

Help Me Grow: So All Children Can Shine



Demystifying Fidelity to Help Me Grow December 14, 2022

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Purpose of this Webinar

- Walk through the upcoming HMG Fidelity Assessment/Sustainability Assessment
- Clarify confusions/answer frequently asked questions
- New resources available on the resource page
 - Fidelity/Sustainability Completion Tools
 - Scoring Guide
 - PDF Previews of Fidelity and Sustainability

Current Reporting Requirements

Assessment Schedule 2023	Due	Reporting Data From
Fidelity Assessment	March 1, 2023	January 1 - December 31, 2022
Mini Assessment	August 1, 2023	January 1 - June 30, 2023

Measurement Approach and Fidelity to the Model

Fidelity to the Help Me Grow Model

- Uniqueness of the HMG approach to affiliation
- Importance of the HMG Fidelity Assessment



Understanding Fidelity from the Affiliate Perspective

Methods to collect affiliate feedback

1. Mini Assessment Office Hours
2. Key Informant Interviews
3. Ongoing conversations & dialogue



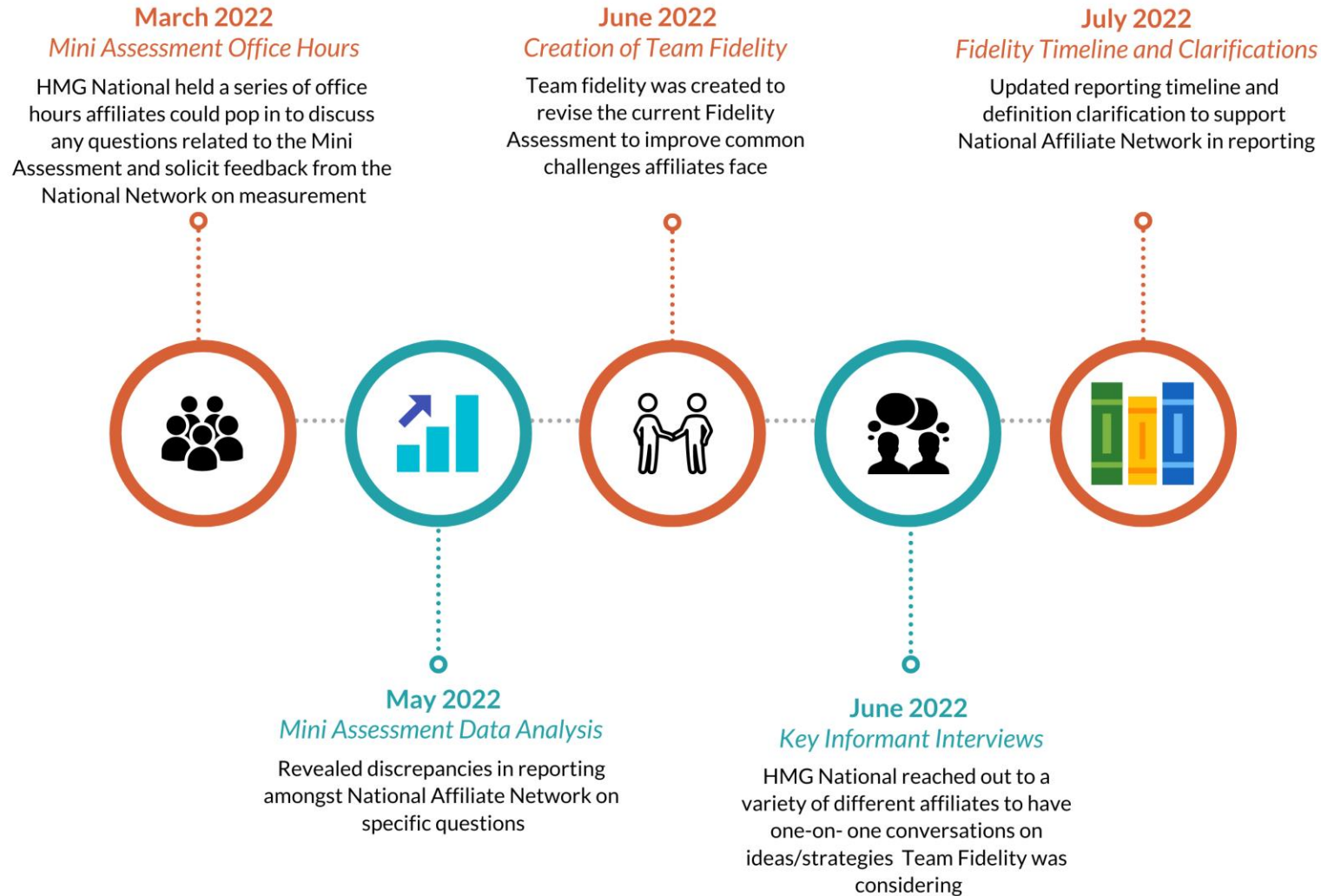
Understanding Fidelity from the Affiliate Perspective

Methods to collect affiliate feedback



Help Me Grow

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Key Findings

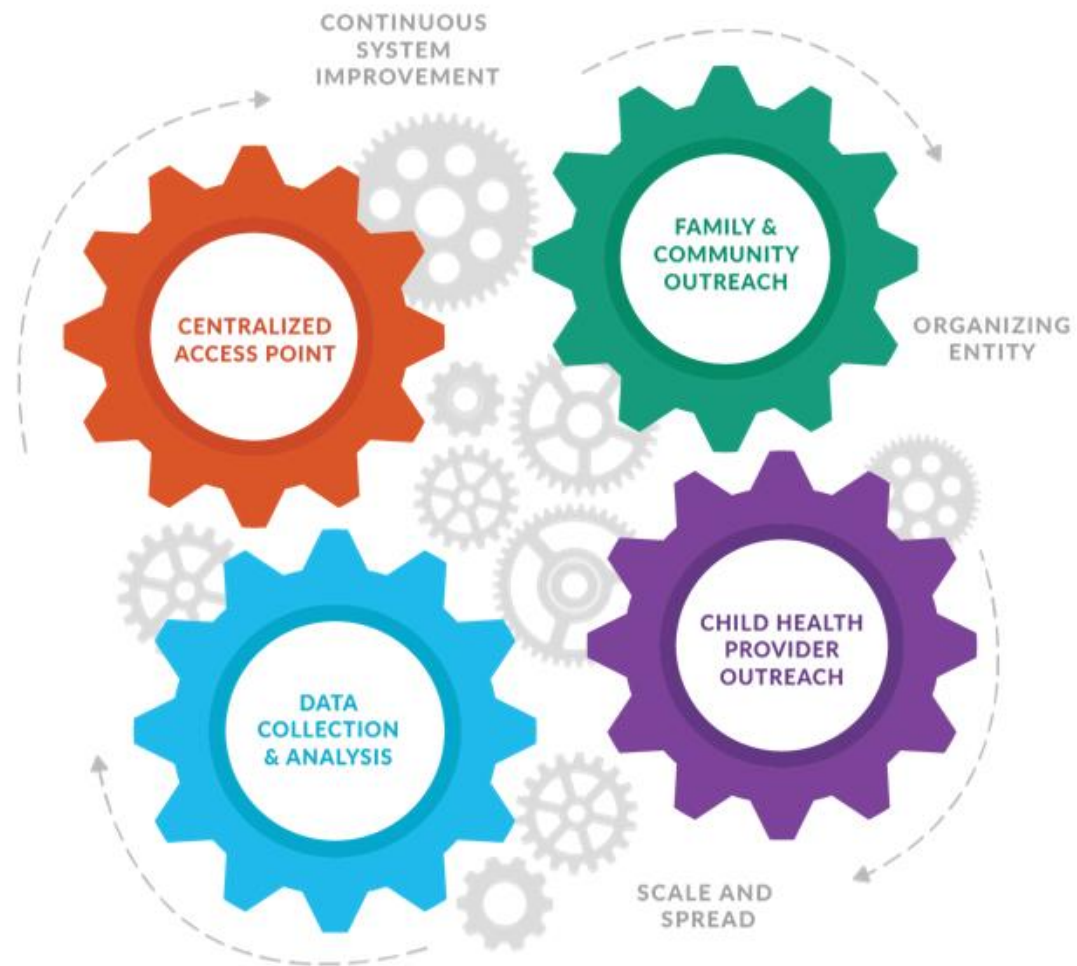
- Reporting requirements
- Survey format was not user-friendly
- Confusion around how implementation status was determined
- Lack of commonality in interpretation and collection of some key measures
- Fidelity provides the opportunity to collect additional information from the National Network that would help in facilitating connections and opportunities including type of data systems, languages served, etc.

The Help Me Grow Model and Fidelity Assessment

Updated Scoring Guide

- No stand alone document that summarized all the key indicators and how implementation status was determined by HMG National
- Scoring guide is now available for affiliates to access via the [Fidelity and Mini Assessment Resource Page!](#)
- This document now summarizes the HMG Model's Key Activities by Core Component and also links back to the questions in the Fidelity Assessment that assess implementation for that Key Activity

THE HELP ME GROW MODEL





Centralized Access Point		
Key Activity	Implementation Indicators	Questions
1.Specialized child development line	An entity has been identified to serve as the centralized access point.	4
	A specialized HMG call line is currently accepting calls.	5
	The HMG centralized access point is intended to serve a specific subgroup of families of young children between prenatal and 8 years of age.	6
	The HMG call center is accessible to families/caregivers, health care providers, and community agencies.	7
2.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).	9
3.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.	11
4.Real time directory maintenance	The Centralized Access Point utilizes a computerized resource directory that can be efficiently updated and modified (e.g. 2-1-1 resource database, self-developed database, etc.).	12
	A process is in place to update the resource directory at least quarterly.	13



Family Community Outreach

Key Activity	Implementation Indicators	Questions
5.Utilize community partners	Partners for HMG family and community outreach have been identified using set criteria	38
6.Networking	At least 2 HMG networking meetings were held the prior calendar year.	39 and 40
7.Community events & trainings	HMG provides outreach to increase awareness of Help Me Grow at least twice a year.	41 and 42
8.Marketing	Marketing/social media activities are regularly used to promote HMG.	43



Child Healthcare Provider Outreach		
Key Activity	Implementation Indicators	Questions
9.Physician champion	HMG has identified at least one physician champion.	53
10.Screening and surveillance	HMG staff conduct targeted outreach to child health care providers through office based education, trainings, and/or workshops on effective developmental screening and surveillance.	54
11.Physician training	HMG staff conduct targeted outreach to child health care providers through office based education, trainings, and/or workshops on linkage and referral through the HMG system.	55
	Strategies are used to engage child health providers with HMG.	56
12.Feedback loop	HMG closes the feedback loop with physicians by sharing information about the outcome of a particular child/family at least 75% of the time (if consented by family).	57



Data Collection and Analysis		
Key Activity	Implementation Indicators	Questions
13.Reporting	Impact Indicators and Local Use reports are submitted to the National Center.	65 and 66
14.Sharing data across partners	Data are shared among HMG stakeholders and partners.	69
15.Continuous System Improvement	Data are used to inform Continuous System Improvement efforts.	70
16.Community change through data	A methodology exists to identify program/services needs in the community.	71

2022 Fidelity Assessment

Fidelity 2022

- Opens on 1/2/23. Due 3/1/23.
 - Reporting period = calendar year 2022
- Items that factor into implementation status are labeled “Implementation Indicators.” Items that measure impact are labeled “Impact Indicators”
- Questions were reordered within sections to make it easier to complete (i.e. Implementation Indicators grouped together, Impact Indicators grouped together)
- Clarifications on operational definitions/calculations included in the survey
- A few questions added to improve connections across the National Network (i.e. languages screened, data systems used, etc.)

Updated Fidelity Assessment Tour

Disclaimer

- We have a lot to go through and clarify! We have set aside time at the end but recognize that it may not be enough to answer questions.
Please keep in mind:
 - System-specific questions can be emailed to mpassarelli@connecticutchildrens.org
 - We will host an office hours between January-March to answer any questions that might come up about completing Fidelity
- If a clarification we review is contrary to how you have been approaching the work, we understand that you cannot turn back time! Instead, we encourage you to think about how to report on these measures to be as aligned with the operational definition as possible, and how you might use this knowledge going forward.

Common Misconceptions/Clarifications

- Age range
- Children/Families served
- Total Centralized Access Point Activities (formerly Unique Interactions)
- Needs Met
- Linkage
- Screening
- Child Health Care Provider Outreach activities



Age Range

For the purposes of the HMG Model, please only count children served prenatally through age 8

- Some systems serve a smaller age catchment within this range (i.e. 0-5), which is great!
- Some systems serve children outside of this range (i.e. up to age 10 or 18), which is great! There is a place to indicate this. When pulling measures for Fidelity, however, **ONLY** count those activities that served children in HMG's defined age range

Children/Family Served (CS and FS)

- Served measures come under the Centralized Access Point (CAP) section of Fidelity, and include any: “activities conducted by HMG CAP intended to support developmental promotion, early identification, referral and linkage, inclusive of basic need and family supports.”
- CS and FS asked separately, because for many systems these may be two different numbers. For example, if a mother contacts the CAP for help with her infant and 3 year old, that would be counted as:
 - 1 family
 - 2 children

Total CAP Activities (TCA)

- Updated from “Unique Interactions” as of the March 2022 Mini Assessment
- Intention: demonstrate the amount of effort it takes to connect families to services
- TCA encompasses every activity with or for a child and family in service of their stated goals and contribute towards the process of developmental promotion, early identification, referral and linkage and occurred in support of HMG Care Coordination, inclusive of basic needs and family supports. Activities include calls, text, web, in-person, etc. should be captured in TCA
- For example:
 - 1 family served (S) might have a count of 10 TCA because of phone calls, follow-up texts, and screening activities.
 - If your CAP is phone only, you can count the number of phone calls to/from your CAP as TCA

Linkage

- Linkage is one of HMG's most important indicators! It demonstrates the impact of the HMG Model, which includes following-up with families after referrals were made to determine whether or not the family was linked to services
- *Linkage is reported as a percentage*
 - *Numerator = number of families that you know were successfully linked to at least one service*
 - *Denominator = number of families for which you know outcomes (Known Outcomes)*
 - Even when you follow-up with all families, you may not successfully communicate with all of them to know outcomes. This denominator takes that into account
 - QI opportunity: if you are unable to determine referral status for a large portion of your families, a great QI project would be experimenting with how you go about doing follow-up to see if you can increase this rate

Needs Met (NM)

- The Impact Indicator Needs Met (NM) measures a family's experience with HMG CAP offerings, products, services.
- The question to assess Needs Met is: ***Would you say Help Me Grow met your needs today?***
- This question is asked at the same time at which a referral or information only is initially provided to a family
- Recommended answer options include: No, Yes, or Prefer Not to Answer.
- This question is asked only once per family, at the same time at which a referral or information only is initially provided to a family
- *Calculated as a percentage*
 - *Numerator = # of families indicating their needs were met*
 - *Denominator = # of families served that responded to the question*

Screening

- Number of unique children for whom a developmental screening is conducted by HMG within the CAP or at a HMG-led event
- Number of children referred to HMG after a developmental screening was conducted by a provider, organization, or partner agency in the community
- Number of children whose developmental screening was conducted through online screening tool or web-based app platform ***as part of your HMG system***

Child Health Care Provider Outreach

- **Implementation Indicator:** HMG Care Coordinators close the feedback loop with child health care providers by sharing information about the outcome of a particular case in approximately what percentage of cases?

To calculate: The denominator used to calculate this percentage should include only those families for which follow-up is an appropriate/valid next step in the process and who have consented to having their information shared with physicians. Those who would be ineligible for follow-up or did not consent are excluded from the denominator.

- Trainings for screening/surveillance and referral and linkage

The Future of Fidelity to Help Me Grow

Potential Paths Forward

- Updating the HMG Model to reflect the breadth of work being done and solidify best practice, such as:
 - Family co-leadership
 - Advancing equity through targeted universalism
 - Leadership Team
 - Updating Key Activities to reflect the current landscape (i.e. broadening methods of communication for the CAP, more explicitly including allied health professions in Child Health Care Provider Outreach, etc.)
- Updating the collected measures to adequately measure impact, including:
 - Updating the Needs Met measure for consistency
 - Updating measures related to screening to capture all the ways in which screening may be conducted in a system
- Any updates to the framework and measures will be based on further input from the National Affiliate Network, and be shared well in advance of required reporting

Q & A



