#### **Project Overview**

## Description

The Help Me Grow (HMG)–Early Learning Integration Project seeks to enhance existing HMG affiliate systems through strengthened partnerships with early learning (EL) sectors, including Quality Rating and Improvement Systems (QRIS). Both HMG and EL sectors will be improved through greater integration of early detection, referral and linkage efforts across medical homes and early learning family- and center-based settings.

Communities selected to participate in the HMG–Early Learning Integration Project's Community of Practice (CoP) will be supported to adopt the innovative approaches developed by HMG Orange County, California (OC) and HMG Vermont (VT). These approaches strengthen the capacity of EL settings to: 1) promote parent-engaged developmental monitoring together with regular, formal developmental screening by providing professional development and resources to early care sites, and when needed, 2) link young children and their families to HMG by promoting awareness, providing tools, and leveraging available technology. Information on the HMG-Early Learning Integration Innovation's 3 Core Components (System Building, Technology, Capacity Building), and 2 Structural Requirements (Operational HMG System, Early Learning Partnership) can be found <u>here</u>.

Communities participating in the CoP will gain tools and resources to guide pre-implementation, focusing on topics such as strategies to:

- successfully engage with family- and center-based EL settings;
- promote developmental monitoring in EL settings in partnership with parents and caregivers;
- and conduct an environmental scan of technology solutions that support data sharing across HMG and EL settings.

Subsequent technical assistance (TA) provided for this project will include a series of webinars and TA calls that will describe the core components and structural requirements of the innovation, peer learning opportunities, and individualized support as communities implement the innovations within their local contexts. Throughout this portion, participating communities will have access to key people from OC and VT, HMG National Center, and BUILD Initiative/QRIS National Network. CoP members will be eligible for modest financial incentives to offset participation in CoP activities.

**Expectations and Commitment:** The CoP will last for approximately 18 months. During this time, members are expected to join ongoing webinars, project calls, and other virtual convenings; review and apply learnings from project-related materials; contribute ideas and perspectives to other CoP participants and partners; submit required project data documenting implementation activities; and develop and implement a modest action plan, comprised of a subset of <u>early learning integration model components</u>. **Timeline:** 

Call for Applications: June-August 2018 Applications Due: August 31, 2018

\*Supported by a generous grant from the W.K. Kellogg Foundation



## Contact Information

* 1. Contact Information	
1. Contact mormation	
Lead contact name:	
Lead contact title:	
Lead contact email:	
HMG affiliate (list state or system):	
(If different from above) Primary CoP HMG Representative (name,	
title, email):	

## Commitment to Participate

2. Please select each project element to which your system will be able to fully commit.

Consecutive 18-month participation (10/01/18-03/31/20)

Attend webinars/virtual meetings (approx. 6-7; bi-monthly)

Ability to collect and report required data

[Note: Data may include, the number of family- and center-based early learning settings receiving professional development in developmental monitoring, screening, and linkage to services, and within these settings:

a) the number of developmental screenings conducted,

b) the number of developmental screenings shared with the child health care provider,

c) the number of referrals to HMG and subsequent services, and

d) the number of families engaged in developmental promotion and surveillance]

Development and implementation of action plan for innovation implementation (Core components: System Building, Technology, and Capacity Building)

## Confirmation of Eligibility

Eligibility is determined on the basis of degree of implementation of HMG, as well as existing partnerships and efforts in the early learning sector. It is not a requirement that early learning efforts be in place, as this project is intended to introduce or strengthen the degree of integration between HMG and early learning settings. However, preference will be given to sites with some evidence of existing partnerships with early learning settings that prime communities to begin implementation of model components early in the project.

#### 3. HMG Centralized Access Point (CAP) in the implementation stage of affiliation

Definition: Includes the following key activities: a) A specialized HMG call line intended to serve families of young children between prenatal and 10 years of age is currently accepting calls. [Note: The HMG CAP should be accessible to families/caregivers, health care providers, and community agencies, however, expanding accessibility to include all of these types of callers can be goal of CoP]; b) Linkage to service & follow-up: HMG telephone care coordinators provide follow-up to the initial caller regarding the referral at least 75% of the time (if parent permission is received); c) Researching resources for families: HMG telephone care coordinators use a defined protocol to research available resources and connect children/families to community based services and programs. d) Real time directory maintenance: The CAP utilizes a computerized resource directory that can be efficiently updated and modified; A process is in place to update the resource directory at least quarterly.

CAP in implementation prior to Sept. 2017 (as evidenced by the 2017 HMG Fidelity Assessment)

CAP in implementation after Sept. 2017 (expected) (please describe)

## 4. Active Family & Community Outreach (FCO) key activities

Definition: Includes the following key activities: a) Partners for HMG family and community outreach have been identified using set criteria; b) Partners engaged in some type of outreach effort, including networking events, community events and/or training events

FCO activities in implementation prior to Sept. 2017 (as evidenced by the 2017 HMG Fidelity Assessment)

FCO activities in implementation after Sept. 2017 (expected) (please describe)

5. Primary CoP Early Learning Partner Representative(s) information (name, title, email)

6. Has this person already expressed commitment to participating/partnering in this effort?

Yes

) No

Current Early Learning Engagement with HMG & CoP Goal Setting

7. Describe the current relationship of the HMG and QRIS systems in your community (including key relationships, resources, and activities), as well as future opportunities to leverage QRIS as a resource for increased engagement of early learning providers in developmental promotion, surveillance, referral and linkage.

8.	Select all partners a	actively engaged in HMG	efforts to advance	developmental	promotion, s	urveillance,	referral a	and
linl	kage							

Department of Education	Public School District
Department of Early Childhood	University Partner (in-service and/or pre-service
Department of Health/Public Health	professional development)
Governor or Mayor's Office, early childhood initiative/program	Higher Education Collaborative (credentialing/certification)
Child Care Resource & Referral	Community Early Childhood Initiative (e.g., public-private partnerships, such as First 5 CA) (Please specify in
Head Start State Collaborative Office	"other")
	Association/member organization for early childhood professional development (NAEYC chapter, family child care association)
	Philanthropic/private early childhood funders
Other (please specify)	
9. Define the current relationship of HMG and the identified erelationships, resources, and activities), as well as future oppincreased engagement of early learning providers in develop	portunities to leverage these partnerships as a resource for

10. How many early learning sites (including family- and center-based settings; QRIS participation not required) have been engaged with HMG in the past year? If any, please describe the engagement.

11. How many, if any, referrals were made to HMG from early learning providers in the past year?

12. How many, if any, HMG trainings were provided to early learning providers on developmental monitoring, screening, and linkage to services in the past year?

## 13. Please indicate activities that your system is currently engaged in and activities of interest for your CoP participation.

	Identify the activities of which your HMG system is currently engaged	Identify the activities of interest for your CoP participation (goals/objectives)
System Building: Creating a linkage between EL settings and HMG as a resource to support referral and linkage		
System Building: Supporting information sharing across the interface between EL, HMG, child health care providers, and parents		
System Building: Engaging with QRIS leadership to align efforts with QRIS quality indicators	<b>\$</b>	\$
<i>Technology:</i> Linking results of developmental screening with the HMG centralized access point (e.g. application programming interface (API) between STAR[i] and HMG) [i] System for Tracking Access to Referrals (STAR) developed by HMG Orange County, California	-	

	Identify the activities of which your HMG system is currently engaged	Identify the activities of interest for your CoP participation (goals/objectives)
Technology: Promoting family access to and EL utilization of tools such as ASQ online Engaging with existing developmental screening registries or exploring opportunities to develop registries within a community		•
Capacity Building: Providing professional development opportunities to home- and/or center-based settings with a focus on developmental promotion, screening, and accessing HMG to support linkage to services		
Capacity Building: Leveraging related federal initiatives and evidence-based tools	\$	\$
Capacity Building: Evaluating the efficacy of professional development activities		
Capacity Building: Tracking developmental screening activities for individual children as well as whole populations	\$	\$

14. Please describe any other goals of participating in this project that may be of interest to you, other than those listed above:

15. Through this project, there may be an opportunity to contribute to a standalone, individual research project, evaluating the impacts of adoption of some or all of the model components. Please indicate here whether you would be interested in learning more/contributing to a study of this nature throughout the course of the project. If so, please provide any specific areas of interest and confirm your capacity to collect and submit required project data.