TA) to support IHS Urban 4-in-1 grant program efforts. Once complete, submit the request at the bottom of the form. Fill out a new form for each TA request. All TA requests should be submitted here.

Once received, the TA request will be reviewed by staff who oversee the TA requests to ensure timely review and actions on all TA requests, across all 4-in-1 programs. Please note, all submissions are in the Pacific Time (PST) zone.

Fields with an asterisk (*) are required fields

Date Submitted

Grantee Name *

Name *

Role *

Email Address *

Urgency Level *

TA Type *

TA Topic *

TA Request Description and Details *

Preferred TA Method

Requests for TA:

- Were previously submitted to KAI via email by way of 4-in-1 program team and COR
- Can now be submitted directly to KAI via a web-based form
- Can be submitted by grantees *and* by 4-in-1 program team on a grantee's behalf

<https://app.smartsheet.com/b/form/ec33b756e26840db93b1db609cd44178>

TA REQUEST FORM DEMONSTRATION

Provide TA request form overview



Walk through information entry for each section



Show how to submit a TA request to KAI

NEXT STEPS

Post

IHS has posted the REVISED quarterly report form on the OUIHP 4-in-1 webpage

Enter

4-in-1 grantees will enter data into the REVISED report form for the most recent quarter

Request

4-in-1 grantees may request technical assistance from KAI via TTA request form

Submit

4-in-1 grantees will submit the completed quarterly report form to IHS through GrantSolutions



Q&A

