

BUILDING SYSTEMS TO SUPPORT CHILDREN'S OPTIMAL DEVELOPMENT
Help Me Grow Affiliates' Feedback
2013 Progress Reports

Help Me Grow has contributed to the national discussion on system building in support of children's optimal development. To what extent has your HMG affiliate's activity influenced this discussion in your state?

Alabama

We are building our HMG network through existing systems and partnerships; for example, connecting to outcomes in our state's ECCS plan, coordination with Strengthening Families, and connection to Home Visiting programs. Our goal is to ensure that HMG is the value-added to "systems" work – not something new, additional, extra, but something integral, connecting, and coordinating. Our work in the first two planning years has also shown clear points in the cycle of engagement, screening, referral, and follow-up where loops must be closed and resources developed. We have clearly pinpointed weaknesses in the "system" that are the cracks that children and families continue to fall through. Awareness and acknowledgement of this by the state leadership team is the first step in systems enhancement.

California

As mentioned earlier we have been very successful in setting the stage for the integration of HMG into the larger early childhood system. State agencies are impressed with the HMG model and see it as a way to build consistency across our counties and initiatives. Our ECCS application would not have been as strong as it is without our use of the HMG as a common model across our counties. Both our Education and Health departments see HMG as the best way for children to access needed support in a way that also provides consistent data for federal reporting purposes. We are looking forward to using the HMG data indicators to demonstrate the effectiveness of the model, tied to child outcomes.

Colorado (not submitted)

Delaware

Most stakeholders in the Delaware's early childhood community, as well as the legislature, recognize the importance of systems building to a successful and optimal development of the child. This recognition is seen in efforts within the community to assure a consistency in the messaging that goes out to the target audience. There is an agreement that past messages have been multiple and confusing to parents and families as a result those messages have not resonated with parents. There is also the recognition of the importance to focus on the "whole" child—that for a child to be successful at learning and in school the quality child health and development is essential. Delaware's early childhood community and public officials, have through the Delaware's Early Childhood Council, have identified "child health" as one of the core strategies to achieve the readiness equation which says that "Ready Families + Ready Early Education + Ready Communities + Ready Schools = Successful Children.

Florida

The Florida Developmental disabilities Council together with the Departments of Children and families, education, Health and Healthcare Administration have used the momentum of HMG to coordinate efforts to develop a statewide developmental screening, care coordination and continuous quality improvement system.

Iowa

Leaders within HMG CLT that understand environmental impact on healthy child development have influenced policy although the efforts may not have been directly attributed to HMG. Examples include the leadership of Charlie Bruner at the Child and Family Policy Center, Debra Waldron, MD, MPH, FAAP of CHSC, Gretchen Hageman from IDPH, and LauraBelle Sherman-Proehl from EA – all leaders in promoting the Adverse Childhood Experiences knowledge throughout the state.

Kentucky

The initial work has been very limited. However, more work to coordinate the systems work with ECCS, HMG and MIECHV are occurring since one of the co-leads works on all three projects. If KY receives the ECCS grant funding, more work to build these systems will occur through the statewide coordination of the SF protective factors in all of this work.

In addition, having three HMG demonstration sites in a rural, urban and suburban setting will show how the HMG program can connect these families to needed resources and help with the children's optimal development.

Louisiana

Thanks to the strong relationship CAUW has with Dr. Geoff Nagle, who serves on our HMG core leadership team and is the state director of the Governor's Early Childhood Advisory Council, we have been introduced to and have held preliminary meetings with the state's MCH/MIECHV director. That director considered including the HMG program into this year's recently submitted federal ECCS proposal, and we think that over the next year or two, as the HMG program is implemented, grows, and proves its effectiveness, that HMG will be incorporated into the state's MCH/MIECHV work.

Also thanks to Dr. Nagle, we have been introduced to and held several meetings over the past year with the state's Part C Program Manager. She seems to be very interested in the potential of HMG to help serve the needs of those families who are no longer eligible for Part C intervention in Louisiana, due to increasing budget cuts and tightening eligibility requirements. She is also interested in ways that her SPOEs (the "Single Points of Entry" to the state Part C system) can collaborate with HMG on the delivering of the ASQ for children.

Massachusetts

The applications for and awarding of Race to the Top-ELCG and MIECHV competitive grants have had a much strong impact, but Help Me Grow has contributed to the visibility of the need for early identification and coordinated follow up through our Advisory Committee, especially with the pediatricians.

New Jersey

HMG-NJ has been instrumental in moving ahead New Jersey's discussions to link prevention and early intervention systems. The framework of HMG and NJ's status as an affiliate state has been an asset in our work to build stronger collaborations and alignment of early childhood efforts across sectors--child health, early care & education, child welfare, and family support. The HMG Stakeholder meeting in March 2013 with over 120 participants from across the state brought early detection of at-risk children thru expansion of developmental screening for infants/young children to the forefront not only at the state level but also at the community level. During that meeting participants completed the Surveillance and Screening worksheet and participated in the state and local conversation (through café style discussions). This exercise built momentum and informed our work moving forward with the development of five workgroups to implement the HMG initiative in NJ. It also gave NJ a snapshot of what screening tools are currently being used in practice across the state. We hope to use this information to promote more uniformity with a valid and reliable tool such as Ages & Stages Questionnaire (ASQ) and the ASQ Social-Emotional Scale.

Our strong collaboration with AAP NJ and the Physician/Healthcare Provider Workgroup is a great strength for NJ. This was a priority for us in Year 1 because NJ was missing physician involvement in our other early childhood committees and activities. And, we are pleased that this has been our most active subcommittee. They are currently looking at short and long term priorities that will result in increasing pediatric primary care developmental assessments and child development training and linkages to resources.

The conversation continues to unfold in our Stakeholder Workgroup to align the HMG work with the NJ Council for Young Children to establish protocols for appropriate links to Early Intervention Services (Part C/Part B) and/or other needed supports.

New York

N/A for HMG WNY at this time.

Oregon

Please see narrative and attached memos.

South Carolina

Our state is just beginning to shine some light on this area- early childhood and optimal development. Thanks in part to key HMG champions such as Dr. Desmond Kelly who is bringing this discussion into meetings with key state level stakeholders, some good conversation is starting. HMG National has helped to create some of these opportunities by influencing national level leaders. Also, the Institute for Child Success has created a platform for the discussion among business leaders across the state. ICS has also co-hosted one thought leader luncheon (with Dr. Dworkin as the keynote speaker) to stimulate further conversation. It is important for HMG SC to continue to be a catalyst for our state's discussion.

Utah

We have played a key role in making the linkage between detection and linkage to resources for the purpose of supporting children's optimal development. We are currently discussing with the state a means of become the central triage for screening outside of primary care providers (i.e. daycare, early education, home visitation, TCM, etc) for the purpose of making sure the linkage to services occurs once an at risk child is identified. As director of Help Me Grow I have been given the following opportunities because of the perspective we bring to the table: Co-Chair ECCSS and SAC council, state council on intergenerational poverty member, data team member representing the state, Office of Home Visitation advisory council member.

Washington

There has been a substantial effort statewide to coordinate intake and referral for early intervention. Our HMG model has been highlighted and referenced by the Universal Developmental Screening Partnership, the Great MINDS team, the University of Washington Medical Homes Project, early learning partners as well as others. We have worked hard to build a mutually supportive partnership with the state's Birth to Three program. Promising conversations have begun with Home Visiting partners as well.