Help Me Grow National Center | Help Me Grow Florida | Help Me Grow Vermont

HELP ME GROW CENTRALIZED ACCESS POINT 101

9th Annual Help Me Grow National Forum
Seattle, WA
April 5, 2018

PRESENTERS

Tamara A. Price
Statewide Director
Help Me Grow Florida
tprice@thechildrensforum.com

Alexandra Goldberg
Program and Training Manager
Help Me Grow Florida
agoldberg@thechildrensforum.com

Elizabeth Gilman
Child Development Specialist
Help Me Grow Vermont
Elizabeth@unitedwaysvt.org

MaryEllen Mendl
Executive Director
United Ways of Vermont
maryellen@unitedwaysvt.org

OBJECTIVES

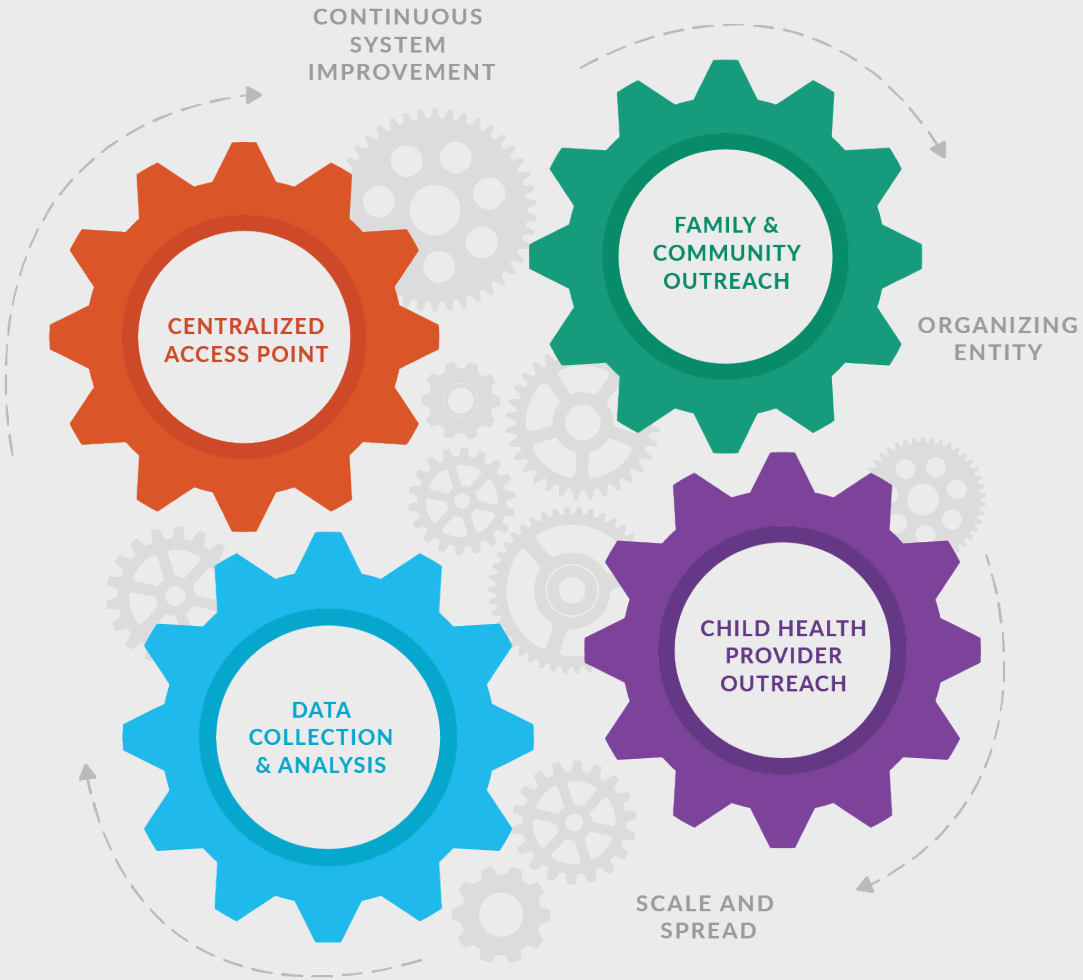
- Fundamentals of Centralized Access Point core component
- Centralized Access Point implementation nationally
- Implementation approach across two affiliate systems: Help Me Grow Florida and Vermont
    - Design and structure
    - HMG care coordination style
    - Cooperation of CAP to Family & Community/Child Health Care Provider Outreach core components
    - Data collection, reporting, and local use

HELP ME GROW SYSTEM MODEL

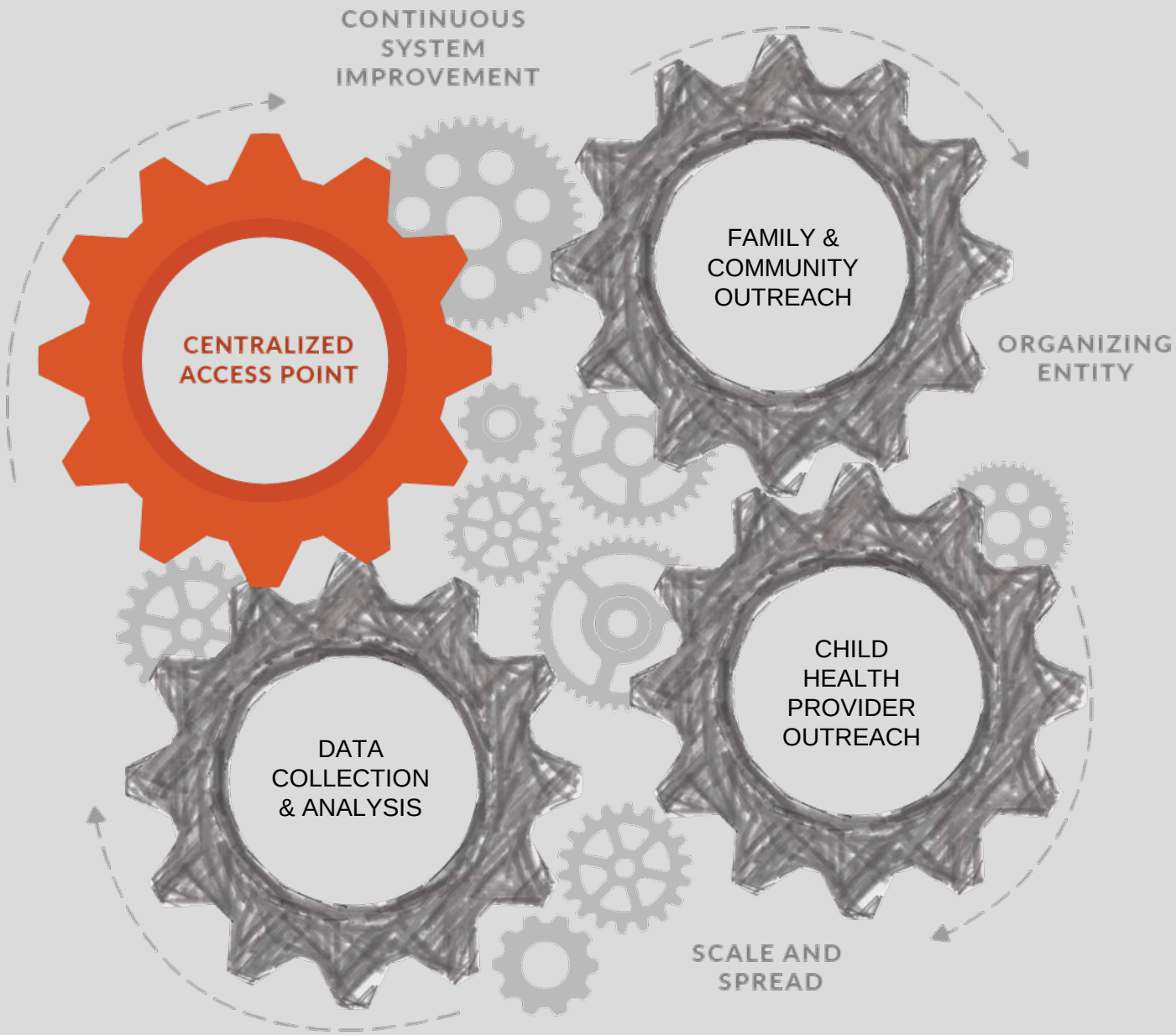
COOPERATION OF FOUR CORE COMPONENTS

A system model that leverages and enhances existing resources in order to develop and enhance a comprehensive approach to early childhood system building in any given community.

It is the **Co-operation** of the core components that defines the system



Help Me Grow National Center


CONTINUOUS SYSTEM IMPROVEMENT
CENTRALIZED ACCESS POINT
FAMILY & COMMUNITY OUTREACH
ORGANIZING ENTITY
CHILD HEALTH PROVIDER OUTREACH
DATA COLLECTION & ANALYSIS
SCALE AND SPREAD

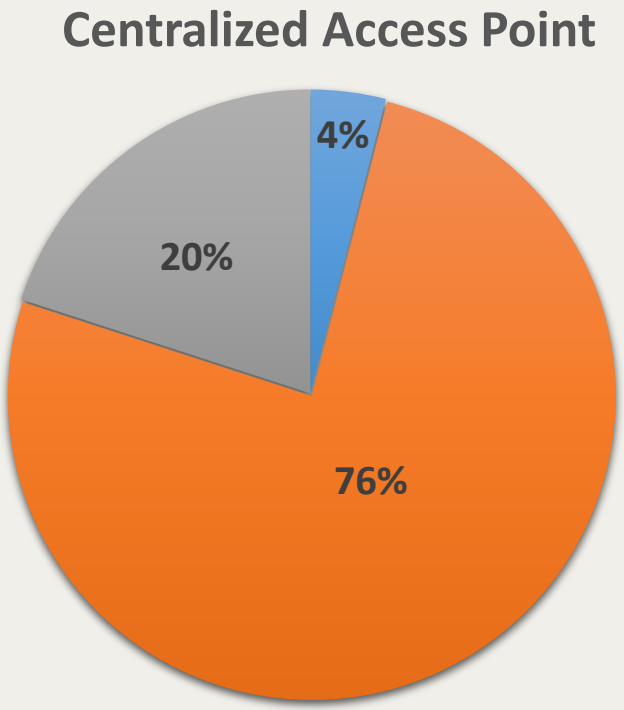
HMG CORE COMPONENT

CENTRALIZED ACCESS POINT

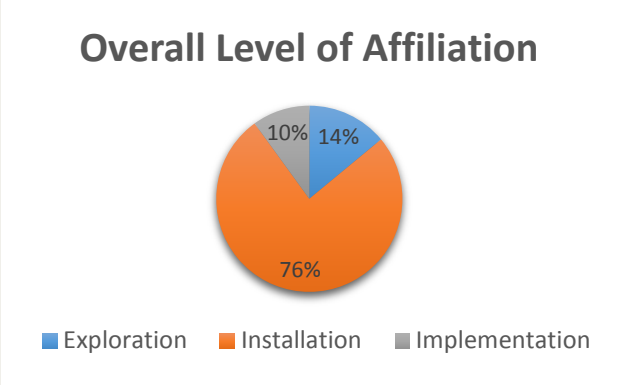
Four Key Activities

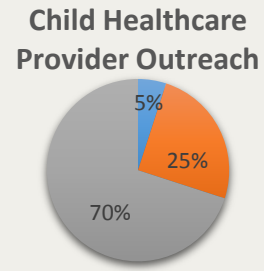
1. **Establishment of a specialized child development line**
2. **Resources are researched for families**
3. **Real time maintenance of early childhood resource directory**
4. **Linkage to service & follow-up with callers and providers**

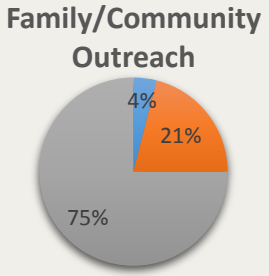
NATIONAL LANDSCAPE OF IMPLEMENTATION APPROACHES
PROGRESS THROUGH HMG CONTINUUM OF AFFILIATION

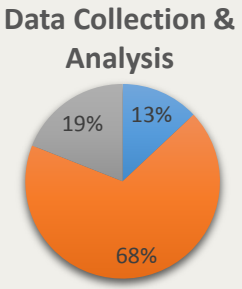


Key Activity	Systems Achieving Activity
Specialized child development line	61 (62%)
Linkage and follow-up	56 (57%)
Researching resources	57 (58%)
Real time directory maintenance	46 (46%)









NATIONAL LANDSCAPE OF IMPLEMENTATION APPROACHES
STRATEGIES AND APPROACHES

Key Activity: Specialized Early Childhood Call Center

Type of Identified Call Center (n=93)	
2-1-1	51 (55%)
State/County Department	24 (26%)
Community/Family Resource Center	11 (12%)
School District	5 (5%)
Hospital	2 (2%)

Key Activity: Resources Researched for Callers

Technology: use of an **electronic resource database** In instances in which the identified need cannot be matched to a resource within the database, affiliates report the use of web-searches and/or contacting community partners/agencies (including networking events, community liaisons, community outreach teams, etc.) to identify new resources.
Procedure: Identification of appropriate resources in a systematic and consistent manner, including taxonomy codes for resources, triage protocols, decision trees, talking points, eligibility criteria, and/or navigation pointers.

Key Activity: Maintenance of Early Childhood Resource Directory

Technologies: SQL-based, iCarol, Mediware, ServicePoint, and self-developed systems.
Frequency of maintenance: Daily, weekly, monthly, quarterly, and annually.

Key Activity: Follow Up with Callers and Providers

Mechanisms used to follow-up with callers: telephone, email, mail, and text message (in order of frequency of reported use by affiliates).
Timeframe for when follow-up initially occurs: range occurring within 48 hours to within 4 weeks of the initial call.
Frequency and duration of follow-up calls: family determined (daily, weekly, monthly); service dependent (i.e., more frequent for certain types of referrals); standardized across all callers; until follow-up contact is made; until service is received.
Scope of follow-up: confirmation of receipt of initial referred service; support to address barriers to accessing services; identification of new/additional needs and the generation of a new referrals.

Help Me Grow Florida

Help Me Grow Florida

Centralized Access Point (CAP)

Tamara A. Price & Alexandra Goldberg
Help Me Grow 2018 National Forum
Seattle, WA

Children's FORUM ...because kids can't wait

Office of Early Learning
Learn Early. Learn for Life.

History of HMG Funding in Florida

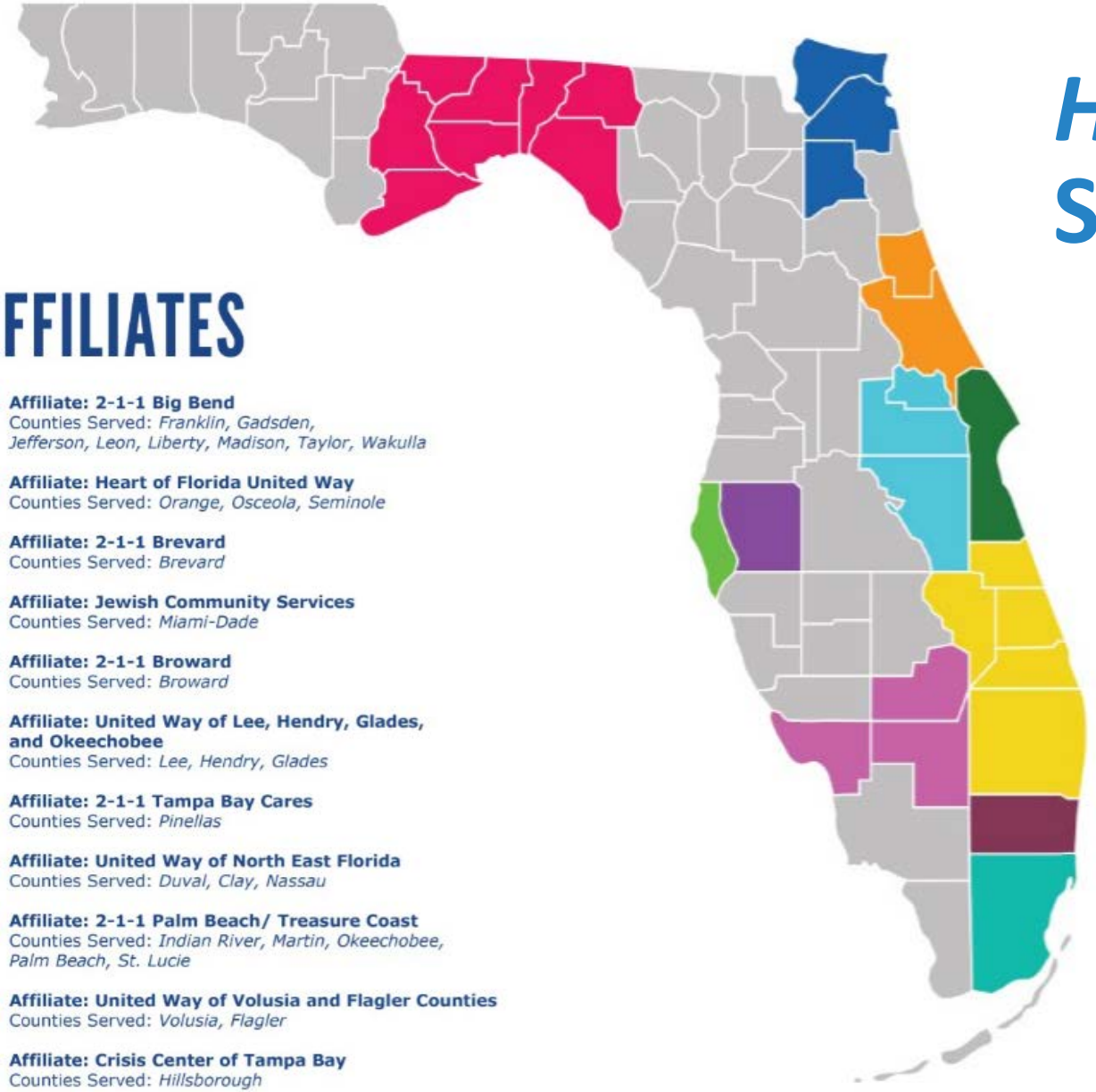
- In 2012
  - Florida became an affiliate of the Help Me Grow National Network
  - Simultaneous launching of initiatives in Hillsborough and Miami-Dade counties
- In 2014
  - The Florida Legislature appropriated $2M
  - State Coordinating Office (SCO) established
  - An additional five *Help Me Grow* sites were launched serving 19 counties
- In 2015
  - Expansion to an additional four sites
  - Serving Florida's families in 27 counties
- For FY 2016-17
  - The Florida Legislature appropriated $2.4M
  - Allowed for expansion of our outreach efforts
  - As of June 2017, HMGF increased the number of counties served to 29 counties

Process for Selecting/Onboarding Affiliates

- Contract and Award
  - RFA/RFP – Released around March
  - Application/response
  - Evaluation team review and score
  - Notice of award/funding is issued
  - Contracts are executed on July 1st
  - Contract period of July 1 – June 30
- Each contract has specific terms and conditions as well as required activities
- The HMGF SCO also ensures implementation of the model by
  - Reviewing deliverables monthly
  - Monitoring each Affiliate once a year
  - Provide ongoing Technical Assistance

Help Me Grow Florida

Help Me Grow Florida
Statewide Affiliates



AFFILIATES

- **Affiliate: 2-1-1 Big Bend**
  Counties Served: *Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla*
- **Affiliate: Heart of Florida United Way**
  Counties Served: *Orange, Osceola, Seminole*
- **Affiliate: 2-1-1 Brevard**
  Counties Served: *Brevard*
- **Affiliate: Jewish Community Services**
  Counties Served: *Miami-Dade*
- **Affiliate: 2-1-1 Broward**
  Counties Served: *Broward*
- **Affiliate: United Way of Lee, Hendry, Glades, and Okeechobee**
  Counties Served: *Lee, Hendry, Glades*
- **Affiliate: 2-1-1 Tampa Bay Cares**
  Counties Served: *Pinellas*
- **Affiliate: United Way of North East Florida**
  Counties Served: *Duval, Clay, Nassau*
- **Affiliate: 2-1-1 Palm Beach/ Treasure Coast**
  Counties Served: *Indian River, Martin, Okeechobee, Palm Beach, St. Lucie*
- **Affiliate: United Way of Volusia and Flagler Counties**
  Counties Served: *Volusia, Flagler*
- **Affiliate: Crisis Center of Tampa Bay**
  Counties Served: *Hillsborough*

- HMGF program is currently implemented in 27 out of 67 FL counties with technical assistance and other supports provided to two other HMG sites not funded by HMGF.
- Each affiliate site implements HMG program using their own system models to maintain the Help Me Grow core components
- Statewide affiliates are contracted through the State Coordinating Office (SCO), and some affiliate sites contract services out to subcontractors

Help Me Grow Florida

Help Me Grow Florida's
Centralized Telephone Access Point

The *Help Me Grow Florida* Centralized Telephone Access Point is located within the statewide 2-1-1 system. It can be reached by phone, website, and often text.

People can call 2-1-1 and ask for *Help Me Grow*

- If *Help Me Grow* is offered in their area/county, they will speak to a Care Coordinator.
- If there is no *Help Me Grow* in their area/county, 2-1-1 will help provide supports and resources

Links families with local resources to address parents' concerns about health, development, behavior and learning of their children.

Expected Outcome:

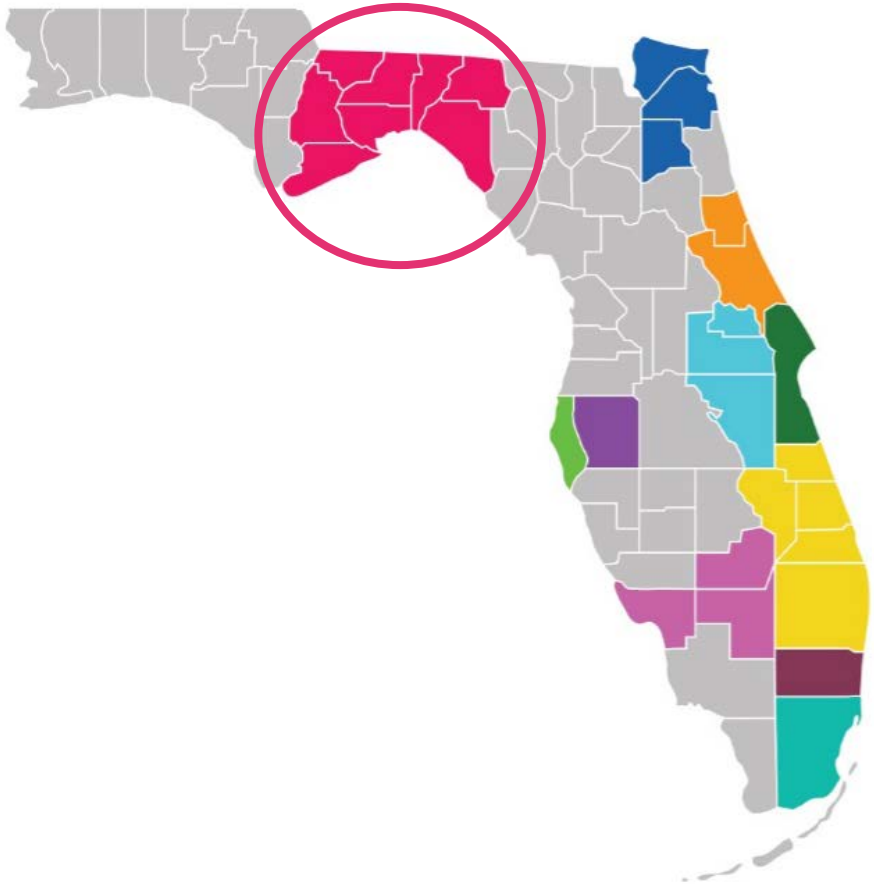
- Assist more families with early childhood questions
  - As evidenced by the number of calls received
- Increase the number of families receiving care coordination services
- Increase the number of child developmental screenings completed
- Increase the number of families effectively connected to services

Example #1:

Affiliate: 2-1-1 Big Bend

Counties Served: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

- *Help Me Grow* Care Coordination occurs directly in 2-1-1 call center



Help Me Grow Florida

2-1-1 Big Bend

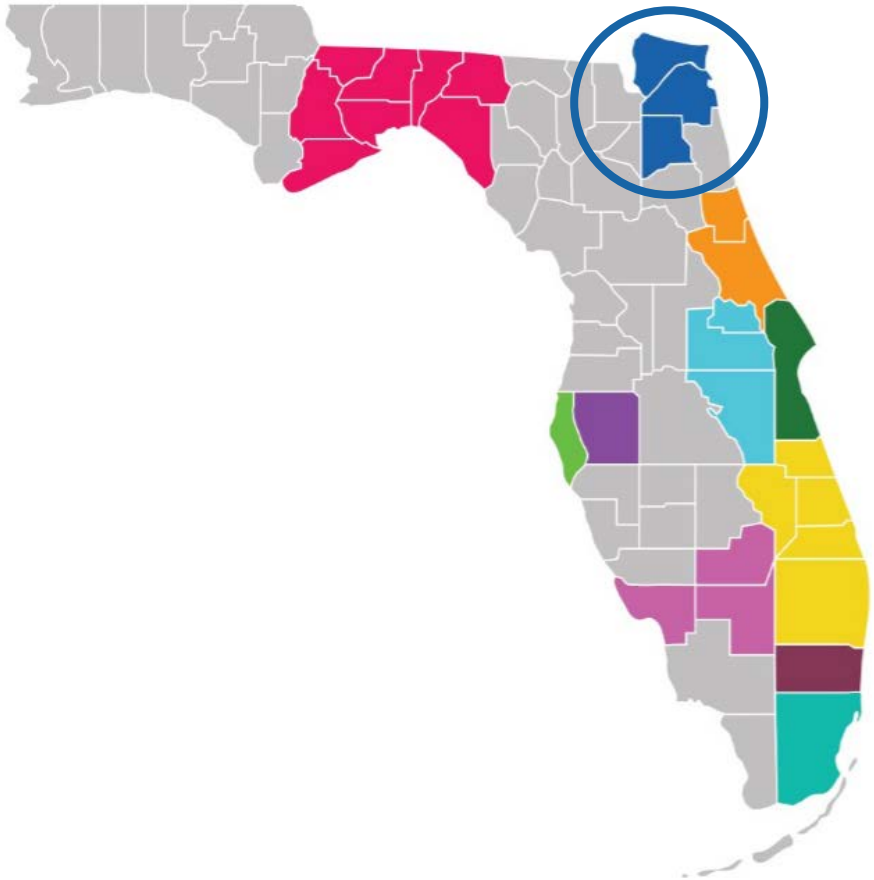
Care Coordination

Example #2:

Affiliate: United Way of North East Florida

Counties Served: Duval, Clay, Nassau

- United Way houses the area's local 2-1-1 call center
- Affiliate subcontracts their Help Me Grow Care Coordination to the local Early Learning Coalition (ELC).



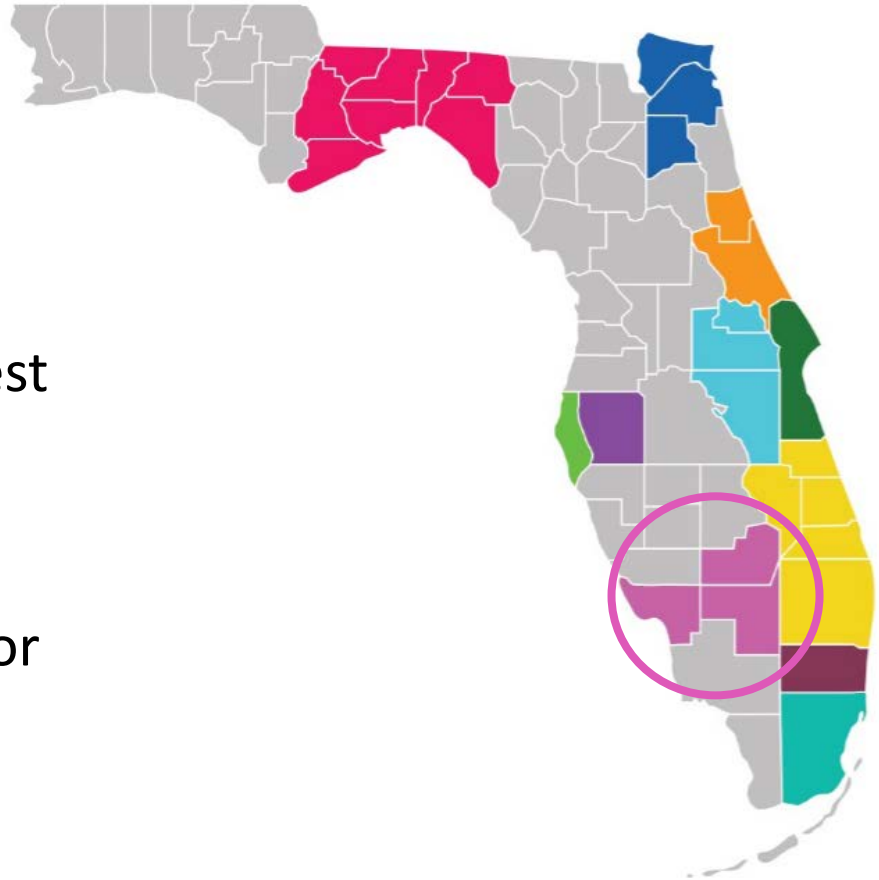
✓ So, when someone in the area calls 2-1-1 and asks for Help Me Grow, they are transferred to a Care Coordinator at the ELC

Help Me Grow Florida → **2-1-1 Affiliate:** United Way of Northeast Florida → **2-1-1 Affiliate Subcontractor:** Early Learning Coalition of Duval Care Coordination

Example #3:

Affiliate: United Way of Lee, Hendry, Glades & Okeechobee

Counties Served: Lee, Hendry, Glades



- United Way houses the area's local 2-1-1 call center
- Affiliate subcontracts their *Help Me Grow* Care Coordination to local Healthy Start Coalition of Southwest Florida

✓ So, when someone in the area calls 2-1-1 and asks for *Help Me Grow*, United Way 2-1-1 Operators "warm transfer" to HMG Family Advisors at Healthy Start

Help Me Grow Florida → **2-1-1 Affiliate:** United Way Lee, Hendry, Glades, and Okeechobee Counties → **2-1-1 Affiliate Subcontractor:** Every Baby Deserves a Healthy Start Southwest Florida — Care Coordination

Help Me Grow Florida's

Key Activities of the Core Components

Centralized Telephone Access Point

Centralized telephone access point (2-1-1) available 24 hours per day/7 days a week

All appropriate callers are screened for children under the age of eight (8) and offered HMG services

Families are assisted with:

*Early childhood questions

*Child developmental screenings

*Care coordination and follow-up

2-1-1 telephone counselors answering HMG related calls are:

*Trained in telephone casework and cultural proficiency

*Have knowledge of the Help Me Grow initiative

Care Coordinators provide:

*Assessment of needs

*Referrals to services

*Early childhood information

*Ongoing developmental screenings and monitoring

*Follow up

Developmental screenings are conducted using:

*Ages and Stages Questionnaire (ASQ)-3

*ASQ-Social Emotional (SE)

*Pediatric Symptom Checklist (PSC)

*Modified Checklist for Autism in Toddlers (M-CHAT)

Translation services provided for non-English speaking callers

Help Me Grow Florida's
Key Activities of the Core Components

CHILD HEALTH CARE PROVIDER OUTREACH

A minimum of one (1) Child Health Provider Outreach activity is implemented each month to physicians and other health care providers to educate and motivate

Pediatrician flyers are mailed to physicians to market HMG and the importance of offering screenings.

A follow-up system is used to offer feedback to health care providers who have referred clients. This includes:

*screening results,

*referrals given,

* outcomes

*thanking them for the referral.

Each of the child health care providers with whom meetings, office-based education sessions and/or trainings were completed previously (but does not screen or refer to HMG) is provided a minimum of one (1) follow-up via phone calls, email or onsite visit

Engage and maintain one (1) Physician Champion to motivate child health care providers to conduct child screening and use the HMG centralized telephone access point.

Child Health Care Provider Outreach activities are implemented locally to educate and motivate physicians and other child health care providers <u>to conduct child screening and utilize the HMG centralized telephone access point.</u>

Expected Outcome:

- <u>Increase the health care practitioner community use of the HMG services and conducting of child screening</u>
  - As evidenced by the number of health care providers receiving information about HMG, referring families to HMG, and conducting child screening.

Help Me Grow Florida's
Key Activities of the Core Components

FAMILY & COMMUNITY OUTREACH

A minimum of twelve (12) outreach activities are conducted per year.

Activities average (3) activities per quarter, with a recommendation of one (1) per month, with the understanding certain quarters of the year may have greater outreach opportunities.

A minimum of four (4) unique social media posts required per month.

Updates include but are not limited to new resources, testimonials, sharing of a HMGF post, or successes of the HMGF Affiliates.

A minimum of one (1) community screening event is conducted annually.

Screening events include Books, Balls, and Blocks with activities for the children and may be held at community fairs, local agencies like local Department of Health, churches, housing developments, and daycares.

Public awareness and marketing of HMG three (3) times annually to include but not limited to local newspapers, radio, websites or community partner presentations.

Distribution of information and marketing materials each month that:

- Promotes parent and community knowledge of HMG, child developmental issues, and resources to support the health and development of young children, including but not limited to developmental milestones and the importance of child screening

Family & Community Outreach activities develop associates and/or partners in the local community, promote HMGF and inform the families and community of the importance of child screening and the role of HMGF

- (i.e., public awareness, print and social media, HMGF presentations, HMGF participation at health and resource fairs and related activities and the distribution of HMGF promotional materials).

Expected Outcome:

❖ Increase the families and members of the community provided information about child screening and HMGF

- As evidenced by the number of individuals reached through community outreach activities.

Help Me Grow Florida's
Data Collection, Reporting, & Use

Most *HMGF* data is collected using the System for Tracking Access to Referrals (STAR) database.

Data is collected monthly to determine the effectiveness of *HMGF's* implementation of the core components.

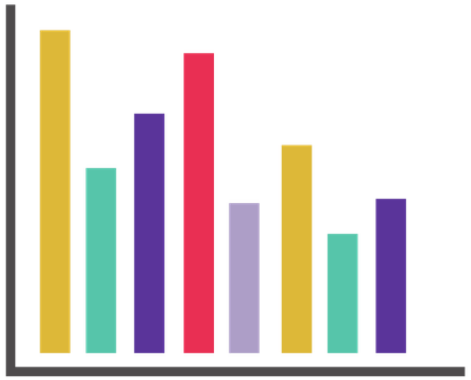
- STAR system
  - Designed to capture Help Me Grow National common indicators
  - Has been customized to include the Florida common indicators and allowing for a multi-site tenant
  - Site is used for case management by the care coordinators

- Data collection
  - Data reports can be pulled in STAR
  - Statewide affiliates submit Monthly Data Reports to the HMGF SCO

Help Me Grow Florida's
Data Collection, Reporting, & Use

Data pulled from STAR for affiliate Monthly Reports:

- Demographics
  - Total number of children served
  - Total number of families served
  - Age of child at time of initial entry
  - Child's learning environment



- Developmental Screening
  - Number of screenings by type

- Referrals by HMG to Service/Programs
  - Types of services to which referrals were made

- Outreach
  - Count of outreach activities by event category

HMGF is implementing new initiatives, in which data is currently being collected to determine the effectiveness of success.

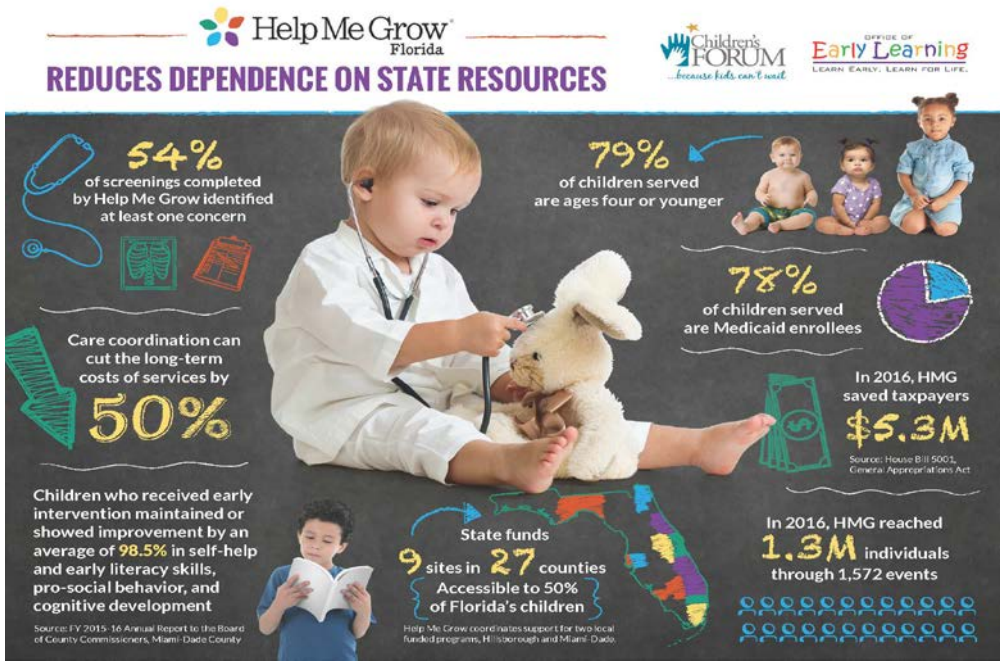
Initiatives:

- Books, Balls, & Blocks screening events
- ECCS
- WIC
- iPad Initiative
- Well-visit Planner

Help Me Grow Florida's
Data Collection, Reporting, & Use

Data is analyzed and used to create annual Impact Reports

- Impact Reports are used for advocacy efforts, outreach, and legislative discussions



State Coordinating Office Contacts

Help Me Grow Florida
Children's Forum

2807 Remington Green Circle
Tallahassee, FL. 32308

(850) 681-7002

www.helpmegrowfl.com

Tamara A. Price
Statewide Director
tprice@thechildrensforum.com

Alexandra Goldberg
Program and Training Manager
agoldberg@thechildrensforum.com

Liz Randall
Data and Research Manager
Lrandall@thechildrensforum.com

Allyson Adolphson
Project and Contract Manager
aadolphson@thechildrensforum.com

Help Me Grow
Vermont

Connecting families to existing resources and building resiliency

2018 HMG National Forum

From Connecticut to Vermont

- Took 20 years and worth the wait
- Children's Integrated Services
- Early Learning Challenge-Race to the Top
  - Agency of Education
  - Agency of Human Services
    - Department for Children and Families: Child Development Division
    - Department of Health: Maternal and Child Health

Partnership with Vermont 2-1-1

- Information and Referral (I&R) is a human service field with national standards
- AIRS - Alliance of Information and Referral Systems publishes these standards
- National accreditation and national certification for call specialists and resource specialists

Why 2-1-1?

One call gives you access to resources across your community; 2-1-1 is efficient, fast and easy to use by telephone or internet or text

Help Me Grow Vermont

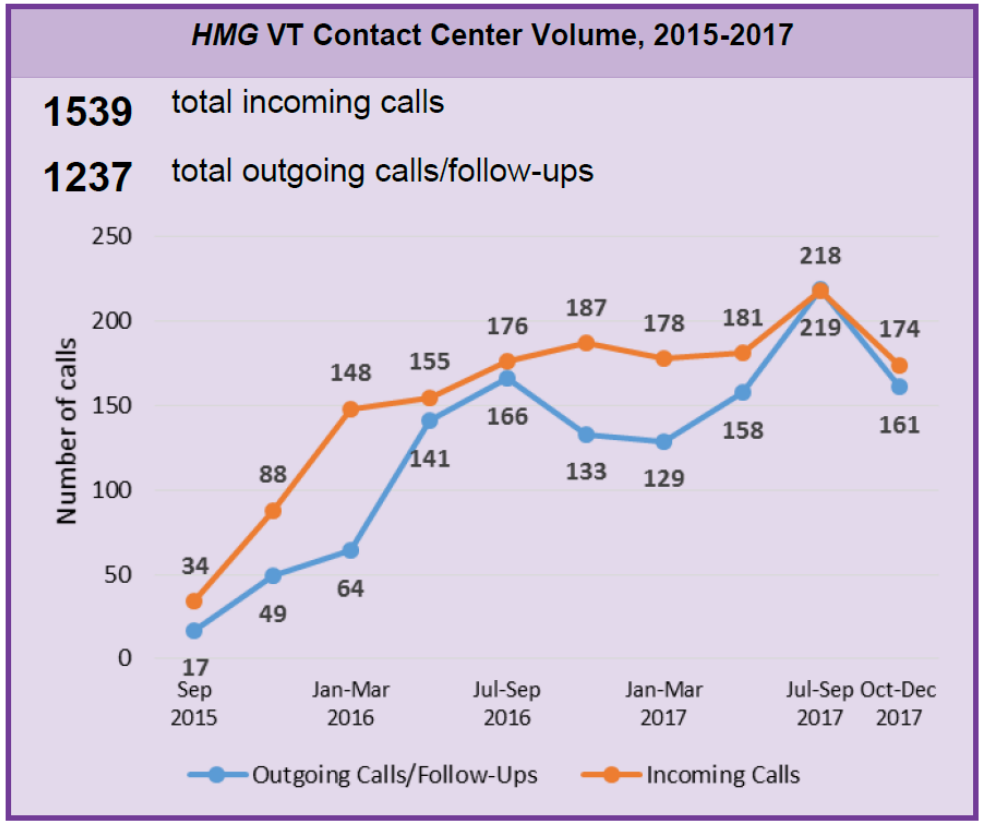
HMG VT Contact Center Volume 2015 - 2017

2015 -2017

- 499 children and their families received care coordination
- 123 children were connected to at least one service

2017 top 3 referral sources

- 2-1-1
- Health care provider
- Community agency



Help Me Grow Vermont

What are the needs in your state?

Top Five *HMG* VT Contact Center Referrals 2017 (Total referrals = 1002)

Referral Category	Examples of Groups Receiving Referrals
Individual & Family Wellness	child abuse protection & helplines, pregnancy support and parenting education, parenting skills and support groups, child care
Basic Needs	food, housing, material goods, utilities, transportation
Income Support & Employment	vocational rehab, economic services, emergency funding & services, respite, child care subsidy
Organizational/Community/ International Services	community action & state agencies, libraries, local churches, family support
Criminal Justice & Legal Services	legal aid, family support & advocacy, judiciary

Connecting Families to Community Resources

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

With the goal of making kids and families happy, healthy and whole, **key resources the AAP recommends that pediatricians utilize are *Help Me Grow* and 2-1-1**

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Poverty and Child Health in the United States

COUNCIL ON COMMUNITY PEDIATRICS

abstract

Almost half of young children in the United States live in poverty or near poverty. The American Academy of Pediatrics is committed to reducing and ultimately eliminating child poverty in the United States. Poverty and related social determinants of health can lead to adverse health outcomes in childhood and across the life course, negatively affecting physical health, socioemotional development, and educational achievement. The American Academy of Pediatrics advocates for programs and policies that have been shown to improve the quality of life and health outcomes for children and families living in poverty. With an awareness and understanding of the effects of poverty on children, pediatricians and other pediatric health practitioners in a family-centered medical home can assess the financial stability of families, link families to resources, and coordinate care with community partners. Further research, advocacy, and continuing education will improve the ability of pediatricians to address the social determinants of health when caring for children who live in poverty. Accompanying this policy statement is a technical report that describes current knowledge on child poverty and the mechanisms by which poverty influences the health and well-being of children.

STATEMENT OF THE PROBLEM

Poverty is an important social determinant of health and contributes to child health disparities. Children who experience poverty, particularly during early life or for an extended period, are at risk of a host of adverse health and developmental outcomes through their life course.[1] Poverty has a profound effect on specific circumstances, such as birth weight, infant mortality, language development, chronic illness, environmental exposure, nutrition, and injury. Child poverty also influences genomic function and brain development by exposure to toxic stress,[2] a condition characterized by "excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships."[3] Children living in poverty

FREE

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

DOI: 10.1542/peds.2016-0339

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2016 by the American Academy of Pediatrics

To cite: AAP COUNCIL ON COMMUNITY PEDIATRICS. Poverty and Child Health in the United States. Pediatrics. 2016; 137(4):e20160339

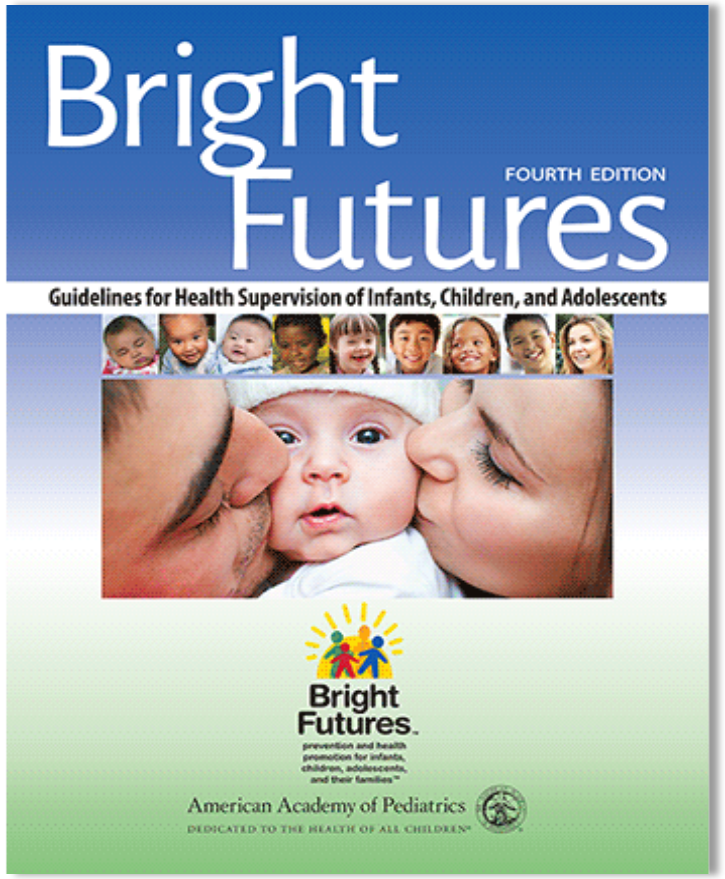
PEDIATRICS Volume 137, number

Downloaded from http://pediatrics.aappublications.org/ by gue

FROM THE AMERICAN ACADEMY OF PEDIATRICS

Help Me Grow Vermont

Bright Futures Guidelines: What's New in the 4th Ed.?



- Focus on Social Determinants of Health
  - Greater focus on lifelong physical/mental health
  - Strength based approaches
- Updated developmental milestones, surveillance questions and screening guidelines

Help Me Grow Vermont

Addressing Social Determinants of Health

HMG child development specialists screen for food insecurity and link to food resources and other supports

HUNGER Vital Sign™

CHILDREN'S HealthWatch

The Hunger Vital Sign™ identifies individuals and families as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

> **" Within the past 12 months we worried whether our food would run out before we got money to buy more."**

> **" Within the past 12 months the food we bought just didn't last and we didn't have money to get more."**

Help Me Grow Vermont

Protective Factors Pilot

A comparison of general population of calls showed a significant increase in the percent of children and families who were connected to resources:

36% of general population served

52 % of Protective Factors sample

1 Parental Resilience
(Be strong, not stressed)

2 Social Connections
(Get and give support)

3 Knowledge of Parenting and Child Development
(Learn more so you can parent better)

4 Concrete Support in Times of Need
(Get help when you need it)

5 The Social-Emotional Competence of Children
(Help your child manage feelings and relationships)

Help Me Grow Vermont

Child Health Provider Outreach

QI training for Maternal and Child Health Coordinators

172 Trainings on HMG referral & linkage

518 Medical professionals trained

632 Community providers trained

131 Families connected to HMG by child's health care provider

22,612 HMG materials distributed

Help Me Grow Vermont

Family and Community Outreach

QI Training to Child Care Providers

496 Providers from home & center-based programs trained in ASQ-3

192 Trained to use ASQ:SE-2

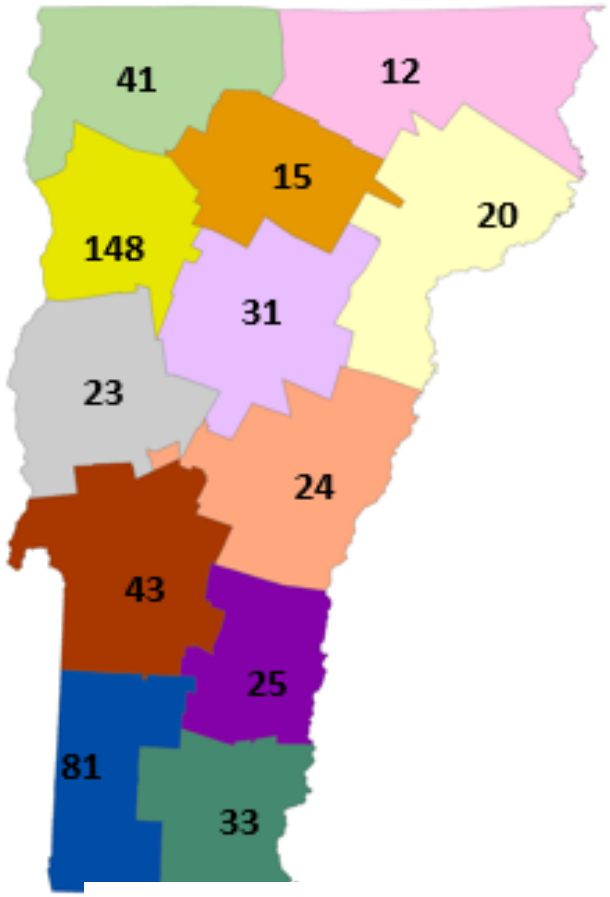
12 Providers trained in all 12 regions

5,270 Children reached annually

12 Communities entering data into the Developmental Screening Registry

46 Families connected to HMG by their child care provider

of providers trained

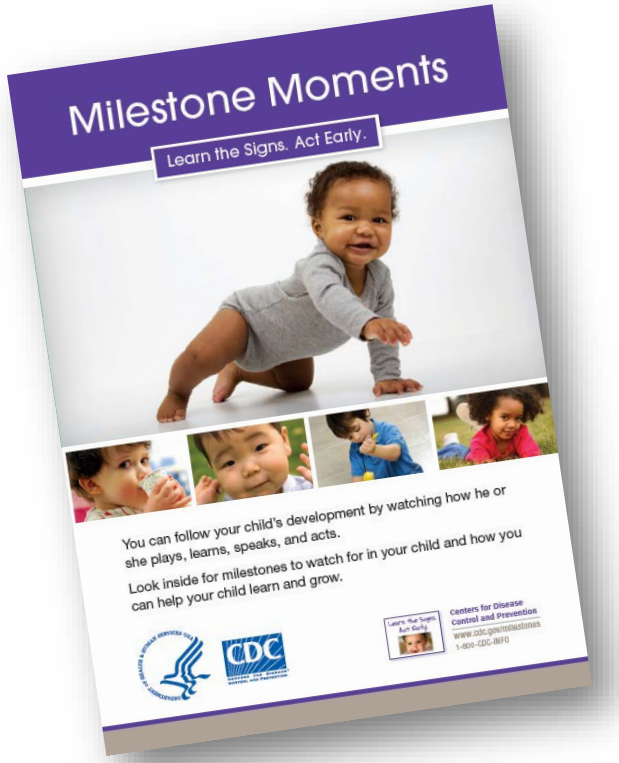


Early identification improved

Help Me Grow Vermont

Free Resources Support Partnerships

12,000 Milestone Moments booklets distributed in 2017



Help Me Grow Vermont

Local Use Reports & Data Collection

Regional/County Reports

- Call volume
- Referral categories

Trends

- Do calls from a specific region increase following a community outreach event or HMG training?
- Do calls/referrals increase from child health providers following HMG outreach to practices?

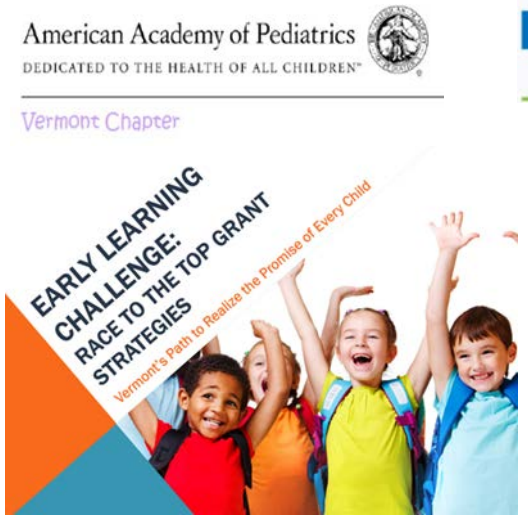
Google Spreadsheets

- Statewide data collection from partners
- Informal resources (e.g. playgroups)

Contact us!

Elizabeth Gilman
elizabeth@unitedwaysvt.org
MaryEllen Mendl
maryellen@unitedwaysvt.org

helpmegrowvt.org
facebook.com/helpmegrowvt



Q&A

THANK YOU