



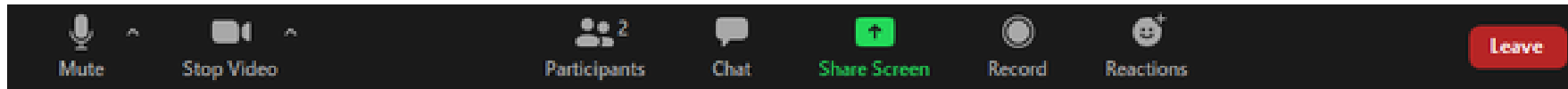
# INDIAN HEALTH SERVICE EVALUATION SERVICES URBAN 4-IN-1 EVALUATION

Training & Technical Assistance (TTA) Webinar

Presented by  
Kauffman & Associates, Inc. (KAI)

# 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 how your screen name is displayed to other participants.
- **Chat** : Access the chat window to **chat with other participants**.

# INSTRUCTIONS FOR PARTICIPATING

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- Join audio—all lines will be muted upon entry
- Dial in by phone
  - +1 669 254 5252 US (San Jose)
  - +1 646 828 7666 US (New York)
  - +1 551 285 1373 US
  - +1 669 216 1590 US (San Jose)
- Press \*6 to mute/unmute
- Press \*9 to raise hand

Today's Meeting ID:  
**161 525 8606**  
Passcode: **322146**

# 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.



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

February 17, 2022, at 11 a.m. Eastern

# PRESENTER INTRODUCTIONS



**Katie Visnius, BS**  
KAI's Moderator

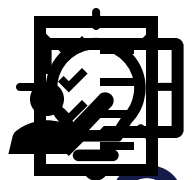


**Crystal Tetrick, MPH**  
Otoe Missouria Tribe  
KAI's Facilitator

# PURPOSE

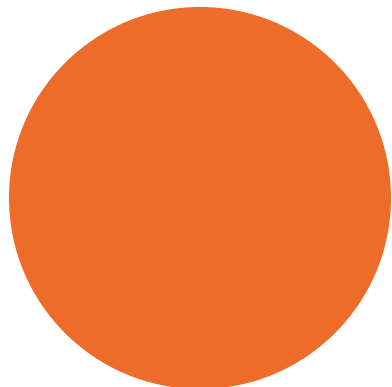
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1. Show grantee examples from reports for Quarters 1 and 2
2. Clarify sections in the quarterly reporting template where gaps and inconsistencies were identified
3. Review how to use the grantee technical assistance request form for submitting questions about the quarterly reporting template

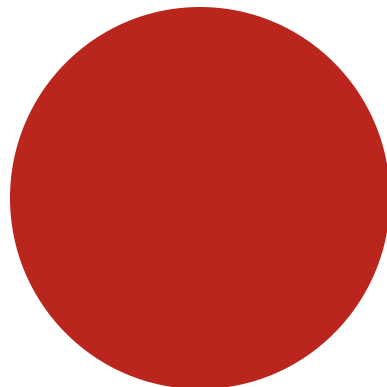


# OBJECTIVES

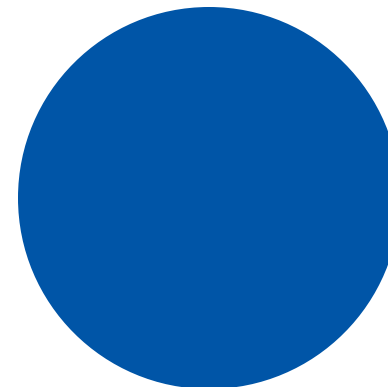
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Highlight examples of information provided by grantees from Q1 and Q2 quarterly reporting form



Provide clarification on sections of the quarterly reporting form based on identified gaps or inconsistencies



Demonstrate use of the grantee technical assistance request form via Smartsheet



# BACKGROUND

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## **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.

# OVERVIEW OF THE REVISED QUARTERLY REPORT FORM

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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
4. Collect meaningful outcome data to evaluate the 4-in-1 grant program

# OVERVIEW OF THE REVISED QUARTERLY REPORT FORM CONT.

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- New, clarified instructions for filling out the form
- Text boxes now have character limits
- Form sections are more clearly outlined
- More inclusive reporting on a single form
  - Section A2: Unmet Needs
  - Section A3: Recommendations
  - Section C: Program Approaches

# REVIEW OF EXAMPLES IN THE FOLLOWING SECTIONS

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- Program focus percentages
- Programs at-a-glance
- Next steps to plan for the upcoming quarter
- Progress toward objectives

# PROGRAM FOCUS SECTION

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:  %

# PROGRAM FOCUS SECTION

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

## 4-in-1 Reporting Electronic Template

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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:  %

# PROGRAM FOCUS SECTION

Remember to enter the % accomplished for each program

The % should also reflect information entered for the strength of the program

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): <input type="text"/> %	Alcohol/Substance Abuse: <input type="text"/> %
Immunization: <input type="text"/> %	Mental Health: <input type="text"/> %

# OVERVIEW OF PROGRAMS AT A GLANCE: A1. STRENGTHS OF PROGRAM

## 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	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	



# OVERVIEW OF PROGRAMS AT A GLANCE: A1. STRENGTHS OF PROGRAM

## 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	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

Rich information shared

Strengths varied from dates and numbers of individuals served as well as program/service partners

# A1. STRENGTHS OF PROGRAMS - EXAMPLE

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*“In Q1, [we] continued making strides in administering COVID-19 vaccines.”*

# A1. STRENGTHS OF PROGRAMS - EXAMPLE

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*“In Q1, [we] continued making strides in administering COVID-19 vaccines. Specifically, in April, we partnered with tribal entities to administer the Pfizer vaccine at our Saturday pediatrics clinic--prior to this, we only administered the Moderna vaccine. Following this event, [we] obtained our own refrigeration equipment specific to the Pfizer vaccine; following CDC guidelines we administer the Pfizer to all eligible pediatric patients, and relatives aged 19 and older may now [choose] between Moderna and Pfizer.”*

# OVERVIEW OF PROGRAMS AT A GLANCE:

## A2. BARRIERS/CHALLENGES

**Instructions:** If your program has faced any barriers or challenges this quarter, please briefly describe. Consider the following items when responding to this question: staff or board turnover, natural disasters, unmet needs, etc.

Program	A2. Barriers/Challenges
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

# OVERVIEW OF PROGRAMS AT A GLANCE:

## A2. BARRIERS/CHALLENGES



Reflected a broad range of detail

Information highlighted areas for improvement



**Instructions:** If your program has faced any barriers or challenges this quarter, please briefly describe. Consider the following items when responding to this question: staff or board turnover, natural disasters, unmet needs, etc.

Program	A2. Barriers/Challenges
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

# PROGRAMS AT A GLANCE:

## A2. BARRIERS/CHALLENGES OF PROGRAMS EXAMPLE

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*“The global health pandemic continues to impact programming in various ways.”*

# PROGRAMS AT A GLANCE:

## A2. BARRIERS/CHALLENGES OF PROGRAMS EXAMPLE

*“The global health pandemic continues to impact programming in various ways. This includes but is not limited to: decreased patient attendance; patient needs focused on presenting problems versus overall health and wellness; families tending to utilize urgent care/emergency-based services on a higher frequency. In this reporting quarter the agency experienced a natural flooding disaster that impacted services, both in terms of the agency having to close initially, followed by repeated power outages and unexpected continued closures. Patients were also directly effected experiencing their own flooding, power outages and restricted travel due to hazardous and impassable roads. While these barriers are temporary and should have minimal impact moving forward, we continue to closely monitor the changed patterns in patient use of services, both in terms of type and location as directly influenced by the health pandemic.”*

# OVERVIEW OF A3. NEXT STEPS/FUTURE PLANNING SECTION

**Instructions:** Please briefly describe your next steps to plan for the upcoming quarter. This may also include an action plan for any barriers or challenges reported or recommendations for improving the health services for the needs of Urban Indians.

Program	A3. Next Steps/Future Planning
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	



# OVERVIEW OF A3. NEXT STEPS/FUTURE PLANNING SECTION

- If relevant, relate next steps from previous quarter submissions

Next Steps

- Remember to update this section for each quarterly report

Update

**Instructions:** Please briefly describe your next steps to plan for the upcoming quarter. This may also include an action plan for any barriers or challenges reported or recommendations for improving the health services for the needs of Urban Indians.

Program	A3. Next Steps/Future Planning
HP/DP	
Immunization	
Alcohol/ Substance Abuse	
Mental Health	

# EXAMPLE OF A3. NEXT STEPS/FUTURE PLANNING SECTION

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*“We continue to reach the community and start up group fitness classes.”*

# EXAMPLE OF A3. NEXT STEPS/FUTURE PLANNING SECTION

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*“We continue to reach the community and start up group fitness classes and open them up to the community and current patients. With the new school year starting in-person school, we look forward in working with our partner programs to work with youth. Start recruiting for participants to attend a lifestyle balance class.”*

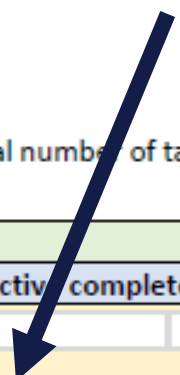
# SUMMARY OF PROGRESS TOWARD OBJECTIVES SECTION

- 75% of the UIOs' target numbers were consistent across the focus areas for Q1 and Q2
- Some fluctuation between the target numbers from Q1 and Q2 for the same program

## B. Progress Toward Objectives

Instructions: Please indicate the cumulative percent of the objectives by entering your total number of tasks as the "Target" number and your total number of completed tasks as the "Actual" number.

B1. HP/DP Work Plan		
Service	Objective	Percent of Objective completed
		<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><span>0%</span><span>100%</span></div><div style="text-align: center; margin-top: 10px;">0%</div><div style="display: flex; justify-content: center; gap: 20px;"><div style="border: 1px solid black; padding: 2px;">Target <input type="text"/></div><div style="border: 1px solid black; padding: 2px;">Actual <input type="text"/></div></div></div>
		<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><span>0%</span><span>100%</span></div><div style="text-align: center; margin-top: 10px;">0%</div><div style="display: flex; justify-content: center; gap: 20px;"><div style="border: 1px solid black; padding: 2px;">Target <input type="text"/></div><div style="border: 1px solid black; padding: 2px;">Actual <input type="text"/></div></div></div>



# DEMONSTRATION OF PROGRESS TOWARD OBJECTIVES

## B. Progress Toward Objectives

Instructions: Please indicate the cumulative percent of the objectives by entering your total number of tasks as the "Target" number and your total number of completed tasks as the "Actual" number.

B1. HP/DP Work Plan			
Service	Objective	Percent of Objective completed	
		0%	100%
		<input type="text"/>	<input type="text"/>
		0%	100%
		<input type="text"/>	<input type="text"/>

# THE PROCESS OF ADDING SUPPLEMENTAL DOCUMENTS

**Indian Health Service**  
The Federal Health Program for American Indians and Alaska Natives

Search IHS

A to Z Index Employee Resources Feedback

The Indian Health Service continues to work closely with our tribal partners to coordinate a comprehensive public health response to COVID-19. [Read the latest info.](#)

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom

[Office of Urban Indian Health Programs](#) / 4-in-1 Grant Program

**Office of Urban Indian Health Programs**

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**4-in-1 Grant Program**

National Reports

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## 4-in-1 Grant Program

### About

The Indian Health Service's Office of Urban Indian Health Programs (OUIHP) awarded 33 4-in-1 grants to Urban Indian Organizations (UIOs) in Fiscal Year (FY) 2019. The 4-in-1 grant program provides funding to UIOs to ensure comprehensive, culturally acceptable personal and public health services are available and accessible to the Urban Indian population. The grants provide funding that encompass four health program areas: (1) Health Promotion and Disease Prevention Services, (2) Immunization Services, (3) Alcohol and Substance Abuse Services, and (4) Mental Health Services. Grantees are required to participate in a National Evaluation of the 4-in-1 grant program, including reports on integrated cultural interventions practiced and evidence-based approaches that are implemented, to meet the service needs of the Urban Indian population. The grants are awarded for a three-year funding cycle which currently runs from April 1, 2019 - March 31, 2022.

### Grantee Resources

- [4-in-1 Quarterly Reporting Template REVISED 01-07-2022](#) [PDF - 4.1 MB]
- [4-in-1 Quarterly Reporting Template Training](#)

- The quarterly reporting template is located on the IHS website under the 4-in-1 Grant Program section below Grantee Resources
- Download it as a PDF
- Save it to your computer
- Open in Adobe and enter your information

# DEMONSTRATION: ADDING SUPPLEMENTAL DOCUMENTS

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# HOW TO ADD SUPPLEMENTAL DOCUMENTS

## Combine

Combine all supplemental documents into one separate PDF

## Name

Follow the same naming structure but add “supplement”

Example:

ABCHealthCenter\_Q4\_2021\_Supplement

## Upload

Upload the reporting form as two separate documents to GrantSolutions



# PROGRESS REPORT DUE DATES

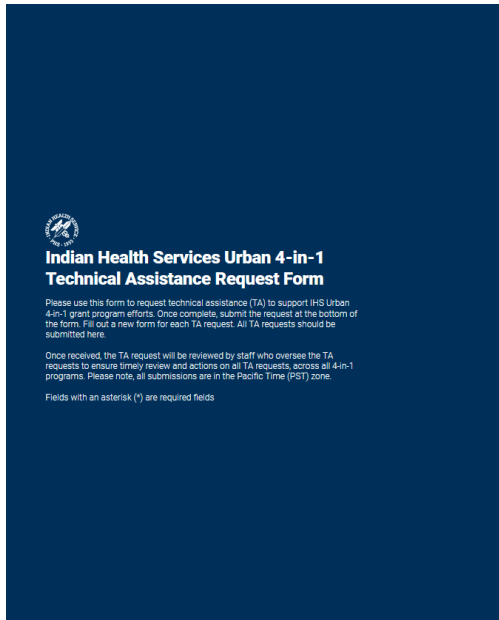
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Quarterly Report	Due Date
Quarter 4 Report (1/01/2022 – 3/31/22)	June 30, 2022

# TTA REQUEST FORM

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# GRANTEE TA REQUESTS



The image is a screenshot of the web-based form. It contains several sections with labels and instructions:

- Date Submitted**: A date selection field.
- Grantee Name \***: "Identify which IHS Urban 4-in-1 grant program will directly receive TA as a result of this request." Below it is a dropdown menu.
- Name \***: "Enter your name, first and last. The name entered should be the person completing and submitting the TA request form." Below it is a text input field.
- Role \***: "Indicate your role in the submission of this TA request." Below it is a dropdown menu.
- Email Address \***: "Enter your email address. The address entered should be for the individual completing and submitting the TA request form." Below it is a text input field.
- Urgency Level \***: "Indicate the level of urgency for the TA request." Below it is a dropdown menu.
- TA Type \***: "Select which of the following 4-in-1 grant program focus areas you need assistance with." Below it is a dropdown menu.
- TA Topic \***: "Select which of the following 4-in-1 grant program reporting areas you need assistance with. Select all that apply." Below it is a dropdown menu.
- TA Request Description and Details \***: "Enter a brief description about the TA request below and additional details important to responding to this request." Below it is a large text area.
- Preferred TA Method**: "Select the preferred method of TA for the request." Below it is a dropdown menu.

## Requests for TA

- Were previously submitted to KAI via email by way of 4-in-1 program team and Contracting Officer Representative
- 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
- Should be used by grantees if there are any questions or concerns

# DEMONSTRATION: 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 \*

Identify which IHS Urban 4-in-1 grant program will directly receive TA as a result of this request.

### Name \*

Enter your name, first and last. The name entered should be the person completing and submitting the TA request form.

### Role \*

Indicate your role in the submission of this TA request.

### Email Address \*

Enter your email address. The address entered should be for the individual completing and submitting the TA request form.

### Urgency Level: \*

Indicate the level of urgency for the TA request.

### TA Type \*

Select which of the following 4-in-1 grant program focus areas you need assistance with.

### TA Topic \*

Select which of the following 4-in-1 grant program reporting areas you need assistance with. Select all that apply.

### TA Request Description and Details \*

Enter a brief description about the TA request below and additional details important to responding to this request.

### Preferred TA Method

Select the preferred method of TA for the request.

# 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

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