
Help Me Grow®
National Center
Help Me Grow
BUILDING IMPACT
2017 ANNUAL REPORT

Building Impact

This 2017 Help Me Grow report synthesizes information collected from nearly one hundred HMG systems in more than 25 states across the country to capture the following:

- The breadth and scope of HMG system implementations
- Fidelity to the HMG model across communities
- HMG capacity to reach children, families, community partners, and child health care providers
- Novel approaches and system enhancements currently being explored by HMG affiliates

CONTENTS

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 developmental promotion and promote early detection, referral, and linkage to community-based supports, 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:

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

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;

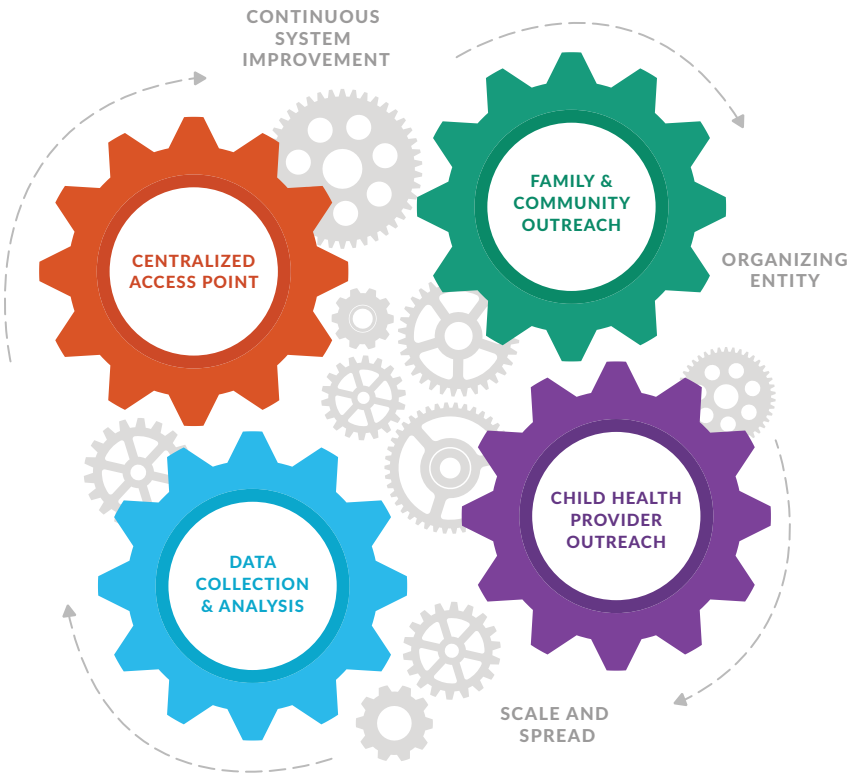
Child Health Care Provider Outreach supports early detection and intervention, and loops the medical home into the system;

Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is optimally supporting families and ensuring children receive what they need, when they need it.

It is the cooperation of these four core components that characterizes the Help Me Grow system model.

The Help Me Grow model also depends on three Structural Requirements. Implementation relies on a Backbone or Organizing Entity to provide support, oversight, continuity, and facilitation of collective impact efforts. Critical strategies for Scale and Spread ensure that systems serve optimally 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 more than 25 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.



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 types of relationship-building venues serves to engage these organizations as partners and stakeholders as members of a coalition and the broader early childhood system. Additionally, building partnerships with community-based service providers promotes the use of the **Centralized Access Point**, which supports those providers in their service efforts through the provision of system navigation, through telephone-based care coordination efforts supported by experts in early childhood development, as well as the access to a comprehensive, up-to-date resource directory of all available, suitable, and 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 promotes awareness around optimal child health and developmental promotion, and engages families as critical partners in promoting the wellness of their young children. These family outreach strategies also foster awareness of the **Centralized Access Point**, which provides families of young children a knowledgeable resource for 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 the **Centralized Access Point** systematically follows up with all 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 developmentally-vulnerable children, as they have near universal access to young children and provide ongoing monitoring of developmental status, as they provide well-child care that includes 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 and, even when needs are recognized, keeping comprehensive and updated information on community-facing services is difficult and, lastly, ensuring successful connection to those programs is time-consuming. Further, only a subset of children with developmental delays or at risk for developmental delays will qualify for early intervention and early childhood special education services, prompting the potential for a “wait and see” approach among child health care providers.

The Help Me Grow system implements strategic **Outreach to Child Health Care Providers** through office-based training, frequently including 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 concerns are identified and, in so doing, HMG partners with pediatricians to ensure effective linkage to appropriate programs and services.

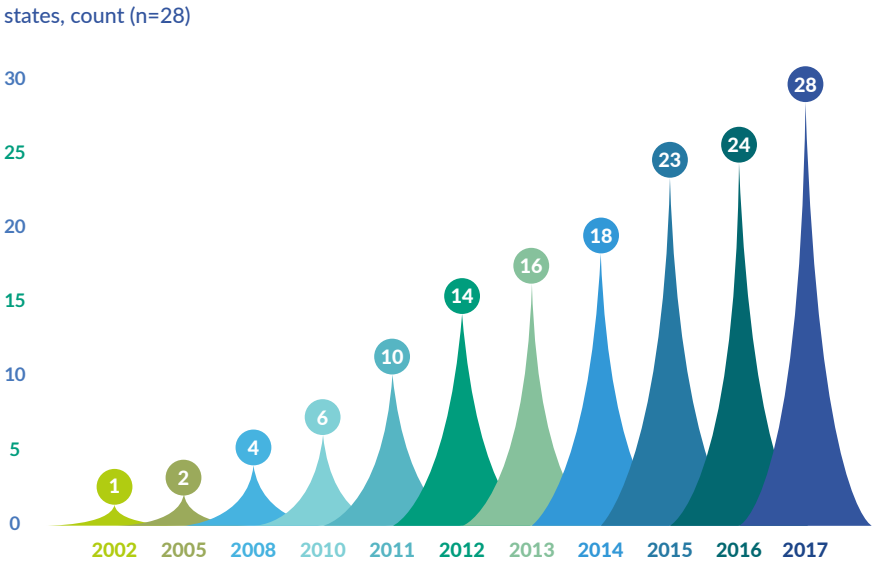
The **Centralized Access Point** systematically closes the loop with referring **Child Health Care Providers and Community-Based Service Providers** so families are optimally supported, communication is streamlined, redundancies minimized, gaps identified, and children receive what they need when they need it.

ABOUT THIS REPORT

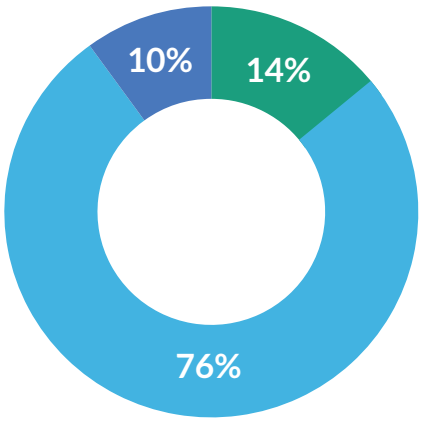
The HMG National Center administers an annual, standardized, Fidelity Assessment to every affiliate system of the National Network. The Fidelity Assessment is a self-report survey intended to measure 1) progress in HMG implementation in each of the four model core components, 2) relevant process and 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 2017 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. For questions, or to request copies of the report, please contact the HMG National Center.

REPORT HIGHLIGHTS

The HMG Network consists of 99 HMG systems operating in 28 states across the country



- Network affiliation has steadily increased over time



Exploration Installation Implementation

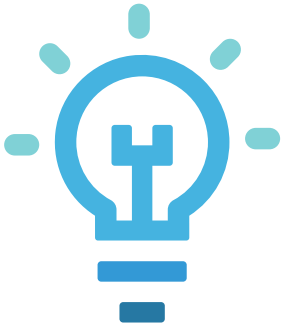
- Affiliate implementation efforts are categorized as being in either an Exploration, Installation, or Implementation stage. As of 2017, 14% of the network is in Exploration, 76% is in Installation, and 10% is in Implementation. Among the four core components, HMG affiliates are furthest along in implementation of Family and Community Outreach.

REPORT HIGHLIGHTS (CONT'D)

- HMG affiliates conducted targeted outreach to families, community providers, and child health providers, reaching more than 150,000 families and providing more than 1,000 trainings to providers on the topic of developmental screening and surveillance and to promote awareness of HMG.

- HMG affiliates served 81,140 children and families through the centralized access point, providing either information or making referrals to a wide variety of early childhood supports and services. Of those families engaged with the centralized access point, an average of 82% reported that their needs were met by HMG.

- Beyond HMG implementation, many affiliates explored system enhancements and related early childhood innovations to support continued growth and sustainability of efforts. Examples of approaches introduced this year included: implementation of the Well Visit Planner, screening for social determinants of health through the centralized access point, and adoption of the Educating Practices in the Community model to train pediatric health care providers.



EVALUATING HELP ME GROW

Since its inception, the focus of HMG has been to strengthen efforts in support of early detection, referral, and linkage within the broader early childhood system. Isolated initiatives often fail to generate and sustain 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. Given the vast collective potential across 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 prevent the development of comprehensive, effective early childhood systems.

Efforts to ensure alignment include, as reflected throughout this report, an emphasis on fidelity to the model across the many communities that have implemented or will 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: our methods to document the impact of our systems and communicate and leverage lessons learned are essential to enhance our capacity to operate as a movement and strengthen our potential to generate policy change at the local, state, and national level.

The HMG measurement framework balances both the need to assess HMG efforts at the local level, considering the important context that shapes both community capacity (e.g. the availability of certain programs or services, gaps in ensuring developmental screening and surveillance in certain sectors, etc.), as well as 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**, terms 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, informs the national narrative of HMG. All HMG affiliates are expected to track Common Indicators at the local level and report Impact Indicators to HMG National. Together, Common and Impact Indicators enable HMG affiliates to monitor progress, share lessons learned, advocate for change, and consult with other affiliates.

HELP ME GROW IMPLEMENTATION

Each year, new communities join the National Network so our collective efforts are ever-changing, as is our capacity to reach a greater number of children, families, and providers. To capture the breadth and impact of the Network, affiliates complete an annual Fidelity Assessment to document their implementation progress, specific approaches used in relation to the four core components, and key process and outcome metrics. This report summarizes the key findings and lessons learned from the 2017 Fidelity Assessment.

Local HMG Implementation

Communities explore the HMG model as a strategy to strengthen their early childhood systems and ensure early detection, referral, and linkage. The reasons that a particular community may consider implementation of HMG reflect a variety of priorities, often influenced by where a particular lead contact or lead organization is embedded within the early childhood system. Examples of reasons include 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.

Existing HMG affiliates have leveraged a wide variety of funding sources to support their exploration and implementation of HMG, including federal, state, foundation, and community-based organization funds. It is not uncommon for HMG affiliates to braid and blend multiple funding sources to support distinct functional elements of HMG, be it the centralized access point or efforts to support child health provider outreach.

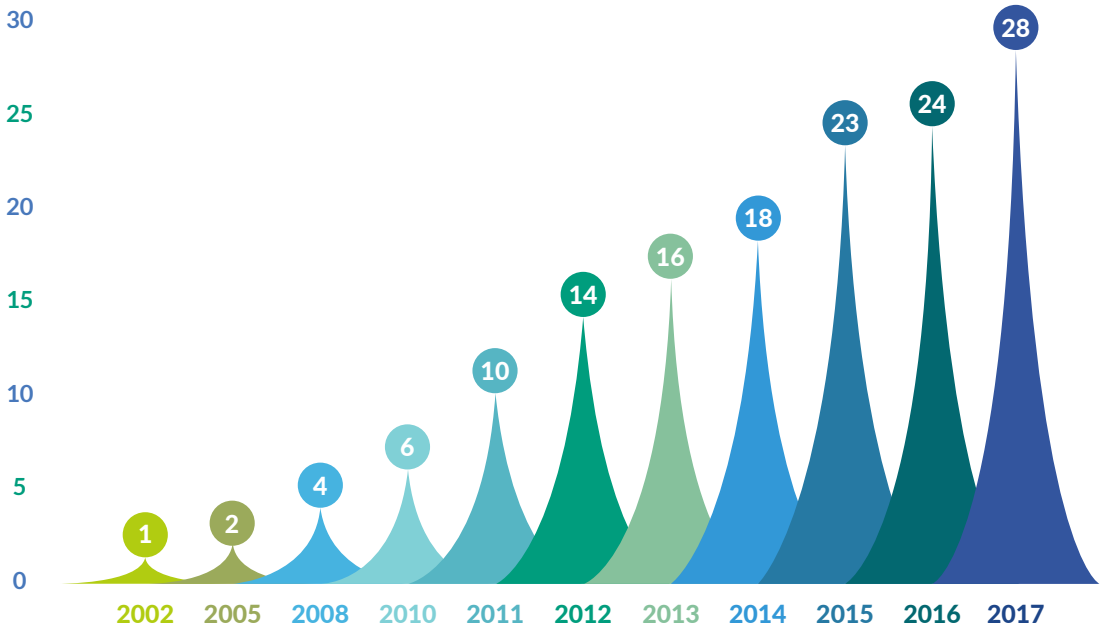
States newly exploring HMG will do so under the guidance of a designated HMG state lead; the role of the state lead may take different forms in different states, but generally comprises many of the following activities: providing direct oversight, building relationships, strategic planning, advocacy, 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 county-level systems). 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 systems are defined at the level of the centralized access point, with unique centralized access points being 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. As such, there are 99 HMG systems, 85 of which are operational, defined as actively moving toward implementation (i.e., beyond an exploration phase). The 99 HMG systems, both operational and non-operational, are embedded within 28 states across the country.

states, count (n=28)



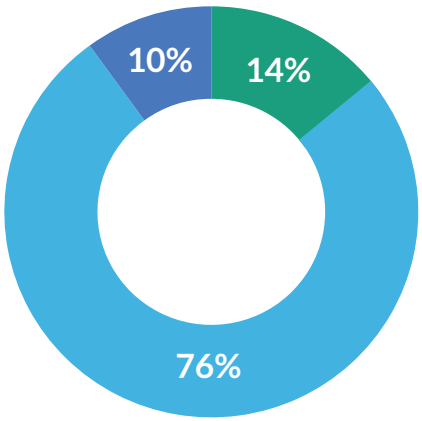
- Network affiliation has steadily increased over time

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, 4 in each of the four core model components, to enable classification of affiliate implementation. Within a core component, exploration refers to affiliate systems that have implemented none of the four activities; installation refers to affiliates that have implemented at least one activity; implementation refers to affiliates that have implemented all four activities. The designation of a single-stage classification to an affiliate is determined based on their component classifications: affiliates achieving exploration in any core component will be classified as being in exploration, affiliates achieving installation in any core component will be classified as being in installation, and affiliates achieving implementation in all four core components will be classified as being in implementation.

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

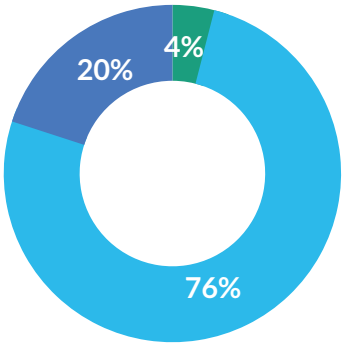


Exploration Installation Implementation

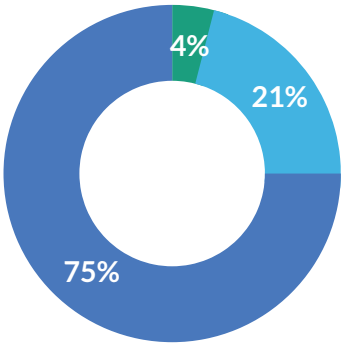
Level of Affiliation

As of 2017, 14% of the network is in Exploration, 76% is in Installation, and 10% is in Implementation.

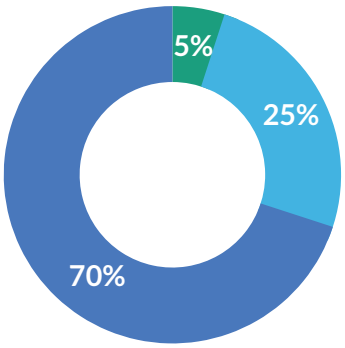
Among the four core components, HMG affiliates are furthest along in implementation of Family and Community Outreach, with 75% of affiliates having achieved all four core activities associated with this core component. Cumulatively, few affiliates maintain a status of Exploration in any core component, with this designation restricted primarily to those affiliates that are newly considering model implementation.



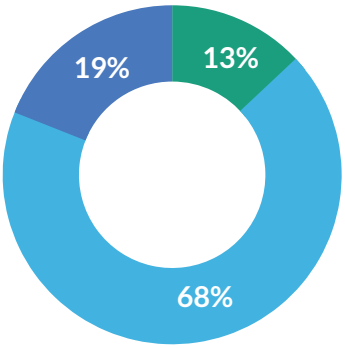
Centralized Access Point



Family/Community Outreach



Child Healthcare Provider Outreach



Data Collection & Analysis

As mentioned above, Fidelity Assessments are administered annually and, as such, enable year-to-year comparisons of the Network over time. Between 2016 and 2017, 72% of HMG affiliates progressed forward along the continuum of affiliation in at least one core component. Progression along the continuum involves growth and expansion of core HMG activities. The proportion of HMG affiliates that have achieved each of the 16 activities that comprise fidelity to the HMG model is captured in the below table:

2017 Key Fidelity Activities by Stage of Affiliation

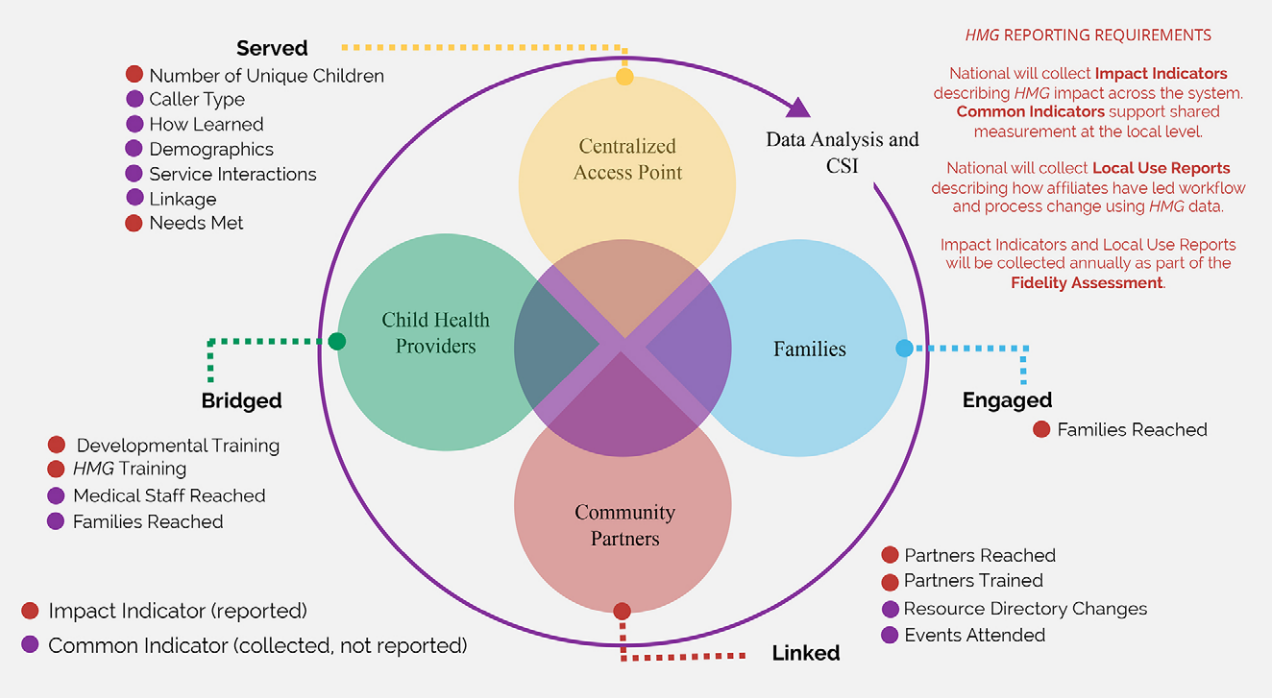
KEY ACTIVITY	STAGE OF AFFILIATION (N=99)			
	Exploration (n=14)	Installation (n=75)	Implementation (n=10)	Total (Percent)
Specialized child development line	3	48	10	61 (62%)
Linkage and follow-up	2	44	10	56 (57%)
Researching resources	1	46	10	57 (58%)
Real time directory maintenance	0	36	10	46 (46%)
Engaged community partners	10	75	10	95 (96%)
Networking	2	65	10	77 (78%)
Community events & trainings	6	72	10	88 (89%)
Marketing	5	74	10	89 (90%)
Physician champion	8	67	10	85 (86%)
Training on screening and surveillance	2	62	10	74 (74%)
Training on referral and linkage	1	68	10	79 (80%)

Closing the feedback loop	1	71	10	82 (83%)
Data monitoring	1	65	10	76 (77%)
Sharing data across partners	0	74	10	84 (85%)
Continuous quality improvement	0	56	10	66 (67%)
Community change through data	0	23	10	33 (33%)

Activities for which the fewest HMG affiliates have achieved implementation include: community change through data, real-time directory maintenance, linkage and follow-up, and researching resources for families. Yet, for certain activities, nearly all HMG affiliate systems have achieved implementation. These include: engaged community partners, marketing, community events and trainings, and securing a physician champion. Of course, these activities are not equivalent in terms of the level of planning, resources, or time needed to implement, which likely explains some of the variation in rates of successful implementation. Regardless, such data provide important insight into priority areas for network development going forward. Most importantly, newly exploring HMG affiliates are continuously joining the dynamic network; as such, we do not expect that any yearly Fidelity Assessment will indicate that all HMG affiliates have achieved a given activity. Instead, the data provide the ability to monitor network growth and development over time.

HELP ME GROW IMPACT

Throughout 2017, HMG affiliates engaged in ongoing data collection efforts in support of measuring the Common and Impact Indicators described above. Measurement of Common Indicators guided affiliates in designing and implementing targeted continuous quality improvement efforts described further in the Data Collection and Analysis section of this report. Measurement of Impact Indicators informed affiliates about the scope of their HMG efforts in terms of families, partners, and providers reached. The Impact Indicators are aggregated across the Network to inform us as to the spread of HMG at a national level.



Cumulatively, HMG affiliates reached more than more than 150,000 families and provided more than 1,000 trainings to providers on developmental surveillance, screening, and connection to services through HMG. Other key process measures of HMG include, for example, linkage rates, which describe the proportion of families successfully linked to programs and services. Prior evaluation of HMG demonstrated a linkage rate of 85% and, presently, HMG affiliates both monitor linkage rates and, where feasible and appropriate, design strategies to improve linkage rates. Additionally, HMG affiliates

recently implemented a brief question at the conclusion of interactions with families via the centralized access point seeking to determine the proportion of families reporting that their needs were met by HMG. This measure serves two purposes. First, it provides a mechanism of quality assurance by ensuring families have the opportunity to voice concerns about the support they receive through HMG in real time. The specific needs that HMG may address include those for care coordination support, information provision, and/or referral to appropriate services, but not the actual receipt of services that may address the initial concern. Second, the full set of Common and Impact Indicators are primarily process-driven; these metrics inform the volume and scope of HMG activities across the system model. While the Needs Met measure does not serve as a traditional outcome measure, it does speak to the quality and helpfulness of the interactions of families within the HMG centralized access point. In 2017, the majority of callers to the centralized access point (82%) reported that their needs were met by HMG.

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, staff who 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 component of the Centralized Access Point consists of the following criteria:

- A specialized child development line that is distinct from a general call line and which can be directly accessed by families and providers;
- The capacity of the call line to facilitate linkage to a variety of early childhood services and to follow-up with families to ensure linkage;
- A systematic process to research available resources in the community; and
- A resource directory that has the capacity to be maintained and updated over time.

Centralized Access Point Key Fidelity Activities by Stage of Affiliation

AFFILIATE STATUS (N=99)	CAP SUBCOMPONENT STATUS	Subcomponent Key Fidelity Activities			
		Specialized child development line	Linkage and follow-up	Researching resources	Real-time directory maintenance
Exploration (n=14)	Exploration (n=4)	0	0	0	0
	Installation (n=10)	3	2	1	0
Installation (n=75)	Installation (n=65)	38	34	36	26
	Implementation (n=10)	10	10	10	10
Implementation (n=10)	Implementation (n=10)	10	10	10	10
Total (Percent)		61 (62%)	56 (57%)	57 (58%)	46 (46%)

Specialized Child Development Line

Implementation of Help Me Grow requires a specialized child development portal of entry, typically 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., 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.

HMG affiliates leverage a variety of entities to serve as the centralized access point, though the most common is 2-1-1.

(n=93)

CALL CENTER TYPE	PREVALENCE
2-1-1	51 (55%)
State/County Department	24 (26%)
Community/Family Resource Center	11 (12%)
School District	5 (5%)
Hospital	2 (2%)

The centralized access point is staffed by HMG care coordinators, trained to provide general guidance and care coordination support to callers. Staff capacity in various HMG affiliates ranges from .2 FTE to 6.9 FTE, depending on the size and scope of the relevant call center. The average case load of a care coordinator is difficult to determine; as some callers seek information only in lieu of referral and ongoing follow-up support, the level of interaction with callers widely varies. The approximate average number of cases per care coordinator per year ranges from about 75-250 callers.

Calls to the HMG specialized access point can originate from a variety of sources, including family members/caregivers, health care providers, child care providers, school district personnel, early intervention providers, and other service providers/community-based staff. The majority of affiliates accept calls from these sources; a small subset accepts calls only from health care providers (18%).

HMG centralized access points are designed to be a resource for communities to support early detection, referral and linkage and, as such, typically build out resource directories that can respond to needs of young children, as well as parents and caregivers. A growing proportion of HMG affiliates (39%) has expanded the capacity of the call center to serve prenatal needs; the majority serve children no older than 5 years of age. In addition to ensuring access to resources that meet the needs of children with delays/disorders, as well as moderate and mild developmental, behavioral, and learning concerns, the majority of HMG affiliates (81%) also provide support to children for whom there are no concerns but rather questions or a desire to receive certain types of information. In such cases, HMG care coordinators frequently offer anticipatory guidance.

For most HMG affiliates, the primary sources of calls to the centralized access point are parents, caregivers, or other family members. A small minority receives the majority of their calls from child health care providers and, in some cases, community providers. Likely, the different approaches used

to support outreach to families, child health care providers, and community partners and the way that HMG is marketed in a given community explain the variation in the source of calls to HMG.

Linkage and Follow-Up

In 2016, the HMG Fidelity Assessment indicated that a priority for many affiliates was ensuring follow-up for those families for whom referrals were made to community-based services and supports. Follow-up efforts with families in HMG are challenged by many of the same factors as in other settings, such as relocation or change in contact information. Despite these challenges, more than half of HMG affiliates in 2017 provided follow-up to families more than 75% of the time.

HMG Alameda Care Coordinators provide follow-up to families primarily through telephone and email. During the initial phone call, the Care Coordinator and family agree to the timeframe for follow-up that is typically informed by the type of referrals provided. For example, the follow-up for referrals to Part C early intervention services is dictated by the timelines required for assessment. An initial set of information is often mailed to families as a summary and follow-up to the initial phone call, which includes the HMG Care Coordinator's contact information and a summary of the referrals and related contact information. In general, Care Coordinators continue following up with families until they determine that services have been received. If follow-up attempts are not successful and the family was initially referred to HMG by a provider, Care Coordinators contact the provider to either ensure the contact information is accurate or for the provider to prompt the family to respond to the Care Coordinator. On a case-by-case basis, Care Coordinators may also contact the agency receiving the referral to determine if service linkage is progressing as intended and may follow-up with the family if some action or information is needed. This practice is dependent upon the intensity of the needs of the child and family. HMG Alameda is in the early stages of utilizing texting for follow-up and is exploring use of email.

HMG Alameda County, CA

Follow-Up Procedures

- The mechanisms used to follow-up with callers include telephone, email, mail, and text message (in order of frequency of reported use by affiliates).
- The timeframe for when follow-up initially occurs varies by affiliate, with a reported range of within 48 hours to within 4 weeks of the initial call.
- The reported frequency and duration of follow-up calls also varies by affiliate including: family determined (daily, weekly, monthly); service-dependent (i.e., more frequent for certain types of referrals); standardized across all callers; until follow-up contact is made; and until service is received.
- The type of callers that receive follow-up varies by affiliate including: all callers that provide consent for follow-up contact; only callers that receive screening; and only callers referred to particular services/programs.
- The scope of the follow-up call also varies by affiliate including: confirmation of receipt of initial referred service; support to address barriers to accessing services; and identification of new/additional needs and the generation of a new referrals.

Future efforts will be focused on identifying whether certain strategies, or combination of strategies, are more effective in ensuring successful follow-up.

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 are expected to use a defined procedure to research available resources and connect families to community-based services and programs.

- The reported procedure used to research resources for families includes initial use of a **resource database** (e.g., iCarol). In instances in which the identified need cannot be matched to a resource within the database, affiliates report the use of **web-searches and/or contacting community partners/agencies** (including networking events, community liaisons, community outreach teams, etc.) to identify new resources.

- 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, decision trees, talking points, eligibility criteria, and/or navigation pointers.

All WithinReach staff of HMG Washington utilize a proprietary resource directory to locate resources by topic and geographic proximity of the family to the service provider. A regularly updated internal resource, Wiki, holds supplemental information about resources (e.g., decision trees, talking points, eligibility criteria, navigation pointers), allowing staff to make a more nuanced selection or equip clients with key information. If a family's need is outside the scope of HMG (e.g., legal advice, medical questions, emergency shelter), the database includes many organizations to which staff can refer for those topics. If a family's need is inside the scope of HMG, but a suitable resource cannot be identified, staff may refer a family to a teammate with topical expertise or may conduct additional research by phone or online.

HMG Washington

Real-Time Directory Maintenance

Similar to follow-up with families, establishing protocols to support maintenance of resource directories was a priority identified by affiliates in the 2016 Fidelity Assessment. 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 SQL-based technologies iCarol, Mediware ServicePoint, among others, as well as self-developed systems. Frequency of maintenance also varies, with HMG affiliates pursuing updates daily, weekly, monthly, quarterly, and annually.

Of HMG affiliates far enough along in their implementation to have a functional resource directory, the majority (77%) 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, with a high degree of confidence that the directory is up to date, accurate, and benefits from a reliable process for making future edits or additions. A smaller, but notable, population of HMG affiliates (10%) report that the directory is a modest, occasionally updated list of services and programs for children and families within the geographic area served by the call center, with some confidence in the degree to which it is up to date and accurate. Only 3% of affiliates with an existing resource directory consider it to function as a limited list of programs and services and/or without the benefit of regular and frequent updates.

Directories can be challenging to maintain, as updates and changes are resource-intensive. The most common barrier to resource directory maintenance among HMG affiliates (61%) is expansion, or the process for identifying new programs and services to include in the database.

IMPACT INDICATORS

Number of Unique Interactions (12 months)

81,140 call center interactions

Most HMG affiliates also have the capacity to track the proportion of referrals that are for information only and those that result in a referral to a particular program or service. Across reporting affiliates, the general trend is for a slightly lower proportion of calls to result in provision of information than in referrals. However, the difference is slight, with **42%** of call center interactions resulting in information provision compared to **58%** resulting in referral.

Needs Met

As described above, HMG affiliates implemented a Needs Met measure in 2017, documenting feedback from callers in real-time. Among the **23** HMG affiliates reporting on this measure, the average proportion of callers reporting that their needs were met by HMG was **82%**.

FAMILY AND COMMUNITY OUTREACH

Family and Community Outreach promotes awareness of HMG, facilitates provider networking, and bolsters children's healthy development through families. 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. Staff also establish and maintain relationships with community-based service providers. This community presence encourages support for the HMG system and also facilitates efforts to gather and update information to embed in the resource directory of the Centralized Access Point.

Fidelity to the component of Family and Community Outreach consists of the following criteria:

- Having relationships with community partners, including organizations, agencies, or initiatives, that extends beyond the inclusion of that service in the resource directory of the centralized access point;
- Facilitating convening of agencies, organizations, and initiatives to support networking;
- Organizing community events and training opportunities to build awareness of HMG, as well as promoting the importance of developmental promotion, surveillance and screening;
- Ongoing marketing and publicity efforts to ensure awareness of HMG

Family & Community Outreach Key Fidelity Activities by Stage of Affiliation

AFFILIATE STATUS (N=99)	FCO STATUS	Engaged community partners	Networking	Community events & trainings	Marketing
Exploration (n=14)	Exploration (n=4)	0	0	0	0
	Installation (n=8)	8	0	4	3
	Implementation (n=2)	2	2	2	2
Installation (n=75)	Installation (n=13)	13	3	10	12
	Implementation (n=62)	62	62	62	62
Implementation (n=10)	Implementation (n=10)	10	10	10	10
Total (Percent)		95 (96%)	77 (78%)	88 (89%)	89 (90%)

Engaged Community Partners

HMG is designed to strategically bridge early childhood partners, agencies, and providers around a shared goal of supporting early detection, referral, and linkage. In every community, a diverse set of stakeholders serve as sources of HMG cases by identifying children and families that may benefit from HMG, as well as referral options, by offering programs or services that may be a resource for children and families that come in contact with the centralized access point.

For the purposes of the Fidelity Assessment, HMG affiliates report community partners that are defined as those organizations, agencies, or initiatives with 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 (75%), family/child advocates (69%), health and human services (74%), home visiting (75%), medical and/or health providers (91%), and school systems (66%).

Novel sectors that HMG affiliates reported engaging in 2017 include: higher education, local managed care, dental health, transportation, and unique community-based institutions such as libraries and museums, among others.

Networking

In 2017, HMG affiliates led 1,014 networking meetings intended to bring together those early childhood partners described above. Networking meetings provide the opportunity for a general meet-and-greet among partners. In addition, affiliate networking events employ strategies such as guest speakers on a variety of topics, as well as case presentations, and meetings are often leveraged to share important information and updates. For example, through their ongoing efforts to assess the community resource landscape to inform the centralized access point, HMG affiliates often collect information about key gaps in the early childhood service system. Examples of service gaps observed by HMG affiliates in 2017 included: mental health services, child care, transportation, homeless permanent supportive housing, respite care subsidies, and many others. Fifty-five 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. Lastly, networking meetings serve as a vehicle for HMG affiliates 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. These events provide an opportunity for HMG to support developmental promotion across a community. Families that attend such events are provided with information and resources about how to support children's optimal 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-nine percent of HMG affiliates conducted family and community outreach events in 2017.

Books, Balls, and Blocks. Originally created by HMG Utah, the Books, Balls, and Blocks model provides a fun and educational way to engage families in promoting child development. Books, Balls, and Blocks events offer a variety of play-based activities that promote child development in areas such as early literacy, fine motor skills, social skills, etc. At the same time that children can engage in fun activities, families can learn how to monitor developmental milestones, as well as access resources in the event of concerns. Most Books, Balls, and Blocks events also offer developmental screenings directly to families as part of the event.

A subset of outreach activities in many HMG affiliates is focused on employing targeted strategies to engage hard-to-reach populations, such as those in rural areas. Strategies reported by affiliates to conduct this specialized outreach include:

- **Customized media campaigns to target underserved populations;**
- **Partnerships with rural outreach agencies, refugee, immigrant, and migrant organizations;**
- **Leveraging neighborhood-based outreach workers;**
- **Building relationships with local tribal communities; and**
- **Engaging community health workers to support community outreach in diverse locations.**

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 a HMG-specific website. Sixty-seven percent of affiliates that have pursued this strategy maintain a standalone website devoted specifically to HMG, while the remaining 33% embed HMG-specific information in the page of another program or partner agency.

- Website = 87
- Community events = 84
- Facebook = 82
- Twitter = 60
- Blog = 22
- Charity/fundraiser = 9
- Commercials = 8
- Other = 38

HMG affiliates use a variety of approaches to track the utility of their outreach and marketing efforts. For example, some leverage available tools to track website 'hits,' enabling communities to determine whether certain posts or advertisements prompt individuals to be routed to HMG-specific websites. Existing social media platforms are also equipped with tools to help monitor the reach of posts and other updates. Emerging strategies 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. A longstanding practice in most call centers includes asking families how they heard about HMG, though qualitative feedback obtained through the Fidelity Assessment indicates this strategy is minimally effective in informing affiliates as to the efficacy of various outreach strategies.

IMPACT INDICATORS

Partners Reached

HMG affiliates track the total number of individuals representing community agencies that are reached through a HMG-coordinated event each year. In 2017, **11,034** individuals were reached through community outreach efforts.

Partners Trained

More than **6,009** non-medical professionals received training on developmental screening and/or referral and linkage through HMG from HMG affiliates in 2017.

Families Reached

HMG affiliates track the total number of individuals (parents, caregivers, other family members) reached each year through events coordinated by HMG to promote awareness of child development and/or of HMG. The footprint of HMG efforts extends beyond the call center, with HMG affiliates reaching **153,417** families across the country. Such outreach ensures that families that may benefit from HMG are aware of HMG as a resource and also that HMG continues to emphasize the importance of engaging families in promoting parent and caregiver knowledge of child development.

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 providers by enhancing their effective developmental promotion and early detection activities for all children. This support is provided through educating and motivating providers to conduct systematic surveillance and screening of young children, as well as providing community providers with access to a centralized access point that can serve as a care coordination arm for busy pediatric primary care practices. In doing so, HMG partners with child health care providers to ensure effective linkage to appropriate programs and services.

Fidelity to the component of Child Health Care Provider Outreach consists of the following criteria:

- Identification and engagement of at least one physician champion that advocates for HMG to the broader medical community;
- Staff conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on effective developmental surveillance and screening
- Staff conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on referral and linkage through HMG
- Within the centralized access point, HMG care coordinators close the feedback loop with child health care providers by sharing information about screening and/or referral outcomes in at least 75% of cases

Child Health Care Provider Outreach Key Fidelity Activities by Stage of Affiliation

AFFILIATE STATUS (N=99)	CHPO STATUS	Key Fidelity Activities			
		Physician champion	Training on surveillance and screening	Training on referral and linkage	Closing the feedback loop
Exploration (n=14)	Exploration (n=5)	0	0	0	0
	Installation (n=9)	8	2	1	1
Installation (n=75)	Installation (n=16)	8	3	9	12
	Implementation (n=59)	59	59	59	59
Implementation (n=10)	Implementation (n=10)	10	10	10	10
Total (Percent)		85 (86%)	74 (74%)	79 (80%)	82 (83%)

Physician Champion

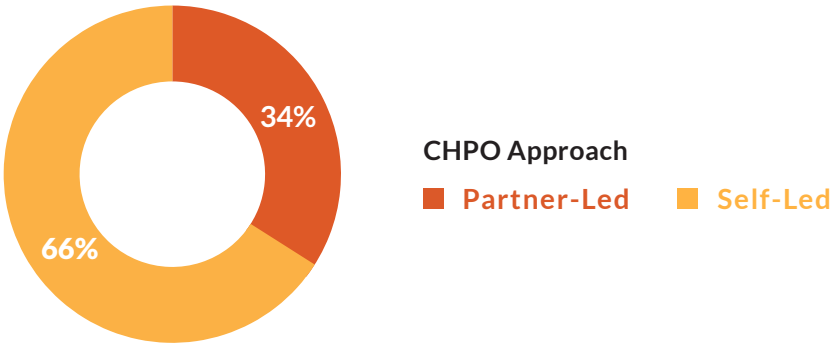
The physician champion in a HMG system serves to support HMG outreach efforts by engaging specifically with the medical community. Often, physician champions directly utilize HMG services for their patient population and support HMG efforts by sharing their experiences with other providers based in other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

Training on Surveillance and Screening and Referral and Linkage through HMG

HMG affiliates generally leverage one of two approaches to support child health provider outreach:

- 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. In such instances, there is typically a contractual or less formal arrangement by which a designated partner promotes awareness of HMG and/or provides training specific to developmental surveillance and screening. 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, 34% 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, 66% use this approach.



HMG Connecticut's Child Healthcare Provider Outreach is led by the Child Health and Development Institute of Connecticut, Inc. (CHDI), a statewide agency committed to advancing child health through research, training and advancing effective policies. CHDI strategically supports physicians and pediatric practices across the state in enhancing developmental surveillance, screening, and referral to the HMG call center through its health care provider outreach and training program, Educating Practices in the Community (EPIC). EPIC provides in-person training opportunities to promote practice change by educating practice staff on critical issues in child health and highlighting state and local resources and policies.

HMG Connecticut

Outreach activities vary by site, but generally consist of two core components: outreach to promote awareness of HMG, and outreach to support training specific to developmental surveillance and screening. Awareness of HMG is accomplished through a number of strategies, such as brochures, in-office visits, and e-mail. In addition to promoting awareness, many HMG affiliates provide training specific to surveillance and screening, as well as referral and linkage; some also support practices in collecting data, such as screening data, and providing feedback regarding performance on quality metrics.

Two promising approaches to support child health provider outreach include Educating Practices in the Community (EPIC) and Maintenance of Certification (MOC). EPIC is a program designed to inform child health providers and office staff about key children's health issues, such as developmental surveillance and screening, through the delivery of office-based education. Many EPIC modules prepare child health care providers to participate in MOC projects that meet the American Board of Pediatrics' quality improvement requirements. In HMG communities, pediatricians can receive MOC credits for completion of a quality improvement project designed specifically around developmental surveillance, screening, and connection to services. While 33 HMG systems report use of EPIC, only 11 reported use of the existing MOC HMG project in 2017. Going forward, HMG affiliates will be encouraged to engage pediatric practices in completion of the approved MOC project specific to HMG.

Frequency of Child Health Provider Outreach Strategies

Brochures or flyers: 81

Referral forms: 81

Prescription pads: 34

In-office visits: 76

Grand rounds: 54

Other: 17, including:

- In-service meetings/trainings; conference = 21
- Webinars = 18
- Peer-to-peer consultation = 18
- Meetings/dinners/networking = 10
- Email/newsletter = 3
- Resident Program/classes = 2
- Resources (EI guide; I-pads for screenings, giveaways) = 2
- Referral opportunities/graphic algorithms =2
- Website = 1

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 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 the centralized access point seeks to close the loop with the child health care provider by sharing the results, with family permission, of the screening. Eighty-three percent of HMG affiliates successfully close the loop with child health care providers, though many HMG affiliates continue to emphasize this as a priority area for which new strategies and approaches may be beneficial.

IMPACT INDICATORS

Child Health Care Provider Training

As described above, HMG affiliates provide two types of trainings to child health care providers: trainings specific to developmental surveillance and screening; trainings specific to promoting awareness of HMG as a resource to support referral and linkage. A subset of HMG affiliates combines these themes into a single training focus.

In 2017, HMG affiliates conducted **429** trainings for child health providers on the topic of developmental surveillance and screening. They conducted a much larger number, **1,076** trainings, on the topic of HMG as a resource to support referral and linkage. Among HMG affiliates reporting this metric (n=33 and 37, respectively), they conducted an average of **13** and **29** trainings per year on each topic, roughly **1-2** trainings per month.

DATA COLLECTION & ANALYSIS

Data Collection and Analysis ensures ongoing capacity for continuous system improvement, a key structural requirement of HMG. Data are collected 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 family across the country. The collection of locally-sourced metrics enable HMG affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

Fidelity to the component of Data Collection and Analysis consists of the following criteria:

- HMG-specific data are regularly monitored to determine relevant trends, patterns, and opportunities for improvements;
- HMG-specific data are shared across partners through strategies such as provision of regular reports, ad hoc requests, and targeted evaluation projects;
- Opportunities are identified for and conducting continuous quality improvement projects using HMG-specific data; and
- HMG-specific data, such as identification of systemic barriers, are leveraged to generate community change

Data Collection & Analysis Key Fidelity Activities by Stage of Affiliation

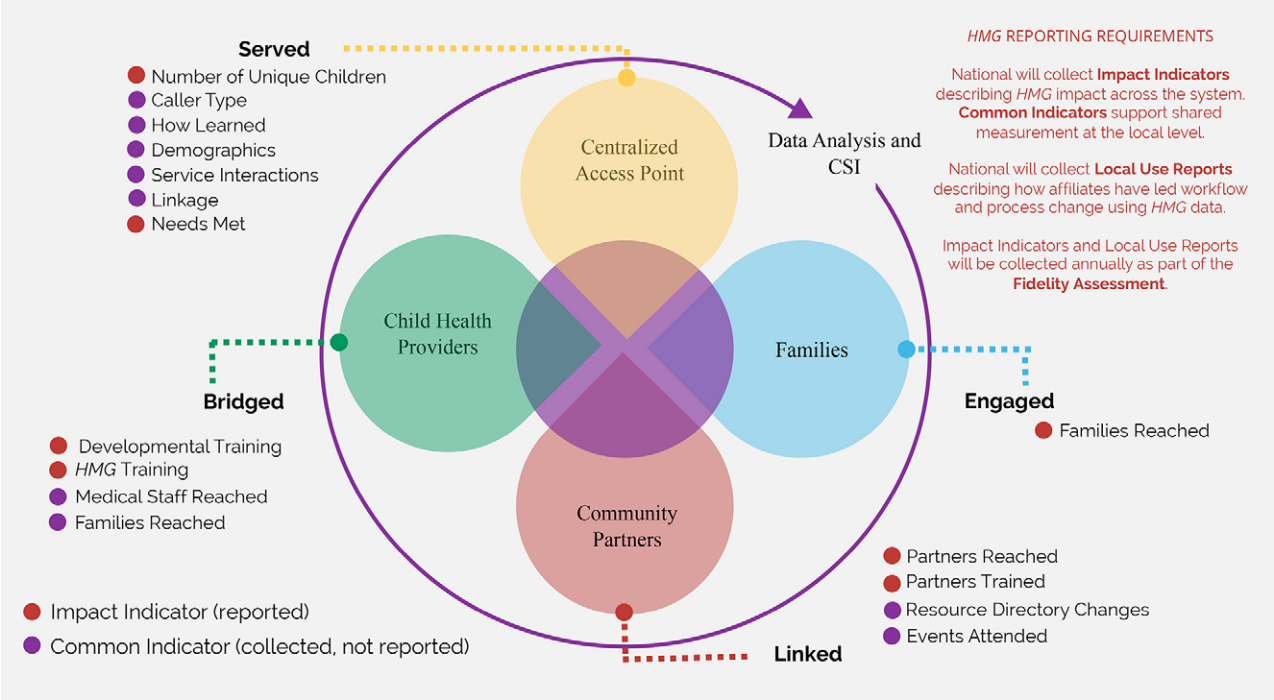
AFFILIATE STATUS (N=99)	DCA STATUS	Key Fidelity Activities			
		Data monitoring	Sharing data across partners	CQI	Community change through data
Exploration (n=14)	Exploration (n=13)	0	0	0	0
	Installation (n=1)	1	0	0	0
Installation (n=75)	Installation (n=66)	56	65	47	14
	Implementation (n=9)	9	9	9	9
Implementation (n=10)	Implementation (n=10)	10	10	10	10
Total (Percent)		76 (77%)	84 (85%)	66 (67%)	33 (33%)

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. Sixty-four percent of affiliates reported use of a specific evaluation partner in 2017.

Regardless of the use of internal or external evaluation resources, HMG affiliates are encouraged to regularly utilize HMG-specific data to inform continuous quality improvement efforts and measure against key process and outcome benchmarks. As previously mentioned, the HMG National Center defines and describes a set of core measures shared by all HMG affiliates, comprised of Common and

Impact Indicators. Common Indicators are a shared set of metrics among affiliates that are 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 for which there is not as significant of a need to interpret in the context of local factors and, in the aggregate, inform the national narrative of HMG.



Activities used to support ongoing data monitoring include: regular reporting of HMG Common Indicator data, periodic internal review of existing data to identify patterns and trends, use of data to support targeted continuous quality improvement projects, sharing of HMG-specific data with external partners, and analysis of HMG data through external evaluation, with results returned to HMG in the form of a formal report.

HMG South Carolina participated in the Protective Factors Quality Improvement Project, facilitated by the HMG National Center, and used data to identify a need for an improved method of managing and updating community resources. The existing directory included many resources that were missing details and/or out-of-date, which hindered the ability of care coordinators to efficiently identify resources for families at intake. The data collection strategies implemented included small tests of change over several Plan, Do, Study, Act (PDSA) cycles. In order to decrease the number of times that care coordinators contacted resources in the database for additional information or identified missing resources from the database, the following changes were incorporated: 1) Consistent use of existing database when providing resources to families (rather than using personal inventory, internet search, etc.) in order to identify gaps or outdated information; 2) Notification of missing resources, outdated or incorrect information to the community outreach team responsible for maintaining the resource directory; 3) Maintenance of a time-log for resource directory activity to be tracked over time; and 4) Development and launch of a new centralized, online resource database based on the issues and needs identified during the data collection and analysis process.

The HMG South Carolina call center now maintains up-to-date information about services in the community that includes hours of operation, fees, locations, eligibility requirements, language capacities, etc. The database platform was developed with the goal of matching families with resources best able to meet their needs based on multiple factors, including child's age, insurance/cost, specific service needed, location, and environment of service delivery (home, office, etc.) in order to increase the likelihood that resources provided will be able to meet the needs identified by the parent/caregiver. A protocol manual was developed and implemented by community outreach providers with "standards" for inclusion and exclusion of resources, timeline for required updates, and details needed for inclusion. A mechanism to request edits/additions electronically through the database was incorporated in a new platform to streamline communication between care coordination and community outreach regarding database needs. Other improvements to the resource database are being developed to analyze database usage to better inform community outreach, and to better support care coordination in resource identification and resource barrier identification.

HMG South Carolina

Sharing Data across Partners

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. Among HMG affiliates with an operational centralized access point, a variety of data systems is used to support client intake and case management activities. These data systems often include the capacity to support data export, analysis, and report generation.

HMG affiliates may share data with other partners through a variety of means including: regular reports (77%), ad hoc (upon requests by community partners or agencies (67%)), and joint evaluation efforts (43%). These activities describe strategies to voluntarily share or provide access to HMG data to support knowledge dissemination. However, emerging opportunities in early childhood data systems suggest the potential for data to be directly integrated with other sectors through electronic means. Examples of recent affiliate efforts to explore integrated data sharing include:

- Data sharing agreements with relevant entities, such as healthcare settings;
- Implementation of client management systems with the capacity to interface with electronic health records (EHRs); and
- Regional or state-level registries for developmental screening.

Continuous Quality Improvement

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.

Analysis of data collected at the HMG Santa Clara County call center revealed inefficiencies in the referral triage process, which resulted in reduced access, for a portion of families, to timely KidConnections services including developmental screening and behavioral health assessment, home visitation and therapeutic services. These data prompted the formation of a workgroup that included the KidConnections Network of Providers to develop and pilot an enhanced process through the Plan, Do, Study, Act (PDSA) model. Initial findings suggest that the enhanced, more efficient process is working to increase timely access to services.

HMG Santa Clara County, CA

Focus areas of Continuous Quality Improvement for HMG

MOST COMMON FOCUS AREAS FOR QUALITY IMPROVEMENT EFFORTS	HMG SYSTEMS	EXAMPLES OF ACTIONS TAKEN TO IMPROVE PERFORMANCE
Referral & Linkage	33	• Targeted follow-up strategies that specify timeline, frequency, and/or modality of follow-up (text, email and phone) • Care Coordination protocol/in-service training • Outgoing referral form/templates
Screening	25	• Data sharing/goal setting with partner • Peer-to-peer (provider) coaching • Online screening tools
Referrals to HMG	4	• Data sharing with partners • Documentation of agencies making referrals to HMG
Data entry and use	2	• New data reports/collection protocols
Closing the feedback loop	2	• Targeted provider/partner outreach
Resource directory	2	• Database development
Family awareness	1	• Social media campaign

HMG Orange County improved the rate of children reached and made eligible for Part C services by implementing a direct referral process, versus providing contact information to family members, to the Regional Center of Orange County, a nonprofit organization contracted by the State of California to coordinate lifelong services and supports for individuals with developmental disabilities and their families. To ensure information is sent in a reliable and efficient manner, direct referrals to Regional Center are sent by an electronic fax generated from STAR (System for Tracking Access to Referrals), a data base developed by HMG Orange County to gather information on children and families served, referrals provided, and connection to service as a result of the referrals. Information is exchanged between HMG Orange County and Regional Center to determine the outcome for each child referred by HMG. As the timeline to determine Part C eligibility is 45-days after the referral, HMG Orange County provides a list of children referred to Regional Center 60-days after the referral. Regional Center then reports the outcome for each child, for example: found eligible, parent declined intake, child moved prior to eligibility determination, etc. HMG Orange County uses the data to determine a percentage of children referred by HMG who were found eligible for Part C services. In FY 2017, 75% of all children referred by HMG were made eligible for Regional Center services.

HMG Orange County, CA

Community Change through Data

HMG affiliates collect a number of data elements that inform the status of the early childhood landscape. As described above, building and maintaining a comprehensive resource directory enables affiliates to observe key gaps in needed services across the system. Further, in responding to family needs and ensuring referrals to appropriate programs and services, 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 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. Barriers are often strongly influenced by local context (e.g., resource scarcity in rural areas). Thus, HMG affiliate communities stand to benefit from documenting ongoing, objective data regarding the most frequent barriers experienced by families in their local community.

HMG Western New York data collection and analysis revealed a number of needs including: (1) A significant lack of infant mental health services across all counties; (2) A lack of quality early care and learning opportunities in rural areas, as well as insufficient capacity in transportation, mental health, and social-emotional supports for families; (3) A need in several counties to connect families to other supports while on waiting lists for EI and special education services, and to provide supports for families whose children have identified needs but do not qualify for these services; (4) Limited developmental screening opportunities for a large number of refugee and immigrant children due to screening tool limitations; and (5) A lack of access to services for a large number of non-English language speakers in vulnerable families for whom language barriers and cultural differences resulted in misunderstanding of enrollment and processing paperwork in medical, social services, and early care and education settings.

Identification of these barriers and systemic deficiencies has resulted in: (1) HMG partnerships with rural outreach initiatives; (2) Support and partnership from regional private and public institutions to address rural and cultural needs; (3) Successful advocacy for funding to improve awareness of child development and how to access existing services; and (4) Cross-sector exploration of ways to increase capacity and access to two-generation mental health and social-emotional programs; (5) Embedding of HMG staff and partners in Departments of Social Services; and (6) Planning for service learning opportunities with universities to help address barriers.

HMG Western New York

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, 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.

In terms of specific screening instruments, 88% of HMG affiliates use the Ages and Stages Questionnaire (ASQ-3) to support developmental screening, 67% use the Ages and Stages: Social Emotional Questionnaire (ASQ-SE 2), 29% use the Parents' Evaluation of Developmental Status (PEDS), and 5% use the Survey of Well-Being of Young Children (SWYC). Less commonly used screening instruments among HMG affiliates include the Modified Checklist for Autism in Toddlers (M-CHAT), Patient Health Questionnaire (PHQ-9), Edinburgh Postnatal Depression Scale (EPDS), and the Pediatric Symptom Checklist (PSC).

SMART AIMS

SMART Aims were newly implemented across the HMG National Network in 2017 as a strategy to both promote and capture strategic planning efforts across the network. Each HMG system was encouraged to identify a goal that is Specific, Measurable, Achievable, Realistic, and Time-Bound in an effort to document and measure progress against important programmatic aims. Over 50 affiliate systems reported a variety of SMART Aims tied to core components of the HMG system model as well as broader efforts to expand their efforts to include new regions and partners.

- Increase rates of follow-up to callers
- Expand resource directories
- Develop training resources for care coordinators

- Increase family engagement with HMG centralized access point
- Expand family outreach events
- Focus on increasing engagement among certain sectors (e.g. home visiting)

- Improve accuracy and timeliness of data entry
- Engage in more frequent review and utilization of Common Indicator data
- Consider novel evaluation approaches

- Increase proportion of HMG contacts originating from pediatric practices
- Engage in strategic outreach to specific practices
- Strengthen awareness of HMG among child health providers

- Broaden HMG footprint to new regions
- Demonstrate HMG impact on certain outcomes
- For communities new to HMG, focus on launch of a centralized access point and increasing awareness of HMG efforts
- Pursue novel partnerships with relevant initiatives and efforts

LOCAL USE OF DATA

HMG affiliate systems across the country are well positioned to continue to support our knowledge of best practices in ensuring early detection, referral and linkage by assessing the impact of novel system enhancements. This year, affiliates shared examples of trends they observed through data collected at the local level, as well as how they acted upon those trends. Such information provides important insights about how we can collectively improve our capacity to effectively support families. Examples include:

- Utilizing text messaging as a way to close the feedback loop with families;
- Decreasing the use of paper-based materials and packets as a result of low return on investment;
- Conducting targeted data collection and analysis to better inform rates of HMG engagement among early care and education providers;
- Workgroups leveraging Plan, Do, Study, Act cycles to improve timely referrals to services;
- Employing novel methods to increase engagement of underserved populations; and
- Embedding a focus on the ASQ:SE as part of outreach activities

SYSTEM ENHANCEMENTS AND FUTURE TRENDS

More than half of HMG affiliates are engaged in adopting one or more of the innovations at the focus of ongoing HMG National efforts to diffuse targeted adaptations to early childhood systems that strengthen our capacity to ensure early detection, referral, and linkage. Innovations implemented or expanded by HMG affiliates in 2017 included:

Books, Balls, and Blocks

- Books, Balls, and Blocks events offer a fun way to engage families through the use of play-based activities that promote child development in areas such as early literacy, fine motor skills, social skills, etc.
- In 2017, 16 HMG affiliates reported utilizing the BBB model to support their outreach to families. Collectively, they reached 1,216 families and provided 976 developmental screenings.
- Tip: BBB events are found to be more successful when they are embedded in large, existing community events than when planned as standalone events.

Care Coordination Collaborative

- Care Coordination Collaborative approaches serve to improve efficiency and effectiveness among the diverse programs providing care coordination to children and families across a given service region.
- In 2017, 10 HMG affiliates leveraged CCC events to bring together a designated group of agencies serving to provide care coordination to children and families, including HMG. Collectively, they led 75 CCC events, with an average of 12 different organizations from diverse family–serving sectors represented at CCC events.

Mid-Level Developmental Assessment

- Mid-Level Developmental Assessment addresses a gap in care for children with mild to moderate concerns whose needs are typically not severe enough to qualify for publicly-funded intervention programs. MLDA is an efficient assessment option, consisting of family interview, play-based assessment, and a family feedback session.
- In 2017, 6 HMG affiliates implemented or expanded MLDA programs, reaching 688 children with this novel assessment option. HMG plays a critical role in identifying children that may be appropriate for MLDA, as well as closing the loop following provision of MLDA to ensure connection to recommended services.

Affiliates also shared the latest innovations, projects, and partnerships with which they've engaged over the previous year. Examples of some of the initiatives affiliates pursued in 2017 include:

- Learn the Signs. Act Early
- ASQ Online
- ASQ: Social Emotional
- Social determinant of health (SDOH) screening via the call center

All HMG affiliates operate a centralized access point to answer parent questions about child development, provide care coordination support in linking families to services and community resources, and maintain a comprehensive, up-to-date resource directory to support successful linkages. Within the centralized access point in HMG Vermont, operated in partnership with Vermont 2-1-1, care coordinators are addressing Social Determinants of Health by implementing formal screening for food insecurity. The brief tool implemented in the contact center was developed by Children's HealthWatch: The Hunger Vital SignTM. HMG VT leverages responses to this two-question screening tool to steer families to appropriate community resources.

HMG Vermont

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. Evaluations of the influence of HMG on, for example, children's healthy development and wellbeing, or the return on investment associated with the focus of HMG on prevention, are needed. 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 major but important challenges.

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