

Centralized Access Point



THE
Help Me Grow[®]
MANUAL

First Edition, July 2014

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The Centralized Access Point

The Centralized Access Point is built around a call center that is available through a toll-free phone line, fax and email. The call center is staffed by care coordinators who connect children and their families to appropriate community-based services and programs. Call centers must have access to a computerized resource directory and must utilize an automated client-tracking system.

The call center serves as the *Help Me Grow* “go-to” place for family members, child health care providers, and other professionals seeking information, support, and referrals for children at risk for behavioral and/or developmental problems.

Telephone services provide an effective, single point-of-access to community resources. They are cost-effective, easy to promote, efficient in identifying needs, and successful in supporting callers and triaging to appropriate services. New technology such as texting, apps, and online access to referrals, resources, and services can enhance telephone services.

The Centralized Access Point is the *Help Me Grow* system linchpin. As such, the process of selecting a call center requires due diligence. It also provides an opportunity to share information on the *Help Me Grow* system and to involve entities that serve as telephone access points in the planning and implementation of the system.

This section of the manual begins with guidance on the process for selecting a *Help Me Grow* Centralized Access Point. The process has three phases:

1. Establish a Centralized Access Point (or Call Center) Work Group
2. Research existing call centers
3. Make a recommendation to the Leadership Team



IN THIS SECTION: Centralized Access Point

Establish a Call Center Work Group

Research Existing Call Centers

Make a Recommendation to the Leadership Team

Transition to Establish & Launch

Establish & Launch the *Help Me Grow* Call Center

Establish a Call Center Work Group

The Call Center Work Group researches call center options and makes a recommendation to the Leadership Team, ideally within a three month timeframe. (See more on creating and staffing Work Groups in the Organizing Entity Section.)

The following is a partial list of organizations/individuals that have served on similar Work Groups convened by *Help Me Grow* affiliates. This list is meant to prompt discussion around the type of expertise needed to successfully complete the Work Group's task.

- United Way & other funders of call centers, e.g, community foundations, hospitals
- Nonprofit agencies that serve young children and their families
- Advocacy groups
- State agencies, such as Departments of Health (Maternal and Child Health MCH-Title V), Early Learning, Child Welfare, and the state agency that administers the state's Early Intervention program
- Early care and education providers
- Schools and universities
- Parent representative(s)
- Data specialist
- Evaluator

Structurally, the Work Group benefits from having co-chairs, with one chair being a member of the Leadership Team and the other a community representative (not necessarily a Leadership Team member).

The identification and recruitment of Work Group members should be thoughtful and reflective of the knowledge and expertise needed to make an informed recommendation to the Leadership Team. When recruiting Work Group members, be clear about why they are being asked to serve, the purpose of the Work Group, and the expectations of membership, such as the number of meetings they are required to attend.

Research Existing Call Centers

With the assistance of the *Help Me Grow* Program Manager, compile a comprehensive list of call centers within the targeted geographic area. Examples of call centers that serve *Help Me Grow's* target population of young children, their families, and their providers include:

- 2-1-1
- Child Care Resource & Referrals (CCRRs) services
- Maternal and Child Health (MCH) hotlines
- Intake lines for Early Intervention (EI) and/or Early Childhood Special Education (ECSE) services
- Parenting help lines

If a call center(s) in your area already serves young children and their families, partnering with it is the most efficient way, structurally and financially, to create access to services.

Assessing Potential Call Centers

The answers to these questions help determine a call center's capacity and interest in serving as the access point for *Help Me Grow*.

- How long has the call center been operating?
- How is it funded?
- What is its reputation with families, providers and stakeholders?
- Would serving as the access point for *Help Me Grow* be consistent with the call center's mission and goal?
- What is the call volume?
- What is the target population? (Note: The goal of *Help Me Grow* is to serve as a universal resource for families with young children.)
- What is the capacity to handle requests for assistance concerning young children's physical, developmental and/or social/emotional growth?
- To what degree are direct service staff currently trained in this substantive area?
- How would *Help Me Grow* be embedded into the call center structure?
- Would all direct service staff be trained in child development and the service delivery systems available to support *Help Me Grow* callers? Or would the call center create a specialized *Help Me Grow* unit?
- How is information on community resources collected and maintained?
- What information is collected on those who contact the call center?
- Can new fields be added to the computerized resource directory, as well as new data within an existing field?

Keep in mind that a *Help Me Grow* call center must be able to perform, at minimum, the following functions. Can existing call centers accommodate these functions?

Functions of a *Help Me Grow* Call Center

- Answer requests for assistance by families, health care providers, child care providers, and others who touch young children and their families
- Maintain, in real time, a community resource directory
- Within the geographic area served, have visibility among:
 - Health care providers
 - Child care providers
 - Other community based agencies
 - Families' network and communities
- Collect data, via an automated client-tracking system, on calls handled by *Help Me Grow* care coordinators, including:
 - Caller demographics
 - How caller heard of service
 - Reason for call
 - Actions taken
 - Outcomes as a result of contacting the call center.
 - [Common Indicators / 86](#) established by the National Center

[Checklist: Functions of a *Help Me Grow* Call Center / 24](#)

The most direct way to obtain the information sought and engage potential partners is to meet with them. Prior to a meeting with call center administrators, Work Group members should view the call center website, review annual reports and other materials produced and consider calling as a consumer seeking services.



Building the *Help Me Grow* System

When Meeting with Existing Call Centers...

Be prepared to explain the *Help Me Grow* system, particularly the essential role of the call center. Be able to articulate what value *Help Me Grow* brings to their service. Ascertain the call center's level of interest prior to leaving the meeting.

Be clear on next steps. What would the call center need in order to serve as the *Help Me Grow* access point? What could the Leadership Team do to support the call center?

Make a Recommendation to the Leadership Team

Once the fact finding work is completed and there is consensus among Work Group members as well as agreement to pursue this opportunity by the selected call center a recommendation can be made to the Leadership Team.

Establishing a new call center is usually the costliest and least efficient option. Recommending that *Help Me Grow* establish a new call center should be a last resort and well-supported with the rationale.

While the Work Group is responsible for making a recommendation to the Leadership Team, it is the Leadership Team's responsibility to review the recommendations and make the final decision on where the *Help Me Grow* call center will be housed.

Transition from Research to Establish & Launch

Once a call center agrees to serve as the *Help Me Grow* access point (or the Leadership Team decides to start a call center) the collaborative process to establish, launch, and maintain a call center commences. Key to the collaborative process is the Leadership Team's commitment to support the call center as it takes on the planning and implementation of serving as the access point for the *Help Me Grow* system.

The Leadership Team's commitment needs to be concrete, specific, and outlined in a Memorandum of Understanding (MOU) that may need to evolve over time. The *Help Me Grow* Leadership Team's responsibilities in this MOU can include, but are not limited to:

- Meeting with staff and/or Board members on a regular basis (internal meetings)
- Researching and sharing funding opportunities to support the *Help Me Grow* services offered through the call center
- Writing letters of support
- Writing grant applications/proposals
- Meeting with potential funding sources, key stakeholders, legislators, state agency representatives, community-based provider staff and groups that represent parents (external meetings)



Building the *Help Me Grow* System

Maintain Positive Relationships with Fellow Call Centers

If more than one call center was under consideration to serve as the call center, make sure that the one(s) not selected can continue to be involved in the *Help Me Grow* system. A reciprocal relationship between the call centers would help all to feel included and provide a supportive infrastructure for networking efforts and efficient referrals.

- Assisting the call center in addressing its structural needs for expansion, such as space configuration and equipment
- Posting *Help Me Grow* call center job opportunities
- Identifying trainers and training opportunities for care coordinators
- Assisting in marketing the service
- Promoting and sharing the data collected

Establish & Launch a *Help Me Grow* Centralized Access Point

This section provides guidance on how to establish the *Help Me Grow* access point within the selected call center and launch the service.

Leadership Team responsibilities

The Leadership Team's collaborative responsibilities in this process include:

- Ensuring that the call center creates an access point that demonstrates fidelity to the model
- Supporting the call center as it identifies its needs—structural, personnel, funding, etc.—in order to serve as the *Help Me Grow* access point
- Agreeing with the call center on what needs to be added or enhanced and developing a plan to meet the identified needs



The *Help Me Grow* National Network **Delaware 2-1-1 *Help Me Grow***

2-1-1 *Help Me Grow* is a centralized call center that connects families to child development services and other resources within the state. This call center serves to seamlessly link for children and families to community based programs and services. By calling this one number, parents can be connected to dozens of programs to help their child. This eliminates the need for parents to search for phone numbers on their own, streamlining what was once a complicated system.



When parents call 2-1-1 *Help Me Grow*, parents are connected with an experienced child development specialist, who answers questions and connects them with the community-based programs and services in their area. All parents need to do is to provide the referral from their primary care provider or describe their everyday observations of their child to the child development specialist. From there parents will be connected with the best resources to address their child's specific needs.

Learn more at dethrives.com/help-me-grow.



Building the *Help Me Grow* System

Steps to Implementation

Develop a startup budget and a maintenance budget

A *Help Me Grow* call center **startup budget** needs to reflect all the essential components of the *Help Me Grow* access point with minimal startup staffing. The **maintenance budget** should reflect the cost of a fully functioning *Help Me Grow* access point that can handle a call volume based on marketing and caller demand.

Typically the Leadership Team and Call Center Work Group, in partnership with the call center, draft the startup and maintenance budgets. As the budgets are developed, the four steps below need to be incorporated into them.

These steps are presented in a logical flow for establishing and launching the call center. In reality, the process is fluid. The tasks described under each step may blend, occur simultaneously, or happen in a different order.

As you work through the steps, revise the budget accordingly. For example, the *Help Me Grow* call center's salary ranges and staffing requirements will need to be consistent with the call center in which it is embedded. For a budget template see [Framework for a Help Me Grow Call Center Budget/19](#). For a sample of a completed implementation budget see [Help Me Grow South Carolina Proposed Implementation Budget/27](#).

Once the budgets are finalized and agreed upon by all parties, the organizing entity and the Leadership Team need to be specific about how they will support the call center in securing funds for *Help Me Grow*. (See the **Funding & Expansion *Help Me Grow*** section for funding guidance.)

Step 1: Assess Staffing Needs & Gather Information on Community Resources

Staffing

- How many staff members (administrators/supervisors and care coordinators) are needed to accommodate the geographic area and racial and ethnic populations targeted?
 1. In projecting the number of care coordinators needed, factor in the difference between the staff who answer the phones at the call center and *Help Me Grow* care coordinators. Call center staff are responsible for a broader range of issues and a higher call volume than *Help Me Grow* care coordinators, who have a lower number of cases with an increase in intensity and scope.

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2. Since the *Help Me Grow* supervisor/manager will be a new position within the call center, a job description needs to be developed. A job requirement should be knowledge of and a background in child development or a related field.
- What is the scope of systems/resources the *Help Me Grow* call center will be responsible for knowing? This scope will expand over time.
 - What are the expectations of funders? What has the call center been contracted to do? For more information see the [Help Me Grow Iowa Centralized Intake Best Practice Guide / 28](#)
 - What is the anticipated volume of calls? This figure will also grow over time. To help with call volume estimates, see [Help Me Grow Utah Call Capacity Grid / 36](#).

Community Resources

If the *Help Me Grow* call center is joining an operating call center, what relevant resources are already being collected and maintained? What is the scope of information collected?

Call centers use a number of data resource systems. Review the system currently used by the call center to determine if *Help Me Grow* resource information is or could be collected in the system. Keep in mind what types of information you would like made available to call center staff and ultimately to families.

The Alliance of Information and Referral Systems (AIRS) and 2-1-1 LA County offers support and guidance on developing a “human services taxonomy”. The AIRS/2-1-1 LA Taxonomy of Human Services defines this as “a classification system that allows you to index and access community resources based on the services they provide and the target populations they serve, if any. It provides a structure for your information and it tells people what is in your information and how to find it.

Help Me Grow requires resource information and knowledge on the following:

- Early intervention (Part C)
- Preschool Special Education (Part B)
- Early care and education
- Primary health care providers
- Mental health
- Parent education and support groups
- State agencies/programs, including
 - Children and Youth with Special Needs (CYSHCNs)
 - Medicaid/Children’s Health Insurance Plan (CHIP)
- Local community-based agencies
- Advocacy groups/legal rights organizations

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Step 2: [Hire Staff and Expand Resource Directory](#)

Staffing

- Using the experiences of affiliates as guidance, develop job descriptions for administrators and care coordinators.
- Use effective vehicles to advertise job openings.

Strategic advertising will create a pool of appropriate applicants. Promote the openings within the call center and at colleges and universities that offer degrees in relevant areas. Identify agencies in the *Help Me Grow* resource database that post job openings, and post the positions with them.

- Prepare for interviews.
- Check references.
- Hire staff.

[Sample Job Descriptions / 37](#)
[Resources for Hiring Call Center Staff / 55](#)

Community Resources

- Decide what additional information is needed for *Help Me Grow* calls and how it will be incorporated into the community resource directory.

Step 3: [Train Staff, Update the Resources & Establish Client Tracking System](#)

Staffing

- Develop an orientation package.
- Develop internal protocols within the call center for transferring calls, coding cases, and following up with callers.

[Training Topics for Care Coordinators / 17](#)
[New Team Member Checklist: Care Coordinator / 65](#)
[Help Me Grow Connecticut: CDI Protocols for Handling Calls / 66](#)
[Help Me Grow Connecticut: CDI Protocols for Triaging Referrals / 67](#)

Community Resources

- Implement system(s) for collecting additional information needed for *Help*

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Me Grow calls. Be aware of possible legal issues related to referring to for-profit services or private practices. If those are important resources for families in your area, think about how that information can be shared.

[Sample Call Center Protocols and Forms / 66](#)
[Further Resource Directory Information / 72](#)

Establish & Maintain an Automated Client Tracking System

Notes on Data Collection

Call centers are in a unique position to collect data that reflect system-level issues—information not only on who calls and why, but on what happens to families seeking help. Many call centers also have the ability to track barriers experienced by families referred for services.

A client tracking system captures the issues families are experiencing, the actions taken on their behalf, and outcomes as a result of contacting the call center.

All *Help Me Grow* call centers collect data for generating external and internal reports. External reports are shared with the *Help Me Grow* Work Groups, funders, legislators, providers, advocates, and the media. They help identify best practices, needs, gaps, and barriers.

Internal management reports ensure the accuracy of information given, referrals made and coding consistency among the care coordinators.

Help Me Grow data collection falls into five broad categories:

- How the caller heard about *Help Me Grow*
- Demographics on the child (or family) in need of assistance
- Assistance sought
- Action taken by the *Help Me Grow* care coordinator
- Outcomes as a result of contacting the call center

The *Help Me Grow* National Center has established [Common Indicators / 86](#) to assist with data collection. All *Help Me Grow* affiliates are required to collect and report data on this set of indicators. Data collected will help you monitor your progress and share lessons learned with other states and the National Center. Additionally, collected data enables you to:

- Contribute to the national dialogue on promoting early detection and intervention and the role of *Help Me Grow* systems in doing so
- Learn how your system data compares to aggregate national data
- Have the National Center advocate on behalf of the National Network more effectively
- Serve, with the National Center, as leaders in the child development field

See **Data Collection & Analysis** section.

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Steps to establish and maintain an automated client tracking system

- Determine if *Help Me Grow*'s data requirements can be collected within the call center's current automated client tracking system.
- If not, research the viability of using the automated client tracking systems developed by *Help Me Grow* Orange County or *Help Me Grow* Utah.
- Write and maintain a manual for coding cases in the automated client tracking system.

A manual ensures consistency of coding among the care coordinators and provides a frame of reference for coding questions. The manual needs to address coding from both a technical and substantive perspective. It is imperative that it is maintained. Having a coding committee with responsibilities that include maintaining the manual will help to ensure that it stays current.

[*Help Me Grow* California Orange County: STAR Database / 87](#)
[*Help Me Grow* Utah Family Database / 106](#)

Step 4: [Launch the Call Center](#)

Soft Launch

A soft launch is an opportunity to test the *Help Me Grow* call center's operational readiness. By "going live" on a limited basis, this field test allows the call center to experience actual calls that often provide insight to needs that were not identified or addressed in the planning process.

Official Launch

Once issues identified through the soft launch have been addressed, the call center is ready for the official launch. A more comprehensive strategic plan supports a successful official launch, including the marketing and public awareness efforts of the Outreach Work Group.

When other organizations market *Help Me Grow*, their efforts must be coordinated with the call center. Care coordinators need to know what kinds of potential calls they may receive as a result of the marketing efforts.

Once these calls are received, the information collected through the automated client tracking system, particularly how callers heard about *Help Me Grow*, can inform ongoing marketing efforts. This information is helpful not only to the call center, but also to the Provider Outreach and Community Outreach Work Groups and staff. 

Developing care coordinator training curriculum & identify trainers

There are two levels of care coordinator training:

- Orientation for newly hired staff
- Ongoing training

There are a range of vehicles for training care coordinators, including, but not limited to:

- Reading material
- Staff meetings and in-service days
- Pre/post tests
- Conferences
- Online courses
- Webinars
- Role-playing
- Case studies
- Job shadowing
- Peer-to-peer mentoring
- Call listening
- Case discussion
- Meetings with collaborators
- Eco-maps

There are a number of resources for identifying and recruiting trainers, including:

- *Help Me Grow* call center supervisors
- Seasoned care coordinators from both the *Help Me Grow* call center and the call center in which it is embedded (or with whom there is a formal relationship)

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Building the *Help Me Grow* System

National and Local Sources for Training

While each *Help Me Grow* affiliate call center is unique, there are common components among all. The *Help Me Grow* National Center offers guidance on those common components and shares examples of call center trainings, curriculum, and other products and suggestions from affiliate sites.

In addition to the resources available through the National Center, it is advisable to tap local resources to assist in training and supporting call center staff.

TRAINING TOPICS FOR CARE COORDINATORS		
Topics	Orientation	Ongoing
Job description, role & responsibilities, and the support/resources available	X	
Skills needed for handling a <i>Help Me Grow</i> call: <ul style="list-style-type: none"> • active listening skills • interviewing techniques • being non-judgemental 	X	X
The questions to ask and how to ask them	X	X
Overview of relevant state-level systems and formal relationships with these systems, in any	X	X
Cultural competence and sensitivity	X	X
Child development & Developmental Screening/20	X	X
Medical information privacy regulations (HIPAA/21)	X	X
Chronic health conditions and behavioral health issues of young children	X	X
How to handle difficult callers	X	X
Protocols for handling crisis calls	X	X
Using the resource directory	X	X
How to code cases in the automated client-tracking system	X	X



The *Help Me Grow* National Network

Call Center Expertise within the National Network

Help Me Grow affiliate states have learned many valuable lessons as they designed and implemented their call centers. It is strongly recommended to reach out to Network peers for models, advice, and lessons learned.

[Help Me Grow Directory of Expertise Call Center Specialists / 126](#)

- Staff with expertise from direct service agencies, universities, parent and advocacy organizations
- Physician champion
- Representatives from relevant state systems, such as Early Intervention; Preschool Special Education; Early Childhood Comprehensive Systems (ECCS) grant; home visiting programs, including the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) program; Project LAUNCH; Race to the Top

Recruiting and utilizing volunteers and student interns

Given the amount of work needed to maintain a well-functioning call center, consider using volunteers and/or student interns to supplement the work of the call center staff.

For volunteers, AmeriCorp VISTA is a reliable national resource. Check with local United Ways on other resources for recruiting volunteers. Be thorough and thoughtful in determining how volunteers will be used and supported.

For interns, research schools within the geographic area of the call center to identify those that offer degrees in relevant areas. Review their requirements for student placements, community projects and internships. Contact schools that are a potential match for *Help Me Grow's* intern needs and offerings.

Prior to securing student interns, make sure that the call center can meet the requirements needed to be a student placement and has the administrative infrastructure and time to support interns.

[Help Me Grow Utah Volunteer Training Curriculum / 126](#)
[Help Me Grow Utah Intern Manual / 130](#)



The *Help Me Grow* National Network

***Help Me Grow* Connecticut: Child Development Infoline**

“Every day, the Child Development Infoline care coordinators amaze me. They work with families whose children have disabilities or other behavioral issues, with families struggling with financial issues or other stressors, and with families who just want more information so they can help their child develop as healthfully and happily as possible. *Each call is important to the staff and they take care to do the best they can for every family. This is the heart of Help Me Grow.*”

—Kareena Duplessis, Child Development Infoline Director

Framework for a *Help Me Grow* Call Center Budget

LINE ITEMS	START UP BUDGET	MAINTENANCE BUDGET	NOTES
STAFFING & BENEFITS			
<i>Help Me Grow</i> Supervisor			Could be a % of another call center staff member.
Care Coordinators			These are the direct service staff who answer the calls and work directly with families and providers
Resource Data Manager			This person is responsible for maintaining the resource inventory. Could be a % of another call center staff member.
Data Collection Technical Support			This person is responsible for ensuring that the data collected through the automated client tracking system generates valid and reliable data required for the Common Indicators and internal management reports as well as external reports that document needs of children and families who call the <i>Help Me Grow</i> access point. Could be a % of another call center staff member.
Administrative Support			Could be a % of another call center staff member.
Benefits			Calculated based on the call center's benefit rate.
NON PERSONNEL			
Space			
Renovations (if needed)			This is a one-time cost.
Furniture			
Equipment (phones, computers, etc.)			Adding a separate line for <i>Help Me Grow</i> will involve one-time start-up costs and an ongoing monthly expense.
Supplies			
Staff training & development			
Travel			

Developmental Screening and the *Help Me Grow* System

Developmental screening is an indispensable tool for detecting children at developmental risk. However, it is of value only to the extent that it is paired with developmental surveillance and with linkage to appropriate and effective programs and services. The *Help Me Grow* system is designed to be that necessary link between screening, surveillance, and connection to community resources.

“Screening and surveillance are too often viewed as separate activities,” writes Paul Dworkin, M.D., on [The Help Me Grow Blog](#). “This perspective minimizes the effectiveness of both. Surveillance without screening is likely to contribute to children eluding early detection, while lofty expectations for the isolated use of screening tools may result in over- or under-identification.” (See the [July 2006 AAP Policy Statement](#) for recommendations on how child health providers can use developmental surveillance.)

When accurate detection does occur, linkage to appropriate services must follow. Ellen Perrin, M.D., Director of Research at the Center for Children with Special Needs and professor at Tufts University School of Medicine, questions the ethics of detection without the provision of services. She states, “Detection without referral/intervention is ineffective and may be judged unethical.”¹

The following examples show how four *Help Me Grow* affiliates use their centralized access point to provide families and child health providers both screening and surveillance tools **and** linkage to community resources.

Help Me Grow Connecticut Ages & Stages Monitoring Program

Help Me Grow Connecticut offers the [Ages & Stages Child Monitoring Program](#) via [Child Development Infoline](#) (CDI). The program is voluntary, free, and designed for families with infants, toddlers, and/or preschoolers.

To begin the process, a family completes the online program enrollment form or fills out a paper form to send to CDI. CDI then mails a developmental questionnaire and postage-paid envelope to the family as the child reaches the appropriate age. The family returns the completed questionnaire to CDI, where the staff score it. If the questionnaire shows that the child is developing on schedule, CDI sends a letter saying such to the family and encloses suggestions for fun parent-child activities. CDI mails the next age-level questionnaire to the family at the appropriate time.

If a questionnaire leads to a concern, a CDI Care Coordinator contacts the family for further discussion. This process may result in a development evaluation completed by [Connecticut Birth to Three System](#) if the child is under age three, or by the local school district if the child is between the ages of three and five. With the parents’ consent, the results of the questionnaires are sent to the child’s primary health provider.

Help Me Grow Michigan Regional ASQ Developmental Screening Project

Michigan uses state funds along with a grant from United Way for Southeastern Michigan to support the [On-Line Regional ASQ \(Ages & Stages Questionnaire\) Developmental Screening Project](#) in the Metropolitan Detroit area.

Other counties have begun to use this screening tool and as a result, *Help Me Grow Michigan* is leveraging the regional efforts into a statewide approach. *Help Me Grow Michigan* has also created [annual regional and county data profiles](#) based on the ASQ results; a [one-page FAQ](#) on the project; and a [comprehensive list of ASQ project partners](#).

Help Me Grow Delaware PEDS Online

[PEDS Online](#) is a web-based tool that allows parents to complete a free developmental screening assessment. The tool is electronically scored and the results are available for the child's health provider to review with the parent at the next well-child visit.

The *Help Me Grow* Delaware Health Provider Outreach staff coordinate efforts to promote the use of PEDS Online, including Grand Rounds at all the major hospitals in the state; Meet and Greets within the state's three counties; and speaker sessions by [PEDS author Frances Page Glascoe, Ph.D.](#) To date, approximately 11,000 developmental screens have been administered in Delaware with the participation of 28 pediatric and family practice centers.

Recently the PEDS referral system was streamlined to ensure that physicians utilize the [2-1-1 Help Me Grow](#) call center as a referral source for families. The outgrowth of this effort has been the development of a PEDS promotional kit that includes an algorithm on the PEDS referral process and an intake form for physicians.

Help Me Grow Washington Child Development Screening

Washington State's Within Reach Call Center provides the [Ages & Stages tool](#) both online and by telephone. The state's first *Help Me Grow* call from a parent resulted in the care coordinator using the ASQ to complete a screening over the phone with the mother, who worried that her young daughter might not be getting the services she needed. The screening results prompted referrals made for the child, who did receive effective and appropriate help. *Help Me Grow* Washington created a powerful [video](#) about the experience. (See also the [Help Me Grow Washington PowerPoint](#).)

The *Help Me Grow* system can also support screening in other sectors, including child care settings. See [Community Outreach](#) and [Child Health Provider Outreach](#) for more information.

See the [Administration for Children and Families's Thrive by Five Initiative](#) for detailed information on screening tools and further resources for child health providers and families.



Building the *Help Me Grow* System

The Health Insurance Portability and Accountability Act (HIPAA)

Questions regarding HIPAA compliance often arise when a health provider contacts the *Help Me Grow* Call Center.

The Federal HIPAA Standards for Privacy of Individually Identifiable Health Information, or [Privacy Rule](#), address the disclosure and use of individual's protected health information. The Privacy Rule permits a Covered Entity to disclose protected health information for the purposes of treatment, payment, and health care operations, including care coordination. A Covered Entity refers to a health plan, health care provider or health care clearinghouse. *A Help Me Grow centralized access point is not considered a Covered Entity.*

A summary of the HIPAA Privacy Rules can be found [here](#).

ACTION PLAN

Help Me Grow Centralized Access Point

PLANNING

- Select a *Help Me Grow* Centralized Access Point
 - Establish a Call Center Work Group*
 - Research existing call centers*
 - Make a recommendation to the Leadership Team*
- Transition to Design & Implementation
 - Partner with a call center & establish an agreement*
 - Outline a Leadership Team Memorandum of Understanding*

IMPLEMENTATION

- Establish & Launch the Call Center
 - Develop a Help Me Grow Call Center budget*
 - Clarify Leadership Team's responsibilities*
 - Assess staffing needs & gather information on community resources*
 - Hire staff and expand the resource directory*
 - Train staff, update the resources, and establish & maintain an automated client tracking system*
 - Launch the Help Me Grow Call Center*

CHECKLIST

Assessing Potential Call Centers

The answers to these questions help determine a call center's capacity and interest in serving as the access point for *Help Me Grow*.

- How long has the call center been operating?
- How is it funded?
- What is its reputation with families, providers and stakeholders?
- Would serving as the access point for *Help Me Grow* be consistent with the call center's mission and goal?
- What is the call volume?
- What is the target population? (Note: The goal of *Help Me Grow* is to serve as a universal resource for families with young children.)
- What is the capacity to handle requests for assistance concerning young children's physical, developmental and/or social/emotional growth?
- To what degree are direct service staff currently trained in this substantive area?
- How would *Help Me Grow* be embedded into the call center structure?
- Would all direct service staff be trained in child development and the service delivery systems available to support *Help Me Grow* callers? Or would the call center create a specialized *Help Me Grow* unit?
- How is information on community resources collected and maintained?
- What information is collected on those who contact the call center?
- Can new fields be added to the computerized resource directory, as well as new data within an existing field?

CHECKLIST

Functions of a *Help Me Grow* Call Center

- Answer requests for assistance by families, health care providers, child care providers, and others who touch young children and their families
- Maintain, in real time, a community resource directory
- Within the geographic area served, have visibility among:
 - Health care providers
 - Child care providers
 - Other community based agencies
 - Families' network and communities
- Collect data, via an automated client-tracking system, on calls handled by *Help Me Grow* care coordinators, including:
 - Caller demographics
 - How caller heard of service
 - Reason for call
 - Actions taken
 - Outcomes as a result of contacting the call center.
 - Common Indicators established by the National Center

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HMG South Carolina Proposed Budget

Help Me Grow- South Carolina Proposed Implementation Budget		Revised: February 28, 2011				
	2012	2013	2014	2015	Total	Notes
Centralized Telephone Access Point						
Care Coordinators	\$ 60,360	\$ 63,325	\$ 72,550	\$ 74,734	\$ 270,969	(1)
Benefits	\$ 16,150	\$ 17,730	\$ 20,315	\$ 20,925	\$ 75,120	(2)
Renovations @CDS	\$ 5,500	\$ -	\$ -	\$ -	\$ 5,500	
Furniture	\$ 10,500	\$ -	\$ 1,500	\$ 1,000	\$ 13,000	
Computers	\$ 4,600	\$ 1,200	\$ -	\$ -	\$ 5,800	
Copier/Fax Lease and Usage	\$ 4,500	\$ 4,800	\$ 5,100	\$ 5,200	\$ 19,600	(3)
Phone System Set-Up	\$ 1,880	\$ -	\$ -	\$ -	\$ 1,880	
Phone System Operations	\$ 13,640	\$ 15,140	\$ 16,640	\$ 19,640	\$ 65,060	(4)
Travel	\$ 1,000	\$ 1,100	\$ 1,100	\$ 1,200	\$ 4,400	(5)
Office Supplies	\$ 1,200	\$ 1,300	\$ 1,400	\$ 1,600	\$ 5,500	
Staff Training/Development	\$ 3,000	\$ 1,800	\$ 2,000	\$ 2,400	\$ 9,200	(6)
Lease	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ 32,000	(7)
Total Centralized Telephone Access Point	\$ 130,330	\$ 114,395	\$ 128,605	\$ 134,699	\$ 508,029	(30)
ASQ Monitoring and Dev Milestone Program						
Program Specialist	\$ 19,500	\$ 20,085	\$ 20,670	\$ 21,190	\$ 81,445	(8)
Supplies	\$ 4,000	\$ 4,800	\$ 5,200	\$ 4,600	\$ 18,600	(9)
Printing	\$ 12,000	\$ 7,000	\$ 7,000	\$ 8,000	\$ 34,000	(10)
Evaluation	\$ 3,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 9,000	
Total ASQ Monitoring and Dev Milestone	\$ 38,500	\$ 33,885	\$ 34,870	\$ 35,790	\$ 143,045	(31)
Community Outreach						
Community Outreach Coordinator	\$ 21,840	\$ 22,495	\$ 46,321	\$ 47,694	\$ 138,350	(11)
Benefits	\$ 6,115	\$ 6,299	\$ 12,970	\$ 13,354	\$ 38,738	(2)
Community Networking Events	\$ 1,000	\$ 1,000	\$ 1,100	\$ 1,200	\$ 4,300	(12)
Travel	\$ 1,800	\$ 1,900	\$ 1,900	\$ 2,000	\$ 7,600	(13)
Staff Training/Development	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,200	\$ 8,200	(14)
Computer	\$ -	\$ -	\$ -	\$ 1,800	\$ 1,800	
Office Supplies	\$ 600	\$ 600	\$ 650	\$ 700	\$ 2,550	
Total Community Outreach	\$ 33,355	\$ 34,294	\$ 64,941	\$ 68,948	\$ 201,538	(32)
Physician Outreach						
Clinical Liaison	\$ 25,000	\$ 26,780	\$ 55,000	\$ 56,659	\$ 163,439	(15)
Benefits	\$ 6,250	\$ 7,498	\$ 15,400	\$ 15,864	\$ 45,012	(2)
Practice-based Trainings	\$ 4,000	\$ 4,200	\$ 4,500	\$ 4,800	\$ 17,500	(16)
Travel	\$ 2,500	\$ 2,500	\$ 3,100	\$ 3,100	\$ 11,200	(17)
Staff Training/Development	\$ 1,600	\$ 1,700	\$ 1,800	\$ 2,000	\$ 7,100	(18)
Office Supplies	\$ 800	\$ 850	\$ 900	\$ 950	\$ 3,500	
Total Physician Outreach	\$ 40,150	\$ 43,528	\$ 80,700	\$ 83,373	\$ 247,751	(33)
Administrative Office Expenses						
Program Coordinator & Medical Director	\$ 88,520	\$ 90,169	\$ 93,880	\$ 96,635	\$ 369,204	(19)
Program Specialist	\$ 11,700	\$ 12,100	\$ 12,400	\$ 12,714	\$ 48,914	(8)
Benefits	\$ 25,626	\$ 26,408	\$ 27,180	\$ 27,945	\$ 107,159	(2a)
Lease	\$ 9,000	\$ 9,500	\$ 9,800	\$ 9,900	\$ 38,200	(20)
Office Supplies	\$ 700	\$ 750	\$ 800	\$ 850	\$ 3,100	
Travel	\$ 1,400	\$ 1,500	\$ 1,600	\$ 1,700	\$ 6,200	(21)
Total Administrative Expenses	\$ 136,946	\$ 140,427	\$ 145,660	\$ 149,744	\$ 572,777	(34)
Data Collection						
Database Development Costs	\$ 20,000	\$ 5,000	\$ -	\$ -	\$ 25,000	(22)
Database Maintenance Fees	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000	(23)
Total Data Collection	\$ 20,000	\$ 8,000	\$ 3,000	\$ 3,000	\$ 34,000	(35)
Total Evaluation (Data Analysis & Reporting)	\$ 10,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 70,000	(24) (36)
Meetings and Conferences						
Travel to HMG National Forum	\$ 2,000	\$ 2,000	\$ 2,200	\$ 2,300	\$ 8,500	(25)
Steering Committee Meetings	\$ 500	\$ 500	\$ 500	\$ 500	\$ 2,000	(26)
QI Team Meetings	\$ 300	\$ 300	\$ 400	\$ 400	\$ 1,400	(27)
Community Outreach Events	\$ -	\$ -	\$ 1,500	\$ 1,600	\$ 3,100	(28)
Total Meetings and Conferences	\$ 2,800	\$ 2,800	\$ 3,100	\$ 3,200	\$ 11,900	(37)
Marketing and Communications						
Website Development / Maintenance	\$ 5,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 14,000	
Marketing Materials	\$ 4,000	\$ 4,000	\$ 4,000	\$ 8,000	\$ 20,000	(29)
Total Marketing and Communications	\$ 9,000	\$ 7,000	\$ 7,000	\$ 11,000	\$ 34,000	(38)
Total	\$ 421,081	\$ 404,329	\$ 487,876	\$ 509,754	\$1,823,040	

Help Me Grow Iowa



Centralized Intake Best Practices Guide



Early Childhood Iowa
Quality Services and Programs Component group
February 2011
Version 1

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The Central Intake Best Practice Guide is part of a broader family support project developed by Early Childhood Iowa – Quality Services and Programs (QSP) component group. A special thanks to the QSP component group members who developed this guide and a special thanks to the following individuals and agencies for providing insight into the central intake processes being implemented in Iowa.

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1. What is a Centralized Intake?

A centralized intake for family support programs provides one single point of entry for access, assessment and referral in a local area to family support services. The central intake gathers a brief screen from the family regarding their needs and strengths as well as the information necessary for referral. This enables the centralized intake to process the intake and refer the family to the most appropriate family support service based on the needs of the family and the availability and requirements of the service.

2. The purpose of a Central Intake process

The key to central intake is accessibility for consumers and the need for a central location in order to access services for themselves or family members. A central intake process is dedicated to helping people, from the moment they contact the central location, from the time they are referred, and/or after screening. The role of the central intake staff is to assist families by determining the services and supports that are best suited for the family's particular needs based on self referrals and referrals from other professionals such as primary care providers, hospitals, child care providers, and other social service agencies.

A secondary consideration for implementing a centralized intake process is to enable other professionals to make referrals confidently to family support services. Professionals find it challenging to be informed and up to date on what family support services are available for families in their community and which service will best meet the needs of the family. Centralized intake eliminates this challenge.

3. The benefits of a Centralized Intake process

- Allows maximum usage of family support program services.
- Focuses on a single point of entry for families with all the family support programs.
- Assures that families will be linked to the most appropriate services available for them based on the family's needs.
- Allows for uniformity across the programs- one release of information, uniform screening process and a uniform mechanism for referral follow- up.
- Creates a streamlined process for recruitment and allows family support workers to focus all efforts on the priority of providing direct services to families.
- Promotes collaboration and prohibits turfism between programs.
- Eliminates duplication by creating a single point of entry for families.

4. Cautions of a Central Intake

- Typically funding is tied directly to the number of families served by the program. Giving up control of one's program referrals is similar to giving up control of one's checkbook. This is not an easy task; therefore, trust is essential.
- Relationships between all programs involved in the central intake process is key to the success of the process.
- It takes time to develop the process and to have buy-in from all stakeholders. Regular meetings are needed when first implementing a centralized intake for regular communication.
- One organization needs to take the lead in convening the stakeholders and to keep the process moving.
- A common release of information that all programs can use is challenging to achieve. Organizations will want their own legal counsel to review the release of information and there

may need to be some modifications based on each organization's legal review. It is a time consuming process that should not be underestimated.

5. Barriers in Developing a Central Intake and Overcoming Barriers

The hardest barrier to overcome in developing a central intake is to create trusting and open relationships among programs and services.

It is extremely important to show funders that duplication of services is being prevented by the central intake process. If funders do not see the need for family support services, then they will find other programs and services to fund. It must be clear that the central intake process provides a mechanism to identify the families' needs and match the family to the program that best addresses their needs.

It is crucial to central intake development and implementation that service representatives:

- meet regularly
- remain honest – discuss concerns and problems as they occur
- be as open minded as possible
- keep moving forward
- be able to see the bigger picture of how this system helps the entire community even if some decisions may not benefit your program
- keep the best interest of the families' needs services in mind at all times
- have the support of from all levels (manager, direct service provider) within the participating organizations

A central intake process may start without funding and focus on improved coordination and collaboration as the main goal to accomplish.

An example of the central intake process is Partners for Parenting Families.

An agency serves as the lead entity and works with several other family support agencies in their local area. It has been essential for the central intake process to have a lead agency. The lead agency organizes and facilitates the meetings and follows up on any items from the meeting. The lead agency may be an organization that provides family support services or it may be a neutral party.

The partnering family support agencies worked together collaborating to ensure families received the best option for services and reduced duplications. Each family support program's involvement is extremely important. It is important to recognize that most communities can only serve approximately ten percent of all families in their community when combining the capacity of all of the existing family support programs. If family support programs in your local area do not participate in the beginning of implementation, keep encouraging them to be part of the process.

Partners for Parenting Families fund their central intake screening process through their local Early Childhood Area. It took years to evolve to the current funding levels.

Participation of partnering family support programs is solely on a voluntary basis. The family support programs do not have to participate, but hopefully by continually inviting them, they will see the benefits.

The Partners for Parenting Families program also provides cross training to all participating family support programs based on the families' needs and emerging issues.

6. The cost for setting up a Centralized Intake Process

As mentioned before, it is essential to identify a lead agency to oversee the central intake process. Dedicated staff is critical to the success of the central intake process. Dedicated staff will be dependent on the size of the community involved in the central intake process.

Examples of Staffing within local central intake processes:

- Visiting Nurse Services has two staff persons that are dedicated to central intake process and complete all the screenings and intakes. Funding for the staff come from Early Childhood Iowa and Title V sources. There are 8 programs and 7 contracted agencies with Healthy Start that participate in the VNS central intake.
- Black Hawk Lutheran Social Services has one staff person that is paid by the local Early Childhood Area and is dedicated to the central intake screenings. The staff person logs approximately 300 hours per year. The current funding process is estimated to cost \$21,000. Black Hawk Lutheran Social Services in Iowa provides training for staff through HOPES Healthy Families Iowa screening training. There is also training on various programs that are part of the central intake process. This would include basic information about programs and criterion of the various programs.

7. How to develop and implement a central intake step-by step

- Meet with interested stakeholders/partners and come to agreement on a common goal.
 - Programs will not necessarily volunteer to participate as the central intake process may appear threatening. Programs need to sign an agreement that outlines their responsibilities and the benefits their program will acquire. Organizations have found it beneficial to have all partners complete a Memorandum of Understanding or a Declaration of Partnership.
- Identify a lead organization to convene stakeholders and be responsible for keeping the momentum moving forward.
- Assemble an organizing group (decision makers) to discuss developing a central intake. The group needs to discuss the challenges and benefits of development and implementation.
- The organizing group will need to meet frequently to develop a local plan and to ensure the central intake process is off to a good start. This group will eventually taper off to meeting as needed and finally, one annual meeting in order to review the process.
- Develop an agreement among service providers. This may be a Memorandum of Understanding or a Declaration of Partnership. The key element is to ensure that roles and responsibilities are clearly outlined in writing.
 - Service providers must agree to:
 - Designate a representative to attend planning team/central intake meetings
 - Designate representatives to attend referral meetings
 - Share responsibility of taking compete/accurate meeting notes and distributing them
 - Participate in the referral process
 - Remain confidential

- Understand the basis for referrals
- Develop a universal screening tool all service providers can agree upon and understand. Many of the current central intake processes use the Healthy Families America Screening tool.
- Discuss referral processes and procedures and come to agreements on the exchanging information, timeliness parameters and consistent messaging to clients.
- Discuss the central intake process with funders to get buy-in.
- Discuss the process and begin work on the common release of information/ referral form. (Several examples of Releases of Information are included in Appendix). Beginning with one of the sample releases as a template, will put agencies several steps ahead.
- Determine which organization has the capacity or the potential of capacity to serve as the centralized intake. Reinforce that all referral distributions will go through a central intake Resource Team -a group comprised of representatives from each of the agencies. Contingency plans will need to be made for referrals that need immediate service and cannot wait a week for the distribution group to meet or worker assignments to be arranged. The contingency plan needs to be included in the Memorandum of Understanding or the Declaration of Partnership.
- Typically, a central intake would need to have at least normal business hours if not extended hours. They need to have fax, voice mail, and email capacity to receive referrals at anytime. It is helpful (not necessary) to have a toll free number to make it easier to make referrals including self referrals.
- All programs need to be in agreement regarding which types of families will benefit most from their particular service as well as which service is most appropriate. The best interest of families is to be kept in mind and considered with every referral, rather not what is in the best interest of the program. Be aware as to what research has demonstrated concerning the effectiveness of the program model when dealing with certain populations and striving to achieve certain outcomes.
- It will be important to develop marketing pieces for the referral sources to understand the new process and buy into it. Because some referral sources may feel uncomfortable making referrals to someone they don't know, marketing strategies will help inform referral sources of unknown services and ease their caution. It is helpful for the coalition of family support providers to have a name so they have an identity as a coalition. (Some marketing examples are located in the Appendix).

8. Meetings Process for Central Intake

- The Intake Resource Team will need to come up with a meeting schedule that meets the needs of their community. The meeting schedule may be determined by the population of the area they are serving and the number of programs involved in the central intake process. It may take six month to a year to determine what works best. The meeting structure may also have to be revisited if new partners join the central intake process.
- Group members must understand and accept that referrals must be processed regardless if some group members are unable to attend every meeting. Those unable to attend must take responsibility in getting their referrals to group members to process.
- At referral meetings, begin with referrals of highest risk level. Whoever is in charge of the intake process will continue with the assessment.

9. Handling situations as they arise

How to handle when a referral comes straight to the program versus central intake or if someone refers a family to a specific service through centralized intake; however, the assessment shows they would be a better match for another service?

The program needs to agree to route these referrals to the central intake. Any variance to this arrangement needs to be clearly outlined in the Agreement (MOU or Declaration of Partnership). Families may have requests as to which services they would like to participate in. It is important to take note of these requests; however, the family must be screened, regardless of the service they request. After screening, inform the family of best matched services. All attempts should be made to direct family to best suited service. If they prefer a certain service over another one, allow them to go with the service they prefer. If there is a wait for this service, inform client of wait. If they prefer to wait, inform them of other services available to them and/ or allow them to wait. However, if the service they requested is not the best suited service for the family, then that service should not be an option. Likewise, if a family is not eligible for a certain service due to income guidelines or for other reasons, do not offer this service to them. Keep in mind that the central intake's purpose is to match families with the service "best suited" for them.

Although the family's choice is of importance, the best use of funds takes precedence. It is important to direct the family to the service most appropriate for their needs. It should be noted what objections that the family expressed toward the family support program and attempt made to address any concerns. Repeated concerns should be addressed to the program management by the central intake agency.

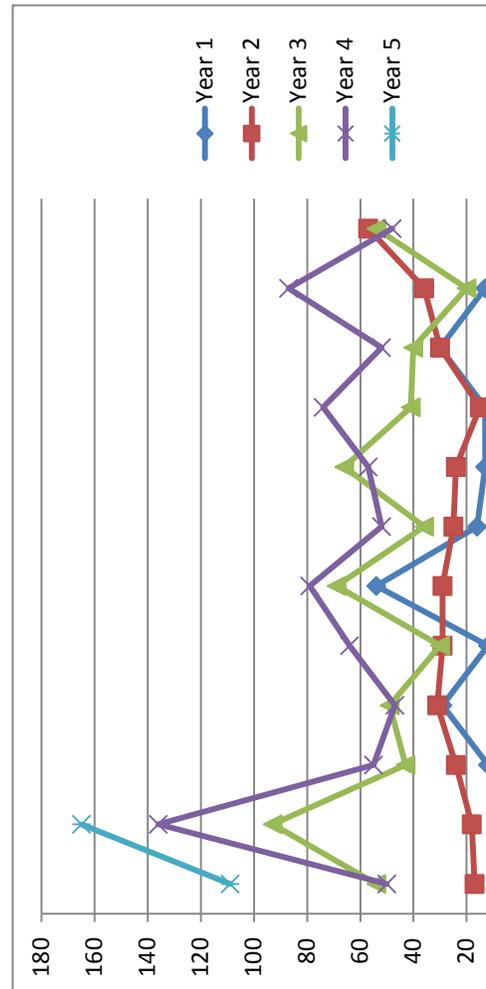
Handling a situation in which it is felt a partner is offering less than high quality services

This has to be dealt with directly and swiftly or it can derail the entire process. Remember, not all programs are created equally. Typically, it is not the entire program; rather, it is an individual worker within the program. To keep the trust in the partnership, it is important that agencies deal with personnel matters directly. Remain confidential and sensitive to personnel matters. Other members of the partnership may not know (and probably shouldn't) the details of what the personnel issue is or how the organization is working on resolution. It is vital that group members share their concerns with the organization directly. The organization needs to acknowledge the concerns without breaching confidentiality. They may acknowledge the concern by agreeing that no additional referrals will go to the worker for a period of time. They may agree to provide additional supervision to the worker.

Help Me Grow Utah Call Capacity Grid

Program Name	Help Me Grow Utah 2010												Peak Time Period for Calls		
	Jan-# Calls	Feb-# Calls	March # Calls	April-#Calls	May-#Calls	June-# Calls	July # Calls	Aug-# Calls	Sept-#Calls	Oct-#Calls	Nov.-#Calls	Dec. # Calls		Ave. Length of Calls	
Utah	17	18	24	31	29	29	16	13	13	30	13	4	*	11am-5pm	196
Utah	54	93	43	49	30	69	36	66	41	40	20	54	*	11am-5pm	335
Utah	50	136	55	47	64	79	52	57	74	52	87	48	*	11am-5pm	595
Utah	109	165													801

* Intake is about 15-30 minutes
 * Follow up about 5-10 minutes



Sample Job Descriptions



Job Announcement Family Services Care Coordinator-CSP

Current Openings (21 positions available): The Family Services Care Coordinator will be linking families and children to existing resources in the community or Child Signature Program-3 (CSP3) services and providing the necessary care coordination to ensure the families are connected to services. She/he will make home visits; meet with parents; handle telephone calls; enter data; search the resource database; conduct follow-up care coordination; collaborate with educational staff and CSP colleagues; and participates in other activities related to Help Me Grow and CSP3.

CSP3 is a quality enhancement project for 34 early education classrooms in Orange County. CSP3 offers training and coaching to early educators, support services to parents, and targeted interventions for young children.

Qualifications:

- One year work experience involving young children
- Bachelor's Degree in special education, early childhood education, child development, human services, social service, or related field
- Good computer skills
- Proper telephone etiquette
- Good interpersonal skills
- Independent decision making ability
- Ability to maintain a calm and sensitive demeanor
- Active listening and assessment skills
- Critical thinking skills with a solution focused approach
- Excellent reading comprehension and analytical skills
- Ability to work independently and as part of a team
- Must hold valid Class C CA Driver's License and have access to personal vehicle for use during working hours

Preferred Qualifications:

- Previous work experience with young children and their families in a community based early childhood educational program
- Bilingual in Spanish and English or Vietnamese and English

Salary Range: Begins at \$39,446 with a midpoint of \$49,264

Benefits: CHOC Children's offer an excellent benefits package including competitive compensation, \$10,000 tuition reimbursement, full medical, dental, vision, and a 403 (B) Retirement Plan with eligibility starting the first day of employment.

Reports to: Supervisor Help Me Grow-CSP

To Apply: CHOC Children's is one of the fiscal agents for Help Me Grow. The recruitment and hiring for these positions will occur through CHOC Children's and the selected candidates will be CHOC employees. Use requisition # 02107 and apply at <http://www.choc.org/careers/>



Job Announcement Supervisor Help Me Grow-CSP

Current Openings (two positions available): The Supervisor of Help Me Grow-CSP is accountable for overseeing and supervising the personnel and financial resources including the day-to-day operations, staff performance, education/training and budgetary monitoring for the Help Me Grow portion of the Child Signature Program-3 (CSP3). He/she will ensure that quality care coordination is provided according to policies, procedures and protocols and will serve as a liaison between Help Me Grow and CSP3.

CSP3 is a quality enhancement project for 34 early education classrooms in Orange County. CSP offers training and coaching to early educators, support services to parents, and targeted interventions for young children.

Qualifications:

- 5 years of experience in mental health, educational or community based setting working with families of young children
- Bachelor's Degree education, mental health, social work, psychology, early intervention or related field
- Knowledge of child growth and development, and use of screening tools to identify children at risk
- Intermediate or advanced computer skills (word, excel, PowerPoint)
- Excellent oral and written communication skills
- Ability to prioritize and complete duties in a timely and organized manner
- Ability to work with a diverse group including staff, teachers, parents, service providers and community members

Preferred Qualifications:

- 2+ years management experience
- Experience with program administration and supervision of personnel
- Master's Degree in education, mental health, social work, public health or related field
- Experience with using Triple P and/or Ages and Stages Questionnaires
- Strong analytical, problem solving and strategic thinking skills
- Bilingual Spanish/English

Salary Range: Begins at \$47,885 with a midpoint of \$59,872

Benefits: CHOC Children's offer an excellent benefits package including competitive compensation, \$10,000 tuition reimbursement, full medical, dental, vision, and a 403 (B) Retirement Plan with eligibility starting the first day of employment.

Reports to: Program Manager, Help Me Grow Orange County

To Apply: CHOC Children's is one of the fiscal agents for Help Me Grow. The recruitment and hiring for these positions will occur through CHOC Children's and the selected candidates will be CHOC employees. Use requisition # 02106 and apply at <http://www.choc.org/careers/>

United Way of Connecticut Job Description

Child Development Care Coordinator

Summary

The Child Development Care Coordinator provides care coordination functions within the specialized Child Development Infoline unit, which assists consumers and providers to understand the services available through the Birth to Three Early Intervention System, Early Childhood Special Education, Help Me Grow and Children and Youth with Special Health Care Needs programs, and makes referrals to these programs as appropriate. The Care Coordinator handles calls related to the health, development, behavior and learning of children, and supports families by providing information and education on these topics, researching and making referrals to services, and providing continued support, advocacy and follow-up as needed. She/he handles telephone cases, documents case information, mails information packets, and networks with Birth to Three, Help Me Grow, Early Childhood Special Education and Children and Youth with Special Health Care Needs central office staff and community based providers.

Job Requirements

- Bachelor's Degree in special education, early childhood development, or related health or human services field, plus one year experience working with children and families; **OR**
- Associates Degree in early child development, or related health or human services field, plus three years experience working with children and families.
- Experience in positions involving special needs or very young children.
- Knowledge of typical and atypical child development and special needs conditions.
- Bilingual, English/Spanish highly desirable.
- Ability to use computer to complete job functions.
- Ability to work effectively with people of diverse backgrounds.
- Well developed communications skills, both written and verbal.
- Ability to work independently.

Specific Responsibilities

- Develop in-depth knowledge of the Birth to Three, Help Me Grow, Early Childhood Special Education and Children and Youth with Special Health Care Needs programs-

eligibility, referral/application processes, due process information, and related support services; serves as the central intake point for the Birth to Three System.

- Handles calls to the unit, screens for appropriateness for Birth to Three; refers to appropriate services through the Birth to Three System, Early Childhood Special Education, Help Me Grow, or Children and Youth with Special Health Care Needs Program.
- Assess caller/client situation and enters accurate data on all calls into the Child Development Infoline unit.
- Provides care coordination for families, researches most appropriate resources, provides education and information on development, behavior management and services, and provides advocacy and follow-up as needed.
- Assists in identifying gaps and barriers to services, and system issue trends families experience in utilizing services.
- Assist with compiling and mailing out information packets to families referred for Birth to Three services, or to other community based resources, as needed.
- Sends out confirmation letter and resource information to referral source.
- Assists in maintaining filing system for all cases.
- Participates in Child Development Infoline unit staff meetings, case discussions and joint meetings with funders.
- Attends staff meetings, conferences, and workshops regularly to upgrade professional skills and understand systems and current best practices for working with children and families.
- Works effectively as a team member and provides assistance to other staff members as needed.
- Works closely with Birth to Three staff, Help Me Grow staff, Early Childhood Special Education staff, MCH Consultant, DPH staff, and other community providers to ensure a smooth referral process for families.
- Assists with ASQ (Ages and Stages Questionnaires) activities as needed.
- Performs other duties as needed.

Reports to:

- Supervisor, Child Development Infoline
- Director, Child Development Infoline

Delaware Helpline Job Description

JOB TITLE: Child Development Specialist
REPORTS TO: Executive Director, Delaware Helpline, Inc.

MISSION STATEMENT

The mission of the Delaware Helpline is to provide current information to the general public about available services in Delaware and to give special assistance to persons in identifying and gaining access to needed health and human services. In performing this role, Delaware Helpline endeavors to work cooperatively with government and private agencies to contribute to the identification of additional services needed in the community.

NATURE OF POSITION

The Child Development Specialist (CDS) provides care coordination functions within the specialized Child Development Helpline, which assists consumers and providers to understand the services available through the Division of Public Health Help Me Grow Program, Child Development Watch and Department of Education Childfind and makes referrals to these programs as appropriate. The Child Development Specialist handles calls related to the health, development, behavior and learning of children, and supports families by providing information and education on these topics, researching and making referrals to services, and providing continued support, advocacy and follow-up as needed. The Specialist handles telephone cases, documents case information, mails information packets, and networks with specialized program's central office staff and community based providers.

KEY RESPONSIBILITIES

- Develop in-depth knowledge of the Division of Public Health Help Me Grow Program, Child Development Watch and Department of Education Childfind programs eligibility, referral/application processes, due process information, and related support services.
- Handles incoming calls, screens for appropriateness for Specific Programs and refers callers to the appropriate services.
- Asses caller/client situation and enters accurate data on all calls into the database.
- Provides care coordination for families, researches most appropriate resources, provides education and information on development, behavior management and services, and provides advocacy and follow-up as needed.
- Assists in identifying gaps and barriers to services, and system issue trends families experience in utilizing services.
- Assists with compiling and mailing out information packets to families referred to Specific programs or to community based resources, as needed.
- Sends out confirmation letter and resource information to referral source.
- Assists in maintaining filing system for all cases.

- Participates in Help Me Grow, Child Development Watch and Childfind staff meetings, case discussions and joint meetings with funders.
- Attends staff meetings, conferences, and workshops regularly to upgrade professional skills and understand systems and current best practices for working with children and families.
- Works effectively as a team member and provides assistance to other staff members as needed.
- Works closely with Partner Agencies and Programs staff and other community providers to ensure a smooth referral process for families.
- Assists with PEDS developmental screening tool (Parent Evaluation & Development Status).
- Participate in community planning and community education activities regarding the delivery of health and human services. Represent Delaware 2-1-1 and UWD
- Perform other duties as required

QUALIFICATIONS

- Bachelor's Degree in Special Education, Early Childhood Development, or related health or human services field, plus one year experience working with children and families; **OR**
- Associates Degree in Early Childhood Development, or related health or human services field, plus three years experience working with children and families.
- Experience in positions involving special needs or very young children.
- Knowledge of typical and atypical child development and special needs conditions.
- Certified Information & Referral Specialist (CIRS) certification or willingness to obtain within one year of hire
- Strong basic computer skills including keyboarding, word processing, and internet and database search skills
- Experience in working with culturally and ethnically diverse staff, volunteers, partners and community stakeholders
- Ability to research and develop knowledge of existing resources (federal, state, county, city and private agencies)
- Excellent interpersonal skills, including ability to communicate effectively both verbally and in writing
- Reflective listening skills
- High degree of sensitivity to the needs of our clients
- Ability to work well within a team environment on various tasks simultaneously, maintain a positive attitude, work with varying levels of supervision
- Ability to maintain professional boundaries and confidentiality.
- Spanish-speaking preferred.

Baton Rouge Crisis Intervention Center/Capital Area United Way
***Help Me Grow* Care Coordinator**

Position Summary

The Help Me Grow (HMG) Care Coordinator has the exciting opportunity to bring health and help to families in the Capital Area. This specially-trained call specialist in the Capital Area's Crisis Intervention/2-1-1 Access Center provides the specialized service delivery related to the HMG program. The Care Coordinator handles calls related to the health, development, behavior, and learning of children 0-5 years old and works with callers to provide information and support to families around specific developmental or behavioral concerns or questions a family has about a child. This can be accomplished by providing information and education on these topics; researching and making referrals to health services, parenting and support programs, and other resources; suggesting the family enroll the child in a developmental monitoring program; and providing follow-up and advocacy as needed. She/he handles telephone cases, documents case information, mails information packets, and networks with community-based providers.

The Care Coordinators for the HMG program must possess / be able to do the following:

EDUCATION and EXPERIENCE

- Bachelor's degree from an accredited 4-year college or university in social work, early childhood development, special education, or related health or human service field and 1 year of experience working with children and/or families OR
- Associate's degree in early child development or related health or human services field and 3 years of experience working with children and/or families
- Knowledge of typical and atypical child development and special need conditions of young children
- Proficiency with Microsoft Word, PowerPoint, and Excel and basic database functions
- Ability to work independently

LANGUAGE SKILLS

- Effectively listen
- Effectively communicate both orally and in writing
- Ability to establish rapport and communicate successfully with caller, service providers, and community and build professional relationships and support collaboration with providers
- Effectively communicate with people of diverse cultural, ethnic, and socioeconomic groups
- Accurately receive, give, and record information

REASONING ABILITY

- Assess the situation/concerns/needs of the caller and child
- Define problems: establish facts and draw valid conclusions
- Identify and connect the caller to the appropriate resources
- Effectively summarize information in written and/or oral reports

COMMUNITY AND WORK ENVIRONMENT

- Sufficient interpersonal skills to function compatibly with others
- Respond positively to supervision, including suggestions for improvement and recommendations
- Maintain a high standard of professional conduct
- Compassionate, cooperative personality
- Demonstrate sensitivity/understanding in interpersonal relations with persons of diverse cultures/backgrounds
- Team-building
- Time management and organizational skills
- Strong motivation and initiation skills

Please send resume and letter of application

via mail to

Karen Powell

c/o Capital Area United Way

700 Laurel St.

Baton Rouge, LA 70802

OR

via e-mail, with subject line of “Help Me Grow Care Coordinator application” to

kpowell@cauw.org



**GREENVILLE
HEALTH SYSTEM**

Job Description

Press F1 on any gray box for additional guidance

Job Title	MGR Child Advocacy Program, Healthy Child Development	Job Code	6876
Reports to	Director, Children's Advocacy	Grade	49
Last Revised:	10/09/2011	Job Class: Manager	FLSA Exempt

JOB SUMMARY

Works with the Director to coordinate community advocacy and education activities related to Children's Hospital. Responsible for development of advocacy objectives and strategies that support organizational goals. Supervises the implementation of program components for the Healthy Child Development program . Manages program staff. Serves as administrative support for Children's Hospital Academic Vice Chair in meeting educational goals. Initiates, develops ,coordinates and manages grants to assure compliance and effective service delivery.

ACCOUNTABILITIES

Incumbents may be required to perform other job related tasks other than those specifically presented in this job description. The following is not an exhaustive list of responsibilities. This list of essential duties and responsibilities is intended to provide a representative summary of the major duties and responsibilities performed.

Accountabilities		% of time
1	Manages development and refinement of all Healthy Child Development program components with the goal of improving health outcomes for children. Advances the program through creative resource development and grants management in coordination with GHS Office of Institutional Advancement. Employs appropriate outcome measures for program effectiveness and community impact. Serves as main program contact and liaison to the Center for Developing Minds, other key GHS depts., and strategic local, regional and state level partners. Works with the Director on the development and management of budgets for advocacy programs. Manages and allocates funds within budgets to accomplish program objectives.	25%
2	Supervises Healthy Child Development program staff.	15%
3	Develops and implements a long-range plan for the administrative operation of Help Me Grow - a statewide system of care coordination and service linkage. Manages the implementation of Help Me Grow program components. Serves as state liaison to the Help Me Grow National Center, facilitates state level leadership team meetings and activities. Develops and manages budget, secures grants and other funding to support programming, participates in webinars and national learning collaboratives. Completes required reports and participates in the annual Help Me Grow national forum.	25%
4	Responsible for overall planning and execution of Nurturing Developing Minds- an annual conference strengthening the capacity of primary care practitioners to effectively address development and behavioral concerns of children. Coordinates efforts with Developmental-Behavioral Pediatrics and the CME Office. Participates on the conference planning committee, prepares conference CME application, develops conference budget, coordinates keynote speaker arrangements, creates conference marketing materials, oversees marketing, exhibitor and sponsor activity, coordinates all logistics during conference.	15%
5	Develops and maintains local, state and national relationships important for quality program delivery. Explores opportunities for innovation and growth through cross departmental projects which support organizational, departmental and program goals.	5%
6	Develops marketing strategies for Healthy Child Development program emphasizing total health messages with a prevention focus. Build plans through creatively collaborating with GHS marketing/community relations and other internal departments to accomplish goals. Develops program collateral material and manages website development.	10%

7	Represents Children's Hospital in its relationship with other child health agencies and organizations, explores and develops opportunities for partnerships to advance children's health care, serves on community boards as assigned, represents the department at conferences, meetings and on working committees.	5%
8		%
9		%
10		%
	Percentage Validation	100%

COMPASSION STANDARDS

GHS Standards of Behavior – Compassion Standards

At Greenville Health System (GHS), we hold ourselves accountable to high standards of behavior. These standards are observable, measurable and can apply system-wide to any department or role, clinical or non-clinical.

Compassion guides our interactions with patients, families, other customers, vendors and co-workers. At GHS, we don't just "go through the motions." In addition to following all other policies, as an integral member of the GHS team, employees are expected to demonstrate compassion by exhibiting the standards of behavior listed below in their day-to-day activities. Compassion standards are incorporated into our daily work through demonstrating key behaviors associated with each standard.

- Communicate professionally.
- Observe good hand hygiene.
- Maintain clean and quiet surroundings.
- Protect privacy and confidentiality.
- Assist patients, families and other customers.
- Smile and greet everyone.
- Secure a safe environment.
- Identify myself and wear my badge.
- Offer support and demonstrate teamwork to co-workers.
- Note problems and take responsibility to solve them.

COMPLIANCE

Demonstrates compliance with established system and departmental policies and procedures; including but not limited to dress code, attendance, safety and confidentiality. Adheres to job requirements regarding PPD testing, licensure, certification and assigned training.

PATIENT CARE RESPONSIBILITY/AGE SPECIFIC REQUIREMENTS

Clinical competencies, including additional age specific competencies, may be unit specific. Individuals performing in this job must be able to demonstrate the knowledge and skill necessary to provide appropriate care to the age of the patients served on their assigned unit.

Age of Patients Served	Direct Patient Care/Treatment
Neonatal	<input type="checkbox"/>
Adolescent	<input type="checkbox"/>
Infant	<input type="checkbox"/>
Pediatric	<input type="checkbox"/>
Geriatric	<input type="checkbox"/>
Adult	<input type="checkbox"/>

SUPERVISORY/MANAGEMENT RESPONSIBILITIES

1. This is a non-management job that will report to a supervisor, manager, director or executive.
2. Job has direct and/or indirect supervision of employees that may include final budget authority, hire/termination authority, performance appraisal responsibility and disciplinary authority. Job will be considered a member of management staff at GHS and will have direct reports.

If number 2 above is selected, please complete the following:

Range of employees (headcount) directly and indirectly supervised by this job: 2-4	
List the job titles of employees typically supervised (direct supervision)	
Special Projects Coordinator	
Physician Education Coordinator	
Children's Advocacy Specialist	

WORK ENVIRONMENT/PHYSICAL REQUIREMENTS

Questions regarding this section should be referred to Employee Health and Wellness

REGULATORY/COMPLIANCE					
OSHA Exposure (exposure to blood and bodily fluids)		OSHA EXP 3 - NOT EXPOSED			
TB Skin Test Required		YES			
OSHA Respiratory Protection		NO			
REQUIRED PROTECTIVE EQUIPMENT					
<input type="checkbox"/> Lab coat/apron <input type="checkbox"/> Eye protection <input type="checkbox"/> Face protection <input type="checkbox"/> Non-sterile medical gloves <input type="checkbox"/> Gown <input type="checkbox"/> Sterile medical gloves					
WORK ENVIRONMENT		Amount of Time			
		None	Under 1/3	1/3 to 2/3	Over 2/3
Works near moving mechanical parts		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works in high precarious places		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to antineoplastic/cytotoxic agents <i>(Based on departmental assignment)</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to fumes or airborne particles		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to infectious/contagious diseases		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to disease-bearing specimens		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to loud noises		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to outdoor weather conditions		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to risk of electrical shock		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to blood/body fluid		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to risk of radiation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to chemicals/cleaning agents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL REQUIREMENT		Amount of Time			
		None	Under 1/3	1/3 to 2/3	Over 2/3
Sitting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hands and fingers to touch, handle or feel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching with hands and arms		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing or balancing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping, kneeling, crouching or crawling		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repetitive motions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight lifted, carried, pushed or pulled				
Light physical effort (up to 10 pounds)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate physical effort (up to 25 pounds)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy physical effort (up to 50 pounds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely heavy physical effort (up to 100 pounds)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Requirements				
Close vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distance vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peripheral vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

JOB REQUIREMENTS

MINIMUM EDUCATION		Type of education	
Bachelor's Degree		Bachelor's degree in marketing, communications, health care administration, early childhood or related human service field.	
MINIMUM EXPERIENCE		Type of experience	
8 years		advocacy and children's healthcare marketing/communications relations	
REQUIRED CERTIFICATIONS, REGISTRIES, LICENSES			
OPTIONAL: In lieu of the experience and/or educational requirements indicated above a combination of education, training and/or experience will be considered an equivalent substitution:			
REQUIRED SKILLS AND COMPETENCIES			
Clerical Testing select one	<input type="checkbox"/>	Proficient computer skills (database)	<input checked="" type="checkbox"/>
Basic computer skills	<input checked="" type="checkbox"/>	Data entry	<input type="checkbox"/>
Knowledge of office equipment (fax/copier)	<input checked="" type="checkbox"/>	Mathematical skills	<input type="checkbox"/>
Proficient computer skills (word processing)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Proficient computer skills (spreadsheets)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
OTHER QUALIFICATIONS OR EXPERIENCE			
administrative or supervisory experience			<input type="checkbox"/> Required <input checked="" type="checkbox"/> Preferred
resource development and grants management experience			<input type="checkbox"/> Required <input checked="" type="checkbox"/> Preferred
master's degree			<input type="checkbox"/> Required <input checked="" type="checkbox"/> Preferred
			<input type="checkbox"/> Required <input type="checkbox"/> Preferred

Help Me Grow Program Lead

At WithinReach, you will enjoy a positive, flexible, family-friendly work environment, outstanding benefits, a strong culture of inclusion, potential for growth and the opportunity to bring health and hope to thousands of families each day. WithinReach is a leading resource for family health in Washington State – working hard to ensure that all families in our state have access to needed health programs and information. With highly talented and dedicated staff, WithinReach is an innovative not-for-profit organization that strives for excellence in all it does.

Position Summary:

The Help Me Grow Program Lead serves as the lead staff for the Help Me Grow program operations. The Help Me Grow Program offers families throughout Washington the opportunity to learn more about their child's growth and development through online and print developmental screening, and connections to local parent support resources.

Education and Experience Required:

- Bachelor's Degree in special education, early childhood development, or related health or human services field, plus one year experience working with children and families; **OR** Associates Degree in early child development, or related health or human services field, plus three years experience working with children and families.
- Experience in positions involving special needs or very young children.
- Knowledge of typical and atypical child development and special needs conditions.
- Bilingual, English/Spanish highly desirable.
- Ability to use computer to complete job functions.
- Ability to work effectively with people of diverse backgrounds.
- Well developed communications skills, both written and verbal.
- Ability to work independently.

Specific Responsibilities:

- Develop in-depth knowledge of the early intervention and learning programs and systems within Washington State including eligibility, referral/application processes, and related support services;
- Coordinates the ASQ (Ages and Stages Questionnaires) activities, including scoring of paper screens, follow-up conversations with families, data entry, screen reminder system management, and reporting.
- Refers to appropriate services through the Birth to Three System, Head Start/Early Head Start, and Children and Youth with Special Health Care Needs Program.
- Assess caller/client situation and enters accurate data on all calls into the Profinder data system.
- Provides system navigation for families, researches most appropriate resources, provides

education and information on development, behavior management and services, and provides advocacy and follow-up as needed.

- Assists in identifying gaps and barriers to services, and system issue trends families experience in utilizing services.
- Coordinates compiling and disseminating information packets to families.
- Assists with program outreach activities.
- Works with technology vendor and Web Technology Program Manager to ensure online ASQ services work effectively.
- Attends staff meetings, conferences, and workshops regularly to upgrade professional skills and understand systems and current best practices for working with children and families.
- Works effectively as a team member and provides assistance to other staff members as needed.
- Works closely with WithinReach call center staff and other community providers to ensure a smooth referral process for families.
- Performs other duties as needed.

Skills Needed:

- Excellent communication skills, bilingual language skills preferred.
- Strong interpersonal skills and demonstrated ability to work and communicate effectively with people of diverse cultural, ethnic and socioeconomic groups.
- Compassionate personality with the ability to interview individuals to obtain information, assess client needs and provide appropriate information and referrals.
- Team-building and effective communication skills are essential.
- Good time management and organizational skills, with ability to work with limited supervision.
- Ability to use computer programs to accomplish tasks, manage outreach schedule, and input and analyze client data proficiently.

This position requires access to a car and a valid driver's license and will require daytime travel throughout Washington State.

Salary & Benefits: 32-40 hours per week at \$19.00 - \$22.50 per hour, DOE. Excellent benefits include fully paid medical coverage, vision and dental for employees and generous coverage for spouses, partners and dependents. Paid time off and employer matched retirement plan.

Job Location: 155 NE 100th St, Suite 500, Seattle 98125

Send Résumés to: Elsa Ferguson, Outreach Assistant, ElsaF@withinreachwa.org

Closing Date: **May 11, 2012**

WithinReach is an equal opportunity employer working toward a culturally diverse work place. Applicants representing the diversity of our communities, including men and people of color encouraged to apply.

Help Me Grow Utah

Job Description: Bilingual (English/Spanish) Child Development Care Coordinator

Work Schedule: M-F 8:30 AM – 5:00 PM. Some early mornings, evenings, and Saturdays required. Some Care Coordinators are hired to work evening hours, potentially to 7:00 p.m.

Reports to: Help Me Grow Call Center Manager

Program Description: Help Me Grow Utah is a free family information line designed to promote the optimal development of young children by

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

Responsibilities:

1. Daily tasks:
 - a. Enroll Families in Help Me Grow
 - i. Collect enrollment forms and confirm interest in Help Me Grow services
 - ii. Follow protocol in enrolling family
 - iii. Assign Care Coordinator
 - b. Administer Ages & Stages Questionnaire
 - i. Send and score Ages & Stages Questionnaire (ASQ), a developmental screening tool completed by parents, and explain results to parents
 - ii. Provide families with age-appropriate developmental activities
 - iii. Address parents' concerns about their child(ren)
 - iv. Provide appropriate resources
 - v. Follow-up with families via phone, mail and/or email
 - c. Provide Referrals and to Community Resources
 - i. Respond to calls from parents, service providers and health care providers who are in need of information and/or referrals to community resources for children
 - ii. Identify, and research if necessary, appropriate referrals and services that may benefit a family
 - iii. Confirm that the service/resource you offer the parent is available prior to giving the referral to family
 - iv. Follow-up to ensure family was connected to resource. If not, provide additional resources that may benefit the family.
 - d. Update family database continually according to protocol

- i. Accuracy of data management increases quality care coordination and allows for better evaluation of Help Me Grow
2. Attend outreach functions related to Help Me Grow as assigned:
 - a. Provide support on projects as needed, such as researching community resources, preparing materials for events, etc.
 - b. Participates in other activities related to Help Me Grow and United Way of Utah County, for example, Help Me Grow Family event, Networking Breakfast, In-service, Community Café, Day of Caring, Sub for Santa
3. Train and oversee volunteers and interns as assigned by the call center manager.
4. Demonstrate knowledge and experience in child development and family support services:
 - a. Follows and understands established protocol outlined in manual
 - i. Reports to child development specialist on concerns as outlined in the manual
 - b. Demonstrate discretion and confidentiality when working with families
 - c. Report any red flags to our child development specialist or call center manager
5. Work with team members to ensure smooth transition of families to call center
 - a. Timely response when following up with families and new enrollments
 - b. Thorough follow through to both providers, physicians and families
 - c. Address work flow concerns to assure families receive timely services. Work with manager if they are not able to complete Care Coordination each week.
 - d. Participate in client review meeting with questions, new resources and support to other Care Coordinators
 - e. Work with team to ensure viable resource options for families in general
 - f. Create accurate notes in family database to allow for a smooth transition between team members when families are transferred to a new care coordinator

Help Me Grow Utah

Job Description: Bilingual (English/Spanish) Call Center Manager

Work Schedule: M-F 8:30 AM – 5:00 PM. Some early mornings, evenings, and Saturdays required.

Reports To: Help Me Grow Program Manager

Program Description: Help Me Grow Utah is a free family information line designed to promote the optimal development of young children by

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

Responsibilities:

1. Receive direction from and provide support to Help Me Grow Program Manager on all projects corresponding to the call center.
2. Manage call center and all directly related activities including care coordination, data evaluation, community and informational resources, marketing efforts and volunteer management.
 - a. Ongoing quality improvement for central access activities including manual documentation
3. Collaborate with Program Manager and Community Liaison Manager to develop a strategic plan on how best to expand Help Me Grow
 - a. Continuous evaluation of progress adjusting goals as needed
4. Devote 15% of time (approximately six hours per week) to actual care coordination including:
 - a. Sending and scoring Ages & Stages Questionnaire (ASQ), and reviewing results with parents
 - b. Researching and identifying appropriate and accurate referrals for families
 - c. Providing families with age-appropriate and family specific community and informational resources
 - d. Following-up with families via phone, mail and/or email
5. Oversee and manage care coordinators
 - a. Recruit, train, coach, provide ongoing quality assurance to care coordinators
 - b. Manage and balance care coordination workload
 - c. Oversee care coordinators in daily tasks of:
 - i. Handling calls
 - ii. Entering data
 - iii. Providing child development information
 - iv. Searching for community resources

- v. Conducting follow-up calls
 - vi. Participating in other activities related to Help Me Grow and United Way of Utah County
- d. Manage time-cards and schedules of care coordinators
- e. Provide additional Human Resource training if needed
- 6. Oversee Help Me Grow family/child database
 - a. Train on proper data entry protocols and oversee accuracy of data entry
 - b. Update data entry protocols as necessary
 - c. Oversee database updates
- 7. Oversee data evaluation projects including Help Me Grow Annual Report
 - a. Provide evaluator with direction concerning the Annual Report
 - b. Provide evaluator with correct data from family and outreach databases
 - c. Oversee Protective Factors evaluations as necessary
- 8. Collaborate with 211 Information and Referral
 - a. Arrange for regular 211 trainings to Help Me Grow staff and vice versa
 - b. Develop training materials for 211 for trainings on referrals to Help Me Grow
 - c. Assure that 211 receives and enters all new resources to resource database
 - d. Oversee the organization and usage of informational resources for call center
- 9. Coordinate community collaborative efforts with Community Liaison Manager
 - a. Work with Community Liaison Manager to manage and grow partnerships
 - b. Verify Care Coordinators are informed of new resources and updates
 - c. Verify Care Coordinators are informed of specific partnership protocols
 - d. Manage partnerships and outreach in areas without Community Liaison
- 10. Participate in outreach functions related to Help Me Grow as assigned
 - a. Provide support on projects as needed, such as researching community resources, preparing materials for events, presentations, etc.
- 11. Oversee Help Me Grow Marketing efforts
 - a. Manage and train on brand fidelity and branding updates
 - b. Oversee Help Me Grow website and ensure information is current and accurate
 - c. Manage Help Me Grow social media, following the Help Me Grow social media policy
 - d. Ensure that all forms of media follow branding guidelines and Help Me Grow messaging.
- 12. Oversee Help Me Grow Volunteer Program in Call Center
 - a. Recruit, train and oversee volunteers including potential eagle scouts
 - b. Collaborate with Welcome Baby to recruit and train interns
 - c. Develop project assignments and ongoing trainings for intern
- 13. Participate in other activities related to Help Me Grow as assigned
 - a. Such activities may include: Help Me Grow General Family events, Networking Breakfast, In-service, Community Café
- 14. Participate in other activities related to United Way of Utah County as assigned
 - a. Such activities may include: Day of Caring, Sub for Santa, and assisting other departments where needed

Help Me Grow Utah Care Coordinator Interview Forms

Help Me Grow Care Coordinator Interview Questions

Applicant name: _____ Date: _____

Introductions

Brief explanation of HMG

1. What aspect of the job description were you most excited about when you applied for this position?

Score: 1 2 3 4 5 6

2. Describe a group project you were recently involved in. Describe your role and how you handled differences of opinion.

Score: 1 2 3 4 5 6

3. What do you know about tracking a child's developmental milestones? Have you ever used a developmental screening tool? In your opinion, why are they important?

Score: 1 2 3 4 5 6

4. Imagine a situation where you're seeing delays in a child's development, how do you convey this delay to the parent or caregiver?

Score: 1 2 3 4 5 6

5. When a family with young children is in crisis, what do you think are the most important ways to help the family?

Score: 1 2 3 4 5 6

6. What services does a community often provide for children? How do you find those resources?

- a. Why is connecting families to resources important to you?

Score: 1 2 3 4 5 6

7. We are now going to ask you a question in Spanish and have you answer in Spanish. ¿Que hace un trabajo agradable para usted? ¿En qué condiciones se trabaja mejor?

Score: 1 2 3 4 5 6

8. Questions? Anything else you would like to tell us about yourself?

Help Me Grow Utah Second Interview Email

Dear

We are excited to meet with you again on **Thursday, Jan. 31st at 9:30am**. The second interview will be a chance for you to actually demonstrate your skills and knowledge. We will do a couple quick trainings and provide you with case scenarios where you will be asked to apply training. (See attached training and application questions for details.) You will provide you with access to our database, the internet, etc. to respond to those scenarios. We have also attached more information about HMG, care coordination and the Ages & Stages Questionnaire (ASQ) to help you prepare for the interview.

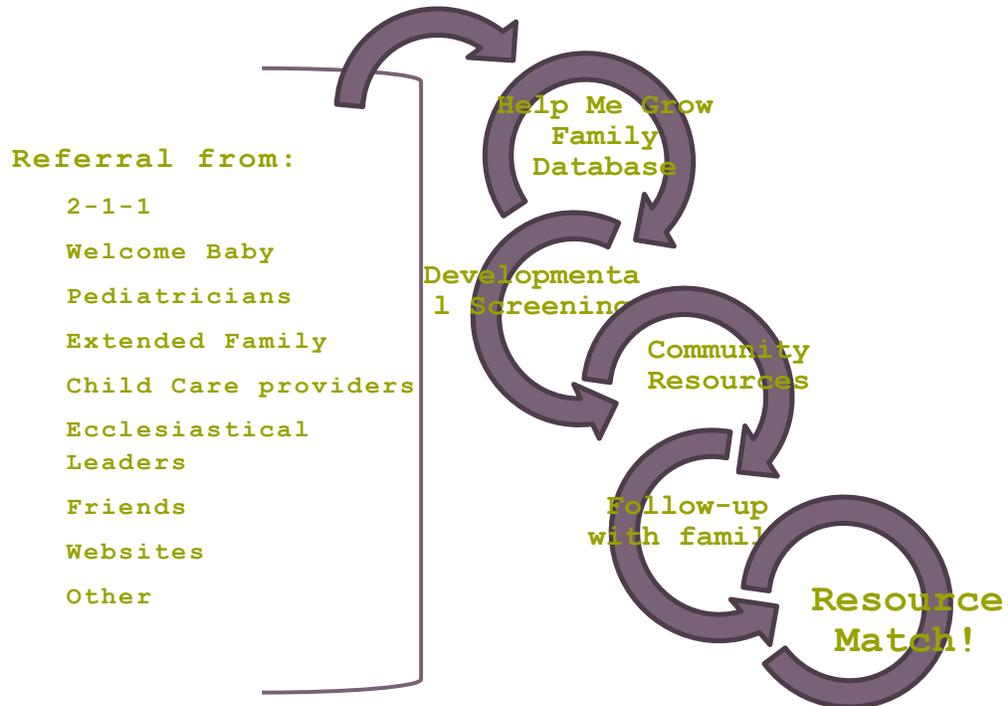
Let me know if you have any questions.

Thank you,

Help Me Grow Utah Second Interview Prep Sheet

Care Coordination Overview

Help Me Grow is focused on families. The following is an image showing the process of what happens when we receive a family referred from another agency.



This chart helps to explain more clearly the internal workings of how Help Me Grow functions when a family calls with a concern:

1. A family is referred to Help Me Grow from many different venues including websites, agencies, healthcare providers and more!
2. Once a family connects with Help Me Grow their personal information is entered into our Family Database where we can keep track of their concerns and referrals we make to them.
3. If the concern is for a child ages 0-5, we will explain to them the Ages and Stages Questionnaire (ASQ), a developmental screening tool, and suggest it as a resource to them. Most are very interested.
 - a. We use the ASQ to learn where the child is developmentally because it's a reliable questionnaire and will factor into the referrals we will make.
4. Based on the family's needs and what the ASQ has shown, we use our online database (www.unitedwayuc.org), books like Touchpoints, Help Me Grow resource sheets and other avenues to find appropriate resources which we give to them.
5. Depending on the family, we follow-up to see if the resource was a match!

Ages & Stages Questionnaire (ASQ)

Many parents are not sure what normal development of children is or have unrealistic expectations of their young children. A major goal of Help Me Grow is to identify children who are behind developmentally. The Ages and Stages Questionnaire (ASQ) fulfills this role as a universally accepted, reliable, and simple screening tool that provides valid results on a child's progress.

The Ages and Stages Questionnaire gives us a quick overview of where a child is developmentally compared to other children of the same age.

Official User Guide ASQ Description

(Please refer to the guide for a more detailed description.)

The Ages and Stages Questionnaire is composed of 21 questionnaires designed to be completed by parents or other primary caregivers at any point for a child between 1 month and 5 ½ years of age. Questionnaire intervals include 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 54, 60 months. These questionnaires can identify accurately infants or young children who are in need of further assessment to determine whether they are eligible for early intervention or early childhood special education services.

*Each questionnaire contains 30 developmental items that are written in simple, straight-forward language. The items are organized into five areas: **Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social**. An Overall section addresses general parental concerns. The reading level of each questionnaire ranges from fourth to sixth grade. Illustrations are provided to assist parents in understanding the items.*

For the 30 developmental items on each questionnaire, parents mark yes to indicate that their child performs the behavior specified in the item, sometimes to indicate an occasional or emerging response from their child, or not yet to indicate that their child does not perform the behavior. Program personnel convert each response to a point value, total values, and compare the total score with established screening cutoff points.

How Help Me Grow Uses the ASQ

Help Me Grow uses the Ages and Stages Questionnaire (ASQ) in a variety of ways:

1. **Universal Screening:** We want all children to be given the best chance at great opportunities in life; because of this, we send ASQs to any that request it, regardless of whether delay is expected or not.
2. **Healthcare Provider Cooperation:** Research in Connecticut showed that most parents had some kind of connection with a healthcare provider for their child which can act as a great partnership for distributing the ASQ to families.
3. **Tool for Parental Education:** Questions in the ASQ are written in a way that gives parents information about child development and what their child should

be doing for his/her age. Having the parents complete the ASQ gives them a sense of empowerment towards raising their children, helping them be more informed and prepared to work with their pediatrician.

Sneak-Peak of the HMG Database

Family Database

The Family Database is where all of our family contact information is kept. It is how we follow the progress of the child and helps us to have reliable follow-up to make sure that a family doesn't fall through the cracks.

Signing-up a New Family

When you sign-up a new family try to gather as much information as you can from the family, filling in all the appropriate boxes.

The screenshot shows the 'Help Me Grow Database' interface. Key components are labeled as follows:

- Search box:** Located at the top center, containing a search input field and buttons for 'Find', 'Next', 'Show Active', 'Show All Items', and 'Previous'.
- Caller Info Red Box:** A red-bordered box on the right side containing fields for 'Who is calling:', 'How did family hear:', 'Initial reason for call:', 'Race:', 'Ethnicity:', and 'Success Story?'.
- Parent Info:** Points to the top section of the contact form, including fields for last and first names, relationships, and language.
- General Contact Info:** Points to the middle section of the contact form, including address, phone numbers, and contact preferences.
- Parent Permission:** Points to the 'Permission to Fax' and 'Permission Online' checkboxes.
- Doctor Info:** Points to the 'Practitioner/Family Practitioner' section, including a dropdown for 'Select the Doctor' and fields for doctor name, title, and address.
- Child Info:** Points to the table below the doctor info, which lists child names, genders, birthdates, and issues.
- Family Referrals:** Points to the 'Family Referrals' table at the bottom of the screen.
- Children Deleted:** A red box labeled 'Children Deleted' is located near the bottom right of the contact form.
- Additional Labels:** 'Exit', 'Add', 'Delete', 'Reports', 'Define Lists', 'Family Totals', and 'Print Family Information' are also labeled on the right side of the interface.

Issue	Referral	ASQ M	Ref. Date	Follow-up	Why Follow-up	Done	Notes	HMG Contact
	Close File		7/1/2010	7/1/2010	File Closed	<input checked="" type="checkbox"/>	File closed, unable to contact	RobinL
Interoffice	Interoffice		5/10/2010	5/10/2010	Still interested?	<input checked="" type="checkbox"/>	Called 2x and never returned calls- RobinL	RobinL
Hearing	Other		3/17/2010	3/24/2010	Connected to Referral?	<input checked="" type="checkbox"/>	UVRMC Hearing Screening Program-LM re imptc of hearing	RobinL
Hearing	BYU Comprehensive Clinic 801-422-7759		3/17/2010	3/24/2010	Connected to Referral?	<input checked="" type="checkbox"/>		RobinL

Help Me Grow Utah Case Scenarios

Care Coordinator Knowledge & Skills Based Interview

Applicant Name: _____ Date: _____ Interviewer: _____

Training & Application Question #1

Interviewer's Data Entry Training: How do I enter a new family into the Help Me Grow (HMG) Family Database?

- Note that an enrollment form does not have all this information. Fill in what you do know.
- Check "Permission to Fax" if we have permission to fax to an ASQ to their healthcare provider
- "Select Doctor" by using the drop down menu
- Child's "Age" and "Adj. Age" will auto-fill after you hit "tab"

Your turn! Application: Help Me Grow (HMG) participated in an outreach event at the Orem Library. Sue met with a HMG representative during the event and filled out an enrollment form.

Using Sue's enrollment form, enter her personal information into the HMG Family Database.

Training & Application Question #2

Interviewer's Client Relationships/Phone Skills Training: A family just enrolled in HMG, now what? What are the services HMG offers?

- Ages & Stages Questionnaire (ASQ)
- Informational resources
- HMG will research various community resources to find the best match. (Resources are not given on the spot.)

Your turn! Application: You noticed Sue's concern on her enrollment form. Sue wrote, "I think James might have Autism." Now you need to call Sue and gather additional information. What questions do you need to ask Sue?

Roll-play a phone-call with Sue by following the steps below: (Record information and notes in database.)

1. Explain HMG and the services we offer
2. How can we help you? (Address concern)
3. Verify personal information

Training & Application Question #3

Interviewer's Referral Research Training: How does HMG find information and resources for a family?

- United Way of Utah County website, www.unitedwayuc.org

Your turn! Application: A mother is concerned about her 4 year old daughter's speech delay. The mother is interested in a speech evaluation or speech therapy.

Using the United Way of Utah County website, find one resource you might give to this mother. Why? Find one resource you would not give to this mother? Why not?

Additional Questions:

1. Did this interview give you a better understanding of the position? Questions?
2. When could you be available to start full-time?
3. Are you legally eligible to work in the United States?
4. Our national forum is April 10-12th. Can you commit to being available and potentially working late those days?
5. Questions?

Help Me Grow Utah Reference Questions

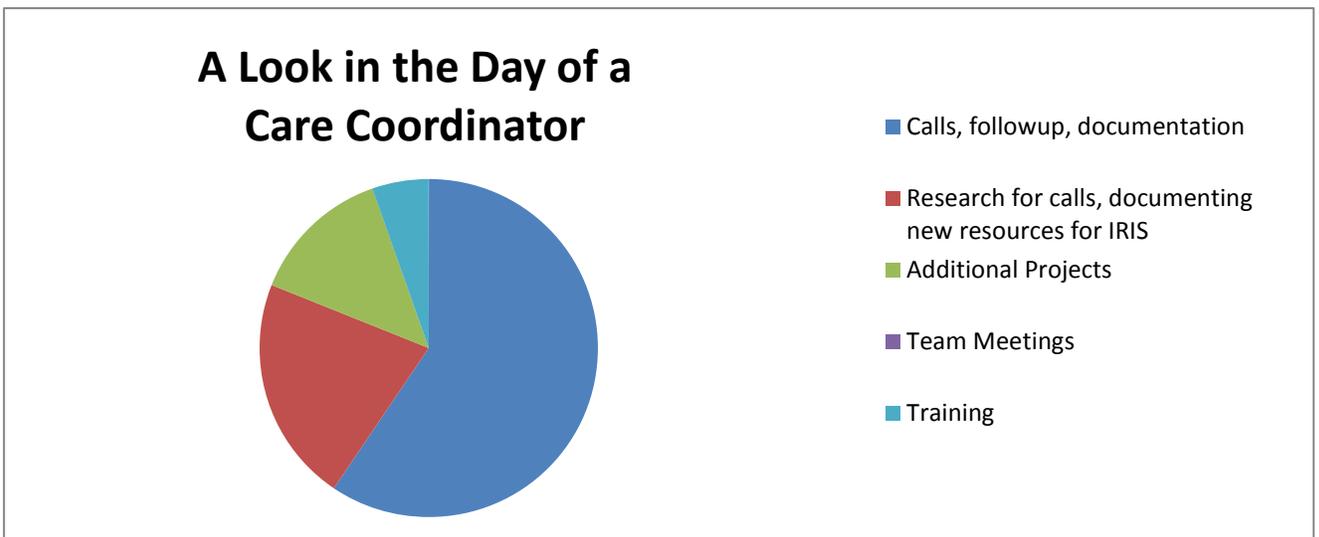
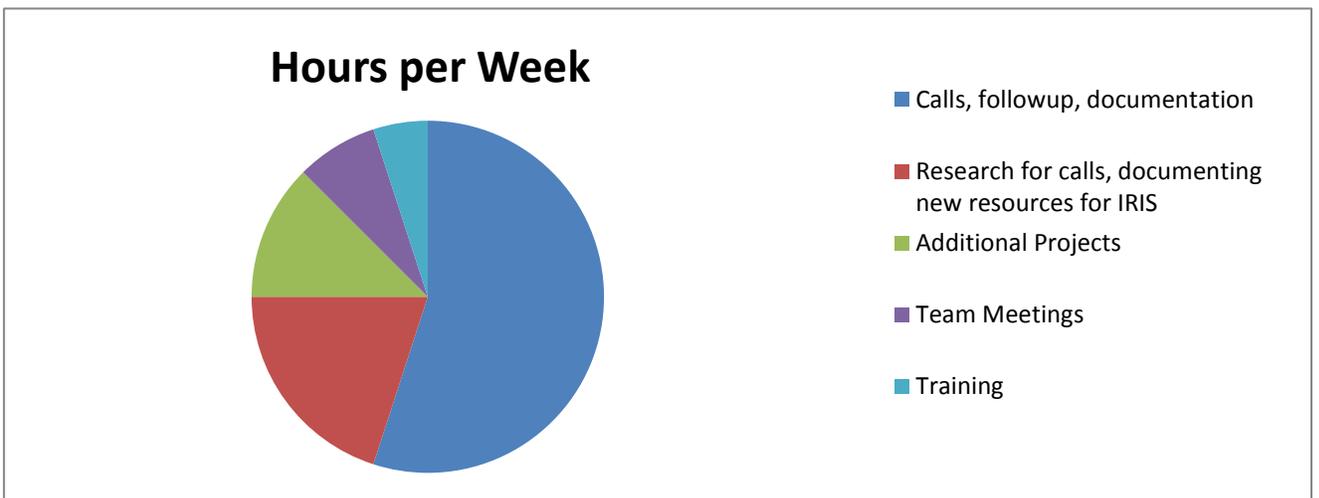
Questions to Ask References

1. In what situation do you know this person? If professional, what were the responsibilities the candidate had while working with you?
2. Was the candidate on-time, responsible and dependable?
3. What are the candidate's strongest qualities?
4. What are the candidate's weakest qualities?
5. Would you rehire this candidate?

Help Me Grow Utah Care Coordinator Weekly Hours

Care Coordinator

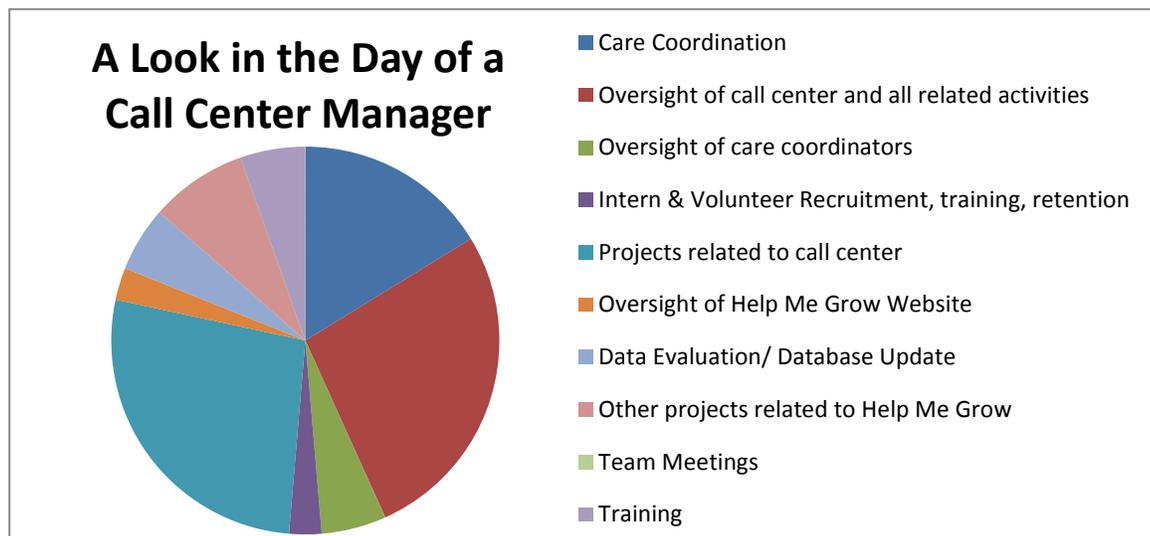
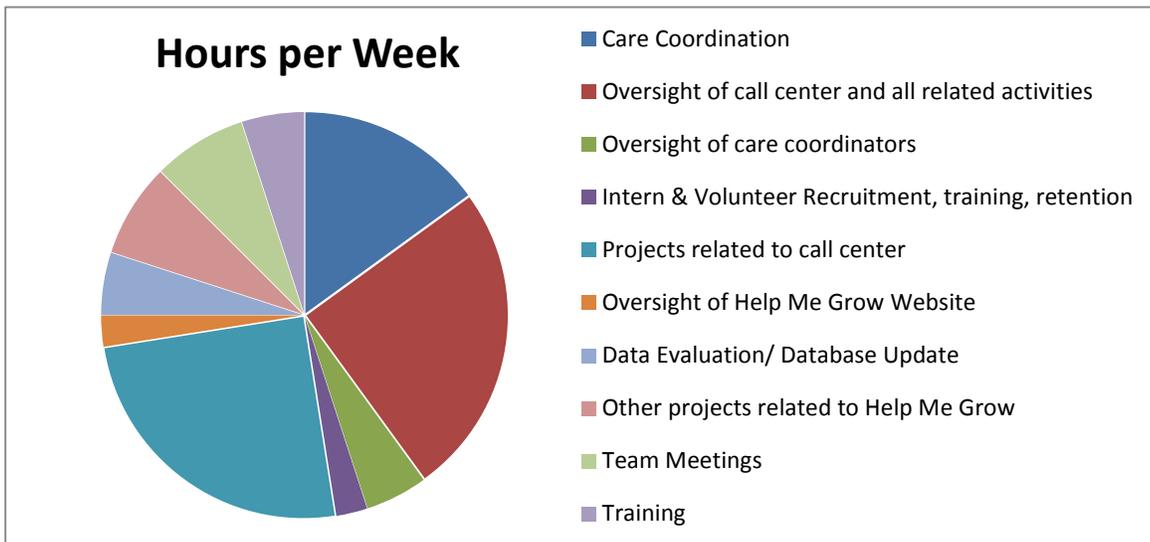
Tasks	Hours per Week	A Look in the Day of a Care Coordinator
Calls, followup, documentation	22	4.4
Research for calls, documenting new resources for IRIS	8	1.6
Additional Projects	5	1
Team Meetings	3	Once a week
Training	2	0.4
Total Hours	40	7.4



Help Me Grow Utah Call Center Manager Weekly Hours

Call Center Manager

Tasks	Hours per Week	A Look in the Day of a Call Center Manager
Care Coordination	6	1.2
Oversight of call center and all related activities	10	2
Oversight of care coordinators	2	0.4
Intern & Volunteer Recruitment, training, retention	1	0.2
Projects related to call center	10	2
Oversight of Help Me Grow Website	1	0.2
Data Evaluation/ Database Update	2	0.4
Other projects related to Help Me Grow	3	0.6
Team Meetings	3	Once a week
Training	2	0.4
Total Hours	40	7.4



New Team Member Checklist: Care Coordinator

Help Me Grow New Team Member Checklist – Care coordinator

EMPLOYEE INFORMATION		
Name:	Start date:	
Position: HMG Care Coordinator	Manager: Deborah Weiss	
JOB ASSIGNMENTS		
<input type="checkbox"/> Care coordination <input type="checkbox"/> ASQ online <input type="checkbox"/> Knowledge of child development <input type="checkbox"/> Weekly case review meeting <input type="checkbox"/> Special projects		
FIRST DAY		
<input type="checkbox"/> Provide employee with new "Employee Handbook" <input type="checkbox"/> Create training schedule		
POLICIES		
<input type="checkbox"/> Review new employee handbook	<ul style="list-style-type: none"> • Anti-harassment • Vacation and sick leave • FMLA/leaves of absence • Personal conduct standards • Performance reviews • Progressive disciplinary actions • Dress code 	<ul style="list-style-type: none"> • Confidentiality • Safety/Emergency procedures • Visitors • Office Jobs (Kitchen, empty trash) • Mileage/Expense reports
ADMINISTRATIVE PROCEDURES		
<input type="checkbox"/> Review general administrative procedures	<ul style="list-style-type: none"> • Office/desk/work station • Key Fob/Door Code • Mail (incoming and outgoing) • Computer set up • Telephones (211/UW/HMG Calls) • Scanning/Faxing/Cover Sheet 	<ul style="list-style-type: none"> • Location of HMG Supplies • Office supplies • Conference rooms • Business cards • Computer files
ONE MONTH REVIEW		
<input type="checkbox"/> Review of policies and procedures – will be asked to restate all policies prompted by topic. <ul style="list-style-type: none"> • Review of above • Parking, traditions, reimbursements, holidays, desk space, etc. 		
INTRODUCTIONS AND TOURS		
<input type="checkbox"/> Give introductions to department staff and key personnel during tour.		
<input type="checkbox"/> Tour of facility, including:	<ul style="list-style-type: none"> • Restrooms • Mail room • Supply Room 	<ul style="list-style-type: none"> • Parking • Break Room • Emergency exits and supplies
POSITION INFORMATION		
<input type="checkbox"/> Review initial job assignments and training plans <input type="checkbox"/> Review job vision, description and performance expectations and standards		

Sample Call Center Protocols and Forms

PROTOCOLS FOR HANDLING CALLS RELATED TO CHILD DEVELOPMENT INFOLINE

CDI serves as the access point for the Connecticut Birth to Three System, Early Childhood Special Education Services, Children & Youth with Special Health Care Needs (CYSHCN) Program & the Help Me Grow system. The following is a brief description of the services and age range of eligible children for each program --

Program	Age Range	Description	Examples of Calls
Birth to Three	Birth to 36 months	Developmental evaluation and early intervention services for children birth-36 months who have significant developmental delays or disabilities. Services are for children and their families.	<p>Children under 3 with:</p> <ul style="list-style-type: none"> ➢ developmental concerns in following domains: <ul style="list-style-type: none"> • Communication • Motor • Adaptive • Cognitive • Social-emotional ➢ Disability ➢ Seeking speech services, physical therapy, occupational therapy, hearing services, diagnostics ➢ Child has feeding tube or other equipment <p>Caller seeking Birth to Three provider or Birth to Three referral line.</p>
Early Childhood Special Education	3 to 5 years of age	Developmental evaluation and services for children, ages 3 thru 5, who have developmental delays and meet school system eligibility requirements.	<p>Child ages 3-5 with:</p> <ul style="list-style-type: none"> ➢ developmental concerns in following domains: <ul style="list-style-type: none"> • Communication • Motor • Adaptive • Cognitive • Social-emotional ➢ Disability Seeking speech services, physical therapy, occupational therapy, hearing services, diagnostics <p>Caller seeking information on special education services</p>

CDI.caseworkprotocols.1.06.rev

Child Development Infoline Protocols for triaging referrals to services

The Child Development Infoline (CDI) serves as the telephone access point for triaging families to needed services, supports and information related to the developmental, behavioral, and health related needs of children. This telephone service is available to families and providers, including pediatric primary care providers, early care and education professionals, state agencies' staff (DCF, DMR, DSS, DPH, SDE) and other providers serving children and families. CDI serves as the access point for the Connecticut Birth to Three System, the Help Me Grow Program, Preschool Special Education Services, and Children and Youth with Special Health Care Needs Program (CYSHCN). Care Coordinators provide information about general development, coping with challenging behaviors, disability and health related issues. Based on their child and family's needs, CDI Care Coordinators are able to refer families of children, ages birth to twenty-one, to services offered through the Birth to Three System, the Help Me Grow Program, Preschool Special Education Services, and/or CYSHCN Regional Medical Support Home Centers, as appropriate.

Telephone Care Coordinators who staff the CDI unit utilize the Infoline framework for handling a call, which includes --

- ⇒ building a relationship with the caller / family;
- ⇒ conducting an assessment, including gathering information and defining the needs of the caller / family / child;
- ⇒ educating the caller / family about appropriate resources;
- ⇒ making referrals as appropriate; and
- ⇒ doing follow-up with callers / families.

In addition, Care Coordinators utilize program eligibility requirements, along with service needs of the caller / family, to help determine the most appropriate referrals for a family. The type of information that is gathered to determine the most appropriate resources includes, but is not limited to:

- ⇒ the age of the child;
- ⇒ diagnosis or health condition of child;
- ⇒ concerns about a child's development, including adaptive, cognitive, communication, motor, social- emotional, health, vision, hearing and/or behavioral concerns;
- ⇒ need for parenting / family support;
- ⇒ at-risk living conditions;
- ⇒ health insurance;
- ⇒ language or culture of the home;
- ⇒ involvement with other services or agencies, such as DCF, DMR, SDE, etc.
- ⇒ involvement of the primary health provider; and/or
- ⇒ use of a family's own resources and supports.

Help Me Grow / Child Development Infoline Types of calls we receive

A single mom was referred to Child Development Infoline (CDI) by her doctor, because her 4 year old son is having behavioral problems at the childcare center he attends. He has been hitting, biting and kicking, as well as running out of the room. Mom is concerned that she may lose her job if she needs to continually leave early to pick him up from daycare. She is also concerned that the childcare center may kick him out of the center completely. Upon discussion with the mom, several referral options were provided to her to help deal with the situation:

- Early Childhood Special Education program in her town for evaluation
 - Early Childhood Consultation Partnership to assess the classroom situation and provide technical assistance
 - Consultation by the childcare center's own Health or Educational Consultants
 - Mailing information on behavior management strategies
-

A first time mom, who recently moved to CT, called CDI to make a Birth to Three referral for her newborn daughter, who has Down Syndrome. Mom speaks Spanish only. In addition to the Birth to Three referral, the care coordinator determined that the family had health insurance (the HUSKY application was in process) and assisted her with other services she could access, including:

- Case management through Department of Developmental Services
 - Nurturing Families Network
 - Down Syndrome Congress
 - WIC
 - Children & Youth with Special Health Care Needs program
-

A dad was referred to CDI by his pediatrician. His son has Autism and is receiving services through the local school system. He is looking for additional supports for himself and his wife. Upon doing some research, the care coordinator found several resources for the family including:

- CT Autism Spectrum Resource Center
 - Workshop offered through the Bristol library
 - CT Lifespan Respite Coalition
 - Children & Youth with Special Health Care Needs program
-

During a visit to the pediatrician for a 4-month checkup, the Doctor encouraged the mom to sign her child up for the Ages & Stages Child Monitoring Program (ASQ) to learn about how her child was developing. Mom received subsequent questionnaires for 8, 12 and 16 months from CDI. The results for the 8 and 12 month questionnaires were on schedule and activities on fun things to do with her child were mailed to mom. However, on the 16 month questionnaire, the scores identified some concerns in the area of communication. The care coordinator called the mom to discuss having an evaluation through the Birth to Three program. Mom was interested and the care coordinator proceeded to complete the Birth to Three intake and forward the referral to a local Birth to Three program for an in-home evaluation.

Care coordinators from Child Development Infoline will continue to work with a family to connect them to the best services available and will follow up to ensure their needs are being met.

Child Development Infoline Intake Sheet

<input type="checkbox"/> Birth to Three New Infoline # _____ Previous B3# _____ Referral Date: _____	Birth to Three Follow Up Yes _____ No _____ Date: _____ <input type="checkbox"/> Rotation <input type="checkbox"/> Chosen Provider: _____	DOC Case # _____ <input type="checkbox"/> CSHCN Program <input type="checkbox"/> Help Me Grow <input type="checkbox"/> Preschool Special Ed <input type="checkbox"/> ASQ Caseworker: _____ Send Activities: English / Spanish
---	---	---

Referral Source: _____ Phone: (____) _____ Agency: _____ Address: _____ Address: _____																							
Child's Name: _____ DOB: _____ Age: _____ M/F Resides With: PARENT / LEGAL GUARDIAN / FOSTER FAMILY / OTHER _____ Name: _____ Mailing Address: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell #: (____) _____ Best time to call: _____ If Family has no phone, contact person: _____ Relationship: _____ Phone: (____) _____ Best time to call: _____																							
DCF Worker: _____ Phone (____) _____ Custody Status: _____ Nexus: _____																							
Insurance: Plan 1: _____ Plan 2: _____ Husky A / Husky B _____ Medicaid Fee for Service: _____ Other: _____ None: _____ Husky Infoline Referral- Y / N																							
Reason for Referral: ADAPTIVE / COGNITIVE / COMMUNICATION / MOTOR / SOCIAL-EMOTIONAL / PREMATURITY / HEALTH / VISION / HEARING / OTHER / BEHAVIORAL-MENTAL HEALTH / PARENTING SUPPORT / LIVING CONDITIONS Condition: _____ Gestation: _____ weeks Birthing Hospital: _____ NOTES: _____ _____ _____ _____																							
Primary Language Spoken in Home: _____ Secondary: _____ Is there someone in home able to speak English? Y / N / U Whom: _____																							
School District: _____ Was Dr. Consulted? Yes / No / Unknown																							
Other Agencies / Professionals Involved: <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Type of Agency / Professional</th> <th style="text-align: left;">Address & Phone</th> <th style="text-align: left;">Contact</th> <th style="text-align: left;">Service Provided</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Type of Agency / Professional	Address & Phone	Contact	Service Provided	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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			Child Care Provider																				

Child Development Infoline Parent Notes

Thank You Notes From Parents Who Used Child Development Infoline

Dear Child Development Infoline:

I'd like to extend my gratitude to the service you provide. I have a 5 yr old with a medical condition and recently called your service with a question regarding her care in kindergarten this fall. [My care coordinator] was instrumental in getting me the information I needed. She carefully explained my options (before speaking with [her] I was unaware that a 504 plan even existed). She gave me a name and number of a child advocate that I have spoken to for advice. Because of your wonderful service I now feel like an informed parent and feel confident that my child will receive an excellent education despite her medical condition.

With much thanks – An appreciative parent

To the Help Me Grow supervisor:

I [would] like to thank [my care coordinator] for all her help and support. [She] has been a great aid and support in helping me find help for my daughter with special needs. She has provided me with valuable information, advice and referrals. She is very knowledgeable and [provides] information on school readiness programs, special education services, play groups, support groups and even sleep and potty training information. She has always gone the extra mile to help me with a smile despite [sic] the many calls that I've made to the Help Me Grow info line. She is a caring and warm professional who is always willing to listen and help and I could not pass the opportunity to thank her for everything that she has done.

On the telephone, Betsy related "I don't know how other parents could do this alone. You have helped me through all the confusing calls and programs. It is so difficult to know where to call, who to call and when to call, especially when you get sent to the wrong person or get incorrect information".

I have a son, Ben, that has autism and I can't say enough about the Child Development Info Line and their willingness to help us. Our care coordinator is truly a blessing to us. No matter what the question, whether it is regarding finding services for Ben or how to advocate for him, she is always willing to find information that we need. Many times she has said that she would make phone calls on our behalf. As a parent who spends so much time advocating for my son's needs, it is very comforting to know that whatever the need, I have someone to call that I know is willing to help.

Thank you, United Way, for having such a wonderful program.
Laura-Lee

Help Me Grow Utah Early Intervention Referral Form



Early Intervention referral to Help Me Grow



Authorization for Release and Use of Information	
Child Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____ Premature? <input type="checkbox"/> Yes <input type="checkbox"/> No Weeks Gestation _____	
Parent(s) or Guardian(s) Name: _____	
Address: _____	
City: _____	Zip Code: _____
Phone: _____	Email: _____
Concerns: _____	
I authorize the <u>mutual release</u> of the above-named child's information between the two entities listed.	
<p style="text-align: center;">Help Me Grow United Way of Utah County 148 North 100 West, Provo, UT 84603 Phone 801-691-5322 Fax 801-374-2591</p> <p><i>I give permission for the release of items marked below from Help Me Grow to Kids On The Move</i></p> <p><input checked="" type="checkbox"/> ongoing two-way communication ___ Other: _____</p>	<p style="text-align: center;">Kids On the Move, Inc. Baby Watch Early Intervention 475 West 260 North, Orem, UT 84057 Phone 801-221-9930 Fax 801-221-0649</p> <p><i>I give permission for the release of items marked below from Kids On The Move to Help Me Grow</i></p> <p><input checked="" type="checkbox"/> ongoing two-way communication <input checked="" type="checkbox"/> referral and contact information ___ Other: _____</p>

By my signature below, I authorize the release and use of the information above.

Signature of the parent/legal guardian of child

Date

Further Resource Inventory Information:

Help Me Grow Utah Resource Database

Help Me Grow Utah Resource Database

We use a program called “Volunteer Solutions” to maintain our resource database. Individual agencies can login and update their own agency’s listing. Our Help Me Grow staff can also login as an administrator and change any agency’s information. We maintain a general agency, a listing of all service program and volunteer opportunities for all resources in our community.

All of the information at we put into Volunteer Solutions can be viewed by the public on the United Way of Utah County’s (our host agency) website, www.unitedwayuc.org. Please visit the website and search for programs and volunteer opportunities!

If you have any questions call us!

Help Me Grow Utah

Barbara Leavitt: 801-691-5304

Deborah Weiss: 801-691-5322

How to Update Volunteer Solutions

Community resources are always improving and changing! That is why it is important to continually update information. Follow these simple steps to update information on our resource database, Volunteer Solutions.

AGENCY OVERVIEW

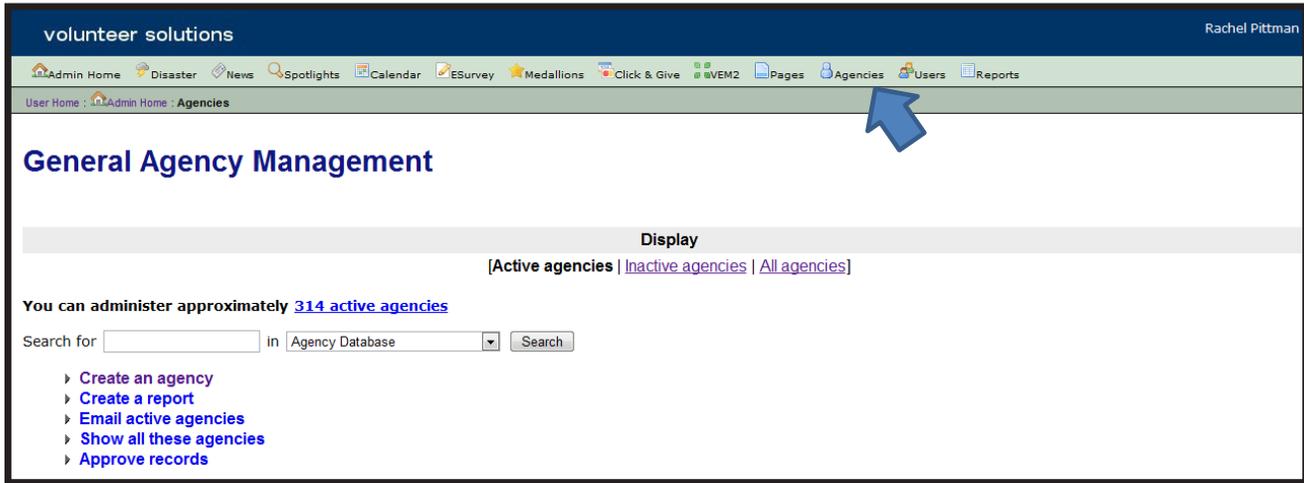
Go to www.unitedwayuc.org and click on the “Volunteer” tab. Then “login.”



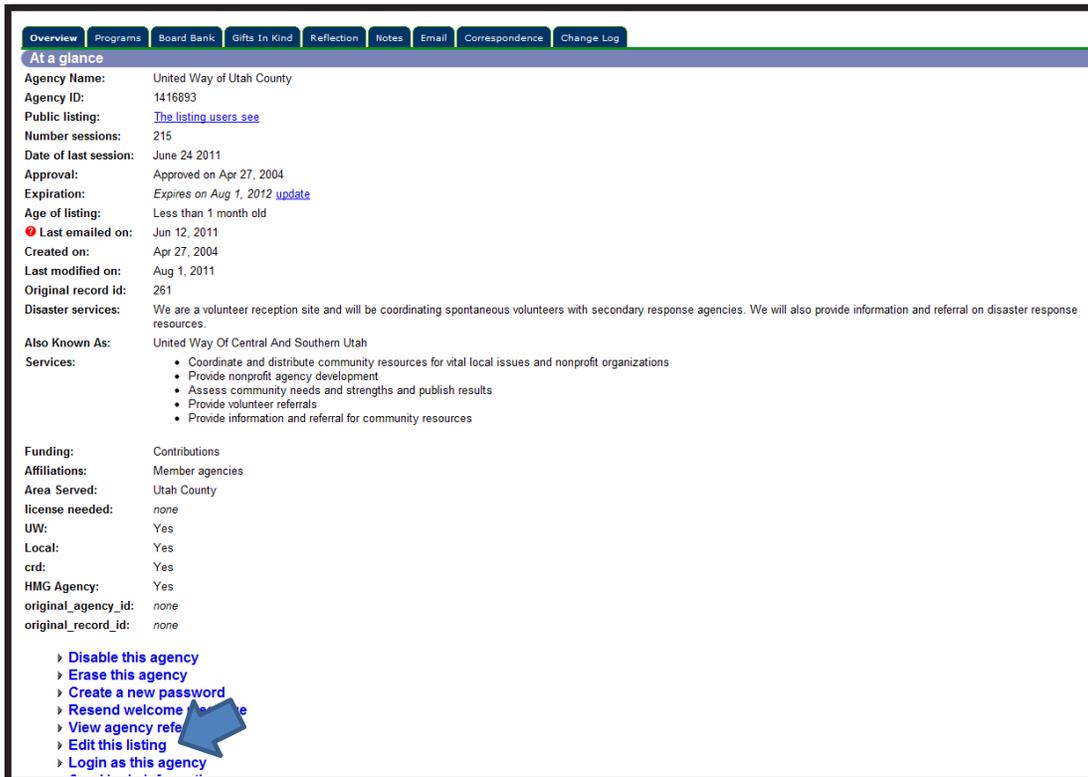
Scroll down to a section title “Site Administration.” Then click on “United Way of Utah County.”



Once on the administrator side of Volunteer Solutions, click on “Agencies.” Then search for the agency you want to update.



From the “At a glance” page click on “Edit this listing” to make changes to the general agency listing.



VOLUNTEER OPPORTUNITIES

Then scroll to the bottom and update the volunteer “Opportunities” listings or click on the “opportunities” tab at the top to add or edit volunteer opportunities.

Opportunities

	Disabled?	Approved?	Active?					
	[No Yes Either]	[No Yes Either]	[No Yes Either]					
Opportunity	Orig Record ID	Created on	Last modified on	Expiration date	Disabled	Approved	Active	
1 Collect Board Books for Children Ages 0-3		Jan 05, 2010	Aug 01, 2011	Jan 11, 2012	No	Yes	Yes	Details
2 Mentor children in your community		Dec 15, 2010	Jun 24, 2011	Dec 15, 2011	No	Yes	Yes	Details
3 Summer of Service		Apr 12, 2011	May 11, 2011	Aug 22, 2011	No	Yes	Yes	Details

▶ [Add opportunity](#)

Click “Details” and then “Edit this listing” to make changes.

Collect Board Books for Children Ages 0-3

[Overview](#) | [Programs](#) | [Board Bank](#) | [Gifts In Kind](#) | [Reflection](#) | [Notes](#) | [Email](#) | [Correspondence](#) | [Change Log](#)

Overview

Agency: United Way of Utah County

Headline: Collect Board Books for Children Ages 0-3

Location: 148 North 100 West, P.O. Box 135
Provo, UT 84603
[\(See a map\)](#)

URL: www.unitedwayuc.org

Description: United Way's Welcome Baby program needs board books suitable for children 0-3 years old. The board books will be part of the materials delivered by a Welcome Baby volunteer to new mother. Helping to collect these books would help tremendously!

To learn more about the Welcome Baby program, go to <http://www.unitedwayuc.org/welcomebaby/>.

Restrictions: none

Approved?: Yes, on Jan 7, 2010, by Summer Valente

Disabled by agency?: No

Expiration: expires on Jan 11, 2012

Type: Ongoing Opportunity

Add the text you want to be searched: none

Original Record ID: none

Original Agency ID: none

Public listing: [The listing volunteers see](#)

- ▶ [View change log](#)
- ▶ [Edit this listing](#)
- ▶ [Disable this opportunity](#)
- ▶ [Turn this into a board position](#)
- ▶ [Erase this opportunity](#)

PROGRAMS

Lastly, click on the “programs” tab to make changes to programs the same way you made changes to volunteer opportunities.

United Way of Utah County - Programs

Overview
Programs
Board Bank
Gifts In Kind
Reflection
Notes
Email
Correspondence
Change Log

Disabled?

[\[No | Yes | Either\]](#)

Approved?

[\[No | Yes | Either\]](#)

Results: 10

Program	Approved?	Disabled?	details
1 Help Me Grow	Yes	No	details
2 Community Development	Yes	No	details
3 Sub For Santa	Yes	Yes	details
4 United Way of Utah County Volunteer Center	Yes	Yes	details
5 Utah Saves	Yes	Yes	details
6 Partners for Infants and Children	Yes	No	details
7 United Way of Utah County 2-1-1	Yes	No	details
8 South Franklin Community Center	Yes	No	details
9 Test	No	Yes	details
10 Volunteer Income Tax Assistance (VITA)	Yes	No	details

[Create program](#)

HELP ME GROW RESOURCE SHEET

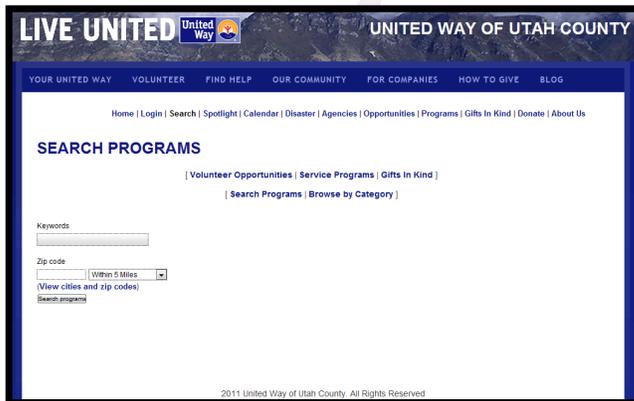
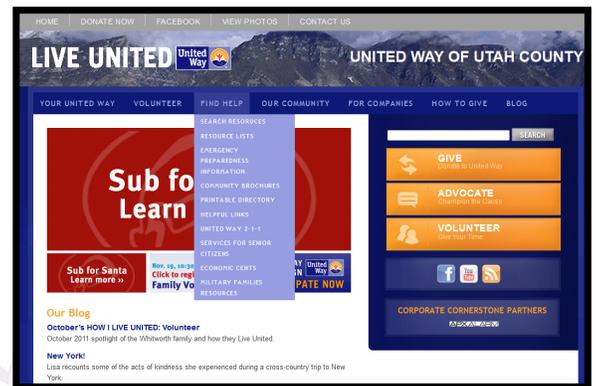
United Way of Utah County



How to Search for Community Resources

Finding the right community resource for you or your family is just a few clicks away! These instructions can help you navigate through our database of over 300 nonprofit and government agencies that may be able to help.

1. Go to www.unitedwayuc.org and move the mouse over the “Find Help” button. A drop down box with various options will appear. Search our database by clicking on “Search Resources” from the drop down box.



2. You can search for resources based on keywords, location, or browse by category.

3. Click on the resources that best address your need to learn more and find contact information. If you have any difficulty please call *HELP Me GROW* at (801) 691-5322.



Last updated: 2/8/2012

questions? Please Dial 2-1-1 and ask for *HELP Me GROW*
 or call 801-691-5359
HELPmEGROWUtah.org





HELP ME GROW RESOURCE sheet

United Way of Utah County

Resource Sheets

We maintain a resource database to help us search for resources, but we also find it helpful to have pre-made resource sheets that we can quickly give to parents.

We have a general resource sheet that contain more common resources and resource sheets for specific topics like breastfeeding or speech and language.

If you have any questions call us!

Barbara Leavitt: 801-691-5304

Deborah Weiss: 801-691-5322



HELP ME GROW RESOURCE SHEET

United Way of Utah County

Community Resources

Abuse, Neglect & Sexual Assault

Center for Women & Children in Crisis is a temporary shelter for women and their children who are seeking independence from domestic violence. The center also provides 24-hour service for victims of domestic violence and rape.....801-377-5500

Children’s Justice Center provides support service in a homelike facility for children who have experienced significant physical or sexual abuse.....801-851-8554

Family Support & Treatment Center offers child abuse prevention, therapy and a crisis nursery.....801-229-1181

Intermountain Specialized Abuse Treatment (ISAT) Center offers counseling for victims and perpetrators. Sliding scale or insurance accepted.....801-373-0210

Adult Protective Services helps prevent or stop abuse, neglect and exploitation of vulnerable adults.....800-371-7897

Provo Police Department provides Spanish-speaking therapy groups and services to domestic violence victims..801-852-6375

Victim’s Advocate Program assists victims of violent crimes with securing protective orders, reparations and other support.

Alpine/Highland.....801-756-9800

American Fork.....801-763-3020

Lehi.....801-766-5800

Orem.....801-229-7128

Pleasant Grove.....801-785-3506

Provo.....801-852-6375

South Utah County.....801-465-5224

Springville/Mapleton.....801-489-9421

Utah County Sherriff’s Office.....801-851-8364

Wasatch County.....435-657-3300

Counseling

BYU Comprehensive Clinic provides family, marriage and individual counseling at a sliding-scale rate801-422-7759

Family Support & Treatment Center provides therapy and support groups for victims of child abuse and domestic violence.....801-229-1181

Heber Valley Counseling provides substance abuse treatment and general counseling at a sliding-scale rate.....435-654-1618

LDS Family Services provides counseling and counsels families, spouses, children and individuals.....801-422-7620

Wasatch Mental Health provides intake, group and individual therapy for mental illnesses and offers referrals to other mental illness facilities.....801-373-4760

Crisis Intervention

Center for Women & Children in Crisis provides a 24-hour hotline for victims of rape and domestic violence..... 801-377-5500

Crisis Line of Utah County is a 24-hour hotline that helps callers in crisis and gives emergency referrals.....801-226-4433

Wasatch Mental Health provides a 24-hour intake and assessment for callers in crisis.....801-373-739

Vantage Point mediates parent/child conflict between youth ages 12-18 and their families.....801-373-2215

Employment Services

Department of Workforce Services provides employment help, training, and general application for welfare, unemployment, Medicaid, WIC and food stamps

American Fork.....801-492-4500

Provo.....801-342-2600

Spanish Fork.....801-794-6600

LDS Employment Center assists with job referral, training and rehabilitative placement.....801-818-6161

Turning Point offers classes and training for people re-entering the workplace801-863-7580

Financial Assistance

Community Action assists with temporary financial, food and sheltering services for families.....801-373-8200

Department of Workforce Services provides employment help, training and general application for welfare, unemployment, Medicaid, WIC and food stamps

- American Fork.....801-492-4500
- Provo.....801-342-2600
- Spanish Fork.....801-794-6600

Office of Recovery Services helps collect child support and alimony801-536-8500

Food Assistance

Community Action Food Bank supplies food for families in need.....801-373-8200

Department of Workforce Services facilitates food stamps

American Fork.....801-492-4500

Provo.....801-342-2600

Spanish Fork.....801-794-6600

Food and Care Coalition serves hot meals to individuals who are homeless, low income or transient.....801-373-1825

Meals on Wheels delivers hot meals to homebound senior citizens801-229-3802

Women, Infants and Children (WIC) offers nutritional counseling and food assistance for families.....801-851-7300



Health Care

Children’s Health Insurance Program (CHIP) provides children access to health care.....1-877-543-7669
Community Health Connect connects low-income patients with doctors and dentists willing to provide care on a charity basis801-818-3015
Community Nursing Services offers hospice and home health services.....801-224-8138
Health Clinics of Utah provides primary care. Accepts Medicare, Medicaid, PCN and private pay.....801-374-7011
Medicaid (national information line).....800-662-9651
Medicare (national information line).....800-MEDICARE
Mountainlands Community Health Center provides primary medical and dental care for low-income and medically underserved populations.....801-374-9660
Primary Care Network provides health insurance for eligible low-income adults888-222-2542
RX Connect Prescription Help.....866-221-0265
Utah County Health Department provides immunizations, wellness clinics and cancer screenings.....801-851-7000
Volunteer Care Clinic provides basic medical care to low-income individuals without insurance.....801-812-8094

Neighborhood Housing Services of Provo provides loans for home improvement and home ownership and sponsors beautification and crime prevention activities...801-375-5820
Provo Housing Authority provides affordable housing for low-income families in Provo.....801-852-7080
Weatherization provides basic overall weatherization. Applications for both waiting list and crisis help801-344-5184

Disability Services (Mental & Physical)

Access Utah Network provides the most current and accurate referrals for disability issues.....800-333-8824
Division of Services for People with Disabilities promotes opportunities and family support801-374-7005
Recreation and Habilitation Services (RAH!) provides recreational and social therapy.....801-374-8074
Rise, Inc. provides 24-hour residential care, respite care, family support and host homes.....801-373-1197
Tri Connections provides community living, support, job placement and mental health services801-343-3900

Legal Services

BYU Law Help provides clinics for immigrants as well as legal advice and assistance without representation..801-422-3025
Utah Legal Services represents low-income individuals in domestic, civil and public issues.....800-662-4245

Parenting and Family

Child Care Resource & Referral provides classes for daycare providers and referrals to daycare.....801- 863-8220
Mountainland Head Start provides education and resources for families with preschool-age children801-375-7981
Migrant Headstart Program provides a headstart program for migrant families and classes for parents.....801-754-0700
Parent Education Resource Centers (PERC) facilitates educational materials for parents and children.801-229-7390
Welcome Baby provides informational home visits for first-time parents.....801-691-5304
Help Me Grow provides a parent and community information line for support in general child development....801-691-5626

Sheltering & Housing Services

Community Action provides temporary sheltering service and housing counseling for families.....801-373-8200
Food and Care Coalition provides temporary sheltering services for individuals.....801-373-1825
Housing Authority of Utah County provides affordable housing for low-income families.....801-373-8333
Housing Services of Utah Valley helps families with loan-to-own programs and down payments.....801-523-8082

Questions? Please Dial 2-1-1 and ask for HELP ME GROW
 OR CALL 801-691-5322



HELP ME GROW RESOURCE SHEET

United Way of Utah County

Breastfeeding

Breast milk is full of disease fighting antibodies to build a strong immune system. Babies who breast feed are less likely to suffer from a number of illnesses including: asthma, allergies, ear infections, respiratory infections and many others. For most babies, it is also the easiest thing to digest, making gas and stomach pains less likely. Let's not also forget that breastfeeding can save you anywhere from \$1,000-\$4,000, shrink your uterus back to normal size, help fight against cancer, help with postpartum depression and help you lose that mommy fat.

However, breastfeeding can take time to figure out and you may have many questions. Don't worry! There are many resources at your fingertips!

Intermountain Health Care (IHC)

Classes, information, one-on-one lactation consultations (\$35 fee) and other services.

Intermountainhealthcare.org/services/womennewborn Women's Services or A Mother's Touch: 801-714-3324

Women, Infants and Children (WIC)

In person one-on-one breastfeeding help, breastfeeding classes to pregnant mothers, free hand breast pumps, free use of electric or pedal breast pumps and other aids to those who qualify (low-income).

*Breastfeeding Warmline: 801-851-7312
www.utahcountywic.org*

Pregnancy Risk Line

Answers to questions about medicines, drugs, chemicals, and other environmental exposures that can potentially harm an embryo, fetus, or infant.

1-800-822-BABY (2229)

La Leche League

Help over the phone and a monthly series of four meetings for women interested in learning more about the art of breastfeeding.

*801-264-5683 (English & Spanish)
www.lalecheleague.org or www.llusa.org/UT/Utah*

U.S. Department of Health

The National Breastfeeding Helpline from the Office on Women's Health has trained breastfeeding peer counselors to provide support by phone.

*1-800-994-9662
WomensHealth.gov/breastfeeding*

Breastfeeding.com

Chat, blog, join a forum, watch videos and find tons of information about breastfeeding.

www.breastfeeding.com

Last updated: 2/8/2012

Questions? Please Dial 2-1-1 and ask for HELP ME GROW
OR CALL 801-691-5322

HELPMEGROWUTAH.ORG





HELP ME GROW RESOURCE SHEET

United Way of Utah County

Speech, Language & Hearing

(Pathology & Audiology)

American Speech–Language–Hearing Assoc.

Find a doctor in your area and learn more about communication disorders online.

www.asha.org

BYU Comprehensive Clinic

Speech, language and hearing evaluation and treatment for all ages. Services are provided by graduate students who are supervised by certified professionals. It is \$70 for an evaluation and \$18 for each following appointment (1-3 year waiting list).

education.byu.edu/comd/faq.html

Provo—801-422-3426

Community Health Connect

Referrals to free ENTs who have audiologists on staff. (No speech pathologists are available.) To qualify you must live in Utah County and be at 150% of the Federal Poverty Level or below.

www.communityhealthconnect.org

Provo—801-818-3015

Easter Seals PEIP—It Takes Two to Talk

You can learn step-by-step how to become your child's most important language teacher by "tweaking" everyday activities and turning them into productive and enjoyable learning opportunities for your child (age 5 or under). Receive over 16 hours of classroom instruction, plus 6 hours of individual, home-based instruction for only \$385. (Offered when enough parents are interested.)

esgw-nrm.easterseals.com

Provo—801-852-4525

Family Audiology and Hearing Services (private)

The cost is \$200-205 for a consultation and \$25-90 for hearing tests. There is a 30% discount if you pay in full at the time of the appointment.

www.familyhearingutah.com

American Fork—801-418-0870

Orem—801-465-4805

Payson—801-465-4805

Provo—801-375-3175

Intermountain Health Care

Intermountain Pediatric Rehab offers speech & language therapy and audiology services for children and teens ages 0 to 21. If you do not have insurance or need additional assistance the Financial Assistance Helpline (1-800-442-1128) may be able to help.

intermountainhealthcare.org

Orem & Saratoga Springs—801-714-3505

Peak ENT Associates (private)

ENT specialists who are qualified to diagnose and treat conditions of the ears, including hearing loss.

www.peakmedical-ent.com/audiology

Provo—801-357-7499

U Can Learn (Speech & Language)

Non-profit organization that sells computer programs that act as a therapist and have been proven to help children and adults with dyslexia, attention deficit disorders, academic problems, speech and language problems, and memory and learning deficits. (\$350-1,000)

www.ucanlearn.net

Salt Lake City—801-281-5546

Questions? Please Dial 2-1-1 and ask for HELP ME GROW
OR CALL 801-691-5322

HELPMEGROWUTAH.ORG

Last updated: 2/8/2012



**UNITED WAY OF UTAH COUNTY 2-1-1 AND HELP ME GROW OF UTAH
RESOURCE DATABASE INCLUSION/EXCLUSION POLICY**

PROGRAM AND SERVICE INCLUSION:

We consider first the **PROGRAMS** or **SERVICES** offered by an agency. If there is a program or service that exists that meets the inclusion criteria, the **AGENCY** is automatically included also. Since inclusion is **PROGRAM** based, some programs of one agency may be included while others may not. In addition, only certain types of information are included in the entry. Information Inclusion is outlined later in this document.

UNITED WAY OF UTAH COUNTY 2-1-1/HELP ME GROW OF UTAH (UWUC 2-1-1 AND HMGU) MAY include the following types of **PROGRAMS** and **SERVICES**:

If the PROGRAM or SERVICE is:

- Part of an agency or other qualifying entity that has offered services for at least 6 months

AND

- Targets the physical, emotional, mental, economic or social well-being of groups or individuals in the community. This includes social, educational, legal, community, consumer, health and human services

AND can be described as one or more of the following:

Private Non Profit

- A. Private nonprofit organizations that have received a letter of 501 (c) (3) status from the IRS

Other Non-Profit

- B. Churches, church based service entities and social clubs that offer services to the community at large and not solely to their current or past members

Government

- C. Local, state, federal and quasi-public agencies that provide social, consumer, criminal justice, legal, environmental, educational or other human services

Websites/ Hotlines/ Other Specialized Information and Referral

- D. Local, statewide, and nationwide toll-free phone services or websites that can be accessed by callers in Utah and Wasatch Counties **AND** that provide a socially beneficial service **AND** are administered by a government or nonprofit organization
- E. Other Specialized Information and Referral Resources that can be accessed by callers in Utah and Wasatch Counties and that provide a socially beneficial service

Community and Support Groups

- F. Self-help or mutual help support groups that offer services at low cost or no cost
- G. Support Groups offered by Private Practitioners where there is fee to attend
- H. Advocacy groups related to health, education and human services issues

For-Profit with a Unique Service

- I. For-profits offering unique services or specifically targeted services that are otherwise not offered by a non profit agency
- J. For-profits providing services at no cost, sliding scale, or discounted cost
- K. Private practitioners who offer a unique or necessary service

Public Institutions

- L. Hospitals, libraries, and schools

INFORMATION INCLUSION:

UWUC 2-1-1/ HMGU will include the following information about qualifying **PROGRAMS** and **SERVICES**:

- Contact and Location Information (including address, preferred method of contact, email, phone and web address)
- Eligibility and Intake Information (including hours of service and documentation needed if we are the last point of contact before they go to the **AGENCY**)
- Narrative Description of the primary objectives and services offered by the agency and secondary services that can only be accessed by people already involved with agency
- Information about separate programs with separate eligibility and intake requirements housed in the same building or office even if they have the same contact information. (information inclusion is based on the program NOT the location of the program)

CRITERIA FOR EXCLUSION OR REMOVAL

The following types of agencies will not be included in the resource inventory:

- A. Those that UWUC 2-1-1/ HMGU knows, or has reasonable basis to believe, may have a philosophy that could be hurtful to the well-being of individuals, groups or the community as a whole. Evidence of such philosophies may include but is not limited to:
 - a. Exclusion of certain populations or individuals (i.e. denial of service, fraud, misrepresentation, discrimination, etc.) on the basis of race, color, religion, national origin, age, sex, familial status, sexual orientation, gender identity, disability status, veteran status, genetic information or membership in any other class(es) protected under local, state or federal anti-discrimination law.
 - b. Record of serious complaints regarding the above. Such complaints may be lodged with any regulatory body, with other organizations in the resource inventory providing similar services, or with United Way of Utah County 2-1-1itself.
- B. Those that engage in or promote fraudulent activities or activities that violate local, state, or federal laws or regulations
- C. Those that are not licensed (when providing services for which licensing standards exist)
- D. Those that misrepresent their services in any way
- E. Organizations that UWUC 2-1-1/HMGU knows, or has reasonable basis to believe, provide services to clients that are not in accordance with commonly accepted professional standards and practices
- F. Those that have been in existence less than 6 months
- G. Those that do not respond when asked to update information
- H. Those that do not have an established address, phone, and/or consistently available contact person

- I. Those that serve members/clients or former members/clients only, or a very narrow population
 - a. Churches that offer no direct health or human services to the community at large
 - b. Local service groups (e.g. Rotary, Jaycees, etc.) that offer no direct health or human services to the community at large
- J. Programs for which there exists an entity that adequately maintains current data and provides central referral for the service

INFORMATION EXCLUSION:

UWUC 2-1-1/ HMGU will NOT include information that:

- Changes consistently such as rotating classes or temporary services. General program contact information will be included
- Department information attached to public institutions (libraries, hospitals and schools). Only the broadest contact information will be included UNLESS there are separate programs housed in the same building that have separate intake and eligibility policies.
- A list of the documentation needed to access the program or service IF the person needs to call and make an appointment before going to the AGENCY

DISCLAIMER:

United Way of Utah County 2-1-1/ Help Me Grow Utah reserves the right to remove or exclude any organization for any reason. Inclusion of an agency does not indicate endorsement or support; likewise, omission does not imply disapproval. United Way of Utah County 2-1-1 also reserves the right to exclude any agencies or services that may be controversial or politically charged. Further note that United Way of Utah County may edit information to meet guidelines, format, and space requirements.

Help Me Grow Common Indicators



Help Me Grow National Common Indicators

Affiliate states are required to collect and report data on a common set of indicators developed by the National Center. Data collected will help affiliates to monitor their progress and share lessons learned with other states and the National Center. Additionally data collected will:

- Enable states to build their data systems
- Enable states to more efficiently pull data to share with their key stakeholders for fundraising and advocacy
- Enable states to contribute to the national dialogue on promoting early detection and intervention and the role of *HMG* systems in doing so
- Enable states to learn how their system data is similar to/different from aggregate national data
- Enable the National Center to advocate on behalf of the national network more effectively
- Position the National Center and the affiliated states as leaders in the child development field

***The *Help Me Grow* Common Indicators are defined as follows:**

1. *Help Me Grow* Demographics

- a) Number of children entered into client tracking system (unduplicated count per calendar year)
- b) Who initially contacted *Help Me Grow* on behalf of the child?
- c) Age of child at time of initial entry (Includes prenatal as an age)?
- d) Ethnicity of the child?
- e) How did the initial caller learn about *Help Me Grow*?
- f) What state does the child live in?

2. Nature of Presenting Issues

- a) Number by type of presenting issues/concerns *.
- b) Number of children entered in client tracking system for linkage to services as a result of developmental screening.

3. Referrals by *Help Me Grow* to Service/Programs

- a) Top five types of services to which referrals were made *.
- b) Top five service/program gaps (service/program gap means a service/program does not exist to address the need).
- c) Top five barriers that keep children from receiving a service/program that does exist.

4. *Help Me Grow* Outcomes

- a) Total number of children successfully connected to at least one service *.
- b) Total number of children referred for services and are pending the start date *.

* Definitions and Categories provided by *Help Me Grow* National

Help Me Grow Orange County STAR System



Help Me Grow
ORANGE COUNTY



STAR Update: Orange County, CA's System for Tracking Access to Referrals

April 3, 2014

Rebecca Hernandez, MEd

CHOC/UCI NEURODEVELOPMENTAL PROGRAMS
Supported by the Children & Families Commission of Orange County



Purpose of Presentation

- 1) To provide a brief history and an update on the current activities regarding STAR
- 2) To learn about a few features of this customized client tracking system and how it can enhance the work you do
- 3) To inform you of its availability for use by other Help Me Grow Affiliates



Background

- Developed by Orange County HMG team and KJMB Solutions, LLC
- Implemented in October 2009 with >16,000 children entered in the system to date
- Web-based and available at multiple locations
- SSL encryption therefore meets technology safeguards for HIPPA compliance
- Online portal linked to website expanded access in 2012. More than 450 entered thru portal
- Copyrighted in 2013. Three Early Adopters, Michigan, South Carolina & San Mateo, CA
- Data from STAR used for our 3-Year Evaluation



Help Me Grow
ORANGE COUNTY

Features of STAR

- Intake/Inquiry that holds child demographics
- Includes concerns, health care provider, referral categories, tickler, care coordination log, etc.
- Screening module: ASQ, ASQ:SE, PEDS, M-CHAT
- Customizable letters in 3 languages for referrals, screening results and outcomes
- Report menu with 40 live reports and 12 cross reference filters
- Configuration menu to manage dropdowns & users



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System for Tracking Access to Referrals

Welcome Christine HMG ADMIN (0 login attempts since 1/17/2014 11:10:47 AM) [Change Password](#)

I Want To

- Add Intake
- Add Screening
- Add Inquiry

Find Case

[View Web Requests](#)

- Reports Menu
- Batch Letter
- Configuration Menu

My Tasks Due: [View Past Due](#) **Today**

Caregiver/Child	Task	Best Number	Number Type	Best Time
-----------------	------	-------------	-------------	-----------

My Open Cases

Wright, Danielle	Go To Case
Wright, Jeffrey	3yrs. 8 mths.

Report

Indicates a note was entered. Move your mouse over the image to view the note.
 Clicking this image will take you to complete the task.

STAR
System for Tracking Access to Referrals

Help Me Grow
ORANGE COUNTY

Welcome Christine HMG ADMIN (0 login attempts since 1/23/2014 9:30:10 AM) [Change Password](#)

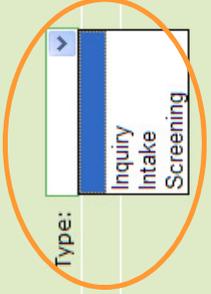
MENU ▼

Caregiver: L. Name: F. Name: Phone #: Intake Date: 
Child: L. Name: F. Name: Gender: DOB: 

Screening Status: Type: 
Case Status: Assigned To: 
CSP: Assigned To: 

Site: 
Classroom: 

[Click the search button to find records.](#) **Search**



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Help Me Grow
ORANGE COUNTY

Welcome Christine HMG ADMIN (0 login attempts since 1/17/2014 11:11:58 AM) [Change Password](#)

MENU ▼

FireFox Load

Caller Information

Are you the caregiver of the child(ren)? Yes

Children

Jet Wright [Delete](#)

Child's First Name: Jet Child's Last Name: Wright

DOB:

Referral: Referral Active

Child's Gender:

Child's Ethnicity:

Primary Language: Child's Entry Point:

***CSP Use Only**
Enrolled in CSP: Yes No

Caregiver Relationship to child:

Other Caregiver Relationship to child:

Has the child's custodial caregiver(s) served in any branch of the military?

In which school district does the child reside?

Consent to share:

Database: Consent Given:

Medical Provider: HMG Staff Initials:

Additional:

Case Information

Susan Wright
714-222-2222 (Home) Afternoon
Jet Wright (3yrs. 8 mths.)
Communication
best time to call mom is at lunch time

Case Menu

- [Intake](#)
- [Care Coordination Log](#)
- [Referral Letters](#)
- [Files \(0\)](#)
- [Case Status \(Open\)](#)

Referral Menu

[Add Referral](#)
Referrals and Follow-ups

✖ Delete

What are your concerns regarding the child?

Explain:

How long have you been concerned about this issue?

Have you sought any previous help regarding this issue?

Have you addressed this concern with your child's medical care provider?

+ Add another concern ↓

+ Add another child ↓

Caregiver Information

Case Assignment: **Intake Date:**

Caregiver First Name: **Caregiver Last Name:**

Child(ren)'s Address:

Case Menu

- Intake
- Care Coordination Log
- Referral Letters
- Files (0)
- Case Status (Open)

Referrals

Referral Category: School District **Remove Referral**

Agency / Program Name: Placentia Yorba Linda Unified School District: Special E

Agency Phone #: 714-444-4444 Ext.:

Details for Letter: *call and request a speech evaluation

Concerns for Child: Jet Wright

Communication General Development

Referrals

Referral Category: Communication/Speech & Language **Remove Referral**

Agency / Program Name: Providence Speech and Hearing Center

Agency Phone #: 714-888-8888 Ext.:

Details for Letter: *call and request a speech evaluation

Concerns for Child: Jet Wright

Communication General Development

Referrals

Referral Category: Recreation/Sports/After School/Camps **Remove Referral**

Agency / Program Name: City of Placentia: Park and Recreation

Agency Phone #: 714-999-9999 Ext.:

Details for Letter: *Mommy and Me Swim time on Mondays at 11:00am

Concerns for Child: Jet Wright

Communication General Development

+ Add Another Referral

Care Coordination Log

Save Care Coordination Record

STAR System for Tracking Access to Referrals

Help Me Grow ORANGE COUNTY

Welcome Christine HMG ADMIN (0 login attempts since 1/17/2014 11:11:58 AM) Change Password

MENU ▼

Create New Letter

Caregiver's Language: English

Step 1: Select Report to Generate:

Step 2: Select Referral(s) to include

Child	Date
<input checked="" type="checkbox"/> Jet Wright	01/17/2014
<input checked="" type="checkbox"/> Jet Wright	01/17/2014
<input checked="" type="checkbox"/> Jet Wright	01/17/2014

Outcome Letter to Pediatrician (Intake Side) - English
 Referral Letter to Parent - English
 Referral Letter to Parent - Spanish
 Referral Letter to Parent - Vietnamese

Placentia Yorba Linda Unified School District: Special Education
 City of Placentia: Park and Recreation
 Providence Speech and Hearing Center

Referral letter previous sent.

Letter History By Date

Date Letter Language
 No history records were found.

Case Information

Susan Wright
 714-222-2222 (Home) Afternoon
 Jet Wright (3yrs. 8 mths.)
 Communication, General Development
 best time to call mom is at lunch time

Case Menu

- Intake
- Care Coordination Log
- Referral Letters
- Files (0)
- Case Status (Open)

Referral Menu

- Add Referral
- Referrals and Follow-ups
- 01/17/2014
- Followup 02/07/2014
- Eligibility Referrals
- 01/17/2014
- School District



1915 W. Orangewood Ave., Ste. 303
Orange, CA 92668
T 1.866.476.9025
F 714.939.6199
www.helpmefrowcc.org

04/24/2013

Mom Garcia
1234 Catalpa
Anaheim, CA 92801

Re: Boy Garcia

Date of Birth: 11/16/2006

Dear Alondra,

Thank you for completing the Ages and Stages Questionnaire (ASQ) through Help Me Grow. As discussed on the phone on 04/24/2013, Julian's ASQ scores in the area/s of Gross Motor, Fine Motor, and Problem Solving indicate typical development. Julian's scores in the area/s of Communication and Personal Social indicate additional developmental support and/or further evaluation may help your child at this time.

To ensure that your child's developmental needs are met, you may want to raise the indicated concerns with your child's primary health care provider. The referrals listed below were provided during our phone conversation.

Referral

Phone Number

Communication

Regional Center of Orange County (RCOC)

714-796-5354

*Direct referral was made for Julian on 10/26/2011

I will be calling you to follow up on these referrals. If you have any questions before then, please feel free to call me at 714.939.7124. A copy of this letter is being sent to your child's primary health care provider for their records.

Enclosed are fun, age appropriate activities that you can do with your child.

Sincerely,

Lacey Ginter
Developmental Screening Coordinator
Help Me Grow Orange County
714.939.7124

cc:





System for Tracking Access to Referrals

Welcome Christine HMG ADMIN (0 login attempts since 1/17/2014 11:11:58 AM) [Change Password](#)

MENU ▾

Case Information

Susan Wright
714-222-2222 (Home) **Afternoon**
Jet Wright (3yrs. 8 mths.)
Communication, General Development
best time to call mom is at lunch time

Care Coordination Log

Schedule Activity: Optional - Makes activity appear in Attention Items on Home Page.

Scheduled Activity:

Completed Date: Time: 02 30 PM Duration: Minutes

HMG Staff: Christine HMG ADMIN, KJMB

Type of Work Performed:

Notes:

Care Coordination Log

Scheduled Date	Completed Date	Time	Duration	Type of Work Performed	By	Notes
	01/17/2014	02:30 PM	5 Minutes.	Sent letter to MDs	CH	Edit Delete
	01/17/2014	02:30 PM	5 Minutes.	Sent referral letter to caregiver	CH	Edit Delete
	01/17/2014	02:30 PM	5 Minutes.	Gave referrals via phone/email	CH	Edit Delete
	01/17/2014	11:45 AM	5 Minutes.	Intake	CH	Edit Delete

Case Menu

-
-
-
-
-

Referral Menu

-
- Referrals and Follow-ups
-
- Eligibility Referrals
- School District

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System for Tracking Access to Referrals

Welcome Christine HMG ADMIN (0 login attempts since 1/8/2014 10:35:15 AM) [Change Password](#)

MENU ▾

Case Information

Sammantha Wright
714-212-1212 (Home)
Nash Wright (4yrs., 11 mths.)
#6 HMG Pilot

Screening

Nash Wright (4yrs., 11 mths.)
[Add New Results](#)

Developmental Monitoring Menu

- [Screening Intake](#)
- [Care Coordination Log](#)
- [Screening Letters](#)
- [Files \(0\)](#)

Developmental Screening Results

Child: **Nash Wright**

Select Developmental Screening Tool:

Completed By:

Relationship to Child:

Screening Results:

Screening Outcome:



System for Tracking Access to Referrals

Help Me Grow
ORANGE COUNTY

Welcome Christine HMG ADMIN (0 login attempts since 1/8/2014 10:35:15 AM) [Change Password](#)

MENU ▼

Case Information

Sammantha Wright
714-212-1212 (Home)
Nash Wright (4yrs. 11 mths.)
#6 HMG Pilot

Developmental Screening Results

Child: **Nash Wright**

Select Developmental Screening Tool: ASQ

Completed On: 01/08/2014

Date Entered: 01/08/2014

Select Screening Interval: 60 month

Completed By: Sammantha Wright

Relationship to Child: Mother

Screening Results

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Instrument:	Score:	Cutoff:
ASQ: Communication	25	33.19
ASQ: Gross Motor	45	31.28
ASQ: Fine Motor	30	26.54
ASQ: Problem Solving	60	29.99
ASQ: Personal Social	60	39.07

Summary:

Below Cutoff
Above Cutoff
Monitoring
Above Cutoff
Above Cutoff

Hearing concerns?

No

Vision concerns?

Yes

both parents require glasses

Motor or neurological concerns? (able to use both sides of body equally well? feet flat?)

No

Behavior concerns?

No

Developmental Monitoring Menu

- Screening Intake
- Care Coordination Log
- Screening Letters
- Files (0)



System for Tracking Access to Referrals

Welcome Rebecca Hernandez (0 login attempts since 2/25/2014 3:26:19 PM) [Change Password](#)

MENU ▼

- Quick Counts and Comparisons**
 - Follow-up Received
 - Intake Entries due to Developmental Screening
 - Child Concern
 - How did you hear about HMG
 - Child Gender
 - Child Ethnicity
 - Child School District
 - Child Insurance
 - Health Care Provider
 - Child Primary Language
 - Caregiver Language
 - Referral Category
 - Child Developmental Disorder
 - Child Developmental Disorders
 - Child Health Issues
 - Relationship to child
 - Child Entry Point
 - Child Military Family
 - Intake Counts By Type
 - How Long Concerned
 - City
 - Child Age
- Outcomes**
 - Outcomes: Connected versus Not Connected
 - Barriers: Concern Outcomes
 - Gaps: Concern Outcomes
 - Service Outcomes by Concern
 - Service Outcome
- Screening Reports**
 - Screening Summary
 - Screening: ASQ
 - Screening: ASQ-SE
 - Screening: PEDS
 - Screening Totals
 - Screening Report by Child
 - Aggregate Report of Screenings by Tool
- Ticklers, Workflow, and Time Reporting**
 - Care Coordinator Hours
 - Care Coordinator Hours by Type of Work
 - GIS Engine
- Web Counts**
 - Web Request Totals
 - Web Requests Rejected
 - Web Requests Accepted (Incomplete)
 - Web Requests Accepted (Complete)

Back to Report Menu

Age

Filters:	
Series 1	Series 2 (Optional)
Date of Intake: <input type="text" value="7/1/2012"/> to <input type="text" value="6/30/2013"/> <input type="text" value="Last Fiscal Year"/>	Date of Intake: <input type="text" value="7/1/2013"/> to <input type="text" value="6/30/2014"/> <input type="text" value="This Fiscal Year"/>
Intake Type: <input type="text"/>	Intake Type: <input type="text"/>
Agency: <input type="text"/>	Agency: <input type="text"/>
Zip Code: (You can enter Multiples separated By a comma.)	Zip Code: (You can enter Multiples separated By a comma.)
HMG Staff: <input type="text"/>	HMG Staff: <input type="text"/>
Case Status: <input type="text"/>	Case Status: <input type="text"/>
Entry Point: <input type="text"/>	Entry Point: <input type="text"/>
Enrolled In CSP: <input type="text"/>	Enrolled In CSP: <input type="text"/>
CSP Active (under development): <input type="text"/>	CSP Active (under development): <input type="text"/>
Site: <input type="text"/>	Site: <input type="text"/>
Classroom: <input type="text"/>	Classroom: <input type="text"/>
Gender: <input type="text"/>	Gender: <input type="text"/>
Ethnicity: <input type="text"/>	Ethnicity: <input type="text"/>
School District: <input type="text"/>	School District: <input type="text"/>
Primary Insurance: <input type="text"/>	Primary Insurance: <input type="text"/>
Primary Health Care Provider: <input type="text"/>	Primary Health Care Provider: <input type="text"/>



Total Concerns/Presenting Issues for 2012

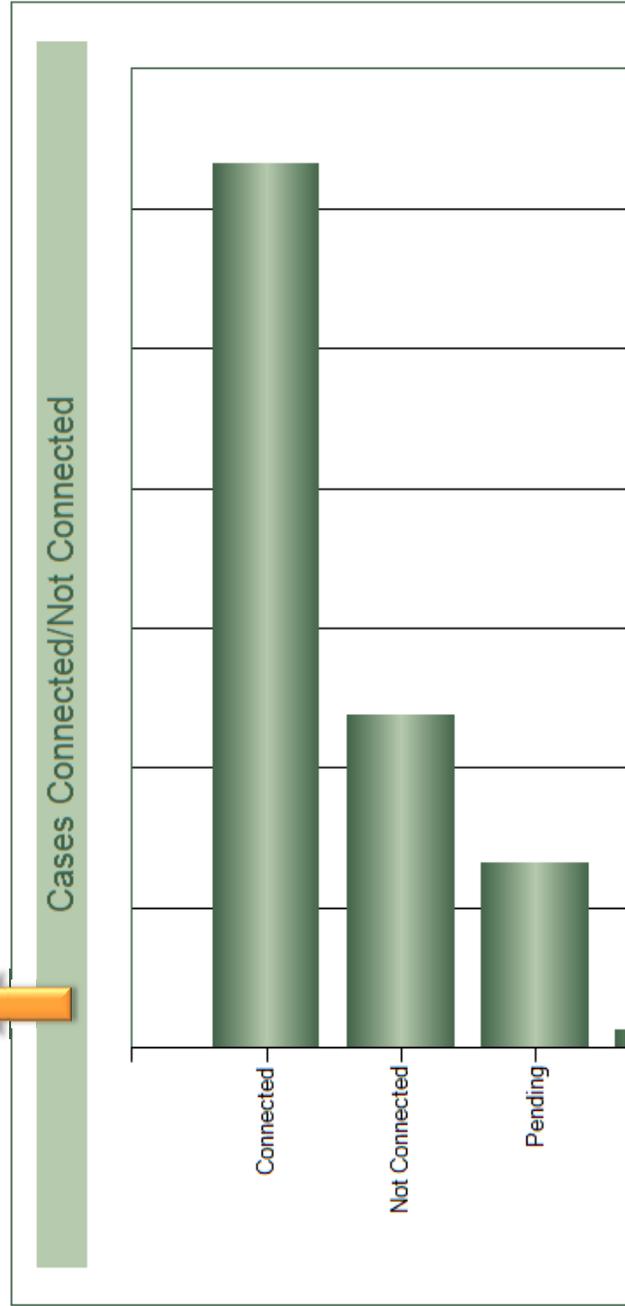


Concern Name	Total Children With Concern	
	#	%
Adaptive	29	0.9
Basic Need	112	3.4
Behavioral	433	13.3
Childcare	158	4.9
Cognitive (Learning)	13	0.4
Communication	520	16
Diagnosis	139	4.3
Education	72	2.2
Family Issues	102	3.1
General Development	340	10.4
General Information	307	9.4
Health Insurance	32	1
Health/Medical	69	2.1
Hearing	102	3.1
Living Condition	2	0.1
Mental Health	115	3.5
Gross Motor	50	1.5
Parental Support	347	10.7
Social/Emotional	42	1.3
Vision	7	0.2
Other	35	1.1
Fine Motor	14	0.4
Developmental Concerns	216	6.6
Total	3256	100

[Back to Report Menu](#)
Outcomes: Connected versus Not Connected

Filters:	
Series 1	Series 2 (Optional)
Chart:	Count
Clear Filters	Run Report

StatusDescription	Cases Connected/Not Connected		Total Children Tied to Cases		Children Connected/Not Connected	
	#	%	#	%	#	%
Connected	3168	62.1	3654	62.7	3506	60.2
Not Connected	1197	23.5	1354	23.2	1421	24.4
Pending	664	13	730	12.5	734	12.6
Unknown	71	1.4	86	1.5	163	2.8
Total	5100	100	5824	100	5824	100





Help Me Grow
ORANGE COUNTY



Thank you **Questions & Answers**

To learn more contact:

Rebecca Hernandez
949.239-0300
Rhernan2@uci.edu

Help Me Grow Utah Family Database

Help Me Grow Utah Family Database

The family database is used to keep track of all families in our program, the resources they've requested and any follow-up required.

Pages 2-6: Screenshots

Page 2: Family Record

Page 3: Child Record

Page 4: Reports that can be generated from the database

Page 5: Example of a report of follow-up items and reminders.

Page 6: Example of an ASQ Report – we can see a child and the multiple ASQs they've completed and on the last page the total number of ASQs administered.

Page 7-20: Section from our intern manual describing the family database usage and protocol.

Help Me Grow Database

Search:

Contacts:

#1 Last Name: 1112 #2 Last Name:
 #1 First Name: #2 First Name:
 Relationship: Mother Relationship:
 Language: English only

Address: City: Spanish Fork State: UT Zip: 84660
 Day Phone: Evening Phone: Cell:
 Best Time to Contact: E-mail:

Active: Recurring Contact:
 Start Date: 4/17/2010
 End Date: 7/1/2010

General Notes:
 3/17/2010: [redacted] called wanting to have a hearing screening done on her 5 month old daughter. Daughter did not pass hearing screening in hospital at birth, but mother felt the baby was hearing

Enrollment Form:
 Double-click the box above to add/remove attachments.

Parent Permission: Permission Date: HMG Worker: Stephanie
 Health Insurance: Medicaid Insurance Note:

Pediatrician/ Family Practitioner:

Doctor Last Name: McCune First Name: Brian Title: MD Dr. Employer: Utah Valley Pediatrics - Sarat
 Dr. Work Address: 1305 N. Commerce Dr. #2 City: Saratoga Springs State: UT Zip: 84045
 Phone: 801-407-8500 Fax:

Children Details

Child Name	Gender	Birthdate	Age	Age in mo	Early	Adj.	Age in mo
girl	F						0

Who is calling: Parent

How did family hear: Referral from 2:

Initial reason for call: Developmental

Demographics: Caucasian

Success Story?

Gaps

Notes
* <input type="text"/>

Record: 1 of 1

Barrier

Notes
* <input type="text"/>

Record: 1 of 1

Family Referrals:

Issue	Referral	ASQ.M	Ref. Date	Follow-up	Why Follow-up	Done	Notes	HMG Contact	Outcomes
Other	Close File		7/1/2010	7/1/2010	File Closed	<input checked="" type="checkbox"/>	File closed, unable to contact	RobinL	No response from family
Other	Close File		5/10/2010	5/10/2010	Still interested?	<input checked="" type="checkbox"/>	Called 2x and never returned calls-RobinL	RobinL	No response from family
Hearing	Other		3/17/2010	3/24/2010	Connected to Referral?	<input checked="" type="checkbox"/>	UVRMC Hearing Screening Program-LM re imptc of hearing	RobinL	No response from family
Hearing	BYU Comprehensive Clinic 801-422-7759		3/17/2010	3/24/2010	Connected to Referral?	<input checked="" type="checkbox"/>		RobinL	No response from family

Record: 1 of 4

Help Me Grow Child Record

- All the children are listed for the #1 Name person
 - Press the "next" and "previous" child to get to the right child
 - Edit the data, press "Return" when done

#1 Name: [Redacted]

Child's Name: [Redacted] Next Child Previous Child

Notes on this child:

Birthdate: 4/17/2008
 Age: 3.8
 Age in months: 45.7
 Weeks Early: 0
 Adj. Age in months: 45.7
 Monitoring: [Dropdown]

Monitoring by HMG:

ASQ: (green = AAP) ASQ/SE:

2: 22:
 4: 24:
 6: 27:
 8: 30:
 9: 33:
 10: 36:
 12: 42:
 14: 48:
 16: 54:
 18: 60:
 20:

Letters to parents:

- First time ASQ user
- Subsequent ASQs
- First time ASQ user (Spanish)
- Subsequent ASQs (Spanish)

Return

Print Child Information

Preview

ASQ's Received:

Type	Month	Date Completed	Date Scored	ASQ Online	Sent to Provider	Score	Notes on the Score
ASQ	42	1/12/2012	1/20/2012	2/3/2012	Gray	gray in comm and personal social	0/1
* [Redacted]							

Child Referrals:

Issue	Referral	ASQ	Ref. Date	Follow-up	Why Follow-up	Done	Notes	HMG Cont.	Outcomes
General Development/ASQ3	ASQ	48	2/3/2012	4/1/2012	Verify HMG ASQ receipt	<input type="checkbox"/>		DeborahW	
General Development/ASQ3	ASQ	48	2/3/2012	3/20/2012	Send ASQ	<input type="checkbox"/>		ASQ Intern	
Follow-up	Alpine Assessment Center 801-717-4835		2/6/2012	3/1/2012	Connected to Referral?	<input type="checkbox"/>		DeborahW	
Communication	Alpine Assessment Center 801-717-4835		2/6/2012	2/6/2012	Relay Information	<input checked="" type="checkbox"/>	family moved to orem - give apline information.	DeborahW	Information received by client
Follow-up	Nebo School District Preschool 801-491-2185		2/3/2012	2/6/2012	Connected to Referral?	<input checked="" type="checkbox"/>		DeborahW	Child situation changed
Communication	Nebo School District Preschool 801-491-2185	42	2/3/2012	2/3/2012	Relay Information	<input checked="" type="checkbox"/>		DeborahW	Child situation changed
General Development/ASQ3	Activities, ASQ3 Activities	42	2/3/2012	2/3/2012	Relay Information	<input checked="" type="checkbox"/>		DeborahW	Information received by client
General Development/ASQ3	ASQ	42	2/3/2012	2/3/2012	Give ASQ Results	<input checked="" type="checkbox"/>		DeborahW	HMG complete
Follow-up	ASQ	42	1/9/2012	1/16/2012	Verify HMG ASQ receipt	<input checked="" type="checkbox"/>		DeborahW	Received service
General Development/ASQ3	ASQ	42	12/6/2011	1/6/2012	Verify HMG ASQ receipt	<input checked="" type="checkbox"/>	left message	DeborahW	HMG complete
General Development/ASQ3	ASQ	42	12/6/2011	12/6/2011	Send ASQ	<input checked="" type="checkbox"/>	Include enrollment form	EmilyM	HMG complete

- Specify a from and to date (leave blank for all)
- Select the report criteria and report type.
- Then press "Print" or "Preview" buttons

Reports

Active only:

City:

School District:

HMG Worker:

From Date:

To Date:

Families:

- List of Families
- List of Families (by zip code)
- List with e-mail addresses
- List by doctor:
- Success Stories
- List of Families (with enrollment form)
- List of Families (for the survey)

Children:

- ASQ Report
- ASQ/SE Report
- ASQ Report by Family Name
- ASQ Report by month (all)
- ASQ Report by month:
- Monitor HMG Report
- Families and Children - Family Events

Family Referrals:

- All
- Not Done
- Sorted by referrals
- Sorted by referrals, with outcomes
- Sorted by worker
- Sorted by worker, not done
- By Issue:

Family and Child Referrals:

Child Referrals:

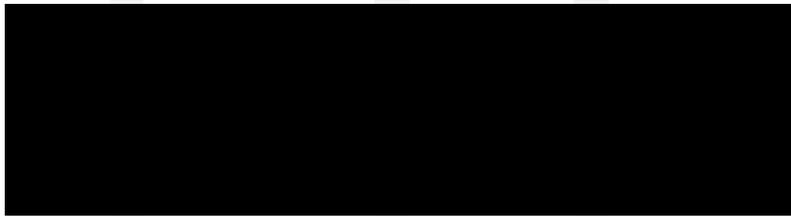
- All
- Not Done
- Sorted by referrals
- Sorted by referrals, with outcomes
- Sorted by worker
- Sorted by worker, not done
- By Issue:

Return

Preview

Print

Export

Worker	Family/Child Name	Type	Why	Referral Date	Done	Notes	Follow-up Date
Barbaral 			Send ASQ	14-May-12	<input type="checkbox"/>		14-Feb-12
			Send ASQ	05-May-12	<input type="checkbox"/>		11-May-12
		TC	Send ASQ	13-Jan-12	<input type="checkbox"/>		01-May-12
			Send ASQ	02-Feb-12	<input type="checkbox"/>	Mom moved but still interested in receiving the ASQ MOVED to Brigham City	08-May-12
		Letter	2nd ASQ screening	03-Feb-12	<input type="checkbox"/>	Talked with mom and she will rescreen in about a month, and she will resend back in one month.	24-Feb-12
		Letter	Send ASQ	25-May-12	<input type="checkbox"/>	Son in HS during the school year may need more resources for the summer	25-May-12
			Send ASQ	13-Jan-12	<input type="checkbox"/>	Just sent out ASQ for mom use only , don't followup just set up for next ASQ-48	16-May-12
			Connected to Referral?	06-Jan-12	<input type="checkbox"/>	Michele Thompson	09-Jan-12
			Connected to Referral?	06-Jan-12	<input type="checkbox"/>	LDS Special Needs Primary 801-836-0244	09-Jan-12
			Connected to Referral?	06-Jan-12	<input type="checkbox"/>		09-Jan-12
			Connected to Referral?	06-Jan-12	<input type="checkbox"/>		09-Jan-12
			Connected to Referral?	06-Jan-12	<input type="checkbox"/>		09-Jan-12

of referrals: 12

ASQ Report

Report run: Feb 7, 2012

Family Name	Child's Name	Calc. Age (months)	ASQ: 2	4	6	8	9	10	12	14	16	18	20	22	24	27	30	33	36	42	48	54	60
		45.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		40.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		50.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		45.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		65.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		22.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		47.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		42.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		8.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		11.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		65.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		65.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		13.3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		44.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		53.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		11.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		41.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		8.8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		21.8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		25.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		15.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Name	Child's Name	Calc. Age (months)	ASQ: 2	4	6	8	9	10	12	14	16	18	20	22	24	27	30	33	36	42	48	54	60
		21.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
		41.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										

Total number of children: 362

Total number of ASQ's 639

Average ASQ's per child: 1.8

4. Based on the family's needs and what the ASQ has shown, we use Volunteer Solutions (our online resource database) to find appropriate resources which we give to them.
5. Depending on the family we follow-up with them to see if the resource was a match!

Care Coordination

When families contact us, we need to get basic information from them so that we can find the best answer for their concern.

1. Always have the **Family Database** open to record their information and referrals made so that we can follow up with them.
2. Always be signed in to your admin account on **Volunteer Solutions** so that you can search the information we have to find answers to their questions.
3. Feel free to discuss any question a family might have with Barb or Robin to get ideas of what are good referrals to make to a family.
4. Always give information to the family that they would need to have when they call.

Family Database

The Family Database is where all of our family contact information is kept. It is how we follow the progress of the child and helps us to have reliable follow-up to make sure that a family doesn't fall through the cracks.

Family Record Information

The screenshot shows the Microsoft Access interface for the Help Me Grow Database. The interface is divided into several sections, each with a label and an arrow pointing to it:

- Search box:** Located at the top center, containing a search field and buttons for 'Find', 'Next', 'Show Active', and 'Show All Items'.
- Caller Info Red Box:** A red-bordered box on the right side containing dropdown menus for 'Who is calling:', 'How did family hear:', 'Initial reason for call:', 'Demographics:', and a checkbox for 'Success Story?'.
- Referral/Parent Info:** Points to the top-left section of the form, including fields for '#1 Last Name:', '#2 Last Name:', '#1 First Name:', '#2 First Name:', 'Relationship:', and 'Language:'.
- General Contact Info:** Points to the middle-left section, including fields for 'Address:', 'City:', 'State:', 'Zip:', 'Day Phones:', 'Evening Phones:', 'Cell:', and 'Best Time to Contact:'.
- Parent Permission Section:** Points to the section below general contact info, including 'Parent Permission:', 'Permission Date:', 'HMG Workers:', and 'Enrollment Form:'.
- Doctor Info:** Points to the 'Pediatrician/ Family Practitioner:' section, including fields for 'Select the Doctor:', 'Doctor Last Name:', 'First Name:', 'Title:', 'Dr. Employer:', 'Dr. Work Address:', 'City:', 'State:', 'Zip:', 'Phone:', 'Fax:', and 'E-mail:'.
- Child Info:** Points to the 'Children' table below the doctor info, including columns for 'Child Name', 'Gender', 'Birthdate', 'Age', 'Age in mo', 'Early', 'Adj. Age', and 'Referral'.
- Family Referral:** Points to the 'Family Referrals' table at the bottom, including columns for 'Issue', 'Referral', 'ASQ', 'Ref. Date', 'Follow-up', 'Type', 'Why Follow-up', 'Done', 'Notes', 'HMG Contact', 'Connec', and 'Outcom'.
- Child Referral:** Points to the 'Children' table.
- Reports:** Points to the 'Reports' button on the right.
- Define Lists:** Points to the 'Define Lists' button on the right.
- Add:** Points to the 'Add' button on the right.
- Exit:** Points to the 'Exit' button on the right.
- Delete:** Points to the 'Delete' button on the right.
- Totals:** Points to the 'Totals' button on the right.
- Print Family Information:** Points to the 'Print Family Information' button on the right.

Search Box: This is where you search for families. It's best to search by last name and then click the "find" button.

Referral/Parent Information: This is where referral's name, relationship, and language preference are recorded. Usually the parent's information is here (mom's info on the left and dad's on the right). However the referral could be from someone besides the caregiver like the grandmother or LDS family services.

Contact Information: Make sure to gather as much information as possible, especially, email and phone number so that we have multiple ways of contacting the family. Some of these families are very transient and we need to have more than one way to contact them.

Parent Permission Section: Checking this box and selecting a date means that the parent has given us permission to send ASQ results to their primary care provider and discuss any concerns with any other professionals as needed. When we open a new record we need to get this permission from the parent through an enrollment form and signature. We attach a scanned copy of the enrollment form in the box titled "Enrollment Form." "HMG Worker" to the left is the person that first added the file and talked to the family. "Health Insurance" is to select their type of health insurance and to the right is an area for more specific insurance notes. Ask what type of insurance they have. Our referrals will change depending on if they have Medicaid or private insurance.

Doctor Information: Here you record their child care provider's information. You cannot type in the information. You must select their doctor from our list under "Select the Doctor." If the doctor is not listed then you must update the list. See below on how to enter in a new doctor under Updating Doctor and Setup Lists.

Child Information: This is to put information specific to each child in the family.

Child Name: for each child

Gender: M is Male and F is Female

Birthdate: If we don't have the birthdate but only the age of the child, enter the birthdate as the first of January. For example, if we know the child is two years old, then we would enter 1/1/2009. After the birthdate is entered, the computer will automatically enter the **Age** and **Age in months**.

Early: If a child was premature, enter the amount of weeks early they were born. Then the computer will adjust the age. Then we can send the ASQ appropriate to their stage of development, by the **Adjusted Age**.

Referral: Check this box when there is a referral on a child record, whether it's ASQ monitoring or a community referral.

General Notes Section: The section is used to record how the family came to be in our system, include the date of event or program if needed. Also include today's date and your initials.

Caller Info Red Box: This is how we can keep track of who is calling and why. It is very important to include this information for purposes of funding and validity to the program. If you edit any of the lists, you must let Bruce know in an email.

- Who is calling
- How did family hear
- Initial reason for call
- Demographics- don't have to get this, can guess it for now
- Success Story?

ADD: To add a new family into the database

Gaps and Barriers: While working with a family, if you see any gaps in services or barriers from receiving services, record them here. Select the type of gap or barrier from the list and add any additional notes to the right.

Family Referrals vs. Child Referrals: A family referral is any referral not specific to one of the children, i.e. a parenting class, or a caller that didn't want to give specifics but wanted a referral. Any referral specific to one of the children, including ASQs mailed out, should be recorded on the individual child record.

Entering in a Family or Child Referral:

Issue: Select the genre of concern the family is asking about. Most are self-explanatory; however a few need to be defined:

- Adaptive: selected when we're referring to a disability that requires a machine or apparatus for special care.
- Basic Need: basic needs are food, housing, clothing, etc. Usually a 2-1-1 referral.
- Behavioral: selected when there's a behavioral concern like autism
- Bonding/attachment

- Childcare
- Cognitive (Learning)
- Communication
- Diagnosis: selected when we are making a referral based on a specific diagnosis from a doctor, i.e. referral to CHADD because an individual has been diagnosed with ADHD.
- Education
- Expressive language
- Family Issues: this could be marriage issues, etc.
- Fine Motor
- Follow-up: selected when follow-up is needed to see if the family was connected to a community referral
- General Development: selected when a parent has a basic question about their child's development. Also selected when the referral made is to send out an ASQ.
- General Information: selected when we need to obtain contact or basic information from the family.
- Gross Motor
- Health Insurance
- Health/Medical: any referral that needs to be made to a health professional or resources. The parents takes care of this, we don't make professional referrals.
- Hearing
- Interagency: selected when we speak with other community organizations
- Interoffice: selected when ASQs are transferred from one worker to another in the office. Also used to give reminders to yourself of tasks to do.
- Living Conditions: questions or concerns about a family's home environment. Usually a 2-1-1 referral.
- Mental Health
- Other
- Parental Education: selected for referrals specific to parenting classes.
- Problem Solving
- Receptive Language
- Social/Emotional
- Vision

Referral: put in the name of the agency or ASQ that we referred to the family. Use only the options in the list. Do not type in a referral. Find one that fits or edit the list to insert your referral under "Define Lists." Referrals that are typed in and not selected from the list are sometimes lost and it makes reports very difficult. Do not select a numbered ASQ, always "ASQ." The numbered ASQs will soon be deleted.

Ref. Date: the referral date is the date you are entering the referral i.e. today's date.

Follow-up: the date that you plan to follow up with the family (i.e. two days, two weeks, or two months)

Type: how you contacted the family, via telephone call (TC), email, fax, letter, home visit (HV), other

Why Follow-Up: indicate why you are following up with the family (to verify if they were connected to resources, to send an ASQ, etc.) Use only the options in the list. If you need to make additional notes, you can do so in the Notes section. A few definitions:

- 2nd ASQ screening: some ASQs are scored and show a delay. Depending on the delay we'll provide activities and re-screen in a few weeks or month to check if there is improvement.
- Connected to referral? Follow-up to see if they contacted the referral.
- File Closed: the final referral when a record is closed.
- Give ASQ Results: selected when the parent needs to be called to give the ASQ score.
- Other
- Parent Assignment: selected when we need to follow-up on any specific assignment made to a parent.
- Relay Information: once research has been done for a family, this is selected to remind us to relay the information to the parent.
- Research: selected when further research needs to be made on a question a parent made or community resource
- Send ASQ
- Scan/Fax to Doctor: reminder to scan the ASQ and fax the results to their health care provider
- Scored ASQ: record when you scored ASQs
- Still Interested? Before a file is closed, we call to check if they are still interested or not.
- *Verify family ASQ receipt:* selected when we call the family to verify that they received the ASQ in the mail.

- Verify Family Information: when following up on basic contact information
- *Verify HMG ASQ receipt*: selected when we want to make sure that we've received the ASQ from the family.
- Verify Improvement: a follow-up call to see if the child has improved since the last call.

Done: this is the check box to mark if you have done your part of the follow up (i.e. called the family to relay information and referrals, or sent the ASQ)

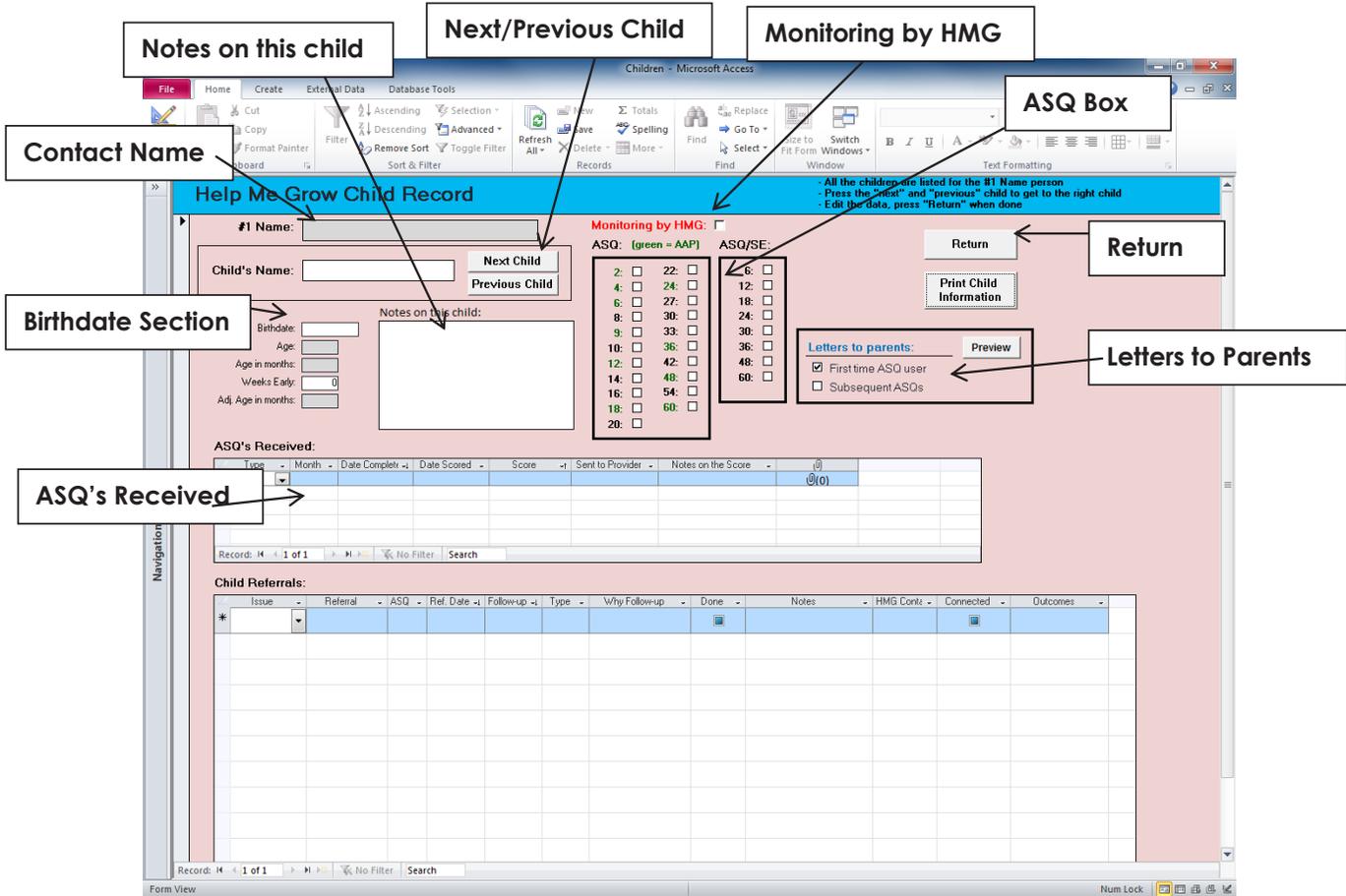
Notes: to include additional information about the referral so that anyone looking at the child's record can know what needs to be done in follow-up. Always include today's date or the date you completed the task and your initials. Most of the notes should be included here and not in the bigger notes section!

HMG Contact: The name of the person that will be following-up with the family.

Connected: this column will soon be deleted, so don't worry about it.

Outcomes: select options from the list, this will eventually replace the Connected column

CHILD RECORD INFORMATION



ASQ's Received: Here we record only the ASQs that have been returned to us from the families.

Type: Select whether or not it was an ASQ-3 or ASQ-SE

Month: Select the ASQ month

Date Completed: Date the parent completed the ASQ

Date Scored: Date we scored the ASQ

Score: The predominant score color. If there is one domain in gray, select Gray as the score and say for example, "gray in communication" in the notes section. Even if the score is all white except for one area in gray or black, select the score color as gray or black. Then specify in the notes.

Sent to Provider: Date when the ASQ summary (results) sheet was faxed to the pediatrician

Notes on the Score: Any additional notes on the score, like “perfect score”

Paper Clip Sign: Where to attach a scanned copy of the ASQ with the score sheet

Birthdate section: This information will update automatically from the “Child Info” on the first page of the record.

Contact name: This is the first contact name on the first page of the record. This will come up automatically. So will the Child’s name.

Next/Previous Child: These buttons are used to go back and forth between the children’s records of the family.

Monitoring by HMG: This is checked whenever this is a child referral, i.e. ASQs and community referrals.

ASQ Box: When we received a completed ASQ back from a family, the ASQ month needs to be checked off. The months colored in green stand for the American Academy of Pediatrics’ schedule for completing the ASQ. When a child shows normal development we don’t need extra monitoring, we therefore follow the AAP schedule for that child. The ASQ’s Received section and ASQ Box section should always match.

Letters to Parents: Check the box of the letter you would like to send, press the Preview button which shows the letter with the parent’s name, and then print it.

First time ASQ user: When we send out the first ASQ, we include this letter to the caregiver.

Subsequent ASQs: When we send out any ASQ after the first one, we include this letter to the caregiver.

Return: Click this button to return to the first page of the record.

Things to remember

- Sometimes we get calls from agencies calling in behalf of a client. They usually will not release the name of their client to you. In these situations, use the Clinic List and Follow-up Database.

- Always fill out the “Who is calling?” Section!
- Unless a family doesn’t want us to contact them again, **WE MUST always include a referral that isn’t marked “Done.”** Otherwise that family will never come up on our weekly reports and therefore we won’t follow up with them.
- Always keep a record detailed enough so that a worker unfamiliar with the family situation would be able to see what has been done to help that family.
- Use the “ASQ Intern” as the HMG Contact anytime we need to send out an ASQ. Feel free to use your own name if you plan on sending out the ASQ yourself that same day.

Specifics on How to Enter Family/Child Referrals

For every phone call and action taken, a referral line needs to be entered. Here are examples with the correct format to follow:

Regular ASQ Monitoring:

The following are the steps to record an ASQ under Child Referrals. You make a line when the ASQ is sent, to verify it's received, when it's scored, to give the results to the parents, and then to start over again.

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Contc	Connected	Outcomes
General Development	ASQ	27	7/28/2011	9/19/2011	Letter	Send ASQ	<input type="checkbox"/>	Include enrollment form for doctor permission.	MiriamC	<input type="checkbox"/>	
General Development/AS	ASQ	24	7/27/2011	7/28/2011	TC	Give ASQ Results	<input checked="" type="checkbox"/>	Mother doesn't have ques or concerns, happy about score.	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	24	7/27/2011	7/27/2011	Other	Scored ASQ	<input checked="" type="checkbox"/>		CourtneyH	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	24	7/26/2011	7/27/2011	TC	Verify HMG ASQ receipt	<input checked="" type="checkbox"/>	HMG received ASQ.	CourtneyH	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	24	7/8/2011	7/26/2011	TC	Verify HMG ASQ receipt	<input checked="" type="checkbox"/>	Left message. 7/26/11 MC	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	24	6/17/2011	7/8/2011	TC	Verify HMG ASQ receipt	<input checked="" type="checkbox"/>	Left message. 7/8/11 MC	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	24	6/17/2011	6/17/2011	Letter	Send ASQ	<input checked="" type="checkbox"/>		MiriamC	<input type="checkbox"/>	Referral complete

Community Referrals:

When community referrals are given, a line needs to be entered for every single one. Relay information is put in the "Why Follow-up" column. Then a follow up line should be entered for each community referral to see if the family was connected. When more than one community referral needs to be followed up on like in the situation below, you must record every time you call. But this only needs to be done for one community referral. The other referral can just have the date of follow-up changed until the family is reached or until they're connected. When ASQ3 activities or Informational Resources are given as a referral, the process is the same.

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Contact	Connec	Outcome
Parental Education	Utah Parent Center 801 272 1051, 800 468 1160		7/7/2011	8/1/2011	TC	Connected to Referral?	<input type="checkbox"/>	Also get daughter's name	MiriamC	<input type="checkbox"/>	
Follow-up	Utah Parent Center 801 272 1051, 800 468 1160		5/23/2011	7/19/2011	TC	Connected to Referral?	<input checked="" type="checkbox"/>	Mom says received info but has not had time to	RobinL	<input type="checkbox"/>	No follow through by
Follow-up	Utah Parent Center 801 272 1051, 800 468 1160		6/1/2011	7/7/2011	TC	Connected to Referral?	<input checked="" type="checkbox"/>	Called, left message 7/7/11 MC	MiriamC	<input type="checkbox"/>	Client cannot be
Follow-up	Utah Parent Center 801 272 1051, 800 468 1160		5/18/2011	5/23/2011	Email	Connected to Referral?	<input checked="" type="checkbox"/>	She's been out of town but will call resources	RobinL	<input type="checkbox"/>	No follow through by
Follow-up	CAST For KIDS		5/23/2011	8/1/2011	TC	Connected to Referral?	<input type="checkbox"/>		MiriamC	<input type="checkbox"/>	Referral complete
Parental Education	CAST For KIDS		5/23/2011	5/23/2011	Email	Relay Information	<input checked="" type="checkbox"/>		RobinL	<input type="checkbox"/>	Referral complete
Parental Education	Utah Parent Center 801 272 1051, 800 468 1160		5/18/2011	5/18/2011	Email	Relay Information	<input checked="" type="checkbox"/>	Emailed Utah Parent Center resource.	AmandaM	<input type="checkbox"/>	Referral complete
Interoffice	Interoffice		5/18/2011	5/18/2011	Email	Research	<input checked="" type="checkbox"/>	Research resources for disabled daughter.	AmandaM	<input type="checkbox"/>	Referral complete

Interoffice:

Interoffice is used when ASQs are exchanged within the Help Me Grow office. For example, an ASQ is given to Robin because it's in the black. An Interoffice line is a reminder to yourself to scan and fax the ASQ in the future. Interoffice helps us keep track of ASQs and ensures that families aren't lost when they're exchanged between Help Me Grow representatives. Interoffice is also used to give reminders to yourself of any tasks to be do. For example, when you need to follow up with a family to "Verify Family Information" you would use Interoffice.

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Cont	Connected	Outcomes
Interoffice	Interoffice		6/30/2011	7/8/2011	Fax	Scan/Fax to Doctor	<input checked="" type="checkbox"/>		MiriamC	<input type="checkbox"/>	Referral complete

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Contact	Connec	Outcome:
Interoffice	Interoffice		4/20/2011	4/20/2011	TC	Verify Family Information	<input checked="" type="checkbox"/>	Wants a home visistor.	MiriamC	<input type="checkbox"/>	Referral complete

Interagency:

Interagency is used when Help Me Grow call another agency. Below HMG called PEIP to give a referral and make sure they were a good match for a family. Make sure to follow up.

Follow-up	PEIP 801-852-4525 (Berl)		7/8/2011	7/29/2011	TC	Connected to Referral?	<input type="checkbox"/>		DeborahW	<input type="checkbox"/>	
Interagency	PEIP 801-852-4525 (Berl)		7/8/2011	7/8/2011	TC	Relay Information	<input checked="" type="checkbox"/>	Called PEIP, gave family info, will call her in Spanish.	MiriamC	<input type="checkbox"/>	Referral complete

Close file:

When a family is not interested in HMG services or does not respond to our calls, then we enter a Close File line in the Family Referrals. To do so, make sure to enter the Outcome, End date and uncheck active on the first page of the file.

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Contact	Connec	Outcome:
Other	Close File		7/5/2011	7/5/2011	Other	File Closed	<input checked="" type="checkbox"/>		MiriamC	<input type="checkbox"/>	Parent refused

Still Interested?:

Before a file is closed, we call to check if the family is still interested or not. This is usually the third time we call the family.

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Cont	Connected	Outcomes
General Development/AS	ASQ	42	7/7/2011	7/7/2011	TC	Still interested?	<input checked="" type="checkbox"/>	Called but phone said the number has been changed.	MiriamC	<input type="checkbox"/>	Referral complete

CHILD CARE PROVIDER FAMILIES:

When families complete ASQs with their child care provider, protocol is somewhat different. The forms received are scanned and then we call the family to address any concerns or needed community resources. Both the ASQs completed by the parent and child care provider are scanned, faxed and recorded. Any resources or activities given are recorded. Last, a follow up line is created to make sure ASQ monitoring continues. See the example below.

ASQ's Received:

Type	Month	Date Complete	Date Scored	Score	Sent to Provider	Notes on the Score	(0)
ASQ	2	6/22/2011	6/28/2011	Black		Black in gross motor, Gray in	0(1)
ASQ	2	6/15/2011	6/28/2011	Gray	6/30/2011	Borderline gray in communic	0(1)
*							0(0)

Record: 1 of 2 | No Filter | Search

Child Referrals:

Issue	Referral	ASQ	Ref. Date	Follow-up	Type	Why Follow-up	Done	Notes	HMG Cont.	Connected	Outcomes
General Development	ASQ	4	6/30/2011	8/30/2011	Other	Verify HMG ASQ receipt	<input type="checkbox"/>	have we received next ASQ from child care provider?	MiriamC	<input type="checkbox"/>	
General Development/AS	ASQ	2	7/1/2011	7/5/2011	TC	Give ASQ Results	<input checked="" type="checkbox"/>	Address looking to the right concern, mailed	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	Activities, ASQ3 Activities	2	7/1/2011	7/5/2011	TC	Relay Information	<input checked="" type="checkbox"/>	Mailed communication activities 7/5/11 MC	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	2	6/30/2011	7/1/2011	TC	Give ASQ Results	<input checked="" type="checkbox"/>	Called, no answer 7/1/11 MC	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	2	6/30/2011	6/30/2011	TC	Give ASQ Results	<input checked="" type="checkbox"/>	Called, left message. 6/30/11 MC	MiriamC	<input type="checkbox"/>	Referral complete
Interagency	Childcare Resource and		6/30/2011	6/30/2011	TC	Relay Information	<input checked="" type="checkbox"/>	Received both ASQs and parental consent form. Called	MiriamC	<input type="checkbox"/>	Referral complete
General Development/AS	ASQ	2	6/20/2011	6/30/2011	Fax	Scan/Fax to Doctor	<input checked="" type="checkbox"/>	Scanned enrollment form, parental consent form. Faxed	MiriamC	<input type="checkbox"/>	Referral complete

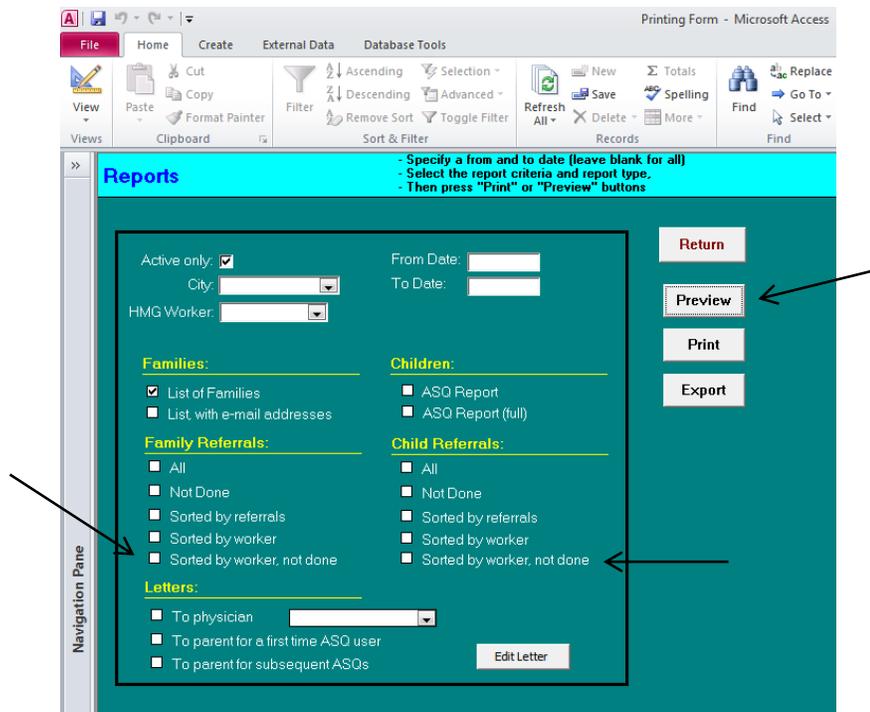
REPORTS

To pull a report, go to “Reports”. Types of reports are:

1. All – All referrals ever made
2. Not Done – all referrals that haven’t been completed
3. Sorted by Referrals – list of referrals sorted by agency
4. Sorted by Worker – list of referrals both completed or incomplete by worker
5. Sorted by Worker Not Done – list of referrals sorted by worker that are incomplete
6. By Issue-list of referrals by issue

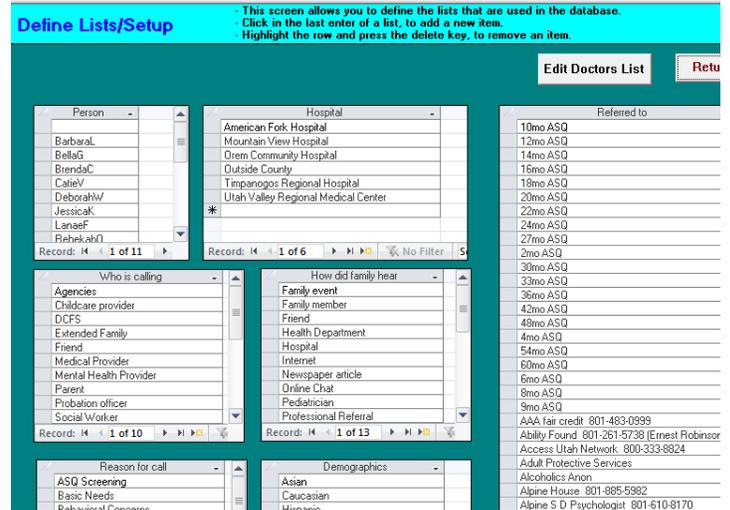
Every week an intern generates a weekly report for Family and Child Referrals. This gives each worker their follow-up assignments for the week.

1. Click the button “Reports”
2. Check the “Active only” box
3. Check the “Sorted by worker, not done” box under Family Referrals
4. Click Preview to preview the report
5. Print report
6. Repeat these steps again but check the “Sorted by worker, not done” box under Child Referrals
7. Distribute reports to appropriate worker



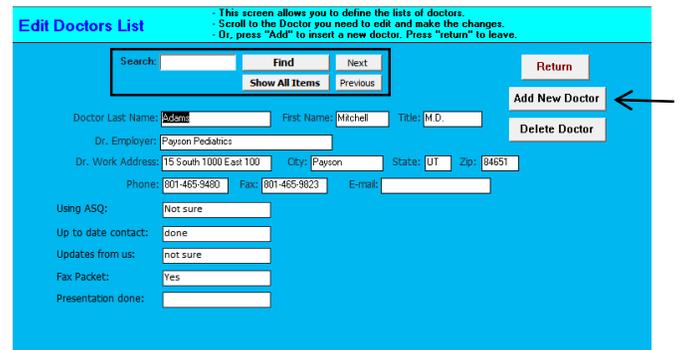
Updating the Define Lists

1. All the drop down menus in the database can be defined to help us stay organized
2. Open the Family Database and click the button "Define Lists"
3. In any box, you can change the lists of information based on what we need to utilize in the database.
4. Make sure to close out of the database and re-open for the changes to be seen.



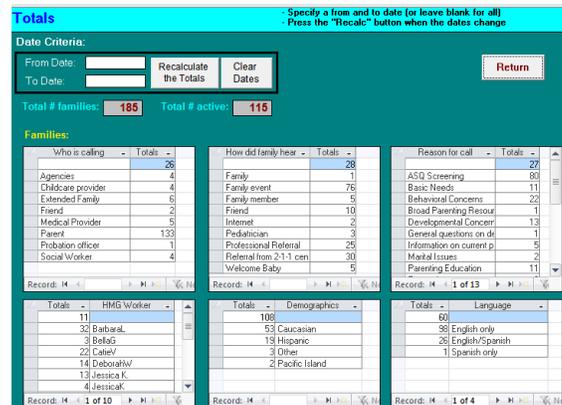
Updating Doctor List

1. Open the Family Database and click the button "Define Lists"
2. Click on Edit Doctor List
3. Click on Add New Doctor
 - a. To edit a Doctor, search for Doctor, then update his/her information
4. Close out of Microsoft Access and then go back in and the doctor you inserted will show up.



Totals

1. Log into Database, click on Totals
2. Set date parameters
3. We are working on getting these numbers to reflect the date selection.
4. We use this information to generate reports useful for grants and presentations



Help Me Grow Directory of Expertise: Call Center

Listing of Individuals by Areas of Expertise

Listing of Expert by Area of Expertise	Comment from Expert	Date Submitted/Updated
Aligning HMG & Strengthening Families (SF)		
Alycia Jeong (AL) Smart Start Program Assistant Alabama Partnership for Children 334-271- 0304 ajeong@smartstartalabama.org	Robin Mackey with Strengthening Families is creating a template for SF nationally.	April 2013
Gail Piggott (AL) Executive Director Alabama Partnership for Children 334-271-0304 gpiggott@smartstartalabama.org LinkedIn	Robin Mackey with Strengthening Families is creating a template for SF nationally.	April 2013
Business Planning		
Jeffrey Dann (NY) President and CEO Sleep Insights Management Services, LLC 877-385-6070 jdann@sleepinsights.com		April 2013
Call/Contact Center (Core Component)		
Emily Berndt (OR) Agency Relations Coordinator 2-1-1 Info 503-416-2617 211infoemily@211info.org	211 call centers Data collection on calls/referrals	April 2013
Jennifer Fromme (DE) Child Development Specialist Delaware 2-1-1/ <i>Help Me Grow</i> 302-255-1805 jfromme@uwde.org		Oct 2013

<p>Wanda Lopez (DE) Associate Director, Community Impact United Way of Delaware 302-573-3761 wlopez@uwde.org</p>		Oct 2013
<p>Anna Maloney (DE) Director, Quality & Strategic Programs Delaware 2-1-1/<i>Help Me Grow</i> 302-255-1827 amaloney@uwde.org</p>	Data collection	Oct 2013
<p>Jennifer Safstrom (FL) Program Coordinator <i>Help Me Grow</i> Switchboard of Miami 305-358-1640 x132 jsafstrom@switchboardmiami.org LinkedIn</p>		April 2013
<p>Jessica Shadrick (CA) Parenting Education Coordinator First 5 Fresno County/Exceptional Parents Unlimited 559-920-1013 jessicas@cvcsn.org</p>	2-1-1 Call Center	April 2013
<p>Patricia (PJ) West (IA) Iowa Department of Public Health Bureau of Family Health 515-229-9976 Pj.west@idph.iowa.gov</p>		Sept 2013
Call/Contact Center — Care Coordination (Core Component)		
<p>Emily Berndt (OR) Agency Relations Coordinator 2-1-1 Info 503-416-2617 211infoemily@211info.org</p>	Parent educator on the phone	April 2013
<p>Kareena DuPlessis (CT) Director CT Child Development Infoline 860-571-7530 Kareena.DuPlessis@ctunitedway.org</p>	Protocol development	April 2013

Toni Memory (CA) Outreach Coordinator Exceptional Parents 559-760-6893 tmemory@exceptionalparents.org		April 2013
Lisa Soenen (SC) Special Project Coordinator Child Advocacy-Healthy Child Development Greenville Hospital System University Medical Center, Children's Hospital 864-454-2393 LSoenen2@ghs.org	Care coordination of medically complex children	April 2013
Barbara Swan (CA) Program Manager EPU Children's Center 559-225-1102 ext. 175 bswan@epuchildren.org		April 2013
Patricia (PJ) West (IA) Iowa Department of Public Health Bureau of Family Health 515-229-9976 pj.west@idph.iowa.gov		Sept 2013
Call/Contact Center – Resource Development (Core Component)		
Sharon Beaudoin (WA) Director of Programs WithinReach 206-830-5166 sharonb@withinreachwa.org	Optimizing the connection between <i>HMG</i> and benefit programs, such as Medicaid, WIC and SNAP	April 2013
Jessica Shadrick (CA) Parenting Education Coordinator First 5 Fresno County/Exceptional Parents Unlimited 559-920-1013 jessicas@cvcsn.org	Connection Café – resource linkages	April 2013

<p>Patricia (PJ) West (IA) Iowa Department of Public Health Bureau of Family Health 515-229-9976 pj.west@idph.iowa.gov</p>		<p>Sept 2013</p>
<p>Call/Contact Center – (Client) Tracking System (Core Component)</p>		
<p>Anna Maloney (DE) Director, Quality & Strategic Programs Delaware 2-1-1/<i>Help Me Grow</i> 302-255-1827 amaloney@uwde.org</p>		<p>Oct 2013</p>
<p>Stephanie Orrico (WA) <i>Help Me Grow</i> Program Coordinator WithinReach 206-830-7660 stephanieo@withinreachwa.org LinkedIn</p>	<p>Development of customized client tracking system</p>	<p>April 2013</p>
<p>Patricia (PJ) West (IA) Iowa Department of Public Health Bureau of Family Health 515-229-9976 pj.west@idph.iowa.gov</p>		<p>Sept 2013</p>

Help Me Grow Utah Volunteer Training Curriculum

Help Me Grow Utah – Volunteers

Because we have so many individuals in our community that are looking for volunteer opportunities we've been able to use their expertise and interests for various projects and events we host, especially the family event. We have Eagle Scouts who make blocks and organize book and toy drives. Those books we place into home of families through the Welcome Baby program and other playgroups held around the county. The blocks are used at our family events and we plan to put little block kits together to give to families that attend the events.

One of the greatest needs in our community is diapers! We've organized a service project for large groups and/or eagle scouts where they collect the diapers and then put together little diaper packets that include a book or other little toys or clothing items for children. Up till a few weeks ago, we would supply a local pregnancy center with these packets and they in turn would distribute them to families that earned "money" if they attended an Earn While You Learn course on early childhood topics. That center, unfortunately, closed this month. We're looking to see who else we can work with to distribute the diapers in a way that educates the parents and causes them to do something in return for the diapers and not just receive them as a handout.

We also use volunteers in our office to do little projects or help with the preparation for certain events. We even have experienced mothers who have had more difficult children volunteer to talk to other parents who may be going through the same experience. We're always trying to "collect" these individuals and use them if a family needs specific support from someone who has gone through the same situation.

Page 2: Description of volunteer opportunities

Page 3-4: Volunteer instructions for block kits

Page 5-6: Volunteer instructions for diaper kits

HELP ME GROW VOLUNTEER OPPORTUNITIES

United Way of Utah County



Resource Database Research Assistant

The 2-1-1/HMG community database helps parents and volunteers find appropriate support and opportunities in the community. Volunteers will research and update the database in order to support these initiatives. This is a great opportunity for you to learn about the community as well as a perfect opportunity for those wanting to help from home!

Required: Basic computer skills
Training Provided
Commitment: 1-20 hours/week
Four month commitment

Contact: Rachel Pittman
rachelp@unitedwayuc.org
801-691-5319

ASQ online Volunteer

The Ages and Stages Questionnaire (ASQ-3) is used by Help Me Grow to help parents track the development of their child in five major areas. Volunteers will coordinate services among agencies by updating the State Health Department's ASQ family database. See how the ASQ is supporting people in the community! Be a part of something that is making a difference in the lives of children and parents in Utah!

Required: Basic computer skills
Training Provided
Commitment: 2-4 hours/week
Four month commitment

Contact: Kami Orr
kamio@unitedwayuc.org
801-691-5359

Family Care Coordinator

The Ages and Stages Questionnaire-3 (ASQ) is used by Help Me Grow to help parents track their child's development. Volunteers will score ASQs, and respond to concerns parents may have and learn about child development. This is a great opportunity to learn about child development, work directly with families!

Required: Basic knowledge of development
Training Provided
Commitment: 2-4 hours/week
4 month commitment

Contact: Kami Orr
kamio@unitedwayuc.org
801-691-5359

Family Event Volunteer

Help Me Grow holds bi-monthly family learning events in the community. Volunteers will lead an activity station in the book, ball or block area including set-up and take-down, playing with the children and explaining developmental play to parents. You can use your love of play and children while learning about child development and community resources!

Required: A love of play!
Training provided
Commitment: Bi-monthly, 3 hour events
Event commitment is 2-6 hours

Contact: Kami Orr
kamio@unitedwayuc.org
801-691-5359

Last updated: 2/8/2012



HELP Me GROW
148 n 100 e
PROVO, UT 84601
801.691.5322
helpmegrowutah.org



Dear Volunteer,

Thank you for your willingness to help United Way of Utah County's Help Me Grow program. Help Me Grow is a parent information line, designed to connect parents to information about child development and community resources. In working with parents, we know that play is crucial to a child's development. Help Me Grow encourages play at the family events that we have around the county. We need your help to collect blocks that we can give to families and utilize at these family events.

The following are some guidelines for making the block kits:

- The following page has information on the exact size and dimensions of the blocks.
- The blocks need to be **sanded well**. You do not need to cut rounded corners, but please make sure that the corners are sanded so that they are smooth. These blocks are for young children, who will most likely be putting them in their mouths, we do not want them to get splinters.
- Painting the blocks is optional. If you do decide to paint the blocks, make sure that the paint is **safe for kids** to put into their mouths. You can do this by asking the paint manufacturer.
- After you have put the kits together, please deliver them in a box, **no bags**, to the address listed below.

We hope that you have fun with this project. If you have paperwork to be signed, please let us know.

Thank you again for your great service!

The Help Me Grow Team



United Way
of Utah County

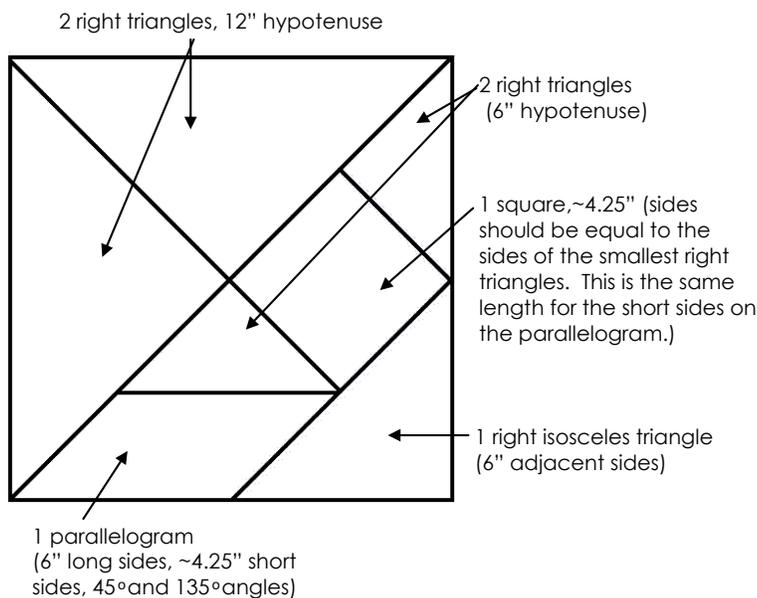
Block Kit Instructions

HELP ME GROW | united way of utah county



Tangram Sets

Tangrams can be made out of wood about 3/4" - 1" thick. The overall dimension of the tangram is 12"x12". The diagram below shows the exact measurements.

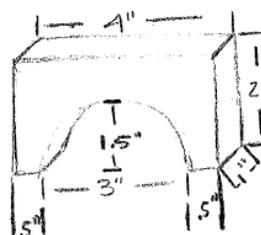


Unit Block Kit

- 100 unit blocks (4"x2"x1")
- 50 double unit blocks (8"x2"x1")
- 10 triple unit blocks (12"x2"x1")
- 5 quadruple unit blocks (16"x2"x1")
- 20 arch/bridge pieces (take a unit block and cut out a semi-circle in the center of the 4" side with a 3" diameter, leaving 1/2" on each side of the semi-circle in the original unit block.)
- 20 semi-circle pieces (the ones cut out from the unit blocks to make the arches)



Double Unit Block



Bridge/Arch



Semi-circle

HELP Me GROW
148 n 100 e
PROVO, UT 84601
801.691.5322
helpmegrowutah.org



Dear Volunteer,

Thank you for choosing to serve with the United Way of Utah County's Help Me Grow program. In our work with families, we have been able to identify various gaps in the services that our community provides and hope to encourage service projects that fulfill those needs.

The Need.

Help Me Grow frequently receives calls from parents looking for disposable diapers. Diapers are a basic need for parents with infants and toddlers and for some families, are difficult to afford.

One Solution.

Because of this need, Help Me Grow has teamed with the Pregnancy Resource Center to provide diaper packets for parents. The Pregnancy Resource Center has an Earn and Learn Program for parents to attend. After attending the class, the family receives "money" they can use to purchase baby items at the center's little store. We want to make sure that the Pregnancy Resource Center is continually supplied with diapers for these families.

What You Can Do.

You can help us by gathering donated materials and assembling them into packets for parents. Help Me Grow will supply the plastic bags, labels and agency literature for the packet and you would be expected to organize a drive to gather at least the diapers (sizes 1-6). Other items, especially books, would be nice to also include for the family. Ideas for other items you could include are:

- | | |
|--------------------|-------------|
| Books | Burp Cloths |
| Booties | Baby Socks |
| Hats | Bibs |
| Receiving Blankets | |

Each packet is a tremendous help to families in our community. If you need ideas for how to collect donations or if you have paperwork to be signed, please contact Help Me Grow.

Thank you again for your great service!

The Help Me Grow Team



United Way
of Utah County

Diaper Kit Instructions

HELP ME GROW | united way of utah county



1. Gathering Items

Help Me Grow will provide you with plastic bags and labels as well as agency information to include in each packet. In addition to the diapers (sizes 1-6), we'd like you to gather other baby and child items for the packet. These items are optional but are nice to include:

Books	Bibs
Receiving Blankets	Booties
Hats	Baby Socks
Burp Cloths	

2. Assembling the Packets

Once you have gathered all of the items you'd like to include, organize a time to put the packets together. The packets are assembled in large plastic ziploc bags that will be provided by United Way. Each packet will have a label where you can write the size of diaper that's in each packet. **Minimally each packet should include the following: 2 dozen diapers, Help Me Grow Flyer, Help Me Grow card and Magnet.** The following table shows an example of what you could include in each packet according to the diaper size.

Size 1 & 2 (8-15 lbs)	2 dozen diapers, board books, pair of booties, hat, receiving blanket, burp cloth, Help Me Grow material
Size 3 (16-28 lbs)	2 dozen diapers, board book, blanket, bib, hat, pair of socks, Help Me Grow material
Size 4 (22-37 lbs)	2 dozen diapers, book, bib, hat, pair of socks, Help Me Grow material
Size 5 (27+ lbs)	2 dozen diapers, book, bib, hat, pair of socks, simple toy, Help Me Grow material
Size 6 (over 35 lbs)	2 dozen diapers, book, bib, hat, pair of socks, Help Me Grow material

3. Returning the Packets to Help Me Grow

Once the packets are finished, please bring them to Help Me Grow, address listed below. United Way of Utah County is a non-profit organization and all donations are tax deductible. We'd be happy to give you a donation receipt for your records.

4. Things to Remember

As you assemble these packets, please try not to mix and match items that seem designated for boys with those for girls. Some items will be made out of unisex colors, but others are clearly intended for a certain gender (e.g. blue and pink). In a single packet containing one of these colored items, please try to place other items in the packet that are for the same gender.

Thank you very much for your help! Many families in Utah County will be very grateful for these packets that you are creating!