

Organizing Entity & Leadership Team



First Edition, July 2014

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The Organizing Entity & Leadership Team

Design and implementation of a *Help Me Grow* system depend on communication, coordination, and integration of resources and services. Genuine collaboration is required to make changes in policies, governance, and operating procedures at the administrative and direct service levels. One of the first steps in developing a *Help Me Grow* system is to enlist partners who have mutual interests, serve the same populations, and/or have the capacity to move the agenda forward.

The organizing entity provides administrative and fiscal oversight and initially helps identify and coordinate partners into a Leadership Team or steering committee that will guide the *Help Me Grow* system as it evolves. As the roles of each partner are defined, the responsibility for administrative and fiscal oversight may change, but having a stable administrative “home” is essential for system sustainability over the long term.

Select an Organizing Entity

The organizing entity facilitates the planning and implementation of the *Help Me Grow* stem. Selecting an organizing entity is the first step in building the *Help Me Grow* system infrastructure, which in turn supports system development.



IN THIS SECTION:

The Organizing Entity & Leadership Team

Select an Organizing Entity

The Initial Tasks of the Organizing Entity

Plan and Convene Leadership Team Meetings

Create and Staff Work Groups

Next Step: Site Visit & Community Meeting

State agencies, private non-profits, universities, and medical centers serve as organizing entities. It is important for the organizing entity to be viewed as a neutral organization by those serving young children and their families.

Throughout the planning and implementation process, the organizing entity provides a stable administrative home for the *Help Me Grow* system.

The organizing entity is responsible for designating a program manager. This person then identifies, recruits, and staffs a Leadership Team. The Leadership Team guides the *Help Me Grow* system as it evolves from planning to implementation.

[Building the *Help Me Grow* System Flow Chart / 15](#)

The Initial Tasks of the Organizing Entity

Designate a Program Manager

The program manager drives the formation of the Leadership Team and serves as convener and facilitator of planning and meetings.

The program manager facilitates the formation of the Leadership Team; outlines roles and responsibilities of Leadership Team members; and staffs and administers the Leadership Team. Additional duties are to:

- Plan, convene, and facilitate meetings
- Maintain ongoing communication with Leadership Team members and other groups as needed
- Serve as the go-to person to answer questions from the Leadership Team
- Coordinate technical assistance with the *Help Me Grow* National Center
- Participate in *Help Me Grow* National & Network activities, such as regional calls



The *Help Me Grow* National Network

Current *Help Me Grow* Organizing Entities

- State Agency: [West Virginia Office of Maternal, Child & Family Health](#)
- AAP & University: [Iowa American Academy of Pediatrics and University of Iowa](#)
- Community Organization: [United Way of Utah County](#)
- Children's Hospital: [South Carolina Greenville Hospital System](#)
- State Taxing Entity: [Florida Children's Service Council](#)
- State-funded Public Entity: [California First 5 Alameda](#)

Define the roles & responsibilities of Leadership Team members

The Leadership Team's tasks include, but are not limited to, the following:

- Attend Leadership Team meetings and Work Group meetings
- Understand the *Help Me Grow* system and the state's strengths and challenges in planning and implementation
- Convene a *Help Me Grow* meeting to introduce the system to the broader community
- Create a strategic plan for the implementation of the *Help Me Grow* system, including statewide expansion
- Facilitate the building of the *Help Me Grow* system
- Secure sustainable funding for *Help Me Grow* (or a path to sustainable funding)
- Monitor progress of Leadership Team's work

[Potential Team Member Template / 16](#)

Identify & recruit Leadership Team members

Identify Potential Leadership Team Members

The Leadership Team is made up of representatives from agencies, community partners, and individuals who have expertise in early childhood services in their state. Team members share mutual interests, serve similar populations, and have the capacity to move the agenda forward. They are dedicated to improving their state's system of early childhood services. It is especially important to build a Leadership Team that can support the creation of and participate in a statewide system.

To support statewide expansion, the team should include representatives from the:

- State Early Intervention and Special Education Programs (i.e., Parts B and C)
- State Health Department (i.e., Title V)
- State Chapter of the American Academy of Pediatrics (i.e., physician champions)

Additionally, it is important that advocacy and family support community service providers are represented on the Leadership Team.

Recruit Leadership Team Members

Once you identify potential partners, ask yourself, "What's in it for them?" More specifically, would they benefit from having one or more of the following in their community?

- A single centralized access point system
- A program that connects "at-risk" children to services
- Providers trained in developmental screening

Be purposeful and strategic in recruiting Leadership Team members, as well as chairs of

the Work Groups and Work Group members (see the [Help Me Grow National Community Meeting & Site Visit](#) section for more information on Work Groups). For instance, is there a strong advocate who is well-connected and respected who could become a champion? If so, that person should be recruited first as that support will add leverage and credibility. Document and be able to discuss current gaps/barriers in the systems that serve at-risk children. Know what is needed from a systems and fiscal perspective and how your proposal will be cost-effective, coordinate systems, offer “one-stop shopping,” and be family-focused.

Keep in mind that agency heads that are invited to join the Leadership Team often assign staff members to attend meetings on their behalf.

The Leadership Team will need to develop a mechanism for ongoing identification of potential members. Once members are recruited, the Leadership Team will need to conduct a periodic review of the number and types of organizations/services represented to determine if changes need to be made. The Leadership Team continues recruitment as needed.

[Help Me Grow Kentucky Leadership Team / 19](#)
[Help Me Grow Iowa Advisory Committee Contacts / 20](#)

Plan and Convene Leadership Team Meetings

The program manager organizes the Leadership Team meetings. The meeting schedule for the Leadership Team is flexible and depends on the team and state’s needs. Typically, however, the Leadership Team meets monthly during the first quarter of its existence. As the *Help Me Grow* system develops further, meetings can occur every other month and eventually move to a quarterly schedule.

The First Leadership Team meeting

The first meeting often covers the following topics:

- Team member introductions



Building the *Help Me Grow* System

Tools to Tell the *Help Me Grow* Story

Communicating the *Help Me Grow* story powerfully is an important part of building a strong leadership team. We recommend using the following videos in your presentations to potential members:

- [What is Help Me Grow? A four-minute introduction](#)
- [Help Me Grow Florida Media Clips](#)
- [Paul Dworkin, M.D., TEDx Talk
Help Me Grow & Promoting Children’s Healthy Development](#)

- A *Help Me Grow* system overview (We recommend using the 14-minute video “[Making The Connection-Help Me Grow: The Connecticut Experience](#).” It provides an excellent, moving overview.)
- Initial questions about the state’s strengths and needs to plan & implement a system, including, Who else needs to be on this team? What programs and services for children at risk currently exist in the state?
- The Work Groups and who might serve on them
- Next steps and next meeting time
- Sharing contact information

Create Leadership Team infrastructure

In subsequent meetings, the Leadership Team will create its infrastructure, including:

- **Develop core principles, including values, vision, and mission.** [Help Me Grow Utah: Values, Visions & Mission Statement / 21](#)
- **Discuss the type of administrative structure** that will best serve this initiative, e.g. public, private or public/private. The pros/cons of each option should be researched from the perspective of long-term collaboration and sustainability.
- **Develop internal communication systems.** Internal communication includes, but is not limited to, meeting announcements, agendas, and summaries. It may be useful to establish listservs, group email lists, or other collaborative tools for the core Leadership Team, as well as one for each Work Group. These tools should be developed and maintained by the program manager or other person staffing the *Help Me Grow* administrative function within the organizing entity.
- **Develop external communication systems.** External communication should be done with the guidance of the core Leadership Team and targeted and designed for different groups, such as potential funders, policy makers, doctors, and families.
- **Create a strategic plan.** [Help Me Grow California Business Plan / 22](#)
- **Investigate leveraging of state and federal programs to support *Help Me Grow*.** Rigorously explore how existing funding streams can be leveraged to ensure the sustainability of the *Help Me Grow* system. This includes funding for infrastructure building and maintenance, such as ongoing training and technical assistance.
- **Monitor and evaluate progress.**
- **Plan for the evolution of the Leadership Team** as the *Help Me Grow* system moves from planning to implementation. For example, the team may become a steering committee.

[Leadership Team Infrastructure Checklist / 12](#)

Create & Staff Core Component Work Groups

The most important function of the Leadership Team is to create and staff Work Groups that will build the *Help Me Grow* System's Core Components. Common questions asked by Work Groups include:

- Who should chair each Work Group?
- Who are potential Work Group members from the broader early childhood provider community?
- How will Work Groups report on their progress and give recommendations?
- How will recommendations be enacted?

The Work Groups obtain support and guidance from those with expertise in the subject area. Only the Work Group chair needs to be a member of the Leadership Team, and often a community member of the Work Group serves as a co-chair. See the [Help Me Grow South Carolina Work Groups Chart / 24](#) for an example of Work Groups staffed with Leadership Team members and community members.

[Leadership Team Meeting Agendas & Reports / 25](#)

[Guidance for First Work Group Meetings / 41](#)

[Collaboration and Action to Improve Child Health Systems \(available online in Affiliate Toolbox\)](#)

Next Step: Site Visit & Community Meeting

Within the first few months of its work, the Leadership Team begins to inform its state and/or geographic region about the *Help Me Grow* system. This includes organizing and facilitating a *Help Me Grow* National Site Visit and Community Meeting, during which the Work Groups are created or expanded.



Building the *Help Me Grow* System

Attributes of an Effective *Help Me Grow* Leadership Team

Neutral leader & neutral facilitator

Mission & vision alignment

Clear operating principles

Actionable commitment to system sustainability

- Driver of the strategic plan
- Develop long term plan

Leadership Skills, including but not limited to:

- Knowledge of early childhood development
- Cultural awareness & sensitivity across disciplines
- Respect & credibility
- Deep and wide connection to broader community
- Tenacity, persistence, passion & flexibility
- Understanding of systems
- Collective passion as opposed to “siloes” passion

ACTION PLAN

The Organizing Entity & Leadership Team

- Select an Organizing Entity
- Organizing Entity*: Designate a Program Manager
- Organizing Entity*: Define Roles and Responsibilities of Leadership Team
- Organizing Entity*: Identify & Recruit Leadership Team Members
- Program Manager*: Plan and Convene Leadership Team Meetings
- Program Manager/Leadership Team*: Create Team Infrastructure
- Program Manager/Leadership Team*: Create & Staff Core Component Work Groups
- Program Manager/Leadership Team*: Plan & Run the *Help Me Grow* Site Visit and Community Meeting

Note that these are the broad tasks for selecting an organizing entity and creating a Leadership Team. The particular duties of the Program Manager and the Leadership Team are more detailed, as noted in the manual.

CHECKLIST

Leadership Team Infrastructure

- Develop core principles, including values, vision, and mission.*
- Establish administrative structure: public, private, or combination
- Define leadership team roles & responsibilities
- Determine meeting frequency
- Develop systems for communication
- Create strategic plan for implementation of *Help Me Grow* system, including statewide expansion
- Investigate leveraging of District and federal programs to support *Help Me Grow*.
- Periodically evaluate Team to see if changes are needed in membership/structure
- Transition to steering committee as needed

***Leadership Team missions often include the following language:**

- Facilitate building of the *Help Me Grow* system
- Create a plan/timeline to expand the system statewide
- Secure sustainable funding for the *Help Me Grow* system or a path to sustainable funding.

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ACTION PLAN

The Organizing Entity & Leadership Team

- Select an Organizing Entity
- Organizing Entity*: Designate a Program Manager
- Organizing Entity*: Define Roles and Responsibilities of Leadership Team
- Organizing Entity*: Identify & Recruit Leadership Team Members
- Program Manager*: Plan and Convene Leadership Team Meetings
- Leadership Team*: Create & Staff Core Component Work Groups

Note that these are the broad tasks for selecting an organizing entity and creating a Leadership Team. The particular duties of the Program Manager and the Leadership Team are more detailed, as explained in the manual.



Building *Help Me Grow*

BUILDING THE INFRASTRUCTURE

Select an Organizing Entity / *Structural Requirement*

Designate a Program Manager

Identify & Recruit Leadership Team Members (*ongoing*)

Create a Leadership Team

Coordinate a *Help Me Grow* National Site Visit & Host a Community Meeting

Depending on your state's needs, this step may take place earlier in the process.

BUILDING THE SYSTEM

Develop & Implement the Core Components

Centralized
Telephone Access

Child Health
Provider Outreach

Community &
Family Outreach

Data Collection &
Analysis

SUSTAINING THE SYSTEM

Establish Sustainable Funding (*ongoing*)

This work may begin earlier in the process.

Develop & Implement a Plan for Statewide Expansion / *Structural Requirement*

It is advisable to start developing a vision for statewide expansion early in the process.

Develop Continuous Quality Improvement / *Structural Requirement*

The planning and implementation of your Help Me Grow system may follow a different path than the diagram above. Building a Help Me Grow system isn't a rigid process; it is designed to adapt to the needs and strengths of your community in order to support and maximize your resources for children at developmental and/or behavioral risk.

Potential Leadership Team Member Template

Help Me Grow Leadership Team Member Template

Stakeholders	Name/Title	Agency	Email	Phone	Comments
Help Me Grow Project Manager					
Help Me Grow Program Fiduciary					
2-1-1					
ABCD Coordinator					
Child Care Resource and Referral (CCR&R's)					
Children and Youth with Special Health Needs Program (CYSHCNs) (Title V)					
CT Children's Trust Fund					
Early Childhood Comprehension System Grant (ECCS)					

Stakeholders	Name/Title	Agency	Email	Phone	Comments
Early Childhood Special Education (Part B)					
Early Intervention (Part C)					
Evaluator					
Foundations					
Hospital					
Physician/Champion					
Physician outreach program					
State Medicaid Agency					
Specialized Call Centers					

Stakeholders	Name/Title	Agency	Email	Phone	Comments
State Child Welfare Agency					
State Chapter of the American Academy of Pediatrics Success By 6					
United Ways- Local					
Universities					
Other (Be specific)					

Help Me Grow Kentucky Leadership Group

Kentucky Help Me Grow

Kentucky is a Member of the Help Me Grow National Network



Help Me Grow National Replication

LEADERSHIP GROUP

Dr. Steve Davis	CHFS/ Deputy Commissioner, KY Department for Public Health (DPH)
Dr. Shepherd	CHFS/ DPH/ Director, DPH/ Division of Maternal & Child Health
Dr. Allen Brenzel	CHFS/ Clinical Director, Department for Behavioral Health, Developmental and Intellectual Disabilities
Laura Beard	KY Partnership for Families and Children
Dr. Barbara Burns	U of L/ Department of Psych. & Brain Sciences
Martha Campbell	DPH/ Early Childhood Comprehensive Systems Grant
Tal Curry	DPH/ Child Care Health Consultation/ Early Childhood Mental Health
Cori Gadansky	Louisville Metro United Way
Paula Goff	DPH/ First Steps Program
Caroline Gooden	Department of Child Care/ Human Development Institute-KEDS System
Dr. Lora Haynes	U of L/ Department of Psych. & Brain Sciences
Mary Howard	Military Child Care Liaison for Kentucky (DoD-funded) National Association of Child Care Resource & Referral Agencies (NACCRA)
Dr. Soares (Physician Lead)	UK College of Medicine/ Pediatrics & Family & Community Medicine
Melody Stephenson	DPH/ HANDS Program
Tamara Stewart	KY System to Enhance Early Development (KY SEED/KY IMPACT)
Earl Trevor	Head Start Collaboration Office
Mary York	KY Chapter of American Academy of Pediatrics
Anna Kenion	United Way of the Bluegrass
Katie Williams	KY Department of Education/ Division of Program Standards

Help Me Grow Iowa Leadership Group

Help Me Grow Iowa Leadership Advisory Committee (Project LAUNCH subcommittee)

Agency	Website	Name	Title	Email
AAP Iowa Chapter	www.iowapeds.org	Debra Waldron, MD	President	debra-waldron@uiowa.edu
AAP Iowa Chapter	www.iowapeds.org	Tess Barker	Executive Director	tess-barker@uiowa.edu
Center for Disabilities and Development	www.uichildrens.org/cdd.htm	Scott Lindgren, PhD	Pediatrics Professor	scott-lindgren@uiowa.edu
Child and Family Policy Center	www.cfpc.org	Charlie Bruner	Executive Director	cbruner@cfpc.iowa.org
Child and Family Policy Center	www.cfpc.org	Michelle Stover-Wright	Research and Advocacy Director	michellesw@cfpc.iowa.org
Child Health Specialty Clinics	www.chsciowa.org	Barb Khal	Public Health Division Director	barbara-khal@uiowa.edu
Early ACCESS/ Part C	www.earlyaccessiowa.org	Laurabelle Sherman-Proehl	Administrative Consultant, Early Childhood	laurabelle.sherman-proehl@iowa.gov
Early Childhood Iowa (ECI)	www.earlychildhoodiowa.org	Jeff Anderson	System Coordinator	janders4@dhs.state.ia.us
Early Childhood Iowa (ECI)	www.earlychildhoodiowa.org	Marcus Johnson-Miller	Community Health Consultant	marcus.johnson-miller@idph.iowa.gov
1st Five	www.idph.state.ia.us/1stfive	Sonni Vierling	1 st Five Healthy Mental Development Coordinator	sonni.vierling@idph.iowa.gov
Home Health Services/Care for Kids	www.ime.state.ia.us/Providers/HomeHealth.html	Sally Nadolsky	Program Manager	snadols@dhs.state.ia.us
MIECHV	www.idph.state.ia.us/hpcdp/family_health_support.asp	Janet Horras	State Home Visitation Director	janet.horras@idph.iowa.gov
Project LAUNCH	www.projectlaunchiowa.org	Gretchen Hageman	State Child Wellness Coordinator	gretchen.hageman@idph.iowa.gov

Help Me Grow Utah: Values, Vision & Mission Statement

Values

- **Family:** We believe that healthy families are the best way to ensure a child's optimal development. We are invested in the well-being of families.
- **Community:** We believe that deliberate collaboration among community members is key to positive change.
- **Compassion:** We believe in carefully listening to families' needs and responding with respect and empathy.
- **Excellence:** We believe in providing our services in a reliable, timely, and professional manner. We seek ongoing quality improvement.
- **Persistence:** We believe in facing challenges from a point of resourcefulness, devising a strategic plan, and working until the issue gets resolved.

Vision

A vibrant community environment in which families have the desire, resources, and confidence to make the best decisions for their child's development and future.

Mission

Version 1. Help Me Grow Utah's mission is to promote the optimal development of young children by:

- linking families to relevant child development and parenting community resources
- connecting parents and caregivers to accurate family-related information
- providing personalized care coordination
- creating and facilitating partnerships within the community to improve the availability and quality of services for families

Version 2. Help Me Grow Utah's mission is to promote the optimal development of young children by:

- linking families to accurate and relevant child development and parenting information and community resources
- providing personalized care coordination
- creating and facilitating partnerships within the community to improve the availability and quality of services for families

Help Me Grow CA Business Plan

HELP ME GROW CALIFORNIA BUSINESS PLAN

Executive Summary

Since 2011, efforts have been underway to replicate the Help Me Grow™ (HMG) system across California counties and to establish HMG as a critical component of California’s efforts to ensure children’s optimal development. In 2013, the Help Me Grow National Replication Project, through the support of the Kellogg Foundation, funded the development of a business plan to launch a state-level Help Me Grow California.

The Help Me Grow California mission is to grow and sustain the Help Me Grow model in California by cultivating and supporting HMG county affiliates, demonstrating the impact of the Help Me Grow model and serving as a statewide voice for systems and services that promote early childhood development.

THE ISSUE

Research has long shown the value of early identification of developmental and behavioral concerns, through ongoing surveillance, developmental screening, and intervention services in support of the healthy development of young children. However, families, child health care providers, as well as early care and education and human service providers, are often untrained and unable to recognize early signs of developmental or behavioral concerns. Yet even when these needs are identified, challenges still remain in linking children to effective and appropriate programs designed to address their needs. With the national, state and local focus on school readiness and 3rd grade success, early identification and intervention is critical to ensure desired outcomes for children.



All children in California achieve their optimal development and are supported by a system of developmental and behavioral resources in their communities.
- *Help Me Grow California Vision*

THE HELP ME GROW SYSTEM

Help Me Grow is a national effort that supports communities to ensure all children have access and are connected to needed developmental and behavioral services through a system of early identification and care coordination. HMG provides a comprehensive and coordinated statewide system that includes the following:

CORE COMPONENTS

- 1) **Centralized telephone access point** for connecting children and their families to services and care coordination;
- 2) **Community outreach** to promote the use of HMG and provide networking opportunities among families and service providers;
- 3) **Child health care provider outreach** to support early detection and intervention; and
- 4) **Data collection and analysis** to understand all aspects of the HMG system, including identification of gaps and barriers.

STRUCTURAL REQUIREMENTS

- 1) **An organizing entity** to provide communication, coordination and integration of resources and services;
- 2) **A strategy for expanding statewide** over time to ensure impact of HMG on policies, systems and diverse populations, statewide implementation of HMG is critical; and
- 3) **The implementation of a continuous improvement plan** to ensure the success of the HMG system through the structured implementation of ongoing analyses and modifications in response to lessons learned.

BUILDING A HELP ME GROW SYSTEM ACROSS CALIFORNIA

Since 2011, efforts have been underway to replicate HMG across California counties and to establish HMG as a critical component of California's efforts to ensure children's optimal development (*see box*). To succeed, however, a state-level infrastructure must be created to support the growth and sustainability of local HMG affiliates within counties, as well as pursue a policy agenda to impact change at the State level. Help Me Grow California (HMG-CA) will focus on the following four key roles to achieve its mission:

- 1) **Provide HMG County Affiliate Support** to promote affiliate fidelity to HMG model by supporting affiliate growth and learning, connect national, regional and local HMG efforts and support effective implementation and results
- 2) **Promote Sustainability and Growth of Help Me Grow Statewide** to integrate HMG into statewide early childhood initiatives, expand the HMG-CA Affiliate Network and promote policies and financing opportunities to bolster local and statewide work
- 3) **Support Collection and Analysis of Data** to develop common data to measure progress and impact, identify gaps and barriers to further policy goals and support efforts to develop a cost-benefit analysis strategy
- 4) **Conduct Advocacy & Policy Activities** to promote a comprehensive policy agenda, and connect HMG to efforts and partnerships with common areas of interest to inform state policy and develop an integrated and comprehensive statewide early childhood system

INVESTING FOR IMPACT

HMG-CA – through the direct experiences of its affiliates' role in system building, community engagement and program linkages at the local level – is well positioned to serve as an important and respected voice in Sacramento and across the state to ensure these necessary changes occur. The ability to promote system-wide practice and policy change requires a statewide infrastructure that can connect and leverage the resources, expertise and data of the local HMG systems.

HMG-CA requires consistent funding to support and expand ongoing operations and is seeking to raise up to \$500,000. During first three years, HMG-CA would be focused on outreach, engagement and support to potential affiliates as it seeks to expand the HMG network across the State. By Year 4 HMG-CA seeks to engage half of California's 58 counties through either the Learning Community or through affiliation and to secure diversified funding sources, including government, foundation, private donations and affiliate dues support.

HELP ME GROW IN CALIFORNIA: KEY MILESTONES

2005

Orange County became the first local site in the country to replicate the Help Me Grow model.

2011

Through the support of the Kellogg Foundation, California became a HMG replication state through a consortium comprised of Orange, Alameda and Fresno counties to support the spread of HMG across the state.

2012

HMG-CA formed a Learning Community to engage and cultivate counties and regions interested in becoming HMG affiliates.

- 18 participating counties and represented by stakeholder groups such as First 5, early childhood, mental health, special education, early intervention, and health

2013

Ventura and Solano counties became official HMG affiliate counties, joining Orange, Alameda and Fresno.

2014

San Francisco County became an affiliate; new affiliate county applications are being reviewed and the Learning Community is being expanded to include more counties.

Help Me Grow South Carolina Work Groups Chart

SC Help Me Grow Leadership Planning Team and Work Groups				
Leadership Team	Work Groups			
	Call Center and on line Care Coordination	Resource Inventory and Community Liaison	Physician Outreach	Data Collection and Evaluation
Tim Ervolina, State UW	Chairs	Resource Inventory and Community Liaison	Physician Outreach	Data Collection and Evaluation
Heather Pritchard, UWGC				
Jackie Richards FCSC	DHEC CareLine Staff (assigned by Lucy Gibson)	Chairs	Physician Outreach	Data Collection and Evaluation
DB Peds MSW??	Leigh Bolick			
Dr. Desmond Kelly	Ann Robinson	Parents	Chairs	Data Collection and Evaluation
Dr. Francis Rushton	Jessica Brown	MSW's specialty		
Dr. Baron Holmes	DHEC local assigned by Redonia Thomas	Derick Lewis (FSGC)	Dr. Kent Jones	Chairs
Dr. Teri Browne USC-COSW	Melanie Mateney 803-744-3556 mmateney@scha.org	Cynthia Soesbee, SHARE Head Start	Dr. Lochrane Davids	
Laurie Rovin		Michelle Shain	Dr. Herman Knopf (USC)	Phyllis Martin (GCUW)
Children's Trust		Jamie Moon	Dr. Don Wuori	Karen Sparkman (GCDOE)
Jane Witowski	Support each work group	Lilly Hall	Dr. Mary Ellen Warren	ORS – assigned by David Patterson
Rosemary Wilson		Billie Green-Smith	Teena Whittenberg	
			Carol Reed (DHEC)	

Leadership Team Meeting Agendas & Reports

Agenda Help Me Grow-New Jersey Meeting 8/8/2012

1. Opening

- Welcome
- Introductions

2. Overview of Help Me Grow (HMG)

- History and evolution of the Help Me Grow concept - video
- National HMG and Affiliate States

3. Help Me Grow – New Jersey Plan

- Discuss the 4 HMG core components – and setting NJ priorities
- Benchmarks and Structural Requirements
- Help Me Grow Partnership: Agency partners describe their programs/role related to developmental screening, assessment, parent education/follow-up, early intervention, and/or training. Target populations.
- Other agencies or providers (physician champion?) that should be at the table?

4. NJ's Current Process

- Developmental screening sources – i.e. pediatricians, peds clinics, FQHCs, HV programs, Head Start/Early Head Start, childcare centers? others?
- Developmental Screening tools – ASQ:3, ASQ-SE – others?
- Referral process and flow – Toll-free call
 - EIS
 - Project Child Find
 - NJ211
 - ABCD project?
- FYI - Easter Seals offering of online ASQ services – anyone using this?

4. What's next?

- Develop a Strategic Plan for NJ that supports the development and expansion of existent services.
- Meetings / frequency – entire group monthly
 - HMG Leadership Team (4-5 people) - Core participate?
 - National Meeting – April 10-12, 2013

5. Next Meeting?



Help Me Grow SC Replication Project

SC Help Me Grow Leadership Planning Team
SC DHEC, Columbia– Mills-Jarrett Building Room N-355
June 11, 2009 - 1:00 – 3:30

AGENDA

	Welcome and Introductions	Rosemary Wilson
1:05	Help Me Grow SC Monthly Report of Activities Revised Planning Team and Partner structure Project Timeline	Jane Witowski
1:25	Update of Kellogg Meeting ABCD III Grant Project LAUNCH	Dr. Francis Rushton Rosemary Wilson
1:45	Connecticut Site Visit Connecticut’s history, partnerships, scope of 2-1-1	Jane Witowski Rosemary Wilson
2:15	South Carolina 2-1-1 Overview	Mel Favor, UWSC
3:15	Next Steps	Jane Witowski

Meeting Goals:

Team members will

- have an understanding of the South Carolina 2-1-1 system and how it relates to the Help Me Grow effort
- be aware of funding opportunities and timelines related to existing funding
- have a working knowledge of the HMG components and those comparable entities
- formulate next steps and determine activities to be completed prior to next meeting



**Help Me Grow
SC Replication Project
SC Help Me Grow Leadership Planning Team**

**Greenville County United Way
March 31, 2009 - 12:00 – 3:00**

MINUTES

Members Present: D. Kelly, J. Witowski, L. Rovin, T. Ervolina, J. Richards, B. Holmes, R. Wilson (recorder) **Absent:** F. Rushton

The first meeting of the Help Me Grow (HMG) Leadership Planning Team began with team member introductions and a power point presentation overview of the Help Me Grow system. Dr. Kelly presented the PP presentation and several members commented on the helpfulness of the overview for beginning our work. It was determined that this presentation will be used to orient each HMG work group to the full HMG system.

J. Witowski asked the team to share questions they hope are answered today or through this planning process. The questions were briefly discussed and in some cases yielded answers. The discussion contributed to team members finding a “common ground” understanding to begin planning. Questions/initial answers included:

Q. Who else needs to be here on this team?

A. The project evaluator and someone from the Children’s Trust.

Q. When do we involve other Greenville U Way staff that are on the School Readiness committee?

A. Some will be included at the work group leadership/ member level

Q. What is HMG? Project owned by an agency vs. a system of care that moves across agency systems in a well orchestrated flow of support options for families based on their needs?

A. HMG is a system of coordinated activities vs. a one agency program – though there will need to be a lead agency to manage the coordinated activities.

Q. Who will “own” HMG?

Q. How do we develop the spread of HMG from Greenville out?

Q. What sort of cross-agency agreements would we need to have in place to make a system work?

Q. How to we select the entity that will funnel dollars to assure that all HMG services are funded to be the system ?

Q. What supports and services are out there for children who are at-risk, and what will happen when more children are identified that need help?

**Q. What is the baseline for children identified NOW for special services and what does this tell us about what we can do to identify them earlier?
What is the current capacity for doing Child Find ?**

- Q. Could we develop a side-by-side comparison of what risk factors we are targeting and what services are in Greenville that can address them?**
- Q. What would be a plan to train providers to be reliable resources?**
- Q. How will CareLine and HMG interact?**
- Q. How will we market the HMG concept?**

Determining the answers to these questions will be the ongoing work of this planning team.

Summary/Discussion from the CT site visit Report:

J. Witowski reviewed the organization of the CT site visit report that are the 4 standard components of a HMG system. Jane shared that though the report had several specific suggestions about the location of certain components, the CT TA Team acknowledges that the leadership team must determine the pathway for services and activities as they match opportunities and circumstances in SC.

Tim Ervolina shared that the following information about the 2-1-1- call center

- It is important to differentiate between Specialty center staff and generalist
- 2-1-1 should be recognized as a *generalist* call line
- 2-1-1 is a delivery method vs. a specialty call center
- suggests looking to 2-1-1 for the technical delivery vs. specialty staffing
- Can use 2-1-1 for marketing the ease of use for HMG
- Expense of 2-1-1 database and salaries are the highest expenses and that the cost of calls are relatively very inexpensive.
- 2-1-1 centers are in Aiken, Columbia, and Charleston but all feed through Columbia
- 2-1-1 is now live in Greenville
- Consider co-location of 2-1-1 and CCR&R as they are in CT but with separate staff
- Should be aware that the new CCR&R contracts do not support provision of parent support and referral in the contract but instead focus on Technical Assistance to childcare providers.
- L. Rovin suggested that the CCR&R staff should also be different from the HMG's care coordinators.
- J. Richards suggests that we need to have a clear vision for why making a change to a HMG system is better than what we have now.

Other discussion centered on the fact that each HMG component work group needs to explore fully the services that exist now, and how a change would affect the current services provided. The group also was urged to think outside of the Connecticut HMG system and to explore the needs of SC as they align with the assets we have.

Formation of 4 HMG Core Component work groups

See chart below for SC HMG leadership planning team and committees with their suggested membership.

Needs to begin workgroups:

- Job description for participants and chairs
- Develop work group outcomes and a timeline for their work
- Develop a formal letter of invitation and explanation for work group members? Determine how to invite participation.
- Use power point to begin work groups for explanation of their effort

Funding sources for HMG:

- Duke Foundation – Suggested that with their 2x year funding cycle we approach them to discuss the HMG process and it's link with PRIDE and greater systems building and best practice efforts.
- Fullerton Foundation
- Connect with the Access Health SC. Net project conducted by the SC Hospital Association re: medical homes.

Develop a Plan for PR

- Model message for why this is something we need in SC

Future Plans

- In April/May of 2010, National HMG partners will be called together to meet regarding their system building progress.

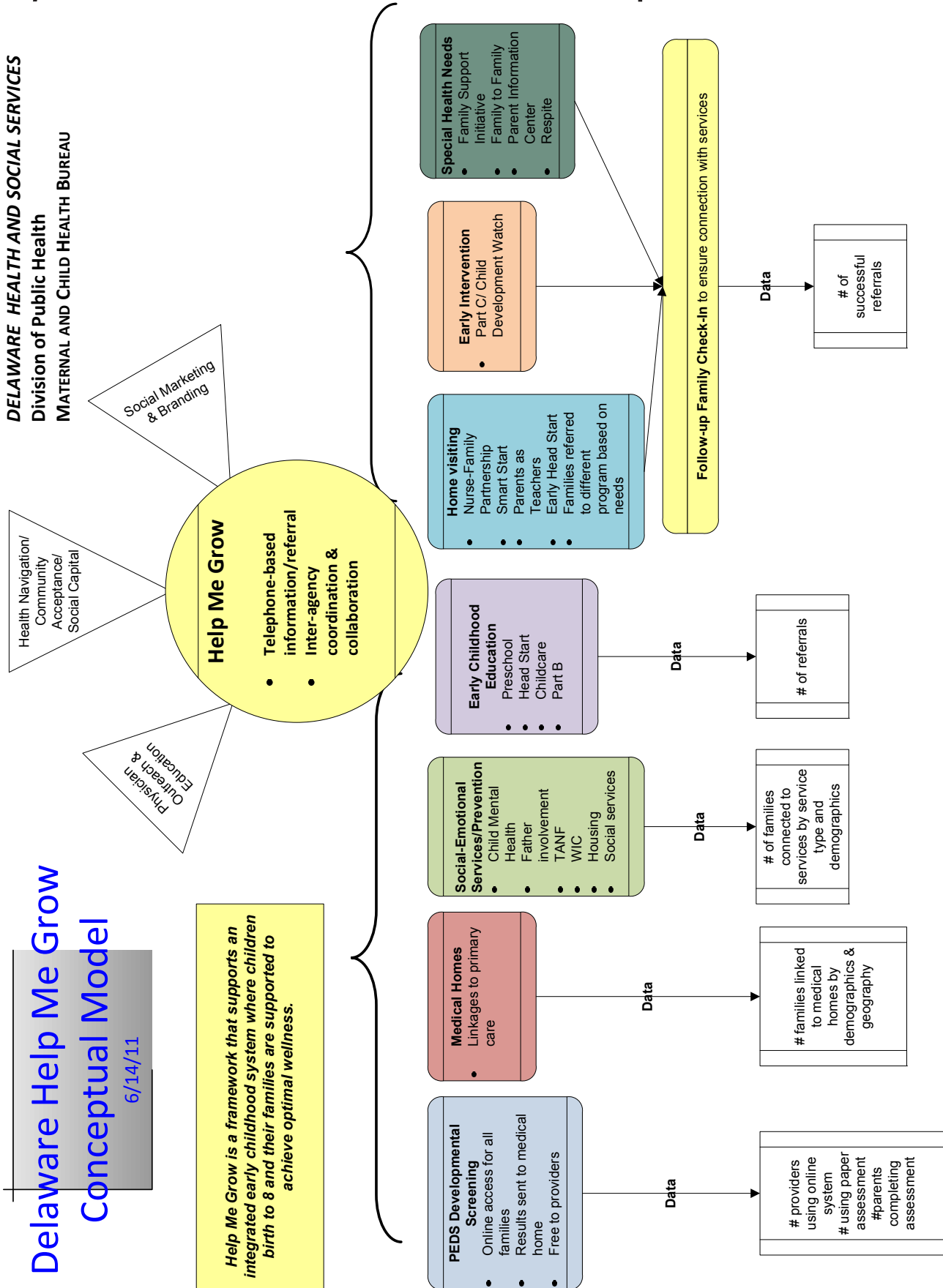
Next Meeting of Leadership Team:

Determined to meet next on June 11 at 1:00 in Columbia at Family Connection, SC. This date was selected to give time for each work group to form and meet at least once.

A Communication List will be developed for this team and each work group.

Help Me Grow Delaware Conceptual Model

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
MATERNAL AND CHILD HEALTH BUREAU



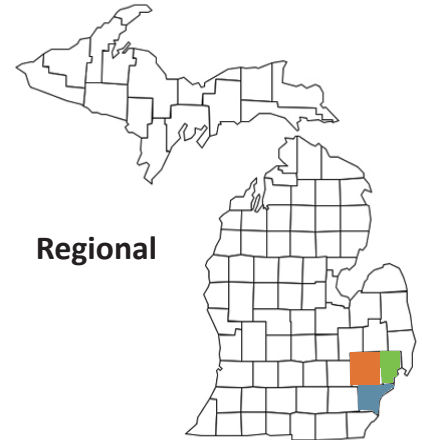
Delaware Help Me Grow
Conceptual Model

6/14/11

Help Me Grow Michigan Data Profile

2013 Early Childhood Profile

This Early Childhood Profile is produced by Help Me Grow Michigan in partnership with Great Start Collaboratives in Wayne, Oakland and Macomb Counties, funded generously by United Way for Southeastern Michigan



Regional

Developmental Screening

IMPORTANT NOTES ABOUT DEVELOPMENTAL SCREENING

Developmental screenings have been completed and data compiled since October 2010.

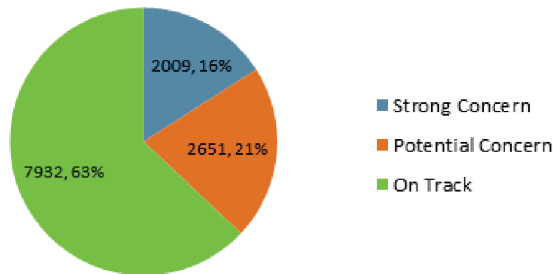
Total Partners:	147
Types of Partners:	35 Family Support Groups 92 Early Care and Education Programs 5 Health Programs 15 General Community Links
Total Completed Screens:	15,344

Related Kids Count Data

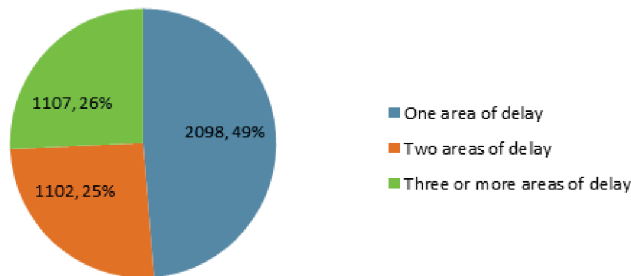
Regional

Population Ages 0-5	284,943
Number of Births	46,631
Births to Teens (under 20)	4,294
Births to Mothers with No High School Diploma	7,587
Births with Late or No Prenatal Care	2,040
Children Ages 0-5 in Special Education	8,562
Children Age 4 in State Funded Preschool	6,773
Children Ages 0-4 Receiving WIC	109,036
Poverty, Children Ages 0-4	77,686

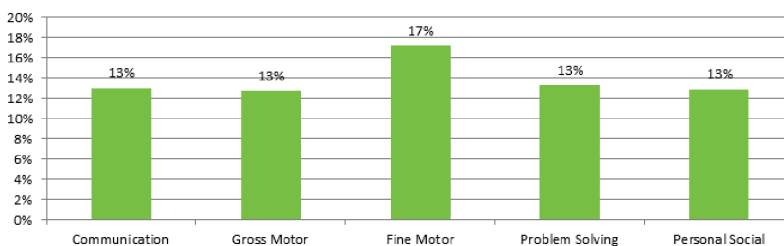
ASQ-3 Results
Regional



Number of Areas of Delay
Regional



Percentage of Delay by Area
Regional



Source: <http://www.datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MI>



Help Me Grow Michigan

Regional Fast Facts



Overview of the Regional ASQ Developmental Screening Project

The Great Start Collaboratives in Wayne, Oakland and Macomb counties offer the Ages and Stages Questionnaire (ASQ-3 and ASQ:SE) online, hard copy and free to all children between the ages of 2 months and 5 years.

ASQ Developmental Screening Project provides:

- Child development information and support for families with children 2 months to 5 years
- Free Ages and Stages Developmental Screening
- Connection and access to community resources
- Training for health care providers, early care and education professionals, family support providers and home visitors

Ages and Stages Questionnaire (ASQ)

The ASQ is a highly reliable and valid developmental screening tool developed by researchers. This screening tool is an easy to read developmental checklist to monitor young children's development. Screening tools focus on children's general and social-emotional development and are available in English and Spanish.

Project Goals

- **Children** - Identify children with developmental concerns and connect them to further evaluation and community resources.
- **Families** - To support families to understand, document and maintain their child developmental history.
- **Professionals** - Understand the importance of developmental screenings as a first indicator for developmental delays.
- **Community** - Increase use of developmental screening; build community data to be used for future planning and advocacy efforts.
- To date, the regional project has completed a total of **15,344** screenings; Macomb (2276), Oakland (12,262) and Wayne (806).
- The partnership sites have expanded to **147** sites including Macomb (35), Oakland (55), and Wayne (57). Individualized technical assistance is provided to all partner sites.

*Funded by the Early Childhood Investment Corporation and United Way for Southeastern Michigan
National Help Me Grow Affiliate*



Help Me Grow Colorado Report Excerpt



Colorado Help Me Grow Leadership Team

Colorado's Help Me Grow Project Leadership has been provided by:

- Assuring Better Child Health and Development Project – Eileen Bennett, State Project Coordinator
 - Early Childhood Comprehensive Systems Grant/Colorado Lt. Governor's Office – Jodi Hardin, Director Early Childhood Systems Initiatives
 - The Colorado Department of Health Care Policy and Financing – Gina Robinson, Program Administrator

Colorado Help Me Grow Core Team

Leadership Team members invited a group of stakeholders to be involved in developing a Help Me Grow Colorado project. Colorado's Help Me Grow Core Team is comprised of over 20 interagency partners who have administrative responsibility for the various resource, referral, and linkage mechanisms already in place to provide services and supports to children throughout the state.

The HMG Core Team met with the national replication team in the fall of 2009 to develop an understanding of the successes and structures in Connecticut as well as to begin to understand the related existing structures in Colorado. Meetings have continued through summer 2011.

The list of "Core Team" members has evolved over time to include interested and committed community members representing state agencies such as:

- Colorado Department of Education
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Human Services, Division for Developmental Disabilities
- Colorado Department of Public Health and Environment, Preventive Services Division

Private agencies represented on the Core Team include:

- Colorado 211 (Mile High United Way and United Way of Larimer County)
- Colorado Children's Campaign
- Colorado Children's Healthcare Access Program
- CREA Results
- Denver Health/Westside Family Health Center
- Early Childhood Councils Leadership Alliance
- Families First
- Family Resource Center Association
- Family Voices Colorado
- Kaiser Permanente Colorado
- MAXIMUS, Health Colorado, Family Health Line
- Qualistar Colorado
- University of Colorado Denver, JFK Partners
- University of Colorado Denver, School of Medicine

The project was presented to the Early Childhood Leadership Commission on June 27, 2011.

Colorado Needs Assessment Data

State and community stakeholders across Colorado embrace the overarching and unifying vision within the *Early Childhood Colorado Framework* to promote cross-sector efforts to ensure that

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Colorado's roughly 700,000 children from zero to nine are valued, healthy, and thriving.² As interagency partners begin to strategize how to address a key outcome within the *Framework* – “Increased availability and family use of high quality parenting/child development information, services and supports” – they recognized that Colorado had many resources and networks in place to identify and assist with connecting young children and their families to supports and services, but had not yet integrated them into a coordinated and effective system. The opportunity to participate in the HMG Replication Project provides the platform for interagency partners to identify new opportunities for integration and efficiencies.

Many children in Colorado are either at risk for poverty, abuse or neglect or have other critical needs. As reported by the annual social and economic supplement of the 2010 Current Population Survey calculated from the 2009 American community Survey in Colorado, 36% of children live in low-income families (compared to 42% nationally), defined as income below 200% of the federal poverty level. Of these children, 23% are white, 53% are black, and 63% are Hispanic.³

Approximately 26,000 Colorado children receive federal assistance through the Temporary Aid to Needy Families program, while 202,000 participate in the free and reduced lunch program. Roughly 12,000 children are abused and/or neglected and almost 8,000 are in the foster care system.⁴

Having health insurance, a medical home, or consistent early learning or educational services does not guarantee access to all needed supports and services; 25% of all children in Colorado who have access to medical care still find it difficult to get a referral to the services they need as reported by the National Survey of Children Health in 2007. Even if children are identified as having a need, many find it difficult to obtain the services and supports they need. This is true whether or not the child has a special health care need. When asked if children with special health care needs have any unmet needs, 12.5% had one unmet need for physical medical services and 7.5% had delayed or not received care for medical, dental or mental health or other services in the past 12 months.

National surveys show that 12.5% of Colorado's children have special health care needs.⁵ This equates to approximately 150,000 children at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children the same age. Once a need is identified it is important to connect that child and family to the services they need; 37.8% of children in Colorado two to 17 years of age have two or more emotional, behavioral, or developmental conditions (ADD/ADHD, anxiety, depression, ODD/conduct disorder, autism spectrum disorders, developmental delay, and Tourette Syndrome).⁶

² <http://dola.colorado.gov/dlg/demog/2010censusdata.html>, accessed August 14, 2011.

³ (http://www.nccp.org/profiles/CO_profile_6.html), accessed August 14, 2011.

⁴ Compiled from the most up-to-date data available as of January 2011. www.childrendefense.org/cits, accessed August 14, 2011.

⁵ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

⁶ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

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CO HMG Data Collection

A survey was conducted in August 2009 to determine characteristics of existing call centers in Colorado that aim to help families or health care providers get information around children's health and/or development. Nine call centers were originally identified and two others were added later for individual interviews, for a total of eleven call centers identified in the state (there are likely others). A wide range of organizations and agencies including private companies, non-profit organizations, state and local jurisdiction and national organizations operate the call centers in Colorado.

In Colorado, the existing call centers provide information and referrals to families, children with or without special health care needs, health care providers, child care providers, those who need health insurance, women and case workers. Depending on the call centers the following issues are addressed:

- Information about parent resources (listserv, other organizations, mentors)
- Educational support services
- Monetary support services
- Health insurance options
- Community resources for specific diseases or issues (mental health, behavioral health, dental health)
- Training for families
- Providers currently taking Medicaid
- Child care

Most of the call centers provide information in English and Spanish, and several use language line services to provide any needed language. For most call centers, calls are taken during regular business hours and if received outside of regular business hours the call is returned. Resources and information provided to callers are documented through internal office processes and mostly rely on the knowledge and expertise of the person answering the phone. Internal documentation of community resources is updated regularly, but the lag time could be anywhere between weekly and annually.

All call centers provide services at the state level even if they have regional or county offices. While federal or state law mandates the provision of specific services or programs to serve specific populations for two of the agencies/organizations, there isn't anything that specifies these goals have to be achieved through a call center; thus there is flexibility in meeting these needs.

Funding includes both sustainable and non-sustainable sources.

Colorado Help Me Grow Progress to Date

Core Team meetings resulted in the following conclusions:

- **March 15, 2009** – Core Team agreed to incorporate families, providers and programs into the Help Me Grow foundation.

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- **October 15, 2010** – The Core Team agreed to develop a proposal to build Help Me Grow Colorado, including an action plan or operational definition. Also agreed that Help Me Grow wouldn't be limited to a "call center" – but could include statewide resources, referral and outreach systems through networks, alliances and collaboratives.
- **March 24, 2011** – Core Team refined mission/vision and discussed current resource map of services while reviewing a potential future state that would benefit Colorado families.
- **April 25, 2011** – The Core Team agreed to propose a program to serve all children under 21, including prenatal. They determined that the two most important things that must happen for success include having all partners at the table and respecting the characteristics, standards, and services of each individual agency.
- **June 6, 2011** – Core Team discussed specific language for a proposal to state officials to support HMG CO, and determined that the recommendation should include current needs assessment and technical assessment data. The proposal should also request support for a dedicated project manager to systematically move the project towards implementation, complete a full business systems and cost analysis, develop a long-term technology plan and develop a multi-year, sustainable budget.
- **August 24, 2011** – Core Team discussed refinement/acceptance of recommendation.

Meeting minutes are included as Attachment C.

Colorado Help Me Grow Mission and Vision

The Core Team spent several months articulating the following vision and mission statements:

Vision

All Colorado families can quickly and easily connect to resources that best meet their child's health, educational and developmental needs.

Mission

Help Me Grow will create an integrated identification, resource, and referral system for families, providers, and programs that will:

- *Support access to health, educational and developmental resources*
- *Improve efficiencies*
- *Leverage existing resources*
- *Identify and address gaps for a coordinated system*

Current Children's Resources in Colorado (Resource Map)

The organizations listed in Table 1 represent the wide variety of organizations in Colorado that provide part of the assistance that is currently available.

Table 1: Existing Colorado Children’s Resources Call Center

Contact Center Name	Serving	Logistics
Colorado 2-1-1	Families Health care providers All	Statewide (6 centers in CO) English, Spanish, any Available 24/7
Department of Health Care Policy and Financing Customer Service	Clients People who need insurance	Statewide English, Spanish, any (language line available) Normal business hours
Early Intervention Colorado Division for Developmental Disabilities, CDHS	Children birth through two years of age who have special developmental needs and their families	Statewide English, Spanish Normal business hours
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Medicaid enrolled children ages 20 and under and all pregnant women	Statewide English, Spanish Normal business hours
Families First – Family Support Line and Consejos Para Familias	Families Professionals Public	Statewide English, Spanish 10 to 10 daily
Family Health Line Colorado Department of Public Health and Environment	Families Children up to 18 Women	Statewide English, Spanish Normal business hours
Family Resource Center Association	Low income families	Local (23 in CO) English, Spanish, other based on need Normal business hours
Health Care Program for Children with Special Needs Colorado Department of Public Health and Environment	Children birth to 21	Statewide English, Spanish Normal business hours
Parent to Parent of Colorado	Families	Statewide Toll-free English Available to leave message 24/7 3 part time staff
Provider Resource Helpline CCHAP and Family Voices	Health care providers	Statewide Toll-free English, Spanish, any Normal business hours
Qualistar Colorado Child Care Resource and Referral	Families looking for childcare	Statewide Toll-free English Normal business hours

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Recommendation

The Colorado Help Me Grow Core Team respectfully recommends that Help Me Grow be implemented in Colorado. Key to the success of this initiative is identifying a home for project management and development that is considered neutral and exemplifies interagency collaboration. The newly recommended CDHS structure complete with its Office of Early Childhood, to be advised by a governor-appointed public-private advisory board, will fulfill these requirements. While the department is under consideration and until its approval, concurrent critical steps include:

1) Establish a contact center

The “Contact Center” (larger scope than a “Call Center”) will accept calls, texts, emails, and tweets, and will direct families where to receive walk up service as well. Contacts will be both inbound and outbound. HMG CO will be proactive in reaching out to clients.

2) Create a single point of access (“no wrong door”)

Optimize current resources by having a single contact center for families to access for any needs relating to children’s health, development, and education will mean less confusion for the public. Although HMG CO may partner with and share separate lines through separate agencies, callers will simply be helped by the best agency for their needs, location, and demographics.

3) Provide tiers or levels of care

The HMG CO Core Team recognizes that for some clients, having access to websites or other internet information will meet their needs, and for other clients, there is a need for personal contact and care coordination -- walking clients through the process and staying with them until their needs are resolved. This will require “warm transfer” of calls to other agencies, or having a care manager or coordinator make calls on behalf of the client.

In addition, the contact protocol will ask screeners to pose questions about all of the family’s potential needs, for example, if anyone has a disability, is the parent able to drive, can they get to service, and additional barriers. HMG CO will also follow-up and track if clients received the services they called for and additional services offered.

4) Use most efficient technology infrastructure

Based on an initial meeting with a technology provider, it is clear that the HMG CO staff does not have to be co-located and can, in fact, be in individual offices in various geographical areas of Colorado. Beyond this basic understanding of technology solutions, Help Me Grow Colorado clearly needs a contractor with telephony and web expertise to map out the next steps toward implementation that will create the best long-term solution for the state. We assume this solution will include Interactive Voice Response (IVR) to allow initial routing of calls and an internet-based referral database

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for both case coordinator and public use. Such databases are currently in use or under development by several HMG CO partners, including the National Technical Assistance Team. A showcase of these databases was held on August 15, 2011. Meeting notes are included as Attachment D. This information will be a starting point for the Precentralization Current State Assessment described under “Next Steps.”

5) Utilize regional experts

While HMG CO intends to create a statewide referral database and contact center, the intention is that it will be used by regional experts as well as Denver-based staff. Because the database will be internet-based, local EPSDT or other staff can access it to assist families with finding resources. At the same time, callers from remote areas of the state can receive assistance even if there is no local expert. Local experts will be critical in keeping local resources up to date in the database.

Resources Needed

State agencies that have existing budgets to support children’s contact centers should provide resource supports, including fiscal where able, in addition to private funding to finalize the planning for Help Me Grow and see it become a sustainable service. These agencies should determine minimum standards for a Help Me Grow Colorado Contact Center and contract with one of Colorado’s HMG partners to provide contact center functions.

Initially, however, Colorado’s HMG Core Team requests start up costs to cover an additional year of planning:

- 1) Funding for a project manager - \$60,000 per year plus benefits for a total of \$75,000
 - 2) Funding for technology consultation - \$50,000
 - 3) Funding for cost analysis - \$25,000
 - 4) Administrative costs - \$10,000
- Total: \$160,000

To date, funds have already been committed by at least one state agency.

The total request to move from conceptualization to having an implementation plan for HMG CO is \$160,000, through June 2012.

For the long term, annual budgets from Connecticut and other replication states range from \$421,081 (South Carolina 2012) to \$754,171 (Connecticut FY 2010) and \$755,406 (Orange County FY 2010). Populations for these states are provided as a comparison to Colorado’s 2010 population of 5,029,196.

Detailed budgets for HMG replication states are included as Attachment E.

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Table 2 – HMG State Budgets

<i>State</i>	<i>Connecticut</i>	<i>South Carolina</i>	<i>Utah</i>	<i>Orange County, Calif</i>
Population 2010	3,574,097	4,625,364	2,763,885	3,010,232
Year	<u>SFY 2010</u>	<u>2012</u>	<u>2012</u>	<u>SFY 2011</u>
Salaries		\$281,061	\$193,450	\$478,118
Training		\$6,600	\$6,000	\$0
Media		\$14,000	\$23,900	\$22,000
Office Space		\$17,000	\$7,290	\$38,752
Other		<u>\$102,420</u>	<u>\$59,730</u>	<u>\$216,536</u>
TOTAL	\$754,170	\$421,081	\$290,370	\$755,406

Next Steps

If HMG Colorado receives approval to move forward, the next steps include:

1. Determine the agencies that wish to be considered as initial partners and create memoranda of understanding.
2. Secure a dedicated project manager.
3. Hire an expert contractor to perform a Precentralization Current State Assessment, to review the technology currently in use by existing call centers as well as tools under development by the CT National Replication team, and determine if there are existing databases upon which to build HMG CO.
 - a. Information and Referral Database
 - b. Call Tracking Database
 - c. Telephony
 - d. Website Development
4. Develop a technology integration/upgrade plan.
5. Develop a Communication Plan that identifies additional partner agencies and others who can inform the development work for Colorado Help Me Grow and then promote it after implementation.
6. Research and plan for the use of regional coordinators and other local experts.
7. Consider evaluation needs for both short term and long term performance monitoring and quality assurance.
8. Plan for a bi annual update to Colorado’s resource map to add agencies / organizations to the existing infrastructure to strengthen and broaden the scope as appropriate.

Acknowledgement

Colorado’s Help Me Grow Core Team extends its sincere appreciation to all of our colleagues at the National Replication Center and affiliated states for generously sharing information and ideas.

Guidance for First Work Group Meetings

This guidance is designed to assist in planning and holding the first meeting of each *Help Me Grow* Work Group. The first meetings of the *Help Me Grow* Work Groups are an important time to clarify expectations and engage members. It lays the foundation for an ongoing, productive and rewarding experience.

Before the first meeting:

- Identify the meeting facilitator. (If the workgroup has a chair or co-chairs, they should take on the responsibility of facilitating the meeting or recruit someone to facilitate on their behalf.)
- A listing of members with names, titles, agencies and contact information should be sent to all members (Note: This list will need to be updated on an ongoing basis)
- Specific information related to the meeting should be shared via email that includes the time, date and location of the meeting. Ideally, an agenda should be emailed out prior to the first meeting
- Draft/finalize a meeting agenda.

During the meeting:

- **Members introduce themselves.** (Check to make sure that the contact information on the listing of members is correct.) During the introductions members share why they are interested in this workgroup and whether they attended the Community Summit.
- **Identify Leadership Team members serving on the workgroup.**
- **Ask for a person to volunteer to take notes.** (Note: If no one is willing to serve in this capacity on an ongoing bases, the task can be rotated among members.) Clarify process for the write up to get to the chair/co-chairs for distribution to all members.
- **Establish Work Group operational procedures, including:**
 1. How Work Group decisions will be made. (Decisions reached by consensus is recommended.)



Tips for a Successful Meeting

- Food at the meeting helps to create a comfortable environment and fosters networking and sharing among meeting participants.
- Build in enough time either before or after the meeting for networking opportunities.

2. Is confidentiality an issue that should be addressed by the Work Group?
 3. Have a formal process for canceling meetings. (How much time should there be between canceling a meeting and when the meeting was to be held?)
 4. Develop a policy around missing meetings or arriving late.
 5. Set a timeframe by which agendas and related information are sent prior to a meeting and when meeting summaries and related information are sent after a meeting.
- **Review roles and responsibilities** of the Work Group and relationship to the Leadership Team.
 1. Set up specific tasks that either members of the Work Group or the full group can do to carry out their responsibilities.
 - Do a short-term (3 to 6 month) work plan with tasks and people responsible for accomplishing by a specific date.
 - Make sure the Work Group has the information/resources needed to accomplish their short-term workplan.
 - Make sure there is a feedback loop to the Chair(s) and the Leadership Team.
 - Before the meeting ends ensure that there is a clear system of communication among Work Group members and between the Work Group and the Leadership Team.
 - Schedule meetings (time, date and location) for at least the next three months.
 - At the end of the meeting ask for feedback and recommendations for ensuring ongoing and productive meetings.



Tips for a Successful Work Group

- If a number of Work Group members were not at the Community Summit schedule an orientation session for them. Make the orientation session available to members of all the Work Groups who would benefit from the background information shared at the Summit.
- Consider instituting a “buddy system.” Each Work Group member selects a “buddy.” This person is responsible for fulfilling the workgroup member’s role in his/her absence, as well as for gathering all relevant information/material and bringing the Work Group member up to speed for the next meeting.