

HMG System Readiness Assessment

Thank you for completing this survey. The *HMG System Readiness Assessment* captures information on the structures and efforts in place currently that may serve to found the core components of the HMG system model. The *Readiness Assessment* can be used to guide the Work Group's environmental scanning efforts and also serve as a reporting tool to both the HMG National Center and your HMG Leadership Team.

Please provide answers to each of the questions below. It is advisable that the full Work Group be allowed contribution to these questions. Please note the questions span multiple pages.

* 1. Name of lead respondent

* 2. Title

* 3. Organization

* 4. State

* 5. County/Community

6. Email address

7. How did you and your partners first learn of HMG?

* 8. Are the responses reported in this questionnaire informed by the entirety of membership participating in the HMG Centralized Access Point Work Group?

- Yes
- No
- If not, please elaborate.

* 9. For how long has this Work Group been meeting around HMG?

- 1-2 months
- 3-4 months
- Over 5 months
- Has not met yet

* 10. Does this Work Group feel adequately supported and/or have sufficient knowledge related to the Help Me Grow model, the core component of focus, and their role/responsibilities in order to complete this Assessment?

- Yes, we feel adequately supported and sufficiently knowledgeable
- Yes, we feel adequately supported and sufficiently knowledgeable
- We feel only partially supported and feel our knowledge is not entirely sufficient
- We feel unsupported and do not have sufficient knowledge
- Other (please specify)

* 11. Please identify the support activities this Work Group has conducted or received in completing this Assessment?

- Reviewed sections of the Help Me Grow Manual related to this core component
- Met or connected with our lead Help Me Grow coordinators
- Met or connected with our Help Me Grow Leadership Team
- Received a Work Group orientation webinar (or the materials from that webinar) from the National Center
- Explored resources on the affiliate side of the Help Me Grow National website
- Connected with Help Me Grow National Center
- Reviewed the National Center's Help Me Grow Data Collection & Reporting Guidelines
- Connected with other Help Me Grow affiliates
- Other (please specify)

* 12. With which of the other HMG Work Groups has yours intentionally coordinated?
Through in-person joint meetings, cross-membership, and/or standardized communications channels and feedback loops.

- Family & Community Outreach
- Child Health Care Provider Outreach
- Data Collection
- None of the above

Please describe how your Work Group coordinated installation planning and completion of this Assessment with the other Work Groups.

13. Is there an existing call center of any type in your community?

Yes.

No.

14. Do you know of any reasons why there is not an existing call center (e.g. 2-1-1 or other) in the community?

15. What is already in place in the community that could be expanded upon to implement a centralized call center?

16. If a parent or provider has a concern about how a child is learning, developing, or behaving, to where do you think these individuals turn for support? Is there an organization(s) that reports receiving calls about these concerns?

17. How receptive do you feel community leaders would be to moving forward with call center implementation?

- Not very receptive
- A little receptive
- Somewhat receptive
- Very receptive

18. What are some anticipated challenges related to the implementation and/or operation of the HMG Centralized Access Point?

19. Which of the following are important needs in moving forward with call center implementation? (check all that apply)

- Funding & budget
- Staffing
- Equipment/technology
- Training
- Policies and procedures
- Interagency agreements
- Automated client tracking system
- Resource inventory
- Other (please specify)

20. Which of the above is the most important?

The HMG Centralized Access Point is intended to support young children and their families in navigation of the local early childhood service system, providing an efficient system for developmental promotion, early detection, referral, and linkage to services. The centralized access point is typically staffed by care coordinators who are trained to support young children and their families. Examples of activities of a care coordinator include researching available resources, developmental screening activities (including utilization of results to inform suitable referrals), and referring families to community-based resources.

The Centralized Access Point typically takes the form of a call center and more recently, an accompanying virtual service, that serves as the “go-to” place for family members, child health care providers, and other professionals seeking information, support, and referrals for children. Telephone and web-based services have proven to be effective primary points of access to community resources. They are cost-effective, easy to promote, efficient in identifying needs, and effective in supporting callers and triaging to appropriate services.

The Centralized Access Point connects children and their families to services they need through the efforts of HMG Care Coordinators, Centralized Access Point 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, empower families to overcome barriers to services, and follow up with them to make sure linkages are successful.

To ensure that callers feel safe, respected, and heard, the Centralized Access Point must be adequately staffed with individuals who are trained in telephone casework and cultural proficiency, and have backgrounds in child development.

Four Key Activities of HMG Centralized Access Point

- 1. Establishment of a specialized child development line:** An entity serves as the dedicated Centralized Access Point and a specialized HMG call line accepts calls and is available to e to families/caregivers, health care providers, and community agencies. The call line targets a specific subgroup of families of young children between prenatal and 8 years of age
- 2. Real time maintenance of early childhood resource directory:** The Centralized Access Point utilizes a computerized resource directory that can be efficiently updated and modified and there is a standard and formalized process in place to update the resource directory at least quarterly.
- 3. Resources are researched for families:** HMG telephone care coordinators use a defined protocol to research available resources and connect children/families to community based services and programs. This activity is integrally tied to the system navigation support that a HMG Centralized Access Point affords families and providers in a community. The onus is shifted to professionals who develop expertise in these areas, rather than families who may be in the throes of stress or already maxed providers. Care Coordinators do the leg work and there is a process all CCs use

consistently, so families are not charged with navigating the complex landscape of early childhood services, and regardless of which Care Coordinator a family reaches, consistency in procedure ensures consistency in quality of referral and connection.

4. Linkage to service & follow-up with callers and providers: HMG telephone care coordinators provide follow-up to the initial caller regarding the referral at least 75% of the time (if parent permission is received).

21. Please list all existing call centers in the community:

22. Based on the description of the HMG Centralized Access Point above, please describe any ways in which any of the existing call centers you listed may be NOT be aligned with HMG. Please include any concerns relating to goodness of fit (including target population, mission congruence/conflict, capacity, scope, relationships, etc).

23. Based on the description of the HMG Centralized Access Point above, which of the above call centers you listed appear to be the most aligned with the HMG model and objectives? Please provide the rationale for naming this call center as most aligned.

24. Of all call centers you listed, which is currently most aligned to serve the 0-8 year old population and their families? Please share the rationale behind naming this agency.

25. Does the most-aligned call center named above have the capacity to uniquely target and serve children 0-8 and their families?

- Yes
- No
- Please elaborate on your response here.

26. Of all the call center options you listed originally, which one(s) have the capacity for countywide/regional reach?

27. Does the most-aligned call center you named have the capacity for countywide/regional reach?

- Yes
- No
- Please elaborate on your response here.

28. If the most-aligned call center you named does not have the capacity for countywide/regional reach, what factors limit reach?

29. Please share the annual (or monthly/quarterly) call volume to the call center options listed.

30. Please list the call centers that typically receive calls from the various caller types listed below.

Family/Caregivers

Early learning providers

Schools

Physicians/child health care providers

Part C providers

Part B providers

Mental health agencies

Other early childhood development support programs

31. Please identify the caller types typically accessing the most-aligned call center (i.e. who and what types of populations/groups typically access this call center)?

Family/Caregivers

Early learning providers

Schools

Physicians/child health care providers

Part C providers

Part B providers

Mental health agencies

Other early childhood development support programs

Other (please specify)

32. Please identify any caller types that this Work Group recommends as priority for enhanced outreach and engagement to increase utilization of the most-aligned call center, in order to support HMG implementation.

- Family/Caregivers
- Early learning providers
- Schools
- Physicians/child health care providers
- Part C providers
- Part B providers
- Mental health agencies
- Other early childhood development support programs
- Other (please specify)

33. Of all the call center options you listed originally, which one(s) are the most well known among families in the community? Please provide the rationale for this answer.

34. How well known is the most-aligned call center? Is there widespread name recognition for the most-aligned call center and the work of that agency? Please share any data you may have to quantify public awareness of the most-aligned call center.

35. Please describe this Work Group's recommended strategies for increasing public awareness of the most-aligned call center and increasing community engagement in utilizing the call center as the Centralized Access Point for your HMG system.

(Consider ways to leverage the planning and intended approaches as informed by the Work Group focused on HMG Family & Community Outreach)

36. Of all the call center options you listed originally, which one(s) currently maintain and use a resource directory of state and community-based supports and services for young children? Please describe any established, systematic methods to keeping resources updated, by agency.

37. Does the most-aligned call center you named keep and use a resource directory of state and community-based supports?

Yes

No

38. If the most-aligned call center does keep and use a resource directory, please describe the types of resources housed in the directory. Especially - is specific attention paid to the inclusion of resources, programs, and services existing to promote early childhood health and development?

39. If the most-aligned call center does keep and use a resource directory, please describe the methods and strategies utilized by this call center to keep and maintain an accurate, complete, and up-to-date directory of resources.

40. Please describe this Work Group's recommended strategies for improving the *comprehensiveness* of the resource directory currently used by the most-aligned call center. How might new and additional early childhood programs and services be systematically identified and included in the directory? (Consider ways to leverage the planning and intended approaches as informed by the Work Group focused on HMG Family & Community Outreach)

41. Please describe this Work Group's recommended strategies for enhancing the existing *maintenance and update efforts* currently used by the most-aligned call center to keep the resource directory accurate. How might maintenance efforts be systematically enhanced to ensure the ongoing accuracy of data included?

(Consider ways to leverage the planning and intended approaches as informed by the Work Group focused on HMG Family & Community Outreach)

42. Of all the call center options you listed originally, which one(s) currently conduct systematic follow-up efforts with callers and/or partners? Please describe those follow-up efforts and the degree to which they are universally conducted.

43. Does the most-aligned call center you named currently conduct systematic follow-up efforts with callers and/or partners?

- Yes
- No
- If yes, please describe those follow-up efforts and the degree to which they are universally conducted.

44. Please describe this Work Group's recommended strategies for enhancing the existing follow up efforts currently utilized by the most-aligned call center.

(Consider ways to leverage the planning and intended approaches as informed by the Work Group focused on both Family & Community Outreach as well as Child Health Care Provider Outreach)

45. Please share this Work Group's thoughts on potential goals and benchmarks that could be set to enhance and increase current follow up efforts and rates at the most-aligned call center.

46. Of all the call center options you listed originally, which one(s) currently collect data on caller demographics, nature of call, and outcome of calls?

47. Does the most-aligned call center you named currently collect data on caller demographics, nature of calls, and the outcome of calls?

- Yes.
- No.
- Please list the types of data collected on callers.

48. Please describe the data collection technology and processes, as known, of the most-aligned call center you named.

49. Of all the call center options you listed originally, which one(s) are most active and participatory in sharing data with other partner organizations in order to identify systemic gaps, promote systemic initiatives, inform quality improvement initiatives across partners, facilitate local strategic planning, inform local bench marking and progress tracking?

50. How are data collected by the most-aligned call center currently utilized and leveraged among partners? Please describe any efforts to use these data to inform quality improvement, inform programmatic changes, bolster advocacy efforts, identify gaps in the service system, build or facilitate partnerships, etc.

51. Of all the call center options you listed originally, which one(s) maintain relationships with any early childhood advocacy initiatives/partnerships? Please describe the role these agencies play in early childhood advocacy initiatives.

52. Does the most-aligned call center you named have relationships with any early childhood advocacy initiatives/partners?

Yes

No

If yes, please describe the role this agency plays in local early childhood advocacy initiatives. What value does this agency add to local early childhood advocacy efforts?

53. Please describe the ways in which this Work Group envisions an enhanced future role for the most-aligned call center in early childhood advocacy efforts through its involvement in HMG implementation.

54. Based on the description of the HMG Centralized Access Point at the beginning of this Assessment and the concepts included herein, please describe the ways in which the most-aligned is well-suited to serve as the HMG Centralized Access Point.

55. Based on the description of the HMG Centralized Access Point at the beginning of this Assessment and the concepts included herein, please identify any ways in which the most-aligned may not be best-suited currently to serve as the HMG Centralized Access Point.

56. Please list the types of data this Work Group recommends collecting and tracking in order to measure the development, operation, and success of HMG Centralized Access Point efforts for your HMG implementation.

57. Has this Work Group connected with the Data Collection & Analysis Work Group to plan its recommendations for HMG Centralized Access Point data measures?

- Yes
- No
- If not, please share why not.

58. What are some anticipated challenges related to implementation and/or operation of the HMG Centralized Access Point going forward?

59. Which of the following are important needs in moving forward with HMG Centralized Access Point implementation? (check all that apply)

- Funding & budget
- Staffing
- Equipment/technology
- Training
- Policies and procedures
- Interagency agreements
- Automated client tracking system
- Resource inventory
- Other (please specify)

60. Which of the above is the most important?

61. Please name the agency or agencies best positioned to contribute to the oversight, management, and coordination of the HMG Centralized Access Point Core Component.

62. Please describe the overall strategy that your Work Group has determined to be the best course to implement the HMG Centralized Access Point core component for your HMG implementation. Concepts to include mirror those asked in this Assessment: Establishment of a specialized child development line and organization to house that line; Linkage to service & follow-up with callers and providers; Resources are researched for families; Maintenance of early childhood resource directory; as well as how any potential community-based lines can/may feed into a larger statewide call center.

63. What type of assistance or support would best serve to move efforts forward in identifying, securing, and implementing a HMG Centralized Access Point?