

2019 Annual Report



Building Impact

This 2019 Help Me Grow (HMG) report synthesizes information collected from more than 100 HMG Systems in 31 states across the country to capture the following:

- The breadth and scope of HMG system implementations and progress since 2018
- Fidelity to each Core Component of the HMG model across communities
- HMG capacity to reach children, families, community partners, and child health care providers
- Novel approaches and system enhancements currently explored by the National Affiliate Network

The Help Me Grow National Center is a program of the Office for Community Child Health within Connecticut Children's Medical Center.



May, 2020

I am delighted to have this opportunity to share with you the 2019 annual report of the Help Me Grow (HMG) National Center, BUILDING IMPACT. While HMG National Center products, including all annual reports, are consistently superb, I believe that this year's version sets a new standard for excellence. I trust that you, like me, will find the report to be clear, concise, compelling, important, and visionary. It serves as a fitting reflection of the exceptional accomplishments of our affiliates and the capacity of the HMG National Center staff. I extend my most sincere congratulations and gratitude to those Help Me Grow affiliates whose progress is captured in this milestone publication.

In capturing the progress of affiliates in implementing HMG systems and demonstrating how systems are evolving with fidelity to the model, this report leverages the work that the HMG National Center and affiliates performed with the renowned Frameworks Institute to enhance our communication capacity in describing the model, its components, and its impact. Our strengthened and refined language makes the model more cogent to all readers, including those less familiar with HMG. This makes discussions of HMG capacity, novel approaches, and system enhancements all-the-more meaningful.

This report is not intended to merely meet bureaucratic requirements nor sit on the proverbial "shelf." Rather, it is a vehicle to inform the efforts of the HMG National Center and affiliates to continue to strengthen HMG as "a solution to help young children shine." Most importantly, annual reports are intended to identify opportunities and priorities for the next year. This report excels in offering important opportunities to further evolve the scale, impact, and sustainability of the HMG model. In particular, findings emphasize the critical importance of our focusing on such activities as the importance of real-time directory maintenance for Centralized Access Points and closing the feedback loop on referrals with primary care practices. These findings will undoubtedly guide our ongoing quality improvement efforts as we continue to evolve our model.

Finally, any messaging would be incomplete without reference to the profoundly challenging crisis of the current COVID-19 pandemic. While the time period of the Annual Report preceded the rise of COVID-19, the fate of the report's implications will undoubtedly be influenced by the pandemic's profound impact on children and families. Our focus on strengthening families' access to critical community resources has never been more urgent. The importance of our commitment to addressing disparities to achieve equity has never been more obvious. We promise to use this report to enhance our efforts to strengthen all families to promote all children's optimal health, development, and well-being, especially those most vulnerable.

We hope that you find this report of interest and look forward to your thoughts and feedback.

Best.

Paul H. Dworkin, MD



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About Help Me Grow

THE HELP ME GROW DIFFERENCE

A better future starts with Help Me Grow. By supporting our young children today, we promote healthier and more prosperous communities tomorrow.

AN OPPORTUNITY TO MAXIMIZE CHILDREN'S POTENTIAL

The early years present incredible opportunity to build a strong foundation as the brain rapidly develops during the first five years of life. All children benefit from an organized system of community resources to help them thrive, like health care, quality early learning experiences, healthy nutrition, and parent support. However, when the system is not well organized, it can be difficult for families to access resources for their children and challenging for service providers to connect families to needed supports. This can have long-lasting consequences on children's health and well-being.

HELP ME GROW: A SOLUTION TO HELP YOUNG CHILDREN SHINE

A network of community resources works like a power grid. When the grid functions well, families can plug in to an organized flow of resources and easily access the ones they need. Help Me Grow strengthens the grid by maintaining a current directory of available services and connecting service providers to each other to create an interconnected system. Families benefit as Help Me Grow listens to them, links them to services, and provides ongoing support. Help Me Grow is available to all children, including those whose families may have concerns or simply want to learn more about their child's development.

A VISION FOR A BRIGHTER FUTURE

Thriving communities depend on the well-being of all members. By providing families with equitable access to the resources they need when they need them, Help Me Grow works to ensure we all enjoy more vibrant years ahead.

Help Me Grow (HMG) is not a stand-alone program, but rather a system model that leverages existing resources in order to develop and enhance a comprehensive approach to early childhood system building in any given community. Successful implementation of the HMG Model requires communities to identify existing resources, think creatively about how to make the most of existing opportunities, and build a coalition to work collaboratively toward a shared agenda.

Four cooperative and interdependent core components characterize the HMG Model:



A Centralized Access Point assists families and professionals in connecting children to the grid of community resources that help them thrive;



Family & Community Outreach builds parent and community-based organization understanding of healthy child development, supportive services that are available to families in the community, and how both are important to improving children's outcomes;



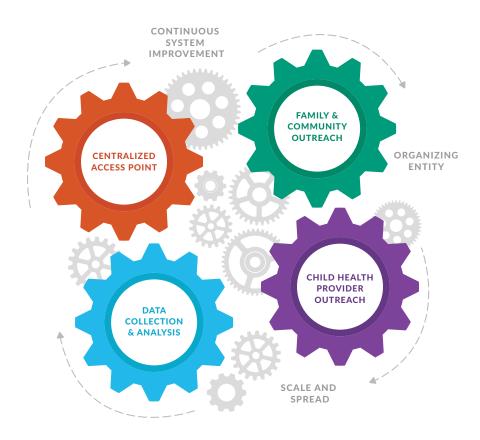
When providers identify potential concerns early on, they can be easier to address. *Child Health Care Provider Outreach* supports early detection and intervention efforts and connects medical providers to the grid of community resources to best support families.



To make sure the resource grid is working effectively, *Data Collection* supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement.

The HMG Model also depends on three Structural Requirements to provide the foundation for building and managing the Core Components of a HMG system effectively over time. Implementation relies on an **Organizing Entity** to provide support, oversight, continuity, and facilitation of collective impact efforts. Critical strategies for **Scale and Spread** ensure that systems optimally serve to meet the needs of all children and families. The efficacy and durability of the Help Me Grow model also hinges on **Continuous System Improvement**, or constant efforts to enhance, refine, and innovate.

HMG piloted its first system in Hartford, Connecticut in 1997. Since that initial implementation, a growing number of states and communities have replicated the HMG model as a strategy to support early detection of developmental or behavioral concerns, as well as the referral and linkage of those children to appropriate medical and community services. Currently, there are 104 HMG systems operating in 31 states across the country.



About this Report

The HMG National Center administers an annual, standardized Fidelity Assessment to every affiliate system of the National Affiliate Network. The Fidelity Assessment is a self-report survey intended to measure 1) progress in HMG Implementation in each of the model's four Core Components; 2) relevant process and outcome metrics; and 3) adoption of system enhancements that may serve as innovative strategies to further efforts to advance developmental promotion, early detection, referral, and linkage. The 2019 Fidelity Assessment informed findings presented in this report. All HMG affiliates report data through the Fidelity Assessment regardless of their implementation status; thus, certain data points reflect only the subset of HMG affiliates that track relevant measures. For questions, or to request copies of the report, please contact the HMG National Center.

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Help Me Grow in Action

Cooperation of Four Core Components

Outreach to Community-Based Service Providers through community events, service fairs, networking meetings, and other opportunities helps engage these organizations as partners and integrated members of the broader early childhood system. Building partnerships with community-based service providers helps expand the use of the Centralized Access Point, which supports these providers through the provision of system navigation, primarily telephone-based care coordination efforts overseen by experts in early childhood development, and access to a comprehensive, up-to-date resource directory of all available and appropriate local early childhood resources for families with young children. Continued and coordinated Outreach to Community-Based Service Providers serves to address an important challenge in ensuring accuracy of the resource directory.

Targeted **Outreach to Families** through marketing and public awareness campaigns, family engagement events, and strategic partnerships with existing parent support and advocacy groups increases knowledge and understanding of children's optimal healthy development. It engages families as critical partners in supporting the wellness of their young children. These family outreach strategies also foster awareness of the **Centralized Access Point**, which provides families of young children with support in navigating the landscape of early childhood programs, thus transferring the onus of complex system navigation from the caregiver to trained and dedicated **Centralized Access Point staff.** Families receive best-fit referrals, and **Centralized Access Point staff** systematically follow up with families to help them overcome barriers to accessing needed services, provide ongoing support, and ensure needs are met.

Child Health Care Providers are uniquely positioned to identify children who are at risk for adverse developmental outcomes. They have near universal access to young children and provide ongoing monitoring of developmental status during well-child visits that include developmental promotion and early identification through periodic developmental surveillance and screening. However, due to the structure and requirements of the well child visit, child health care providers often face challenges in identifying early signs of developmental or behavioral concerns. Even when needs are recognized, keeping comprehensive and updated information on community-facing services is difficult and ensuring successful connection to those programs is time-consuming. Further, only a subset of children with developmental delays or those who are at risk for developmental delays will qualify for early intervention and early childhood special education services, which often prompts a "wait and see"

approach among child health care providers.

The HMG system implements strategic outreach to **Child Health Care Providers** through office-based training sessions, which frequently include the implementation of American Board of Pediatrics Maintenance of Certification Quality Improvement projects. These **Child Health Care Provider Outreach** efforts advance education around developmental promotion, motivate physicians to conduct systematic surveillance and validated screening of young children, and encourage providers to leverage HMG as a resource for their patients by recommending families access the **Centralized Access Point** as a support. In this way, the **Centralized Access Point** serves as a care coordination arm for busy pediatric primary care practices when providers identify concerns and, in so doing, HMG partners with pediatricians to ensure effective linkage to appropriate programs and services.

The Centralized Access Point systematically closes the loop with referring Child Health Care

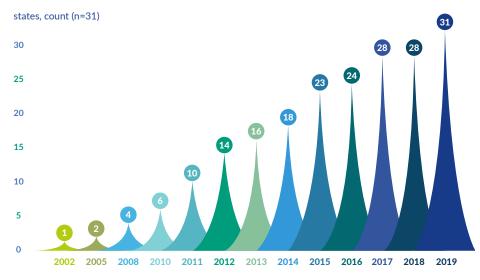
Providers and Community-Based Service Providers so families are optimally supported,
communication is streamlined, redundancies are minimized, gaps are identified, and children receive
what they need when they need it. Throughout each component, Data Collection and Analysis further
bolsters the ability to close identified systemic gaps and strengthens the entire system as a whole.



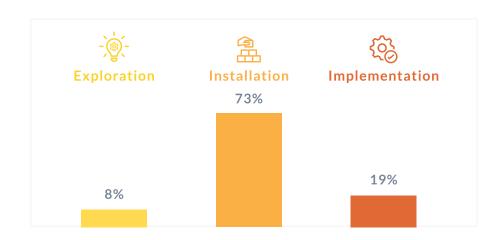
Report Highlights

The National Affiliate Network consists of affiliates in 31 states across the country operating 104 HMG systems.

Network affiliation has steadily increased over time



This report reflects 95 HMG systems in 28 states that reported data in the 2019 Fidelity Assessment.



• Affiliate implementation efforts of the entire HMG Model are categorized as being in either an Exploration, Installation, or Implementation stage. As of 2019, 8% of the network is in Exploration, 73% is in Installation, and 19% is in Implementation.

Advances in Family and Community Outreach

Among the four HMG Core Components, affiliates are furthest along in implementation of Family and Community Outreach, with 79% in Full Implementation of this Core Component. HMG affiliates conducted targeted outreach to families, community providers, and child health care providers, reaching more than 204,364 parents, caregivers and other family members. In addition, HMG reached 34,331 individuals from community agencies across the country through efforts such as events, trainings, and networking.

79%
of affiliates are in full implementation of Family and Community Outreach core component

112,077

children and families served through the Centralized Access Point

Meeting Community Needs

HMG affiliates served 112,077 children and families through the Centralized Access Point. Of the families that engaged with the Centralized Access Point, an average of 87% reported that HMG met their identified needs, an increase of 8% since 2018.

Training a Range of Child Health Providers

HMG affiliates hosted over 2,900 trainings for child health care providers, community-based service providers and other medical professionals in their communities on the topics of developmental surveillance and screening, referral and linkage.





Creating Innovative, Effective Approaches

HMG affiliates pursued a wide array of innovative system approaches aimed at improving family experience with HMG, increasing the efficacy and scope of outreach efforts, and pursuing structural changes to better enable growth and expansion over time

Evaluating Help Me Grow

Since its inception, the focus of HMG has been to strengthen efforts in support of the early detection of developmental and behavioral concerns, as well as the referral and linkage of such children to services within the broader early childhood system. Isolated initiatives within a system often fail to generate and sustain the large-scale systems change needed to provide optimal benefit to young children and families. Yet, HMG, through an emphasis on comprehensive system building and alignment with other key early childhood partners, stands at the other end of the spectrum from an isolated initiative – embracing a collective impact approach. Given the vast collective potential among more than 100 HMG systems across the country, it is imperative that the network is oriented toward a common agenda. The greater the coordination and alignment across our efforts, the greater is our likelihood of addressing the complex and multi-faceted dynamics that limit the impact of comprehensive, effective early childhood systems.

Efforts to ensure alignment include an emphasis on fidelity to the model across the communities that have implemented or seek to implement HMG. Measurement of fidelity ensures that communities are adopting similar approaches in contributing to effective systems that ensure early detection, referral, and linkage. In addition, HMG embraces the concept of shared measurement: the methods to document the impact of HMG systems, communicate, and leverage lessons learned, which are essential to enhance capacity to operate as a movement and strengthen the potential to generate policy change at the local, state, and national levels.

The HMG measurement framework balances both the need to assess HMG efforts at the local level while considering the important context that shapes community capacity. This assessment also aims to capture impact at the national level, bridging together HMG efforts into a single movement. Therefore, the HMG National Center distinguishes between Common Indicators and Impact Indicators to describe metrics that serve unique purposes. Common Indicators are a shared set of metrics among affiliates that are heavily influenced by local variations in HMG systems and which inform local continuous quality improvement and system enhancements. Impact Indicators are a shared set of metrics among affiliates that, in the aggregate, inform the national narrative of HMG. Together, Common and Impact Indicators enable HMG affiliates to monitor progress, share lessons learned across the network, and advocate for change.



Help Me Grow Implementation

The collective efforts and capacity of HMG are ever-evolving; especially as new affiliates join the National Affiliate Network. Through the annual Fidelity Assessment, affiliates provide an update on their implementation progress, specific approaches deployed over the last year, and key process and outcome metrics. This report attempts to capture the breadth and impact of the network through key findings and lessons learned from the 2019 Fidelity Assessment.

Local HMG Implementation

Communities often explore the HMG model as a strategy to strengthen their early childhood systems building to ensure early detection, referral, and linkage to services. The reasons that a particular community may consider implementation of HMG reflect a variety of priorities, including the desire to promote universal developmental surveillance and screening, improve collaboration and coordination among early childhood system stakeholders, improve referral and linkage rates for young children following developmental screening, and expand care coordination capacity across a given system.

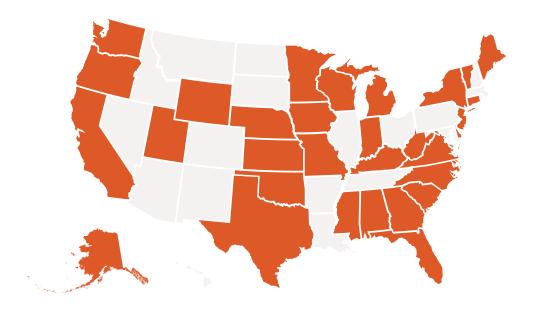
States and communities beginning to explore HMG will do so under the guidance of a designated HMG state lead. The role of the state lead may take different forms in different states, but generally comprises the following activities: providing direct oversight, building relationships, strategic planning, advocacy, community engagement and marketing, and fund management. For HMG systems that will function in a statewide capacity, state leads oversee the efforts of a single system designed to meet the needs of the entire state. Some states instead choose to function as a multi-system state; in such instances, the state lead maintains a leadership role in addition to local HMG leads that oversee HMG efforts in designated regions (often at the county level). Each implementation of HMG is unique, drawing on existing resources, partners, and efforts already present in a given community at the start of HMG exploration. Local variations aside, all HMG systems are encouraged to move toward fidelity to the model over time.

The HMG National Network

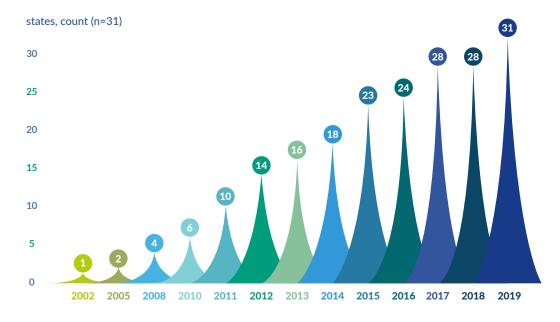
The HMG National Center defines affiliate systems at the level of the Centralized Access Point, with unique Centralized Access Points designated as individual systems (e.g., individual, county-based HMG systems in a given state). HMG systems, for the purposes of the Fidelity Assessment, may also include

systems currently not operational but, nonetheless, exploring implementation of a HMG Centralized Access Point. Of the 95 HMG systems whose data are reflected in this report, 87 are operational and defined as actively moving toward implementation.

At the close of 2019, the National Affiliate Network consisted of 104 HMG systems embedded within 31 states across the country and Washington DC.



Network affiliation has steadily increased over time



Fidelity to the Model

The HMG National Center categorizes HMG affiliate implementation efforts as being in Exploration, Installation, or Implementation stage. Such stages are generally consistent with those defined in the field of implementation science and signal advancement through a continuum of activities that move a community closer to replication of a defined model.

The Fidelity Assessment measures achievement of 16 activities, four in each of the four Core Components, to enable classification of affiliate implementation.



EXPLORATION

魯

INSTALLATION



IMPLEMENTATION

Refers to affiliate systems that have implemented none of the four activities (0)

Refers to affiliates that have implemented at least one activity (1+)

Refers to affiliates that have implemented all four activities (4)

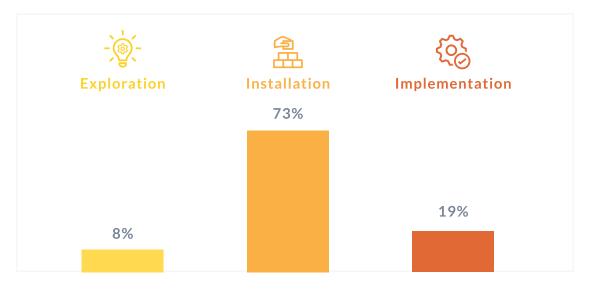
The designation of an overall classification to an affiliate is determined based on their Core Component classifications, using the lowest-scoring Core Component as the overall classification. Affiliates only receive an overall Implementation classification when they have achieved implementation in all four Core Components.



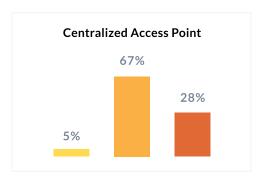
Fidelity to the Help Me Grow Model

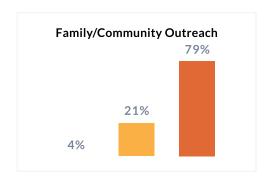
MODEL CORE COMPONENT	KEY ACTIVITIES
Centralized Access Point	 Specialized child development line Linkage and follow-up Researching resources Real-time directory maintenance
Family and Community Outreach	Engaged community partnersNetworkingCommunity events and trainingsMarketing
Child Health Provider Outreach	 Physician champion Training on surveillance and screening Training on referral and linkage Closing the feedback loop
Data Collection and Analysis	 Data monitoring Sharing data across partners Continuous quality improvement Community change through data

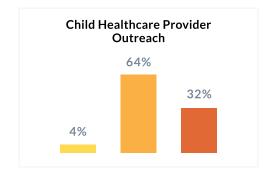
As of 2019, 9% of the network is in Exploration, 72% is in Installation, and 19% is in Implementation.

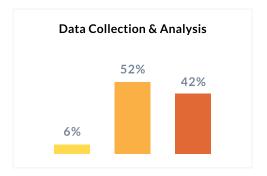


Level of Affiliation









Among the four Core Components, HMG affiliates are making the most progress implementing Family and Community Outreach, with 79% of affiliates having achieved all four key activities associated with this Core Component. The HMG National Center also observed this trend in 2017 & 2018.

In contrast, only 28% of affiliates have achieved all four key activities associated with the Centralized Access Point, despite only a relatively modest 5% of affiliates being in exploration in this Core Component. This finding suggests that one or more of the Fidelity activities associated with the Centralized Access Point may be relatively easy to achieve and quickly propels affiliates to an Installation stage, while successful adoption of all four activities in each Core Component may require a more substantive effort. While 95% of affiliates are operating a Centralized Access Point and child development line, key activities related to mechanisms of linkage and follow up, as well as real-time maintenance of resource directories have emerged as areas for further focus and enhancement.

Few affiliates maintain a status of Exploration in any Core Component, with the highest being 6% of affiliates in the Exploration stage for Data Collection and Analysis, meaning they have yet to implement any of the four key activities associated with one of the HMG Model Core Components. For the first time, all HMG systems in 2019 achieved Installation or Implementation of the Family and Community Outreach Core Component. Further, compared to other components, fewer affiliates remain in Installation, with most having shifted to Implementation status.

The HMG National Center administers the HMG Fidelity Assessments annually, which enables year-to-year comparisons of the National Affiliate Network over time. However, the denominator of affiliate systems is consistently shifting year to year; thus, while comparison is possible, it is more difficult to determine changes. The HMG National Center observed the following trends from 2018 to 2019:

- An increase of seven new affiliate systems
- Even with the addition of seven new affiliate systems contributing to fidelity profiles, there was still overall growth in terms of greater number of affiliates reaching Installation status (and shifting out of Exploration).
- A substantial increase in affiliates with an established and functioning specialized child development line, an increase of 30% from 2018 to 2019.
- Modest growth in the proportion of affiliates reaching Implementation status for the Family and Community Outreach Component, with 79% of affiliates having all four activities in place in 2019 compared to 72% in 2018.

Affiliates exhibit the highest achievement in the following activity:

• Engaging community partners in their local comprehensive early childhood systems. Partners include, but are not limited to, child health providers, educators, social service agencies, advocacy and policy professionals, and parent leader groups.

Data from the 2019 Fidelity Assessment suggest the following as areas of priority for network development, based on the observation that these activities are implemented by the fewest overall affiliate systems:

- Linkage and closing the feedback loop with child health providers through the Centralized Access Point.
- Real-time resource directory maintenance.



The Centralized Access Point typically takes the form of a call center that serves as a central portal of entry for family members, child health providers, and other professionals seeking information, support, and referrals for children. The Centralized Access Point connects children and their families to services they need through the efforts of HMG Care Coordinators. Care Coordinators work to provide education and support to families around specific developmental or behavioral concerns or questions, help families recognize typical developmental milestones; provide referrals to community-based supports, and follow-up to ensure successful linkages.

FIDELITY TO THE CENTRALIZED ACCESS POINT



Specialized Child Development Line

A specialized child development line distinct from a general call line which can be directly accessed by families and providers



Linkage and Follow Up

The capacity of the call line to facilitate linkage to a variety of early childhood services and to follow up with families to ensure linkage to services



Researching Resources

A systematic process to research available resources in the community



Real Time Directory Maintenance

A resource directory that has the capacity to be maintained and updated at least guarterly

IMPACT INDICATORS

Number of Unique Interactions (12 months)

112,077 call center interactions in 2019 compared to 108,833 in 2018



Needs Met

Among the 55 HMG affiliate systems reporting on this measure, an average of 87% of callers reported that HMG met their needs.

Affiliate Progress in Implementing Centralized Access Point Activities

ACTIVITY	2018	2019
Specialized child development line	61%	84% 🕇
Linkage and follow-up	55%	50% ↓
Researching resources	83%	82% ↓
Real-time directory maintenance	48%	39% ↓



Specialized Child Development Line

Implementation of HMG requires a specialized child development portal of entry, typically through a call line, with the capacity to both address questions and make referrals for topics tied to child development. Activities associated with implementing a specialized line consist of identifying a partner entity to serve as the call center (e.g., most commonly through 2-1-1), ensuring that the call line has the capacity to accept calls, designating a target population for those served by the call center, and being accessible as a resource to families, community, and child health providers.

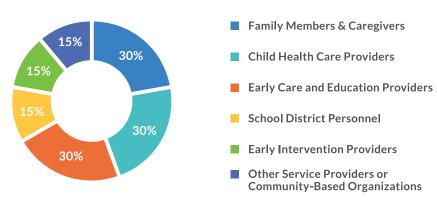
Care Coordinators

HMG Systems in the National Affiliate Network retain, on average, 3.5 Care Coordinators trained to guide and support interactions within the Centralized Access Point. The capacity of Care Coordinators

in a Centralized Access Point ranges from less than one full-time equivalent (FTE) to 31 FTEs. In turn, Care Coordinators maintain an average caseload of approximately 280 families per year.

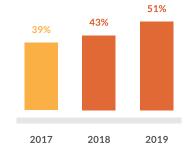
Beyond the capacity to accept calls, affiliates also reported in 2019 whether those sources made referrals to HMG. Most frequently, the sources of referrals to HMG were family members/caregivers, child health providers, and early care and education providers.

REFERRALS TO HMG



A growing proportion of HMG affiliates have expanded the capacity of the call center to serve prenatal needs.

The maximum age that affiliates serve varies within their Centralize Access Point. The age range served through the specialized child development line is contingent upon a variety of factors including established partnerships with community-based services for referral, funding sources and limitations, and call center and/or resource directory capacity and scope.



HMG AFFILIATE	MAXIMUM AGE
5	24%
6	6%
7	3%
8	24%
9	12%



Linkage and Follow-Up

In 2019, similar to previous years, roughly half of the National Affiliate Network reported that they have an identified protocol in place for follow up with the majority of families to determine whether services and referral provided through the Centralized Access Point occurred. Follow-up efforts with HMG families vary among affiliates and are challenged by many of the same factors as in other settings, such as relocation or change in contact information. However, for the second year in a row, linkage and follow up remains one of the key activities achieved by the lowest number of affiliates across the

network. It is imperative that focused attention be paid to this activity in the coming year in order to identify and disseminate effective strategies that maximize follow-up.

Linkage and follow up is a unique value proposition of the HMG model and ensures that families are successfully connected to services that are available in their community and meet their specific needs. Beyond connection to local and available services, families are supported by HMG Care Coordinators throughout the utilization of the service to in order ensure families' needs are met and that a successful connection has been made. The frequency of follow up is dependent on the unique needs and preference of each family.

In 2019, affiliates shared best practices for follow up with HMG families. Their examples included:

- Utilizing a family database to alert Care Coordinators at appropriate intervals for follow-up.
- Co-creating follow-up appointments with families at a time/manner that is most beneficial to them.
- Standardizing timeframes for follow-up and sharing this information with families during the initial call.
- Incorporating additional forms of outreach to supplement follow-up by phone (i.e., email and text messaging).



Researching Resources

One of the unique elements of HMG is the capacity of the Centralized Access Point to serve as a single portal of entry to early childhood services and supports. Identifying the most appropriate supports for children and families is based on a combination of information sources, including needs identified at the time of referral, results of screening(s), input from families, as well as answers to targeted questions embedded in the Care Coordinator workflow. All HMG affiliates should use a defined procedure to research available resources and connect families to community-based services and programs.

- The reported procedure used to research resources for families includes initial use of a resource database.
- A subset of HMG affiliates reported specific procedures to identify 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.

BUILDING IMPACT 2019 ANNUAL REPORT BUILDING IMPACT

In 2019, the proportion of affiliates reporting a defined procedure to research available resources and connect children and families to community-based services remained relatively the same after a large increase from 2017-2018.



Real-Time Directory Maintenance

Resource directory maintenance is key to ensuring that the programs, services, and resources represented in the list of potential referral sources for callers comprise an up-to-date and comprehensive portfolio of community-based supports. Affiliates report implementing a variety of resource directory technologies, as well as self-developed systems. In 2019, the frequency of maintenance to each HMG directory varied, with a majority of HMG affiliates reporting that they update their resource directory on an annual basis.

Of HMG affiliates far enough along in their implementation to have a functional resource directory, the majority report that it serves as a comprehensive, regularly updated list of services and programs for children and families within the geographic area served by the call center. Real-time maintenance to the resource directory is among the lowest of the key activities achieving fidelity with only 39% of affiliates formally updated their directories on a quarterly basis if not more frequently.

Strategies for resource directory maintenance reported by affiliates in 2019 included:

- Family navigators and outreach coordinators assume responsibility for adding new resources as they identify them, and for calling and mailing updates to services listed in the database
- Affiliates send update letters to listed resources to verify contact, eligibility, and intake information
- Affiliates make online portals available for community partners to independently add or change information related to their services

Promising Practice Priority

The National Affiliate Network seeks to identify and elevate affiliate examples of strategies that have worked to maintain a strong and frequently updated directory of community resources and services. How can affiliates streamline, systematize, and more frequently update resource directories to assist in linking families to the services they are seeking? How can affiliates utilize technology to support their efforts in ensuring resource directories are kept up to date and accurate?

Affiliate Highlight

Help Me Grow Kansas



Affiliate Background Information

Kansas originally learned about HMG during a Children and Youth with Special Health Care Needs State Grantee meeting in 2016. After exploring the opportunities available with HMG, a core leadership team comprised of key program staff and partners from early childhood agencies discussed how HMG fit into the existing early childhood vision for Kansas. They determined that the HMG Model aligned with much of the early childhood work already taking place across Kansas and realized it provided an opportunity to help further strengthen coordination among programs and initiatives.

HMG Kansas joined the National Affiliate Network in 2017 and moved from the Exploration stage in the 2018 Fidelity year to the Implementation stage in the 2019 Fidelity year. During its first two years of affiliation, HMG Kansas continued to work on system alignment efforts, which utilized HMG Core Components as a foundation for integrating efforts such as Title V Maternal and Child Health Block Grant, Child Care Quality Initiatives, and Preschool Development Grant, among others. Now, early childhood leaders in Kansas are utilizing the HMG Model as a key component to further coordinate and build on existing initiatives around the state.

The HMG Kansas Centralized Access Point

HMG Kansas utilizes an existing Parent Helpline (1-800-CHILDREN) as its Centralized Access Point. The Helpline is a 24-hour, confidential, free information and referral call line for parents and providers that works to connect children and families across the state to resources and supports and empower them with information to engage the right services. HMG Kansas launched their Centralized Access Point in February 2019. In the seven month leading to the time of Fidelity reporting (August 2019), the Helpline received 2,299 calls from parents, providers, and professionals interested in HMG.

Kansas exhibits a strong history of collaboration across early childhood programs and supports, which enabled HMG Kansas to learn about integrating initiatives, supporting

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partnerships, and connecting state and local efforts. The affiliate's efforts to serve children and families through a Centralized Access Point focused on intentional strategies such as reducing meeting fatigue, identifying key stakeholders and decision makers, sustaining buy-in, and developing targeted messaging.

HMG Kansas Going Forward

It is an exciting time for HMG Kansas to connect and coordinate services and supports for children and families. The affiliate is committed to expanding its shared vision of connecting families and communities so that all Kansas children thrive. This includes expanding the capacity of its Central Access Point to connect more children and families to services and supports, offering meaningful family engagement outreach, incorporating family choice and voice, and ensuring equitable access to services. HMG Kansas has identified a need to focus on bolstering and refining tools, processes, and supports over the next year to ensure families and providers can access streamlined and holistic resources and referrals. Additionally, the affiliate has identified a need to develop clear and consistent messaging to increase awareness and utilization of the Helpline across the state.



Family and Community Outreach

Family and Community Outreach is key to promoting the use of HMG and providing networking opportunities among families and community-based service providers. Family and Community Outreach staff work to engage families by participating in and/or leading community meetings, forums, public events, fairs, as well as helping families learn about child development and the role of HMG. This community presence encourages support for the HMG system and facilitates efforts to gather and update information to embed in the resource directory of the Centralized Access Point. Further, parent engagement is critical to ensuring that the types of services and supports to which HMG Care Coordinators refer families reflect a family-led agenda.

FIDELITY TO THE COMPONENT OF FAMILY AND COMMUNITY OUTREACH



Utilize Community Partners

Identify partners for HMG Family and Community Outreach using criteria established by the HMG National Center



Networking

Facilitate at least two HMG meetings to support networking



Community Events & Trainings

Provide outreach to increase awareness of HMG at least twice a year



Marketing

Utilize marketing opportunities including social media to promote HMG



IMPACT INDICATORS

In 2019, the National Affiliate Network reached 204,364 individuals through events led or coordinated by HMG affiliates to promote awareness of child development and/or HMG.

HMG affiliates trained 12,921 non-medical professionals on developmental screening and/or referral and linkage through HMG in 2019.

Affiliate Progress in Implementing Family and Community Outreach Activities

ACTIVITY	2018	2019
Engaged community partners	97%	96% ↓
Networking	77%	89% 🕇
Community events & trainings	85%	93% ↑
Marketing	90%	92% †



Engaged Community Partners

For the purposes of the Fidelity Assessment, HMG affiliates report that community partners consist of organizations, agencies, or initiatives in which HMG has a relationship that extends beyond the inclusion of that service in the resource directory of the Centralized Access Point.

While the quality, duration, and operationalization of those partnerships vary, HMG affiliates do engage similar sectors as partners in their HMG efforts including:

- Medical and/or health providers
- Early learning settings
- Health and human service agencies
- Home-visiting agencies
- Family and child advocates
- School districts

In 2019, HMG affiliates reported reaching **34,331** individuals (non-families) representing communit



Networking

In 2019, HMG affiliates led 636 networking meetings intended to bring together those early childhood partners described above. In 2019, 50 HMG affiliates reported utilizing community networking meetings to make initial connections with local organizations, share important updates among partners, and report data about key gaps in the system to highlight and potentially work to address important areas of need.



Community Events and Trainings

HMG affiliates also provide outreach to increase awareness of HMG through community events for community partners, families, or both. Families that attend such events receive information and resources about how to support children's optimal healthy development and how to utilize their local HMG specialized child health line to connect with services in their area. Community-based developmental screening can also serve to inform parents about their children's developmental status and, in cases where there are concerns regarding learning or development, connection to HMG. In 2019, 88% of HMG affiliates conducted Family and Community Outreach events. Similar to 2018, 72% of affiliates offered developmental screening, such as the Ages and Stages Questionnaire, through these community events in 2019.

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Marketing

HMG affiliates rely on common methods to market their HMG system to families, partners, and child health providers. The most common tool to support HMG awareness includes community events and trainings, followed closely by use of a HMG website. While community events and websites remain the most frequently used outreach and engagement approaches, each of these strategies, as well as use of social media, were reported by fewer affiliates than in years past.

MOST FREQUENT HMG MARKETING STRATEGIES

- Community events = 49
- Website = 44
- Facebook = 37
- Twitter = 15
- Blog = 10
- Commercials = 7*
- Charity/fundraiser = 4*

Affiliate Highlight

Help Me Grow Connecticut



Affiliate Background Information

HMG Connecticut was established in 2002 as a way to identify children, ages birth to 5, who are at risk for developmental or behavioral concerns and connect those children to existing community resources. HMG Connecticut identified the 2-1-1 Child Development Infoline (CDI) as its statewide Centralized Access Point. Through 2-1-1, HMG Connecticut provides care coordination services to families to connect children to local resources, manages a statewide system for developmental screening, and provides families with information on child development milestones.

In 2013, the State of Connecticut received an Early Childhood Comprehensive Systems (ECCS) grant at about the time the state's Office of Early Childhood (OEC) launched. This opportunity offered a platform for the state to examine the potential expansion of developmental screening and how best to coordinate such screening among families, early care and education programs, child health care providers and early intervention services. Since then, the OEC has remained committed to HMG Connecticut both through continued funding and through collaboration, which provides opportunities for the affiliate to more closely connect with the early learning sector.

Mobile App Technology

Through the Preschool Development Grant, the OEC seized on an opportunity to use technology to expand developmental screening through Sparkler, a mobile app that offers developmental screening to help organizations partner with parents to promote healthy development. As part of an initial pilot project, the Sparkler app launched in several communities in 2018. In those communities, early learning programs provide support to help families download the app, enroll in the program, and utilize the app's developmental screening and promotional activities. If concerns are identified, HMG Connecticut and CDI follows up with families to connect them to appropriate supports.

By introducing use of the Sparkler app in early learning programs, HMG Connecticut sought

^{*}Reported more commonly in 2019 in comparison to previous years as a strategy for marketing HMG on the local level

to: reduce barriers to developmental screening; build family engagement in early screening, observation, and promotion activities; and strengthen referral and linkage, including connection and communication between agencies.

Key strategies to deploy the Sparkler app have included:

- Partnering with local school readiness program staff and getting buy-in from key leadership staff
 before introducing Sparkler to center directors
- Partnering with local community-based organizations that had a relationship with community based early learning providers
- Offering training on child development, importance of developmental screening and how to use
 Sparkler
- Conducting one-on-one visits to each site
- Connecting HMG staff from Connecticut's Central Access Point directly with early care and education sites to foster relationship building and referral connections

The Sparkler pilot resulted in a 49% ASQ completion rate in the 20 early learning sites that signed up to partner with the OEC. Sparkler was most successful in early learning sites that assigned a staff person to implement Sparkler and work with teachers and parents who needed more support. In addition, the Sparkler pilot showed that training teachers on the importance of developmental screening and how to use the Sparkler app was important to ensure program success.

HMG Connecticut Going Forward

Through the Preschool Development Birth through Five grant, Connecticut OEC will continue to explore, expand, and evaluate innovative strategies using technology to reduce barriers to developmental screening across more communities; build family engagement in early screening, observation, and promotion activities; and strengthen referral and linkage, including connection and communication between agencies.



Child health care providers are uniquely positioned to identify developmentally vulnerable children, as they have near universal access to young children through well-child visits. The HMG system supports community-based child health care providers by enhancing the developmental promotion and early detection activities they currently utilize for all children and ensuring the effective linkage of children with developmental or behavioral concerns to appropriate programs and services.

FIDELITY TO CHILD HEALTH CARE PROVIDER OUTREACH



Physician Champion

Identification of a physician that advocates for HMG in the broader medical community



Surveillance and Screening

HMG staff conduct targeted outreach to child health care providers through education, trainings, or workshops on effective developmental surveillance and screening



Physician Training

HMG staff conduct targeted outreach to child health care providers through education, trainings, or workshops on service referral and linkage through HMG



Feedback Loop

HMG Care Coordinators close the feedback loop by sharing information about screening and/or referral outcomes in at least 75% of cases

IMPACT INDICATORS

In 2019, HMG affiliates conducted 844 trainings for child health care providers on the topic of developmental surveillance and screening, a 30% increase compared to 2018. Affiliates conducted 2,116 trainingson the topic of HMG as a resource to support referral and linkage, an 86% increase from 2018. HMG affiliates reporting this metric conducted an average of nine to 30 trainings per year on each topic, roughly one to two trainings per month.

30%
increase in trainings conducted

Affiliate Progress in Implementing Child Health Provider Outreach Activities

ACTIVITY	2018	2019
Physician champion	86%	82% ↓
Training on screening and surveillance	73%	51% ↓
Training on referral and linkage	80%	53% ↓
Closing the feedback loop	65%	39% ↓



Physician Champion

The physician champion in a HMG system serves to support HMG outreach efforts by specifically engaging with the medical community. Often, physician champions directly utilize HMG services for their patient population and support HMG efforts by sharing their experiences with other providers based in other healthcare settings. Eighty-two percent of HMG affiliates have identified a physician champion to bolster their outreach capacity.



Training on Surveillance and Screening and Referral and Linkage through HMG

HMG affiliates generally utilize two approaches to support child health care provider outreach:

46% of affiliates report conducting Child Health Care Provider outreach efforts directly. The
organizing entity for HMG serves as the lead in outreaching to pediatric primary care settings to
promote awareness of HMG and/or provide training specific to developmental surveillance and
screening.

30% of affiliates report identifying a local or state-level partner that, as a result of the scope of their role within a given community, is well suited to conduct child health care provider outreach on behalf of HMG. Common partners among affiliates include, for example, local chapters of the American Academy of Pediatrics.

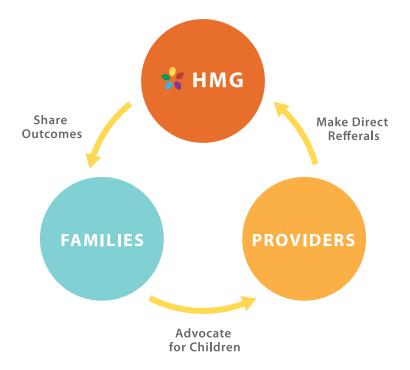
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In 2019, there was a significant decrease in the number of trainings, both in developmental screening and referral and linkage, reported to the National Center.

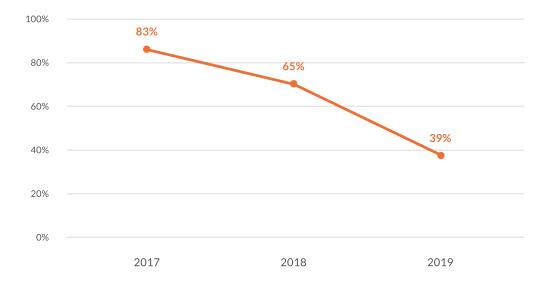


Closing the Feedback Loop

HMG affiliates seek to follow-up with Child Health Care Providers where feasible. In some instances, providers may make direct referrals to HMG on behalf of families, in which case HMG closes the loop with providers to share the outcome of the HMG interaction, such as referrals to certain services. Other times, families may receive developmental screening directly through the call center and HMG seeks to close the loop with the Child Health Care Provider by sharing, with family permission, screening results.



Successfully closing the feedback loop between providers, families and HMG continues to decrease among the affiliate network.



In 2017, **83%** of HMG affiliates successfully closed the loop with Child Health Care Providers. In 2018, the proportion of HMG affiliates successfully closing the loop decreased to **65%**. In 2019, only **39%** of HMG affiliates reported closing the feedback loop. On the one hand, this activity may be inherently more challenging to implement, which means newer affiliates rarely have this activity in place within the first year or two of HMG efforts. Therefore, slight decreases are expected each year as new communities join the pool of reporting affiliates. On the other hand, such a low proportion of affiliates reporting closing of the loop with Child Health Care Providers could indicate a number of potential causes or contributing factors, including:

- Discrepancies in how affiliates self-report their rates of closing the loop (i.e., inconsistency with the HMG National Center definition)
- Reluctance on the part of families to share information with HMG about their child's primary care provider (i.e., reluctance to have their general information, referrals made on behalf of the family/child, or the child's screening results shared)
- The multiple feedback loops involved in situations where the child is referred to HMG from a source other than the primary care provider, such as early learning or home visiting, and the potential lack of clarity on the party responsible for follow-up

Obtaining adequate consent from families to enable information sharing

Lack of reliable, tested protocols between HMG and pediatric practices

Promising Practice Priority

We are seeking to identify and elevate affiliate examples of strategies that have worked to facilitate consistent and frequent follow-up with providers. As the number of trainings and HMG Physician Champion partnerships across the network continue to rise, it is imperative that we continue to examine how to best maximize rates of follow-up with child health care providers. How do you track and measure your success? What are current strategies that work well in maintaining information sharing protocols with your pediatric practice partners?



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Affiliate Highlight

Help Me Grow New Jersey



Affiliate Background Information

The New Jersey Department of Children and Families (NJ DCF) launched as the HMG New Jersey affiliate in 2012. During that time, NJ DCF received a HMG planning grant to build upon and align the HMG Model to New Jersey's existing early childhood infrastructure. The NJ DCF central intake system evolved from seven counties before adopting the HMG model, to then 16 counties in 2014, and since 2015 has expanded to all 21 counties in the state, with support from various state and federal funding streams across other state departments (i.e., Health, Education, and Human Services).

In 2016, NJ DCF partnered with NJ 2-1-1 to be the statewide HMG Centralized Access Point, so HMG could also serve existing callers to NJ 2-1-1 who could benefit from connecting with HMG for referral to services or have their questions about their child's development answered. HMG New Jersey established a referral process for NJ 2-1-1 to refer families to the statewide central intake system to support seamless connections to maternal and child health programs and services. Since the inception of the HMG system in New Jersey, Medicaid prenatal and maternal health providers represent the primary source of referrals, as they are able to refer patients directly to the NJ DCF central intake hubs through their referral data system.

Perinatal Risk Assessment

In partnership with New Jersey Department of Health, the Family Health Initiative (FHI) oversees the SPECT (Single Point of Entry Client Tracking System) data system, which engages prenatal health providers to refer to the central intake system utilizing the Perinatal Risk Assessment (PRA). Prenatal and maternal health providers in New Jersey complete the PRA in order to communicate patient needs and risks to Medicaid Managed Care Organizations (MCOs). The central intake system also uses the PRA to refer interested expecting parents to community-based services. Training on the completion of the PRA includes technical expertise from the Family Health Initiative, community-based services, and experts in substance use and mental health interventions available in each county.

Linking the PRA to a payment-related process has proved to be a critical strategy to engaging healthcare providers in using the assessment. The decision to use the same tool that Medicaid MCOs rely on for payment authorization reduced administrative burden at the system level. The information used by MCOs to identify risks to which they have resources to respond aligns with most community-based services assessment and referral tools. When patients have a community-based service referral indicated on their PRA, the tool is sent to county-level HMG central intake coordinator through HMG New Jersey. This also reduces the burden on providers to learn and remember the criteria for the myriad of programs available to their patients.

Once engaged in the SPECT database system, local county central access hubs monitor provider submissions to ensure consistency. They also work together with FHI to engage staff at all levels within provider offices, focusing especially on nurse or office managers who have been key to many successful partnerships, to ensure providers are trained on central intake, referral procedures, and identify when adjustments are needed.

HMG New Jersey Going Forward

Moving forward, HMG NJ will provide central intake teams on country level with a dashboard to help with real time tracking of provider use and patient engagement.



Affiliates collect data throughout all Core Components of the HMG system, including Child Health Care Provider, Family and Community Outreach, and within the Centralized Access Point. The collection of a set of shared metrics across the National Affiliate Network informs the national narrative regarding the impact of HMG on children and families across the country. The collection of locally-sourced metrics enables HMG affiliates to benchmark progress, identify areas of opportunity and systemic gaps, and guide strategic quality improvement projects.

FIDELITY TO DATA COLLECTION AND ANALYSIS



Reporting

Submit Impact Indicators and Local Use reports to the HMG National Center



Sharing Data Across Partners

Share HMG-specific data across partners, such as through regular reporting, ad hoc requests, or targeted evaluation projects



Continuous System Improvement

Identify opportunities to conduct quality improvement projects using HMG-specific data



Community Change Through Data

Leverage HMG-specific data, such as identification of systemic barriers, to generate community change

Affiliate Progress in Implementing Data Collection and Analysis Activities

ACTIVITY	2018	2019
Data monitoring	77%	91% †
Sharing data across partners	84%	61% ↓
Continuous quality improvement	68%	74% ↑
Community change through data	64%	55% ↓



Data Monitoring

To support their capacity to engage in ongoing data collection and analysis and to evaluate the impacts of their local implementations of HMG, affiliates frequently identify a designated evaluation consultant, individual, or organization that provides evaluation support to HMG. Fifty-eight percent of affiliates reported use of a specific evaluation partner in 2019, which is a slight increase from 52% in 2018. Data systems (also known as client tracking systems) within the Centralized Access Point assist HMG affiliates in documenting and monitoring client-level information. They also provide alerts for Care Coordinators to follow up with families to ensure services provided by HMG during the initial call were sufficient and met their needs.



Sharing Data across Partners

HMG affiliates are uniquely poised to obtain and disseminate information about key trends in early childhood systems, such as the most common concerns with which families present to the call center, frequently recommended programs and services, trends in developmental screening results based on population, geographic region, etc., and barriers experienced by families in connecting to services.

In 2019, 68% of affiliates reported sharing and analyzing data internally amongst their team to assist in identifying patterns and trends. Similarly, 65% of affiliates reported sharing their data amongst their external partners as well. Affiliates report most commonly sharing data through regular reports, ad hoc requests from partners, and targeted evaluation projects. In addition, affiliates reported sharing data with new partners as a means to further explain the scope and impact of the HMG Model, as well as at local and statewide convenings to supplement discussions related to existing and future HMG spread and scale.



Continuous Quality Improvement

HMG affiliates rely on data from the Centralized Access Point, as well as data collected as part of Family and Community Outreach, and Child Health Care Provider Outreach efforts, to guide continuous quality improvement efforts.

EXAMPLES OF FOCUS AREAS OF CONTINUOUS QUALITY IMPROVEMENT FOR HMG REPORTED IN 2019 INCLUDE

- Increasing the number of referrals to HMG Centralized Access Points
- Tracking social media engagement and activity on different marketing platforms
- Identifying gaps in closing the feedback loop successfully
- Using community data and percentage of developmental screenings to identify strategies to address areas of improvement
- Identifying areas in which improved protocol within the Centralized Access Point could assist families in reaching HMG services more frequently

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Community Change through Data

As described earlier, building and maintaining a comprehensive resource directory enables affiliates to observe key gaps in needed services across the system. HMG affiliates can also identify and document common barriers that families experience in accessing available services. Such data has the capacity to inform advocacy efforts at the local level.

A variety of contextual barriers may impede family capacity to access services, including, for example, lack of access to transportation, language barriers, and lengthy wait lists for certain services. HMG affiliate communities stand to benefit from documenting ongoing, objective data regarding the most frequent barriers experienced by families in their local community.

In 2019, 55% of affiliates reported leveraging HMG data, including data specific to barriers, to inform and support advocacy efforts. The role of HMG in providing resources to families that span a spectrum of need, from basic supports such as food and housing to specialized, targeted services means that over time, HMG can provide a systemic view into gaps in available services and barriers that families face in accessing them when they do exist.

EXAMPLES OF USE OF THESE DATA INCLUDED

- Advocating for increased accessibility for specific services (e.g. home visiting and sensory integration) as well as
 greater availability of services in specific geographic regions, based on need
- Understanding the prevalence of wait lists as a barrier to receipt of services, prompting outreach and the potential to seek alternate sources of support for families
- Presenting and discussing results of common barriers experienced by families at HMG networking, steering, and other committee meetings to enable joint problem solving
- Increasing training or professional development opportunities within the Centralized Access Point to maximize support to families to enable their follow through on referrals
- Providing targeted support to families seeking access to Medicaid
- Developing novel partnerships based on gaps in rates of screening (e.g., WIC)

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Affiliate Highlight

Help Me Grow Sacramento, CA



Affiliate Background Information

First 5 Sacramento originally awarded a grant to the Sacramento County Office of Education (SCOE) that focused on supporting children with potential developmental delays and/or disabilities. Through a strong collaboration with transitional housing programs and social service agencies, Project Screening, Outreach, and Referral Services (SOARS) was developed. The project implemented a targeted and strategic approach to conducting developmental screenings and facilitating referrals for children served by transitional housing programs and other social service agencies. SCOE also subcontracted with WarmLine Family Resource Center (WLFRC) to provide direct family support for children and families.

Sacramento County built upon the infrastructure established through Project SOARS to develop and then implement the countywide HMG Model, joining the National Affiliate Network in 2017. With funding support from First 5 Sacramento, SCOE partnered with WLFRC to develop the HMG Centralized Access Point. The initial work and connections by family advocates through Project SOARS focused on communities experiencing high levels of gaps in resources. There was an expectation that data collected through the Centralized Access Point, would reflect that families working with the family advocates would be from these areas, but that families utilizing the Centralized Access Point would not necessarily come from those targeted neighborhoods. However, an analysis of zip code data reflected that close to 50% of children screened were from the neighborhoods targeted by the Black Child Legacy Campaign (BCLC), many of which are in Promise Zone neighborhoods. (http://blackchildlegacy.org)

Analyzing Data to Enhance Services

Data integrity and analyses form the foundation of our ability to use program data to assess and strengthen our services. HMG Sacramento collects data from the Centralized Access Point and home visits and logs it into the Persimmony client services and tracking system. In addition, the affiliate enters data from developmental screenings into ASQ Online. The affiliate produces quarterly data reports for these data sources and shares them with the

team to analyze trends and assess progress. The data reports include children and families served, types of services by referral agency, zip codes served, screenings conducted, screening outcomes, referral access, and feedback from parents and families. These data help HMG Sacramento measure milestone progress and understand the needs of specific targeted neighborhoods (e.g. BCLC, Promise Zone), the various agencies served by the affiliate, and the broader Sacramento community.

Through the robust database of services, screenings, and referrals, HMG Sacramento can determine how many children are served in targeted neighborhoods and more specifically, what the areas of concern are for those children. The affiliate uses client zip codes to disaggregate the service data and identify children and families served in targeted neighborhoods. From the data, it can pinpoint the services received by age group and ethnicity, determine the number of screenings and referrals, and identify the population needs through the volume and types of referrals provided. Through further analysis, HMG Sacramento is able to determine areas and populations that are underserved. Collectively, the data indicate the regions where services should be located (by zip code) and the types of services that residents need.

HMG Sacramento Going Forward

HMG Sacramento plans to work more closely with the Black Child Legacy Campaign and the Sacramento County Public Health to strengthen collaboration related to children's mental health activities happening within targeted neighborhoods and across the county. In addition, HMG Sacramento is also looking to enhance data collection from medical and community agencies to be able to track opportunities for additional outreach and future collaboration.

Developmental Surveillance and Screening

Within the HMG Model, either Care Coordinators at the Centralized Access Point or HMG staff in community settings may provide development screening. Community providers, such as home visitors or child health care providers, may also conduct such screenings, all with the shared goals of promoting universal developmental surveillance and screening, avoiding redundant screenings across settings, and consistently connecting the families of children at developmental risk to the Centralized Access Point for referral, linkage, and follow-up to community-based services.

HMG affiliates share a focus on supporting developmental surveillance and screening by addressing key gaps in developmental surveillance and screening across their local systems. Thus, they adopt a wide variety of context-dependent strategies in support of this goal.

In the majority of HMG affiliates, Care Coordinators provide screening directly through the call center. A smaller proportion of affiliates connect families to an online resource for screening. Other methods utilized to promote developmental screening include: connecting families to other agencies; mailing hard copies of screening tools; and embedding screening as part of community outreach events.

Common screening instruments include: Ages and Stages Questionnaire (ASQ-3) to support developmental screening, the Ages and Stages: Social Emotional Questionnaire (ASQ-SE 2), Parents' Evaluation of Developmental Status (PEDS), Survey of Well-Being of Young Children (SWYC), Modified Checklist for Autism in Toddlers (M-CHAT), Patient Health Questionnaire (PHQ-9), Edinburgh Postnatal Depression Scale (EPDS), and the Pediatric Symptom Checklist (PSC).



SMART Aims

HMG National Center first implemented SMART Aims in 2017 as a strategy to both promote and capture strategic planning efforts across the network. Each HMG system identifies a goal that is Specific, Measurable, Achievable, Realistic, and Time-Bound in an effort to document and measure progress against important programmatic aims.

In 2019, affiliates shared examples of the progress they made on their 2018 SMART Aims, which they set as part of last year's Fidelity Assessment. Such progress included:

- Providing targeted outreach to child health care providers that resulted in increased referrals
- Integrating the use of technology to increase the number of screenings conducted at community events
- Developing a new script for Care Coordinators to improve quality, empathy, and client engagement in the Centralized Access Point
- Increasing the number of child health care providers who receive office-based training on HMG

In 2019, affiliate systems reported a variety of SMART Aims designed to advance their local HMG System. Target areas reported in 2019 that affiliates will work toward over the course of 2020 include:

- Refining care coordination (quality, quantity, scope of support to families, etc.)
- Increasing rates of developmental surveillance and screening
- Establishing a Centralized Access Point
- Enhancing services offered through the Centralized Access Point
- Increasing number of trainings offered to physician partners
- Securing staffing and capacity goals through external funding

System Enhancements and Future Trends

As an affiliate reaches Full Implementation to the HMG Model and the HMG becomes a central part of a regional comprehensive early childhood system, their progress offers insight into the types of evolutions – both in operations and in framing – that can be part of the path toward sustainability.

In 2018, HMG National Center developed and administered the Sustainability Assessment to assess strategies and approaches used to support sustainability of HMG among those affiliates that had previously reached full implementation to the HMG Model. The Sustainability Assessment serves as an abbreviated measure of fidelity and further expands on novel factors and trends believed to play a role in HMG sustainability, such as funding, emerging technology, and successful partnerships.

Trends We're Watching



Centralized Access Point

Help Me Grow systems across the country are continuously evaluating the mechanisms used to reach
families and provide effective support. Technology remains a key strategy to increase efficiency and
effectiveness within the Centralized Access Point, including through new apps that offer access to
anticipatory guidance and developmental screening, as well as novel screening and linkage platforms.
Parent chat opportunities and text messaging maximize family engagement in a convenient and
accessible way.



Outreach Efforts

Over 2019, many affiliates embraced new ways of assessing and strengthening their HMG messaging
to key partners. Many did so through adoption of HMG National Center's new FrameWorks messaging
best practices, all aimed at increasing the degree to which key stakeholders, such as parents, providers,
and partners, understand the value and functions of HMG. Outreach to audiences such as OB/GYN
providers increased, as did utilization of a variety of new social media platforms.



Data and Information Sharing

More affiliates are relying on continuous quality improvement to identify areas ripe for small tests of

Over the past year, several affiliates led efforts to strengthen the quality and quantity of information sharing across settings. Often, this was through robust data sharing protocols or quality improvement strategies aimed at increasing the sending and receipt of screening and referral data, for example. In addition, developmental screening registries emerged as another mechanism to expand effective access to screening data and avoid redundancy of screening efforts.



Structural Support

Beyond core HMG Model implementation, many affiliates that reached full implementation (as well
as others) considered the degree to which changes in the designated organizing entity or its scope
could enable HMG systems to achieve novel funding, partnership, or expansion opportunities. While
Structural Requirements are often most relevant at the start of HMG exploration, it follows that the
type or function of the state backbone, the results of continuous system improvement, and plans for
statewide expansion evolve alongside the HMG Model.



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Affiliate Highlight

Help Me Grow Alameda County, CA



Affiliate Background Information

HMG Alameda County joined the National Affiliate Network in 2011 to Implement the HMG model as an organizing framework for Alameda County's efforts to promote child development, early identification, and connection to resources. Over time, HMG Alameda County's Centralized Access Point (CAP) has evolved to respond to community needs, understanding the broad range of elements that impact a child's development. In addition to screening for learning, behavioral, and developmental needs, the affiliate has expanded to also screen families for basic needs. Therefore, HMG Alameda County is well positioned to support adverse childhood experiences (ACEs) in the county.

ACEs Screening

HMG Alameda County began supporting local ACEs screening efforts in 2016. In doing so, HMG Alameda County began a partnership with Southern Alameda County Kaiser Permanente Pediatrics, in which providers began screening using their own ACEs tool at 3-year well-child visits. In 2017, they expanded the ACEs screening to all well-child visits from 1-5 years. HMG Alameda County has received over 130 referrals from Southern Alameda County Kaiser Permanente Pediatrics for ACEs-related concerns and a majority of those referrals have been for mental health support. Over the past couple years, HMG has seen an increase in referrals from other pediatric health care providers referring to the CAP on the basis of ACEs and/or childhood trauma. In addition, HMG Alameda County has hosted trainings for pediatricians and service providers on trauma, ACEs and resilience, and is gearing up to expand its current pediatric outreach to include technical assistance and support for pediatric sites launching ACEs screening in the new fiscal year.

HMG Alameda County has been meeting regularly over the past couple of years with the County Behavioral Health Department to address their relatively low connection rate to Medicaid funded specialty mental health services. The affiliate is collaboratively addressing strategies to increase connections for families. For example, it spearheaded the creation of a common referral form to the 13 funded early childhood mental health agencies to streamline

the referral and linkage process. HMG Alameda County currently shares its data on numbers of referrals and connectivity rates with the County Behavioral Health Department.

Many families who have connected with the HMG Alameda County CAP have experienced ACEs. Over the past many years, HMG Alameda County has made an active effort to increase its knowledge and connection to relevant resources to help support families experiencing needs that impact child development but are not child development-focused, such as: basic needs, housing, immigration resources, social support and connection events or programs, and legal services.

In addition, HMG Alameda County partnered with the Center for Youth Wellness (CYW) to design a training for HMG CAP and partner staff around ACEs and screening. HMG Alameda County is also working with CYW to develop and co-brand a postcard on resilience that explains how HMG can help support parents and families experiencing ACEs. Two HMG team members have been trained on Trauma Informed Care practices and train other trainers in a curriculum for early learning and care providers. In October 2019, HMG held a Connection Café with the presentation topic focused on ACEs and trauma, which was the most attended café to date, with almost 60 participants.

HMG Alameda Going Forward

HMG Alameda County has many plans for addressing ACEs over this coming year. This includes finalizing the postcard on resilience and HMG's support of families experiencing ACEs after a review by the HMG Family Advisory Committee and pediatricians. In addition, HMG Alameda County submitted a grant application through California's ACEs Aware Initiative funding in partnership with HMG Contra Costa in February 2020. If awarded, starting in May 2020 HMG Alameda County will be able to expand current pediatric outreach to offer the following in both Alameda and Contra Costa counties: training on a certified-ACEs screening training to providers; training on the intersection of ACEs screening with developmental screening and maternal depression screening in the pediatric setting; technical assistance for practices who participate in the above training and need support around logistics, workflow, and referrals; and peer-to-peer learning opportunities.

Conclusion

This report summarizes the breadth and scope of HMG Implementation across the country. Communities in 31 states are leveraging the four HMG Model Core Components to ensure their capacity to advance developmental promotion, the early detection of developmental or behavioral concerns, as well as the referral and linkage of such children to helpful services. Ultimately, the information presented in this report provides needed context about HMG implementations to interpret and apply future assessments of the impact of HMG. Only by continuing to strengthen our knowledge of HMG Implementation in the context of the Structural Requirements of the model and working in partnership with HMG affiliates will we be successful at taking on the critically important challenges to young children's health and development.



