

Help Me Grow

BUILDING IMPACT 2018 Annual Report

Building Impact

This 2018 Help Me Grow report synthesizes information collected from nearly 100 HMG systems in more than 25 states across the country to capture the following:

- The breadth and scope of HMG system implementations and progress since 2017
- Fidelity to each core component of the HMG model across
- O HMG capacity to reach children, families, community
- Novel approaches and system enhancements currently explored by HMG affiliates

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About Help Me Grow

Help Me Grow is a system model that works to promote integrated, cross-sector collaboration in order to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Through model implementation in communities and states across the country, the mission of Help Me Grow is to advance children's optimal healthy development and support early detection, referral, and linkage to community-based services, such that all children can grow and thrive to their full potential.

Help Me Grow is not a stand-alone program, but rather a system model that utilizes and builds on resources already in place in order to develop and enhance a comprehensive approach to early childhood system building in any given community. Successful implementation of Help Me Grow leverages community resources, maximizes existing opportunities, and advances a coalition working collaboratively toward a shared agenda through the implementation and cooperation of four Core Components:

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A *Centralized Access Point* integrally assists families and professionals in connecting children and their families to appropriate community-based programs and services;

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Child Health Care Provider Outreach supports early detection and intervention, and loops the medical home into the system;

Family & Community Outreach supports education to advance developmental promotion, and also grows awareness of the system and the services that it offers to families and community-facing providers;

Data Collection supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement to support continuous system enhancement.

The cooperation of these four core components characterizes the Help Me Grow system model.

The Help Me Grow model also depends on three Structural Requirements. Implementation relies on an **Organizing Entity** to provide support, oversight, continuity, and facilitation of collective impact efforts. Critical strategies for **Scale and Spread** ensure that systems optimally serve to meet the needs of all children and families. The efficacy and durability of the Help Me Grow model also hinges on **Continuous System Improvement**, or constant efforts to enhance, refine, and innovate.

The first Help Me Grow system was piloted in Hartford, Connecticut in 1997. Since that initial implementation, a growing number of states and communities have replicated the HMG model as a strategy to support early detection, referral, and linkage. Currently, HMG systems in 28 states are affiliates of the HMG National Network, receiving ongoing technical assistance from the Help Me Grow National Center in implementing the model and related system enhancements.



About this Report

The HMG National Center administers an annual, standardized Fidelity Assessment to every affiliate system of the National Network. The Fidelity Assessment is a self-report survey intended to measure 1) progress in HMG implementation in each of the model's four core components; 2) relevant process and outcome metrics; and 3) adoption of system enhancements that may serve as innovative strategies to further efforts to advance developmental promotion, early detection, referral, and linkage. Findings presented in this report are drawn from the 2018 HMG Fidelity Assessment. All HMG affiliates report data through the Fidelity Assessment regardless of their implementation status; thus, certain data points reflect only the subset of HMG affiliates that track relevant measures. In 2018, for the first time, affiliates that had previously reached Implementation status in all four core components were provided with a condensed Fidelity Assessment that confirmed changes since the previous year and posed questions related to sustainability of HMG efforts over time. For questions, or to request copies of the report, please contact the HMG National Center.

* Any portion of this report may be reproduced without prior permission, if cited as: Cornell E, Luczak S, Dudack D, Sibley S, Phillip T, Martini-Carvell, K, Dworkin PH. 2018 Help Me Grow Building Impact Report. Help Me Grow National Center. 2019.

Help Me Grow in Action

Cooperation of Four Core Components

Outreach to Community-Based Service Providers through community events, service fairs, networking meetings, and other opportunities help engage these organizations as partners and integrated members of the broader early childhood system. Building partnerships with communitybased service providers helps expand the use of the Centralized Access Point, which supports these providers through the provision of system navigation, telephone-based care coordination efforts overseen by experts in early childhood development, and access to a comprehensive, up-to-date resource directory of all available and appropriate local early childhood resources for families with young children. Continued and coordinated Outreach to Community-Based Service Providers serves to address an important challenge in ensuring accuracy of the resource directory.

Targeted Outreach to Families through marketing and public awareness campaigns, family engagement events, and strategic partnerships with existing parent support and advocacy groups increases knowledge and understanding of children's optimal healthy development. It engages families as critical partners in supporting the wellness of their young children. These family outreach strategies also foster awareness of the Centralized Access Point, which provides families of young children with a support in navigating the landscape of early childhood programs, thus transferring the onus of complex system navigation from the caregiver to trained and dedicated **Centralized Access Point** staff. Families receive best-fit referrals, and Centralized Access Point staff systematically follow up with families to help them overcome barriers to accessing needed services, provide ongoing support, and ensure needs are met.

Child health care providers are uniquely positioned to identify children who are at risk for adverse developmental outcomes. They have near universal access to young children and provide ongoing monitoring of developmental status during well-child visits that include developmental promotion and early identification through periodic developmental surveillance and screening. However, child health care providers often face challenges in identifying early signs of developmental or behavioral concerns. Even when needs are recognized, keeping comprehensive and updated information on communityfacing services is difficult and ensuring successful connection to those programs is time-consuming. Further, only a subset of children with developmental delays or those who are at risk for developmental delays will gualify for early intervention and early childhood special education services, which often prompts a "wait and see" approach among child health care providers.

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2018

The Help Me Grow system implements strategic Outreach to Child Health Care Providers through office-based training sessions, which frequently include the implementation of American Board of Pediatrics Maintenance of Certification Quality Improvement projects. These Child Health Care **Provider Outreach** efforts advance education around developmental promotion, motivate physicians to conduct systematic surveillance and validated screening of young children, and encourage providers to leverage Help Me Grow as a resource for their patients by recommending families access the Centralized Access Point as a support. In this way, the Centralized Access Point serves as a care coordination arm for busy pediatric primary care practices when providers identify concerns and, in so doing, HMG partners with pediatricians to ensure effective linkage to appropriate programs and services.

The **Centralized Access Point** systematically closes the loop with referring **Child Health Care** Providers and Community-Based Service Providers so families are optimally supported, communication is streamlined, redundancies are minimized, gaps are identified, and children receive what they need when they need it. Throughout each component, Data Collection and Analysis further bolsters the ability to close identified systemic gaps and strengthens the entire system as a whole.



Report Highlights

Network affiliation has steadily increased over time states, count (n=28)





• Affiliate implementation efforts of the entire HMG model are categorized as being in either an 67% is in Installation, and 22% is in Implementation.

The HMG Network consists of affiliates in 28 states across the country operating 92 HMG systems



Exploration, Installation, or Implementation stage. As of 2018, 11% of the network is in Exploration,

• Strides in Family & Community Outreach

Among the four core components, HMG affiliates are furthest along in implementation of Family and Community Outreach, with 72% in full implementation of this core component. HMG affiliates conducted targeted outreach to families, community providers, and child health providers, reaching more than 220,000 families and providing more than 1,500 trainings to providers on the topics of developmental surveillance and screening and promoting awareness of HMG.

72% of affiliates are in full implementation of Family and Community Outreach core component

108,833 children and families served through the Centralized Access Point Increase in Families Served through the Centralized Access Point

HMG affiliates served 108,833 children and families through the Centralized Access Point, an increase of more than 30% since 2017. Of the families that engaged with the Centralized Access Point, an average of 79% reported that HMG met their identified needs.

• Enhancements to the HMG System

Beyond HMG implementation, many affiliates explored system enhancements and related early childhood innovations to support continued growth of efforts. As one example, several affiliates are exploring mechanisms to strengthen integration between early learning settings and HMG.





• Measuring Sustainability

For the first time this year, several affiliates **completed a Sustainability Assessment**, an early attempt to measure factors and variables that play a role in maintaining HMG efforts in a community well beyond model implementation.

Evaluating Help Me Grow

Since its inception, the focus of HMG has been to strengthen efforts in support of early detection, referral, and linkage to services within the broader early childhood system. Isolated initiatives within a system often fail to generate and sustain large-scale systems change in the lives of young children and families. Yet, HMG, through an emphasis on comprehensive system building and alignment with other key early childhood partners, stands at the other end of the spectrum from an isolated initiative – embracing a collective impact approach. Given the vast collective potential among the nearly 100 HMG systems across the country, it is imperative that the network is oriented toward a common agenda. The greater the coordination and alignment across our efforts, the greater is our likelihood of addressing the complex and multi-faceted dynamics that limit the impact of comprehensive, effective early childhood systems.

Efforts to ensure alignment include an emphasis on fidelity to the model across the communities that have implemented or seek to implement HMG. Measurement of fidelity ensures that communities are adopting similar approaches in contributing to effective systems that ensure early detection, referral, and linkage. In addition, HMG embraces the concept of shared measurement: the methods to document the impact of HMG systems, communicate, and leverage lessons learned are essential to enhance capacity to operate as a movement and strengthen the potential to generate policy change at the local, state, and national levels.

The HMG measurement framework balances both the need to assess HMG efforts at the local level while considering the important context that shapes community capacity. This assessment also aims to capture impact at the national level, bridging together HMG efforts into a single movement. Therefore, the HMG National Center distinguishes between **Common Indicators** and **Impact Indicators** to describe metrics that serve unique purposes. Common Indicators are a shared set of metrics among affiliates heavily influenced by local variations in HMG systems and which inform local continuous quality improvement and system enhancements. Impact Indicators are a shared set of metrics among affiliates that, in the aggregate, inform the national narrative of HMG. Together, Common and Impact Indicators enable HMG affiliates to monitor progress, share lessons learned across the network, and advocate for change.



Help Me Grow Implementation

The collective efforts and capacity of HMG are ever-evolving; especially as new affiliates join the HMG network. Through the annual Fidelity Assessment, affiliates provide an update on their implementation progress, specific approaches deployed over the last year, and key process and outcome metrics. This report attempts to capture the breadth and impact of the network through key findings and lessons learned from the 2018 Fidelity Assessment.

Local HMG Implementation

Communities often explore the HMG model as a strategy to strengthen their early childhood systems building to ensure early detection, referral, and linkage to services. The reasons that a particular community may consider implementation of HMG reflect a variety of priorities, including the desire to promote universal developmental surveillance and screening, improve collaboration and coordination among early childhood system stakeholders, improve referral and linkage rates for young children following developmental screening, and expand care coordination capacity across a given system.

States and communities beginning to explore HMG will do so under the guidance of a designated HMG state lead. The role of the state lead may take different forms in different states, but generally comprises the following activities: providing direct oversight, building relationships, strategic planning, advocacy, community engagement and marketing, and fund management. For HMG systems that will function in a statewide capacity, state leads oversee the efforts of a single system designed to meet the needs of the entire state. Some states instead choose to function as a multi-system state; in such instances, the state lead maintains a leadership role in addition to local HMG leads that oversee HMG efforts in designated regions (often at the county level). Each implementation of HMG is unique, drawing on existing resources, partners, and efforts already present in a given community at the start of HMG exploration. Local variations aside, all HMG systems are encouraged to move toward fidelity to the model over time.

The HMG National Network

HMG National defines affiliate systems at the level of the Centralized Access Point, with unique Centralized Access Points designated as individual systems (e.g., individual, county-based HMG systems in a given state). HMG systems, for the purposes of the Fidelity Assessment, may also include systems currently not operational but, nonetheless, exploring implementation of a HMG Centralized Access Point. There are currently 92 HMG systems, 82 of which are operational, defined as actively moving toward implementation.¹ The 92 HMG systems are embedded within 28 states across the country.



• Network affiliation has steadily increased over time

states, count (n=28)



Fidelity to the Model

HMG affiliate implementation efforts are categorized as being in either Exploration, Installation, or Implementation stage; such stages are generally consistent with those defined in the field of implementation science and signal advancement through a continuum of activities that move a community closer to replication of a defined model.

The HMG Fidelity Assessment measures achievement of 16 activities, four in each of the four core model components, to enable classification of affiliate implementation.

∹ूर्थं- EXPLORATION	
Refers to affiliate that have implemented none of the four activities (0)	Refers to implemented

The designation of an overall classification to an affiliate is determined based their core component classifications, using the lowest-scoring component as the overall classification. Affiliates only receive an overall Implementation classification when they have achieved implementation in all four core components.



¹ The shift from 99 systems in 2017 to 92 systems in 2018 reflects a cumulative growth of 10 new systems, less 17 systems due to a state that changed their local definition of state/system between the years 2017 and 2018.

NSTALLATION IMPLEMENTATION affiliates that have Refers to affiliates that have

ed at least one activity (1+) Refers to affiliates that have implemented all four activities (4)

Fidelity to the Help Me Grow Model

MODEL COMPONENT	KEY ACTIVITIES
Centralized Access Point	 Specialized child development line Linkage and follow-up Researching resources Real-time directory maintenance
Family and Community Outreach	 Engaged community partners Networking Community events and trainings Marketing
Child Health Provider Outreach	 Physician champion Training on surveillance and screening Training on referral and linkage Closing the feedback loop
Data Collection and Analysis	 Data monitoring Sharing data across partners Continuous quality improvement Community change through data

As of 2018, 11% of the network is in Exploration, 67% is in Installation, and 22% is in Implementation.







Among the four core components, HMG affiliates are making the most progress implementing Family and Community Outreach, with 73% of affiliates having achieved all four core activities associated with this core component. HMG National also observed this trend in 2017. In contrast, only 35% and 34%, respectively, of affiliates have achieved all four activities associated with the Centralized Access Point and Child Health Provider Outreach, despite only a relatively modest 4% of affiliates being in exploration with either component. This finding suggests that one or more of the Fidelity activities associated with these core components may be relatively easy to achieve and quickly propels affiliates to an Installation stage, while successful adoption of each four activities in each component may require a more substantive effort.

Few affiliates maintain a status of Exploration in any core component, with the highest being 10% of affiliates in the Exploration stage for Data Collection and Analysis, meaning they have yet to implement data monitoring, do not yet share data across partners, and do not engage in continuous quality improvement or leverage HMG data to support community change and evolution. It appears that data collection and analysis activities typically do often follow, not precede, the implementation of the Centralized Access Point and corresponding outreach activities, and are thus consistent with the finding of 10% of affiliates in Exploration for Data Collection and Analysis.

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HMG National administers Fidelity Assessments annually, which enables year-to-year comparisons of the Network over time. However, the denominator of affiliate systems is consistently shifting year to year; thus, while comparison is possible, it is more difficult to determine changes. When excluding affiliates that changed the way they classified their affiliate systems between 2017 and 2018, and limiting comparison of progress to the *same* denominator of systems that reported in both 2017 and 2018, we see the following trends:

- A year-over-year increase of 10 new affiliate systems ²
- Modest growth in the proportion of affiliates reaching Implementation status for the Centralized Access Point, with 35% of affiliates having all four activities in place in 2018 compared to 25% in 2017
- Substantial growth in the proportion of affiliates reaching Implementation status for Data Collection and Analysis, with 55% of affiliates having all four activities in place in 2018 compared to 23% in 2017

Affiliates continue to exhibit high achievement in the following activities: engaged community partners, marketing, and maintaining a physician champion. Data from the 2018 Fidelity Assessment similarly suggest the following as areas of priority for network development, based on the observation that these activities are implemented by the fewest overall affiliate systems:

- Linkage and follow-up through the Centralized Access Point
- Operation of a dedicated specialized child development line for families

20 ² The shift from 99 systems in 2017 to 92 systems in 2018 reflects a cumulative growth of 10 new systems, less 17 systems due to a state that changed their local definition of state/system between the years 2017 and 2018.

Affiliate Highlight Implementing Help Me Grow in a New Community: Help Me Grow Onondaga

Help Me Grow Onondaga (HMG Onondaga) is a one-county Help Me Grow affiliate in Upstate New York with approximately 470,000 residents. In Onondaga County, there are approximately 5,000 babies born a year and the county is home to more than 30,000 children ages birth through 5. One in four children in Onondaga County is born into poverty.

HMG Onondaga is part of a range of strategies being advanced by the Early Childhood Alliance Onondaga (ECA), an early childhood system-building coalition that launched in January 2015 and includes key partners such as local funders, county departments, nonprofits, and early learning providers.

When the ECA launched, the need to develop a strategy for comprehensive developmental screening was a priority. What was less clear was how to do that, and so the ECA created a committee to explore how to prioritize developmental screening in Onondaga County. Like many communities, Onondaga County was concerned about the lack of data showing how children from birth to 5 are developing, as well as the lack of a comprehensive approach to screening children and connecting children and their families to services. It became clear that the Help Me Grow model was a great fit for what the ECA wanted to accomplish.

What solidified implementing Help Me Grow for Onondaga was sending a team of "explorers" from the community to the 2017 National Help Me Grow Forum in Minnesota. They learned about communities that were passionate and enthusiastic about how Help Me Grow supports children and families. These attendees left determined to bring Help Me Grow to Onondaga County.

From there, the ECA secured a three-year grant from the Health Foundation for Western and Central New York, which allowed them to plan for and launch HMG Onondaga. This time frame allowed them to plan at a reasonable pace and get key stakeholders on board. Once they secured 2-1-1 Central New York (CNY) as a partner in early 2018, they were able to successfully plan for putting in place what would be their first core component, the

Centralized Access Point (CAP).

After two years of pre-planning, HMG Onondaga officially launched in January 2019. As a part of this launch, they hired their first HMG Care Coordinator and launched the **Centralized** Access Point in partnership with 2-1-1 CNY. While HMG Onondaga is starting small, their vision is to continue to build upon their assets one step at a time. They have a strong leadership team and three active work groups in place. They are also exploring partnerships with the Department of Social Services, local universal pre-school programs, and the three largest Medicaid-serving pediatric practices in the City of Syracuse.

Help Me Grow National Center played a strong role in helping Onondaga County make Help Me Grow a reality. The National Center developed a clear roadmap for launching a Help Me Grow affiliate, which articulates the steps local communities need to take to put the core components into place. The National Center's support painted a clear picture for the community on what it means to be a Help Me Grow affiliate. HMG Onondaga was very appreciative of having Dr. Paul Dworkin, the founding director of Help Me Grow National Center, at its launch event - no one inspires confidence in the role HMG can play in a local community to achieve children's optimal healthy development like Dr. Dworkin.

When HMG Onondaga looks at where they are today, they are in different implementation stages in each of their four core components. They have made significant progress in launching their CAP core component and are beginning to build community awareness about CAP services. From there, they plan to build out their **Family & Community Outreach** strategy. This includes partnering with community providers and identifying ways to develop family outreach activities similar to those offered by other HMG Affiliates across the country. They developed a group of dedicated pediatric champions and began partnering with pediatric Medicaid providers to build a developmental screening learning community for their approach to **Child Health Care Provider Outreach**. Finally, HMG Onondaga plans to identify key indicators, informed by the other three core components, to assist in making future public policy and investment decisions.

As a new affiliate, HMG Onondaga is committed to working on each core component and keeping stakeholders at the table to promote children's optimal healthy development.

Centralized **Access Point**

The Centralized Access Point typically takes the form of a call center that serves as a central portal of entry for family members, child health care providers, and other professionals seeking information, support, and referrals for children. The Centralized Access Point connects children and their families to services they need through the efforts of HMG care coordinators. Care coordinators work to provide education and support to families around specific developmental or behavioral concerns or questions, help families recognize typical developmental milestones, provide referrals to community-based supports, and follow-up to ensure successful linkages.

FIDELITY TO THE CENTRALIZED ACCESS POINT

Specialized Child Development Line

A specialized child development line distinct from a general call line which can be directly accessed by families and providers

Researching Resources

A systematic process to research available resources in the community

IMPACT INDICATORS

Number of Unique Interactions (12 months)

108,833 call center interactions in 2018 compared to **81,140** in 2017





Needs Met

Among the 50 HMG affiliate systems reporting on this measure, an average of 79% of callers reported that HMG met their needs.

Affiliate Progress in Implementing Centralized Access Point Activities

ΑCΤΙVΙΤΥ	2017	2018
Specialized child development line	62%	61% ↓
Linkage and follow-up	57%	55% ↓
Researching resources	58%	83% †
Real-time directory maintenance	46%	48% †

Specialized Child Development Line

Implementation of Help Me Grow requires a specialized child development portal of entry, typically through a call line, with the capacity to both address questions and make referrals for topics tied to child development. Activities associated with implementing a specialized line consist of identifying a partner entity to serve as the call center (e.g., most commonly through 2-1-1), ensuring that the call line has the capacity to accept calls, designating a target population for those served by the call center, and being accessible as a resource to families, community, and child health providers.

Beyond the capacity to accept calls, affiliates also reported in 2018 whether those sources made referrals to HMG. From most to least frequent, the sources of referrals to Help Me Grow were family members/caregivers, child health providers, child care providers, early intervention providers, and school district personnel.

REFERRALS TO HMG

- Family Members & Caregivers
- Child Health Care Providers
- Early Care and Education Providers
- Early Intervention Providers
- School District Personnel

A growing proportion of HMG affiliates (43% compared to 39% in 2017) have expanded the capacity of the call center to serve prenatal needs. The maximum age that affiliates serve varies, with 18% of affiliates serving youth up through age 5, 14% through age 8, and 9% through age 9. The majority of HMG affiliates (95%) also provide support to children whose caregivers simply have questions or a desire to receive certain types of information even when no developmental concerns are evident.

) Linkage and Follow-Up

In 2016, the HMG Fidelity Assessment results indicated that many affiliates prioritize follow-up contact for those families who received referrals to community-based services and supports. In 2017, a little more than half of affiliates reported that they had the capacity to both facilitate linkage to services and to follow-up with the majority of families to determine whether successful receipt of services occurred. In 2018, the proportion of affiliates reporting capacity for follow-up and linkage remains relatively unchanged. Follow-up efforts with HMG families vary among affiliates and are challenged by many of the same factors as in other settings, such as relocation or change in contact information. However, as the fidelity activity associated with the lowest achievement rate, it is imperative that focused attention be paid to this activity in the coming year in order to identify and disseminate effective strategies that maximize follow-up.



Promising Practice Priority

The National Network seeks to identify and elevate affiliate examples of strategies that have worked to facilitate consistent and frequent follow-up with families. How can we maximize rates of follow-up with families? How can we track and measure our success?

FOLLOW-UP PROCEDURE	AFFILIATES REPORT
Mechanism used to follow-up	 Telephone E-mail Mail Text message
Timeframe for follow-up	• Range of 48 hours to 4 weeks
Frequency and duration for follow-up	 Family determined Service-dependent Standardized across all callers Until follow-up contact is made Until service is received
Type of callers	 All callers that provide consent Only callers that receive screening Only callers referred to certain services
Scope of follow-up	 Confirmation of service intake Support to address barriers accessing services Identification of new need New referral generated

Researching Resources

One of the unique elements of HMG is the capacity of the Centralized Access Point to serve as a single portal of entry to early childhood services and supports. Identifying the most appropriate supports for children and families is based on a combination of information sources, including needs identified at the time of referral, results of screening(s), input from families, as well as answers to targeted questions

embedded in the care coordinator workflow. All HMG affiliates should use a defined procedure to research available resources and connect families to community-based services and programs.

- agencies to identify new resources.
- decision trees, talking points, eligibility criteria, and/or navigation pointers.

Notably, in 2018, the proportion of affiliates reporting a defined procedure to research available resources and connect children and families to community-based services increased to 83% from 58% in 2017. This suggests affiliates prioritized efforts to expand and strengthen their process for researching resources through technology and other mechanisms.

12 **Real-Time Directory Maintenance**

Resource directory maintenance is key to ensuring that the programs, services, and resources represented in the list of potential referral sources for callers comprise an up-to-date and comprehensive portfolio of community-based supports. A variety of resource directory technologies are implemented by affiliates, including Structured Query Language (SQL)-based programming technologies, as well as self-developed systems. Frequency of maintenance also varies, with HMG affiliates most commonly reporting updates monthly and annually.

Of HMG affiliates far enough along in their implementation to have a functional resource directory, the majority report that it serves as a comprehensive, regularly updated list of services and programs for children and families within the geographic area served by the call center. They also report confidence that the directory is up to date, accurate, and benefits from a reliable process for making future edits or additions.

The reported procedure used to research resources for families includes initial use of a resource database. In instances in which the identified need does not match to a resource within the database, affiliates report the use of web-searches and/or contacting community partners/

A subset of HMG affiliates reported specific procedures to identify appropriate resources in a systematic and consistent manner, including taxonomy codes for resources, triage protocols,



Affiliate Progress in Implementing Family and Community Outreach Activities



For the purposes of the Fidelity Assessment, HMG affiliates report community partners are organizations, agencies, or initiatives in which HMG has a relationship that extends beyond the inclusion of that service in the resource directory of the Centralized Access Point.

While the quality, duration, and operationalization of those partnerships vary, HMG affiliates do engage similar sectors as partners in their HMG efforts including: early care and education, family/ child advocates, health and human services, home visiting, medical and/or health providers, and school systems. Novel sectors that HMG affiliates reported engaging in 2018 include: criminal justice organizations such as probation and pre-trial services, immigrant relations, housing, and tribal health organizations.



Networking

In 2018, HMG affiliates led 1,786 networking meetings intended to bring together those early childhood partners described above, which represents a 76% increase from the previous year. In 2018, 57 HMG affiliates reported bringing data about key gaps in the system to community networking meetings as a way to highlight and potentially work to address important areas of need. Networking

Family and Community Outreach

Family and Community Outreach is key to promoting the use of HMG and providing networking opportunities among families and community-based service providers. Family and Community Outreach staff work to engage families by participating in and/or leading community meetings, forums, public events, fairs, and helping families learn about child development and the role of HMG. This community presence encourages support for the HMG system and facilitates efforts to gather and update information to embed in the resource directory of the Centralized Access Point. Further, parent engagement is critical to ensuring that the types of services and supports to which families are referred reflect a family-led agenda.

FIDELITY TO THE COMPONENT OF FAMILY AND COMMUNITY OUTREACH

Utilize Community Partners

Partners for HMG family and community outreach have been identified using set criteria



Networking

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Marketing

to promote HMG

Facilitate at least two HMG meetings to support networking

Marketing/social media activities are regularly used



Community Events & Trainings

HMG provides outreach to increase awareness of HMG at least twice a year

IMPACT INDICATORS

In 2018, **32,030** individuals attended a HMG community outreach event.

HMG affiliates trained 14,036 non-medical professionals on developmental screening and/or referral and linkage through HMG in 2018.

2017	2018
96%	97% ↑
78%	77% ↓
89%	85% ↓
90%	90%

meetings also serve as a vehicle to access information about *new* programs or services that should be included in the HMG resource directory, as well as to learn about needed updates to existing programs and services.

Community Events and Trainings

HMG affiliates also provide outreach to increase awareness of HMG through community events for community partners, families, or both. Families that attend such events receive information and resources about how to support children's optimal healthy development. Community-based developmental screening can also serve to inform parents about their children's developmental status and, in cases where there are concerns regarding learning or development, connection to HMG. **Eighty-five percent of HMG affiliates conducted family and community outreach events in 2018. Among affiliates conducting events, 71% offer developmental screening, such as the Ages and Stages Questionnaire, through these community events.**

Integrating Help Me Grow in Early Learning Settings

Nine Help Me Grow affiliates are currently participating in the Help Me Grow Early Learning Integration Community of Practice, made possible with funding from the W.K. Kellogg Foundation. Seeking to improve the integration of Help Me Grow within home- and center-based early care and education settings, this project focuses on supporting early childhood system building, utilizing technology, and enhancing the capacity of early care and education.

Each affiliate created a SMART Aim related to increasing screenings, referrals, and linkage to services for young children in early care and education. Examples of specific SMART Aims created by affiliates include: increasing referrals from early learning programs by 20 percent, engaging 85 percent of parents in screening using app-based technology, and implementing three peer mentors into the HMG Call Center to support child care providers in making referrals.

Help Me Grow National partnered both with the BUILD Initiative and the Advancing Kids Innovation Program (AKIP) at Connecticut Children's Medical Center to provide support and guidance as "Innovation Advisors." Help Me Grow Orange County and Help Me Grow Vermont also serve as Innovation Advisors, offering critical lessons learned with the Community of Practice based on their rich local history in integrating HMG and early learning settings. Innovation Advisors shared strategies, recommendations, and experiences implementing the innovation model during five webinars implemented over the first year of the project and, over the next several months, will provide customized consultation to the Community of Practice based on community needs.



Marketing

HMG affiliates rely on common methods to market their HMG system to families, partners, and child health providers. The most common tool to support HMG awareness includes community events and trainings, followed closely by use of a HMG website and dedicated Facebook page.

MOST FREQUENT HMG MARKETING

- Community events = 68
- Website = 64
- Facebook = 60
- Twitter = 17*
- Blog = 12
- Charity/fundraiser = 1

*Reported Twitter utilization decreased by more than 10 systems between 2017 and 2018

Emerging strategies to track the impact of family and community outreach include labeling screening instruments with event-specific indicators to determine the source of screens once they are returned, as well as embedding questions about how individuals learned about HMG in online screens.

ACTIVITY

Physician champion

Training on screening

and surveillance

Training on referral and linkage

Closing the feedback loop

Physician Champion

champion to bolster their outreach capacity.

Affiliate Progress in Implementing Child Health Provider Outreach Activities

Child Health Care Provider Outreach

Child health care providers are uniquely positioned to identify developmentally vulnerable children, as they have near universal access to young children. The HMG system supports community-based child health care providers by enhancing their effective developmental promotion and early detection activities for all children and ensuring effective linkage to appropriate programs and services.

FIDELITY TO CHILD HEALTH CARE PROVIDER OUTREACH

AV.

Physician Champion

Identification of a physician that advocates for HMG in the broader medical community

Physician Training

Staff conduct targeted outreach to child health care providers through education, trainings, or workshops on service referral and linkage through HMG

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Surveillance and Screening

HMG staff conduct targeted outreach to child health care providers through education, trainings, or workshops on effective developmental surveillance and screening

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Feedback Loop

HMG care coordinators close the feedback loop by sharing information about screening and/or referral outcomes in at least 75% of cases

IMPACT INDICATORS

In 2018, HMG affiliates conducted 591 trainings for child health providers on the topic of developmental surveillance and screening. They conducted a much larger number, 1,140 trainings, on the topic of HMG as a resource to support referral and linkage. Among HMG affiliates reporting this metric, they conducted an average of eight to 16 trainings per year on each topic, roughly one to two trainings per month.



Training on Surveillance and Screening and Referral and Linkage through HMG

HMG affiliates generally utilize two approaches to support child health provider outreach:

2017	2018
86%	86%
74%	73% ↓
80%	80%
83%	65% ↓

The physician champion in a HMG system serves to support HMG outreach efforts by specifically engaging with the medical community. Often, physician champions directly utilize HMG services for their patient population and support HMG efforts by sharing their experiences with other providers based in other healthcare settings. Eighty-six percent of HMG affiliates have identified a physician

HMG identifies a local or state-level partner that, as a result of the scope of their role within a given community, is well suited to conduct child health care provider outreach on behalf of HMG. Common partners among affiliates include, for example, local chapters of the American Academy of Pediatrics. Among HMG affiliates that currently conduct child health provider outreach, 63% use this approach.

HMG conducts child health care provider outreach efforts directly. The organizing entity for HMG serves as the lead in outreaching to pediatric primary care settings to promote awareness of HMG and/or provide training specific to developmental surveillance and screening. Among HMG affiliates that currently conduct child health provider outreach, 37% use this approach.

Closing the Feedback Loop

HMG affiliates seek to follow-up with child health care providers where feasible. In some instances, providers may make direct referrals to HMG on behalf of families, in which case HMG closes the loop with providers to share the outcome of the HMG interaction, such as referrals to certain services. Other times, families may receive developmental screening directly through the call center and HMG seeks to close the loop with the child health care provider by sharing, with family permission, screening results.



In 2017, 83% of HMG affiliates successfully closed the loop with child health care providers. In 2018, contrast, the proportion of HMG affiliates successfully closing the loop decreased to 65%, a notable change in the degree to which HMG is enabling successful information sharing across settings.

physicians:

- or families are reluctant to share information about the primary care provider)
- Obtaining consent from families for information sharing

We are seeking to identify and elevate affiliate examples of strategies that have worked to facilitate consistent and frequent follow-up with providers. How do you maximize rates of follow-up with child health care providers? How do you track and measure your success?

Qualitative input suggested the following key barriers in ensuring follow-up with

Lack of identified primary care provider by families (either families lack a primary care provider

Cases where the child is referred to HMG from a source other than the primary care provider

Promising Practice Priority



Affiliate Progress in Implementing Data Collection and Analysis Activities

Data Collection & Analysis

Affiliates collect data throughout all components of the HMG system, including child health provider outreach, family and community outreach, and within the Centralized Access Point. The collection of a set of shared metrics across the HMG National Network informs the national narrative regarding the impact of HMG on children and families across the country. The collection of locally-sourced metrics enables HMG affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

FIDELITY TO DATA COLLECTION AND ANALYSIS



Reporting

Impact Indicators and Local Use reports are submitted to the National Center

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Sharing Data Across Partners

HMG-specific data are shared across partners, such as through regular reporting, ad hoc requests, or targeted evaluation projects



Continuous System Improvement

Opportunities are identified for conducting quality improvement projects using HMG-specific data

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Community Change Through Data

HMG-specific data, such as identification of systemic barriers, are leveraged to generate community change

ACTIVITY Data monitoring Sharing data across partners Continuous quality improvement Community change through data 8≓ ¶⊓ **Data Monitoring**

To support their capacity to engage in ongoing data collection and analysis and to evaluate the impacts of their local implementations of HMG, affiliates frequently identify a designated evaluation consultant, individual, or organization that provides evaluation support to HMG. Fifty-two percent of affiliates reported use of a specific evaluation partner in 2018, which is a slight decrease from 64% in 2017. Affiliates also explore and implement data systems (also known as client tracking systems) within the Centralized Access Point to document and monitor client-level information. In 2018, the two most commonly utilized data systems were System for Tracking Access and Referrals (STAR) and the Utah Family Database.

Sharing Data across Partners (\square)

HMG affiliates are uniquely poised to obtain and disseminate information about key trends in early childhood systems, such as the most common concerns with which families present to the call center, frequently recommended programs and services, trends in developmental screening results based on population, geographic region, etc., and barriers experienced by families in connecting to services.

2017	2018
77%	77%
85%	84% ↓
67%	68% †
33%	64% †

ନ୍ଦ୍ରିନ **Community Change through Data**

As described earlier, building and maintaining a comprehensive resource directory enables affiliates to observe key gaps in needed services across the system. HMG affiliates can also identify and document common barriers that families experience in accessing available services. Such data has the capacity to inform advocacy efforts at the local level.

A variety of contextual barriers may impede family capacity to access services, including, for example, lack of access to transportation, language barriers, and lengthy wait lists for certain services. HMG affiliate communities stand to benefit from documenting ongoing, objective data regarding the most frequent barriers experienced by families in their local community.

In 2017, only a third of affiliates reported leveraging HMG data, including data specific to barriers, to inform and support advocacy efforts. In 2018, the proportion of affiliates supporting community change through data rose to 64%. This suggests that several affiliates prioritized the use of HMG data, including data about barriers experienced by families, as a key strategy and advocacy level in 2018.

EXAMPLES OF USE OF THE DATA INCLUDED

- Advocacy for increased mental health, home visiting, early intervention, and early education and/or for additional funding for these services
- Increasing availability of autism and behavioral management services
- Responding to reported immigration concerns among families through training, technical assistance, and access to resources
- difficult, stressful, and complex family circumstance
- A variety of efforts aimed at reducing wait times for families referred to services

HMG affiliates may share data with other partners through a variety of means including: regular reports, ad hoc (upon requests by community partners or agencies), and joint evaluation efforts. In 2018, affiliates provided information about emerging efforts to integrate data from Help Me Grow with other sectors, such as child health care or early care and education settings through a registry.

Early examples suggest the following trajectories for Help Me Grow's contribution to integrated data platforms:

- HMG providing screening and referral information to state Early Childhood Integrated Data Systems that are linked to state longitudinal databases across the child and adolescent academic trajectory
- Integration of data among early learning settings through Quality Rating and Improvement System (QRIS), Early Development Instrument (EDI) data, home visiting, and other local and state data sources
- Merging of Ages and Stages (ASQ) Enterprise systems across the state



HMG affiliates rely on data from the Centralized Access Point, as well as data collected as part of family, community, and child health provider outreach efforts, to guide continuous quality improvement efforts.

FOCUS AREAS OF CONTINUOUS QUALITY IMPROVEMENT FOR HMG

1 MOST FREQUENT	Identifying counties or regions <i>underserved</i> by HMG and generating novel outreach and engagement strategies
2	Generating improvements to data systems to better support workflow, minimize the amount of non-coded data, and strengthen case documentation
3	Evaluating the yield of specific marketing strategies and modifying approaches based on perceived return on investment
4	Introducing bilingual staff, as well as training and coaching existing care coordination staff, to ensure capacity to serve a diverse population
5 LEAST FREQUENT	Identifying partners or sectors with low engagement with HMG and generating novel strategies to build awareness and relationships

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Understanding barriers to screening and referral among community partners, including early learning settings

Publicizing the benefits of a compassionate and neutral Centralized Access Point as a mechanism to navigate

Developmental Surveillance and Screening

Within the HMG model, developmental screening efforts may be provided by care coordinators at the Centralized Access Point or by HMG staff in community settings. Such screenings may also be conducted by community providers, such as home visitors, or by child health care providers, all with the shared goals of promoting universal developmental surveillance and screening, avoiding redundant screenings across settings, and consistently connecting the families of children at developmental risk to the Centralized Access Point for referral, linkage, and follow-up to community-based services.

HMG affiliates share a focus on supporting developmental surveillance and screening by addressing key gaps in developmental surveillance and screening across their local systems. Thus, they adopt a wide variety of context-dependent strategies in support of this goal.

In the majority of HMG affiliates, care coordinators provide screening directly through the call center. A smaller proportion of affiliates connect families to an online resource for screening. Other methods to promote developmental screening include: connection to other agencies for screening; mailed hard copies of screening tools; and embedding screening as part of community outreach events.

Common screening instruments include: Ages and Stages Questionnaire (ASQ-3) to support developmental screening, the Ages and Stages: Social Emotional Questionnaire (ASQ-SE 2), Parents' Evaluation of Developmental Status (PEDS), Survey of Well-Being of Young Children (SWYC), Modified Checklist for Autism in Toddlers (M-CHAT), Patient Health Questionnaire (PHQ-9), Edinburgh Postnatal Depression Scale (EPDS), and the Pediatric Symptom Checklist (PSC).



Affiliate Highlight **Moving Towards Full Implementation:** Help Me Grow San Francisco

Support for Families of Children with Disabilities (SFCD) works to ensure that families of children with any kind of disability or special health care need, and the providers who serve them, have the knowledge and support to make informed choices that enhance children's development and well-being. Similarly, First 5 San Francisco (First 5 SF) invests in programs dedicated to the healthy development of all children in San Francisco. First 5 SF has historically partnered with SFCD to improve early identification and intervention supports and expand access to services for children with special health care needs and their families.

In 2014, this partnership became one of only a handful of Help Me Grow counties in the state of California to be recognized as an affiliate by the Help Me Grow National Center. Help Me Grow Affiliate status helped to focus San Francisco's efforts on: expanding and promoting the Help Me Grow call center at SFCD; building a more robust data and tracking system; and expanding outreach within the health sector while maintaining the strong parent and community partnerships already cultivated in the early care and education, family support, and K-12 education sectors. Between 2014 and 2018, SFCD, funded by First 5 SF, steadily implemented the Help Me Grow components.

The Steering Committee and General Council of Help Me Grow provided **Community Outreach** in the form of meetings with agencies to address system barriers and trends, along with newsletters, presentations, and a website on how to refer to the call center, known as the Warmline. SFCD's team of Developmental Screening Trainers provided both county-wide training and on-site technical assistance for developmental screening, primarily in early care and education, and began expanding into pediatric settings in 2016.

Health Care Provider Outreach further expanded in 2017, with landscape analyses and partnership building at eight pediatric settings that serve the county's highest rates of lower income children birth to 5. As a result of these efforts, an active group of pediatric champions are promoting developmental screening and Help Me Grow referrals at each of their sites.

The SFCD Warmline has functioned as the primary **Centralized Access Point** for families and professionals to call. The Warmline is answered by family members or caregivers of children with disabilities known as Family Resource Specialists, who can provide timely information and resources and provide ongoing support with navigating intervention services. Importantly, because the Warmline is housed in a Family Resource Center, parents can easily access a wealth of other services including parent education, parent/peer support groups, and parent/child playgroups.

SFCD's Salesforce system tracks calls, emails, and walk-ins from families and professionals needing supports in San Francisco and serves as the **Data Tracking** component. The system stores demographics, reason for the initial contact, and the services and actions taken to help the family. The system also acts as a resource inventory of available supports and services throughout the city.

Late 2016 brought an inflection point for Help Me Grow, prompted by an end to several grant cycles, release of updated county-wide child health and school readiness data, and a new 5-year Strategic Plan for First 5 SF. Stakeholder input gathering, review of collected data, and in-depth planning throughout 2017 brought to light several opportunities for continuous quality improvement including: better leveraging partnerships with centers that act as family and community service "hubs" to more effectively reach a diverse range of families that are increasingly socially and linguistically isolated; improving linkage to services through screening results; reducing fragmentation and duplication of early intervention initiatives; and systematically implementing a Multi-Tiered System of Support framework to deploy both universal and targeted interventions.

Using these findings, Help Me Grow re-launched in Summer 2018 with a select group of 80 early care and education sites and 2 pediatric clinics. Moving forward, an expanded Help Me Grow team, representing integration of two previously separate early intervention initiatives and funding streams, will partner with this select group of sites to pilot test innovations to the Help Me Grow model. Partner sites will receive a sequenced range of services, spanning a continuum from universal to targeted interventions. These components include **Community and Family Outreach** for High Quality Universal Screening Systems; **Parent/Provider Education and Engagement** with Screening Results; **Centralized Access** and Coordinated Response to Identified Risk; and Service Navigation and **Data Tracking**. Successes and challenges will be assessed in Summer 2019 to support refinement and continued expansion with additional partner sites throughout the county. The ultimate implementation objective is for every Help Me Grow site - and the city as a whole - to be able to function effectively along this continuum of care for children and families. This past year, the process for gathering and sharing research on available resources also became more defined as the SFCD data system and quality of data entry improved. SFCD staff is active within the community attending meetings, presentations, and events, and engaging in regular conversations with partners and stakeholders. Additionally, the process for gathering and vetting new resources has traditionally been challenging; however, the completion of the Salesforce data system has allowed for a centralized repository of these resources that can be easily accessed across staff. The Salesforce system now boasts a highly comprehensive and up-to-date inventory of available resources, supports, and services throughout the city. The application of a comprehensive data tracking and resource inventory system has greatly informed practice across the organization and helped to further solidify all surrounding protocols and procedures. It is growth in these two areas that helped launched Help Me Grow San Francisco into full implementation for 2018.

The long-term vision for Help Me Grow SF is to unite families, providers, services, and systems around children's healthy development. There are several key levers for change that will help bring efforts to scale and sustain them county-wide in order to achieve this vision. They include legislative policies and funding streams that promote universal developmental screening and provide clear expectations and standards for quality screening practice, as well as data and information systems that offer new technologies and efficiencies for the administration, tracking, and summary of developmental screening data. Finally, sophisticated care coordination is an essential component for both effectively supporting the highest need children as they navigate their most immediate service priorities and ensuring that families and their multitude of providers stay informed and aligned on a child's progress along the way.

SMART Aims

HMG National first implemented SMART Aims in 2017 as a strategy to both promote and capture strategic planning efforts across the network. Each HMG system identifies a goal that is Specific, Measurable, Achievable, Realistic, and Time-Bound in an effort to document and measure progress against important programmatic aims. Affiliates reporting in 2018 shared examples of progress on their 2017 SMART Aims:

- Increasing the proportion of families served in a given region by a target percentage
- Diversifying the sources from which HMG families first learn about HMG
- Establishing relationships with a target number of child health providers
- Significantly increasing overall call volume, with subsequent need to increase staff capacity

In 2018, affiliate systems reported a variety of SMART Aims tied to core components of the HMG system model, with most tied to efforts related to the Centralized Access Point:

- Increase call volume from specific priority regions or provider groups
- Improve follow-up rates with both families and providers
- Increase awareness of HMG in new regions in the state/locality
- Improve the quality and quantity of resources in the resource database
- Increase the degree of quality assurance applied within the call center
- Leverage emerging technologies to strengthen Centralized Access Point function and processes

System Enhancements and Future Trends

As affiliates increasingly reach full implementation to the model and as their efforts endure over time, through leadership and staff turnover and novel funding streams, it is important to separately consider the types of activities and efforts that sustain affiliates' leadership of HMG.

In 2018, recognizing the need to conduct a pilot assessment of the types of strategies and approaches used to support sustainability of HMG among those affiliates that had previously reached full implementation to the model, the National Center developed and administered the first-ever 'Sustainability Assessment.' Affiliates eligible to receive the Sustainability Assessment are those that, in a prior year, achieved full fidelity to the model per the criteria described above. The Sustainability Assessment serves as an abbreviated measure of fidelity and further expands on novel factors and trends believed to play a role in HMG sustainability, such as funding, emerging technology, and successful partnerships. Key themes and interesting innovations pursued by this established cohort of Help Me Grow affiliates are listed below. In future years, this version of the assessment will continue to be refined and administered to more affiliates, expanding our knowledge of the ways that HMG affiliates sustain the model over time.

Trends We're Watching

Expanding HMG as a Resource to Address Social Determinants of Health

to how children are learning, developing, and behaving.

Leveraging Modern Technology in the Centralized Access Point

parent and provider preferences for contact change.

• Affiliates are exploring embedding screening for food and housing insecurity within the Centralized Access Point. This strategy ensures that HMG can be a resource to families as they address specific needs that may emerge as more urgent or pressing and, subsequently, offer support for issues related

Affiliates are continuing to identify and apply more modern methods of engaging with families, including text, email, and app-based technology. By diversifying the types of modalities used to engage families, HMG can continue to ensure that it serves as a critical resource for families as both Using Data to Refine and Improve Performance

• More affiliates are relying on continuous quality improvement to identify areas ripe for small tests of change. For example, by noting drop-offs in provider referrals to HMG at a certain time post-training, affiliates can develop lighter-touch refresher training materials to reengage providers with HMG.

Integrating Emerging Models and Initiatives into HMG

• Recent examples of collaborative efforts include the embedding of the Well-Visit Planner into the Centralized Access Point and the co-promoting of HMG and Reach Out and Read. By identifying areas of synergy between HMG and relevant models, this cross-promotion further strengthens and sustains HMGs' local and national footprint and integration with related early childhood efforts.

Conclusion

This report summarizes the breadth and scope of HMG implementations across the country. Communities in 28 states are leveraging the four HMG model components to ensure their capacity to advance developmental promotion, early detection, referral, and linkage. Ultimately, the information presented in this report provides needed context about HMG implementations to interpret and apply future assessments of the impact of HMG. In the future, HMG National plans to develop frameworks for affiliates to evaluate parent experience with HMG, as well as the return on investment associated with the focus of HMG on prevention. Only by continuing to strengthen our knowledge of HMG implementation and working in partnership with HMG affiliates will we be successful at taking on these critically-important challenges.



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