

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



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;

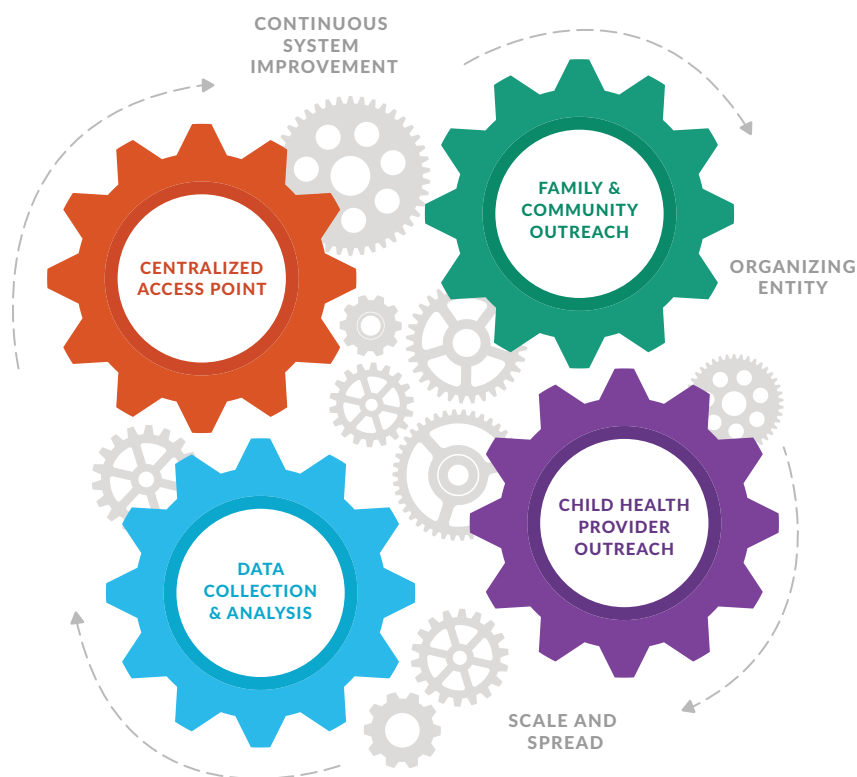


Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement so the system is optimally supporting families and ensuring children receive what they need, when they need it.

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.

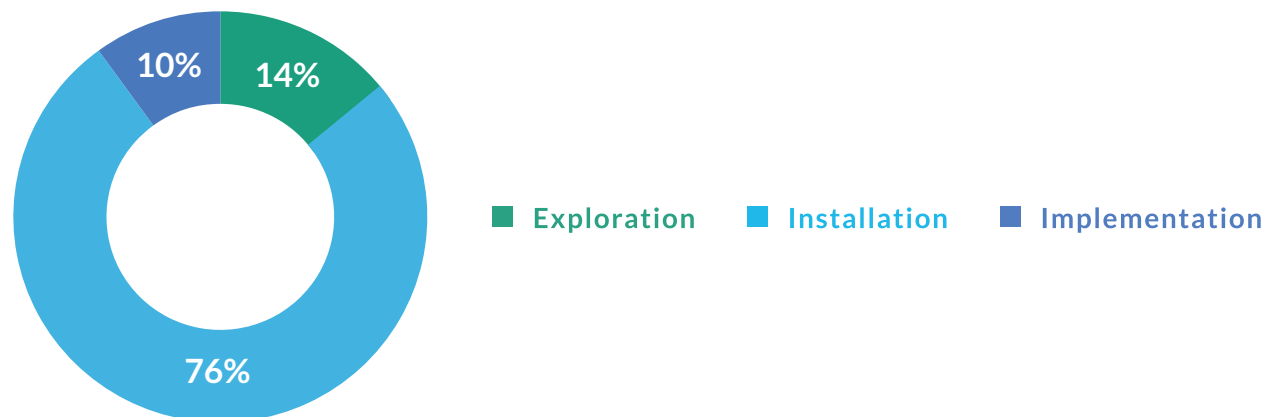
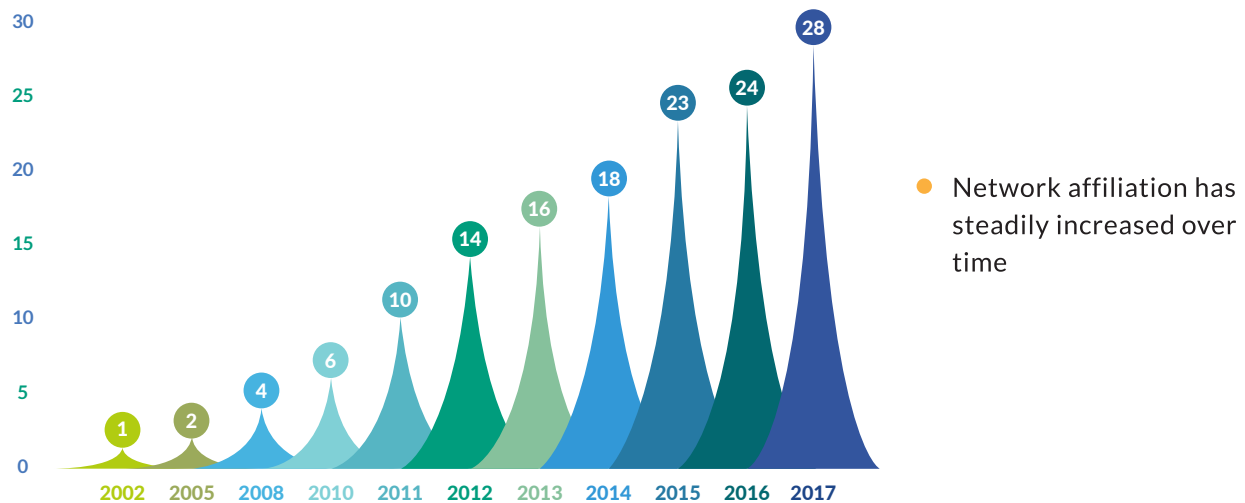
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REPORT HIGHLIGHTS

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

states, count (n=28)



- 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.





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