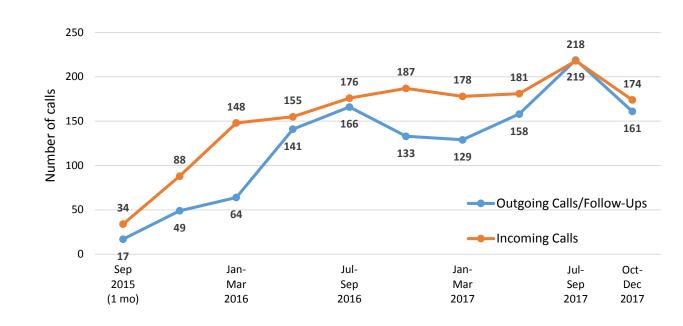


Evaluating Help Me Grow Vermont (2015-2017): A System's Approach

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Centralized Telephone Access Point

The *HMG* VT contact center at Vermont 2-1-1 began taking calls in September, 2015. Two child development specialists receive calls from families and health and community providers across the entire state. By the end of 2017, they had received over **1,500** calls and made over **1,200** outgoing calls/follow-ups.



broadly with stakeholders in both the public and private sectors. **Approach**

Background

Since Vermont's Help Me Grow (HMG) system was implemented in September 2015,

project evaluators have been working to identify the system's strengths, challenges,

and opportunities for improvement. Evaluation data reflects a common agenda and

accepted statewide framework, the Result-Based Accountability model¹. Progress is

assessed using a variety of quantitative and qualitative measures including those

based on the Strengthening Families Protective Factors² framework, and is shared

Data is gathered by several groups: 1) core component partners, 2) our Universal Developmental Screening (UDS) Registry, and 3) by evaluators at the University of Vermont. Information about the number of children screened, partners trained, community activities offered, and contact center calls are all tracked. In addition, key stakeholders are interviewed annually to gather their perspectives on the *HMG* VT system and an effort is made to solicit feedback from families referred to services.

Early Care & Education Professional Outreach & Training

Through trainings and technical assistance, the Vermont Child Health Improvement Program (VCHIP) supports early care and education providers to implement and/or enhance systems that monitor every child's developmental progression, engage families in ongoing communication about their child's development, conduct structured developmental screening using Ages and Stages Questionnaire®, Third Edition (ASQ-3™)³ and Ages and Stages Questionnaire®: Social Emotional, Second Edition (ASQ:SE-2™), and make appropriate linkages to support services via the *HMG* VT centralized access point.

 496 trained to use Ages & Stages Questionnaire

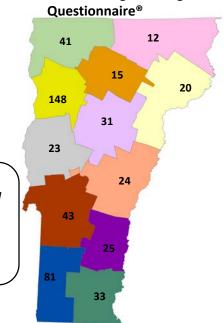
 192 trained to use Ages & Stages: Social Emotional Questionnaire

• 5,000+ children served by sites trained in developmental surveillance & screening

"HMG VT is a connection between the health department and the early childhood world. It creates opportunities for collaboration between what could be silos."

-Key HMG VT Stakeholder

Number of Early Care & Education Providers Trained to Use the Ages & Stages



Maternal & Child Health Coordinator Outreach

Regionally-based Maternal & Child Health Coordinators receive training and coaching on *HMG* VT referral & linkage for statewide child health provider outreach and community provider outreach. This outreach has resulted in increased referrals to the HMG contact center by child health care providers.

Trainings Held	Medical Professionals Trained	Community Providers Trained	Families Connected to HMG by Child's Health Care Provider
172	518	632	131

¹Friedman (2005). Trying Hard is not Good Enough. Trafford Publishing.

²www.cssp.org/reform/strengtheningfamilies/about

³www.agesandstages.com ⁴www.mchatscreen.com

100% of families have reported their needs were met by the *HMG* VT contact center

Top Five HMG VT Contact Center Referral Categories (total referrals = 2,009)

Referral Category	Examples of Groups Receiving Referrals	
Individual & Family Wellness	Child abuse protection & helplines, pregnancy support & parenting	
vveiiiless	education, parenting skills & support groups, child care	
2. Basic Needs	Food, housing, material goods, utilities, transportation	
3. Income Support &	Vocational rehab, economic services, emergency funding & services,	
Employment	respite, child care subsidy	
4.Organizational/Community/	Community action & state agencies, libraries, local churches, family support	
International Services	programs	
5.Criminal Justice & Legal	Legal aid, family support & advocacy, judiciary	
Services		

Universal Developmental Screening (UDS) Registry

Vermont's new Universal Developmental Screening (UDS) Registry provides a statewide data collection and communication system for developmental screening data from ASQ-3™, ASQ:SE-2™, and Modified Checklist for Autism in Toddlers, Revised with Follow-Up™ (M-CHAT-R/F™)⁴tools. The UDS Registry provides a streamlined mechanism for sharing developmental screening results and referral information between community providers and the medical home. Primary care providers, early care and education providers, home visitors, and other early childhood professionals are being trained to enter screening data and view reports with over **1000 screens entered** to date.

Provider Type	View Only Access	Able to Enter Data	Total
Primary Care Providers	40	17	57
Early Care & Education Professionals	0	10	10
Head Start Providers	4	1	5
Children's Integrated Services	5	37	42





Family & Community Outreach and Training

Vermont's Early Childhood State Advisory Council, Building Bright Futures, has been leveraging existing community partners and networks to market and promote awareness of *HMG* VT and engage families. Outreach activities and events provide opportunities for families to learn about developmental milestones, promote their child's social and emotional skills, and encourage play between children and caregivers. Building Bright Futures Regional Coordinators coordinate *HMG* VT training opportunities for local providers and families on health and development topics.

Building Bright Futures Outreach				
Events Held	116			
Partners Reached	1846			
Partners Trained	66			
Families Reached	2687			

HMG VT-Related Materials Distributed by Various Partners

10,812 HMG VT materials distributed in 2017



11,800 Milestone Moments booklets distributed



Stakeholder Input

Major themes emerging from interviews conducted by VCHIP in 2017 included:

- *HMG* VT has a broad reach; many attempts are being made to integrate *HMG* into existing resources across communities
- HMG VT system seems to be increasing universal developmental screening and decreasing age of referrals
- Primary care can lean on the contact center to help with families who need less intensive support, freeing up care coordinators and social worker time to work with higher-need families
- People are reluctant to buy-in to something new because they are afraid it is going to go away. We may be reaching a "tipping point." People are seeing the utility of system and hearing the message that this is a Health Department priority.
- Need for improved communication: targeting specific audiences, tailoring messages, and in some cases, who delivers the message

"I think what's really important is that people are connecting to each other and are talking."
-Key HMG VT Stakeholder

Lessons Learned/Next Steps

Awareness and understanding of the *HMG* VT system is clearly growing. Continued and more targeted communication of system components is crucial to its long-term success. The priority is to increase UDS Registry training and use to demonstrate its utility as a patient and population health-level management tool.

Furthermore, to maintain its viability, ensure sustainability, and foster growth, *HMG* VT will focus efforts on integration with existing systems across the health, education, and human service sectors. Exploring where *HMG* VT offers unique contributions to programs, where they potentially overlap or duplicate services, and how they can work together to fill gaps and barriers will help with strategic planning.