

Enhancing Developmental Promotion, Early Detection, Referral, and Linkage to Services within Early Learning

Lessons from a Help Me Grow National Community of Practice



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Introduction

Developmental Promotion in the Early Childhood System

The early years present incredible opportunity to build a strong foundation as the brain rapidly develops during the first five years of life. Skills developed in the first years of life greatly influence lifelong social, academic, and economic self-sufficiency outcomes. In particular, at the time a child arrives at kindergarten, brain development is 90% complete, suggesting that events in early life – both positive and negative – contribute significant impact on a child’s trajectory. ⁱ

Simultaneously, in any given community, the network of community resources functions much 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. As children are growing, their development is supported by the grid of community resources to help them thrive, resources such as health care, early learning opportunities, and family support. However, when the system is not well organized or part of the ‘grid’ goes down, 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.

Pediatric primary care providers are frequently cited as a near universal point of access to young children and families in that nearly all children will engage in well-child care during the early years of life. This access provides a needed opportunity to begin and continue to engage parents in and monitor children’s development. However, the access of primary care providers is relatively brief, consisting of approximately 10-15 routine visits during the first five years of life, with possible additional episodic visits based on family need. In contrast, while not all children are enrolled in structured early learning programs, those that are enrolled receive much more intensive and sustained contact with early childhood professionals. However, the quality and standardization of that access is less consistent, as unlike child health settings, early learning providers are not consistently trained to support early detection, particularly given that 97% of child care settings are home-based, not center-based settings. ⁱⁱ This represents a missed opportunity to best support children’s development through developmental promotion, early detection of developmental or behavioral concerns, referral, and linkage to helpful services.

The larger early childhood system is thus characterized by available services and supports; however, none of these services and supports in isolation are sufficient to fully support the spectrum of

activities across developmental promotion, early detection, referral, and linkage to services. In the current climate, several variables, such as funding and governance, create a more siloed, rather than integrated, relationship among health, family supports and early learning. This leads to duplication, insufficient communication, and gaps in services across the early childhood system. Beginning from the earliest years of life and lasting until children reach school age, there is not a sole, organized system of resources and supports, but a more fragmented array of resources that can facilitate various aspects of developmental promotion, early detection, referral, and linkage to services. By the time young children reach kindergarten, their developmental trajectory is much less amenable to intervention than in all the previous years, suggesting there is more that can be done to meaningfully and effectively organize services so that families can easily access and children benefit from them.

The Help Me Grow Model

Help Me Grow (HMG) serves as potential response to this gap, as a model designed to strengthen early detection of young children and link them and their families to helpful community-based services and supports. Through HMG, families have the capacity to access the grid of community resources from wherever they are – a child health setting, an early learning setting, a home visiting program, the local library, and so on – and access the resources that they or their child needs in order to thrive. HMG communities are intentionally designed to promote universal access to information about child development and the services that exist within a community while also providing targeted support to families with young children who could benefit from additional services to best support their growing child. ⁱⁱⁱ

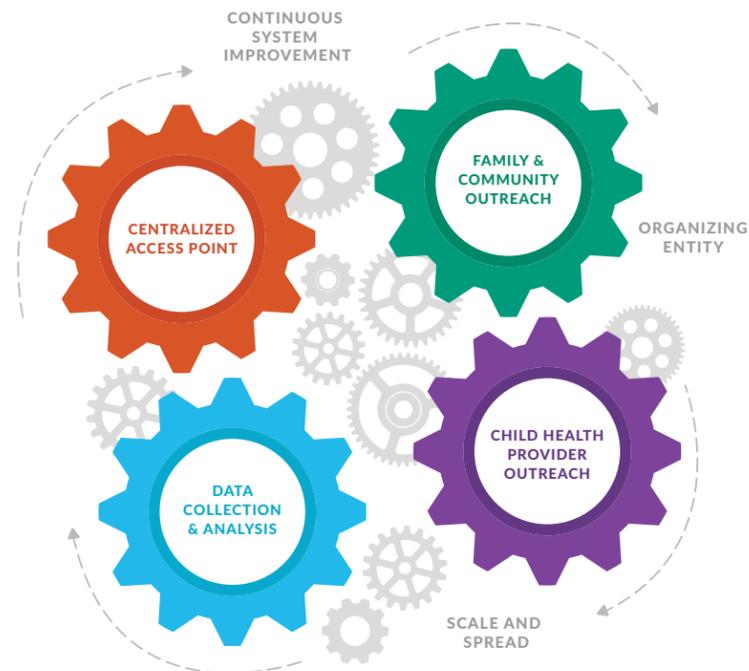
Originating as a pilot project in Hartford, Connecticut in 1997, the Help Me Grow Model ^{iv} began with an explicit focus on the pediatric health setting in response to the question of how do we best strengthen child health services to promote children’s optimal health, development, and well-being. , The HMG Model consists of a four core components that serve as the foundational infrastructure for ensuring developmental promotion, early detection, referral and linkage.

- A Centralized Access Point assists families and service providers in connecting children to the grid of community resources that help them thrive.
- Family and Community Outreach builds family and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children’s outcomes.
- When concerns are spotted 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 and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement.

It is the cooperation of these four core components that characterize the HMG Model.



Early feasibility studies demonstrated evidence of the ability for HMG to strengthen community capacity to ensure early detection, referral, and linkage and improve child- and family-level outcomes, which led other communities to explore the model as an approach to enhance early detection and linkage of vulnerable young children and their families to community-based services and supports. Since the initial replication of HMG in Orange County, California in 2007, the Help Me Grow National Center was established to oversee and support a national network of states and communities seeking to enhance their capacity to ensure early detection, referral, and linkage for all young children and families, with a targeted focus on children who are at-risk for developmental concerns or delays. At present, the network consists of 98 systems in 31 states across the country, collectively serving over 100,000 children per year and reaching more than 200,000 families within their community.^{vi}

The Importance of Quality Early Learning Experiences on Children's Development

Across the United States, early learning leaders and policymakers have invested in efforts to improve the quality of early learning experiences through a systematic approach, often in the form of a Quality Rating Improvement System (QRIS), which is “a method to assess, improve and communicate the level of quality in early care and education settings.”^{vii}

The QRIS model was established to support and continuously improve the quality of children's experience in early learning settings as these early experiences matter to success in later life. Environments that are safe, consistent, and provide developmentally appropriate and emotionally supportive experiences help build a strong foundation of brain development. Decades of research have shown the positive short- and long-term outcomes of quality early learning for both children and their families.^{viii}

Among the many provisions of QRIS, there is emphasis on the importance of developmental screening and assessment. This reflects an understanding of the critical role of early learning providers: their daily, longitudinal interactions with children at a variety of ages ensure they are primed to 1) maintain expert knowledge of child developmental milestones and the degree to which children in their care are meeting those milestones, 2) detect subtle changes or delays that might not be as apparent to those that have less frequent interactions with the child, and 3) actively engage in developmental monitoring activities, such as developmental screening, and engage families in discussions about their child's development.

Yet, as stakeholders look to improve the quality of early learning experiences, persistent barriers including lack of staff, time, money, and information about appropriate screening tools, impact the ability of early learning providers to conduct developmental monitoring, screening, and linkage to services when a developmental question or concern arises. Such barriers are not insurmountable; they can be overcome by changes in policy, practice, and professional culture and standards.

An Opportunity to Enhance Developmental Promotion, Early Detection, Referral, and Linkage within Early Learning Settings

As a result, an opportunity exists for HMG to help strengthen early learning providers' capacity to further support children's development through increased information about children's development, appropriate screening tools and best practices. In addition to strengthened capacity to support children's development, an opportunity also exists to ensure greater connection through a central point of access to community resources when a concern has been identified.

Project Overview

In recent years, the HMG National Center has tested and refined a strategy to support the diffusion of innovative strategies and approaches across the network, leveraging the HMG Model infrastructure as a platform and common language upon which to layer relevant innovations. The HMG National Affiliate Network has proven to be an effective vehicle for the spread of innovative strategies in the form of processes, measures, and models that enhance the capacity of early childhood sectors to strengthen families and promote children’s development.^x

Identifying Innovative Strategies to Strengthen Developmental Promotion, Early Detection, Referral and Linkage in Early Learning Settings

The HMG National Center views the National Affiliate Network as a rich source of innovation – both in identifying novel approaches to ensuring children’s optimal health and development and in scaling those approaches through adoption by HMG affiliates across the country. In 2017, with support from the W.K. Kellogg Foundation, the HMG National Center organized an “Innovation Challenge,” designed to solicit promising innovations from across the network. Several emerging ideas, technologies, and models arose through the Innovation Challenge. The HMG National Center and key partners benefitted from several months of in-depth exploration of these approaches, culminating in a live pitch event at the Annual Help Me Grow National Forum. Many of the leading innovations focused on system building, specifically focusing on how to strengthen developmental promotion, early detection, referral and linkage through engaging the early learning sector. These initiatives suggested that the interface between HMG and early learning was of prime significance to many HMG affiliates, that there were tested strategies available to strengthen the interface, and served as justification for organizing a more structured, multi-site Community of Practice focused on HMG’s engagement of the early care and education sector.

Defining a Model to Achieve Cross-Sector Collaboration

The innovative work of two HMG affiliates informed the design of the Community of Practice. Affiliate leaders from both Help Me Grow Orange County and Help Me Grow Vermont were selected to serve as

“Innovation Advisors” for this project. The role of the Innovation Advisor was established to 1) ensure ongoing advisement and provision of practical, tested strategies related to building and sustaining linkages between HMG and early learning strategies and 2) to align with a peer-to-peer affiliate learning model, a common and longstanding approach to facilitating HMG knowledge building and systems change.

Help Me Grow Orange County has been an affiliate of the HMG National Center since 2005. HMG Orange County developed several activities designed to strengthen the interface between early learning and HMG; namely, ensuring a partnership between HMG and QRIS and providing training and technical assistance to childcare sites. One strategy in particular involved creating an application programming interface (API) between their HMG client intake infrastructure and a remote developmental screening platform, to ensure that data specific to families screened for developmental concerns in home- and center-based care settings could be efficiently shared with, and followed up upon, by HMG staff within the Centralized Access Point.

Help Me Grow Vermont joined the National Affiliate Network in 2014. Recognizing the critical importance of system expansion through outreach and family engagement, HMG Vermont has led efforts to strengthen the interface between HMG and early learning programs through implementation of a quality improvement training protocol. This protocol supports professional development, increases high quality care, and aligns early identification efforts across environments – the family home, medical home, and the child’s early learning setting.

To synthesize these approaches into a single model that could be diffused and subsequently adopted by other HMG communities, the HMG National Center and Innovation Advisors developed a detailed model description comprised of core components. Core components are used to define and support replication of the HMG Model, and have proven critical to promoting fidelity, model standardization, and common language across adopting sites.



Innovation Model

CORE COMPONENTS	
System Building	<ul style="list-style-type: none"> • Creating a linkage between early learning settings and HMG as a resource to support referral and linkage • Supporting information sharing across the interface between early learning, HMG, child health care providers, and families • Engaging with state quality and/or QRIS leadership to align efforts with QRIS quality indicators
Technology	<ul style="list-style-type: none"> • Linking results of developmental screening with the HMG centralized access point (e.g., API between client intake systems and HMG) • Promoting family access to and early learning utilization of tools such as the Ages and Stages Questionnaire Online (ASQ Online) • Engaging with existing developmental screening registries or exploring opportunities to develop registries within a community
Capacity Building	<ul style="list-style-type: none"> • Providing professional development opportunities to home- and/or center-based settings with a focus on developmental promotion, screening, and accessing HMG to support linkage to services • Leveraging related federal initiatives and evidence-based tools • Evaluating the efficacy of professional development activities • Tracking developmental screening activities for individual children, as well as whole populations

Diffusing Innovation through a Community of Practice

Four partners collaborated with the HMG National Center to disseminate the innovation model: HMG Orange County, HMG Vermont, The BUILD Initiative, and Childhood Prosperity Lab.¹ In addition to contributing content area expertise to the project, each partner played an integral role in defining the core components of the innovation model, designing the Community of Practice, and supporting dissemination of the model.

The HMG National Center then convened the Community of Practice to diffuse Help Me Grow-Early Learning (HMG-EL) strategies to other communities within the National Affiliate Network to expand the degree to which early learning settings have the capacity to address the developmental needs of young children and enhance the quality of young children's early learning experiences.

Childhood Prosperity Lab supported the Innovation Advisors from Orange County and Vermont as they transitioned from community changemakers acting locally to implementation experts supporting sustainable change within other communities across the country. This included facilitating a process to develop tools and resources to aid Community of Practice participants as they implemented the core components of the innovation model. In preparation for the Community of Practice, Childhood Prosperity Lab facilitated a process to curate a collection of tools and resources to support implementation and evaluation of the innovation model. These materials included products created by HMG Orange County and HMG Vermont to support implementation and evaluation within their communities, as well as products created for aligned initiatives, such as the CDC's "Learn the Signs. Act Early." tools.

The HMG National Center disseminated the innovation model using a facilitated process with the Community of Practice. Specific activities included curation of tools and resources, learning sessions, collaboration meetings, community technical assistance calls, and data collection.

The Community of Practice began with four learning sessions: an orientation, followed by one learning session focused on each core component of the model: system building, technology, and capacity building. The HMG National Center facilitated three additional collaborative meetings over the course of the project period as a venue for Community of Practice participants to share how they operationalized strategies from the innovation model within their community, describe successes and challenges, and share progress toward their project goals. The technical assistance (TA) was an opportunity for Community of Practice participants to engage directly with Innovation Advisors and ideate how to operationalize strategies from the innovation model within their community, explore how to leverage local opportunities, and strategize how to address local barriers. Each Community of Practice participant participated in two community TA calls with advisors of their choice. Lastly, Community of Practice participants submitted relevant data three times across the project period to monitor progress and impact from baseline. Community of Practice participants were asked to provide information regarding specific self-selected project metrics, as well as updates regarding progress towards SMART aims.

Participants and SMART Aims

Nine HMG affiliates applied to participate in the HMG-EL Community of Practice through a national Request for Applications. HMG National Center selected all nine to participate in the project. Affiliate participants represented a diverse sample in terms of locations across the country, as well as their length of time as a part of the National Affiliate Network. For example, HMG South Carolina joined the

10 ¹ Childhood Prosperity Lab is an organization of the Connecticut Children's Office for Community Child Health and assists a variety of stakeholders in advancing innovative strategies that address social, environmental, and behavioral drivers of child health, development, and well-being outcomes. For more information, visit: <https://www.connecticutchildrens.org/community-child-health/community-child-health-programs/childhood-prosperity-lab/>

Community of Practice as a long-standing affiliate of the network alongside HMG Alaska, which more recently joined the network in 2018.

Map of Affiliate Participants



At the start of the Community of Practice, HMG National Center charged affiliates with developing a Specific, Measurable, Attainable, Relevant, and Timely (SMART) Aim for enhancing developmental promotion, early detection, referral, and linkage within early learning settings. Common themes among affiliate SMART Aims included:

- Increasing the number of early learning programs conducting developmental screenings and subsequent referrals to the HMG Centralized Access Point;
- Utilizing technology platforms to increase family engagement and provider capacity to conduct developmental screening;
- Ensuring developmental screening and linkage to services into QRIS standards;
- Supporting early learning professionals through increased professional development.

Project Outcomes

Data Collection and Quantitative Findings

Throughout this project, data collection supported ongoing analysis of change over time throughout this project and helped identify and address barriers to enhancing developmental promotion, early detection, referral and linkage within early learning settings.

HMG affiliates submitted three rounds of self-reported data collection for two metrics of their choice out of four specified project metrics: early learning settings receiving professional development or outreach; developmental screenings conducted in early learning settings; referrals to HMG from early learning settings; and strength of partnerships between HMG and the early learning sector.

HMG National Center also collected baseline data from participants in order to compare progress over time. It is important to note that the time period of the baseline data varies across affiliates; the range includes data across the previous fiscal year to the quarter (3 months) prior to the start of the project. Multiple affiliates reported a baseline of zero for several metrics.

Metric 1. Early learning settings receiving professional development/outreach activities: This metric is a count of the number of home- and center- based early learning settings to which HMG conducts an outreach or professional development activity.

Training and outreach to early learning providers exists as a strategy to both enhance an early learning provider's capacity to promote child development and increase awareness of HMG.

5 affiliates reported on this metric and collectively conducted **82 outreach activities** and provided **204 professional development activities** specifically to early learning providers throughout the course of this project.

The contrast between outreach activities (i.e., tabling at an early learning-specific conference, distributing a mailer to specific early learning programs) and professional development activities (i.e., in-person or web-based training, instructional coaching) suggests that HMG affiliates placed a stronger focus on professional development activities in this project. This is potentially due to the higher return on investment that comes with professional development. For example, direct contact with providers, who tend to receive credit for their participation in the professional development, may

yield more action from early learning providers to promote child development and utilize HMG. In contrast, outreach activities suggest less direct contact with early learning providers and as a result, may not lead to behavior change.

Metric 2. Developmental screenings conducted in early learning settings: This metric refers to the number of developmental screenings conducted specifically in home- and/or center-based early learning settings.

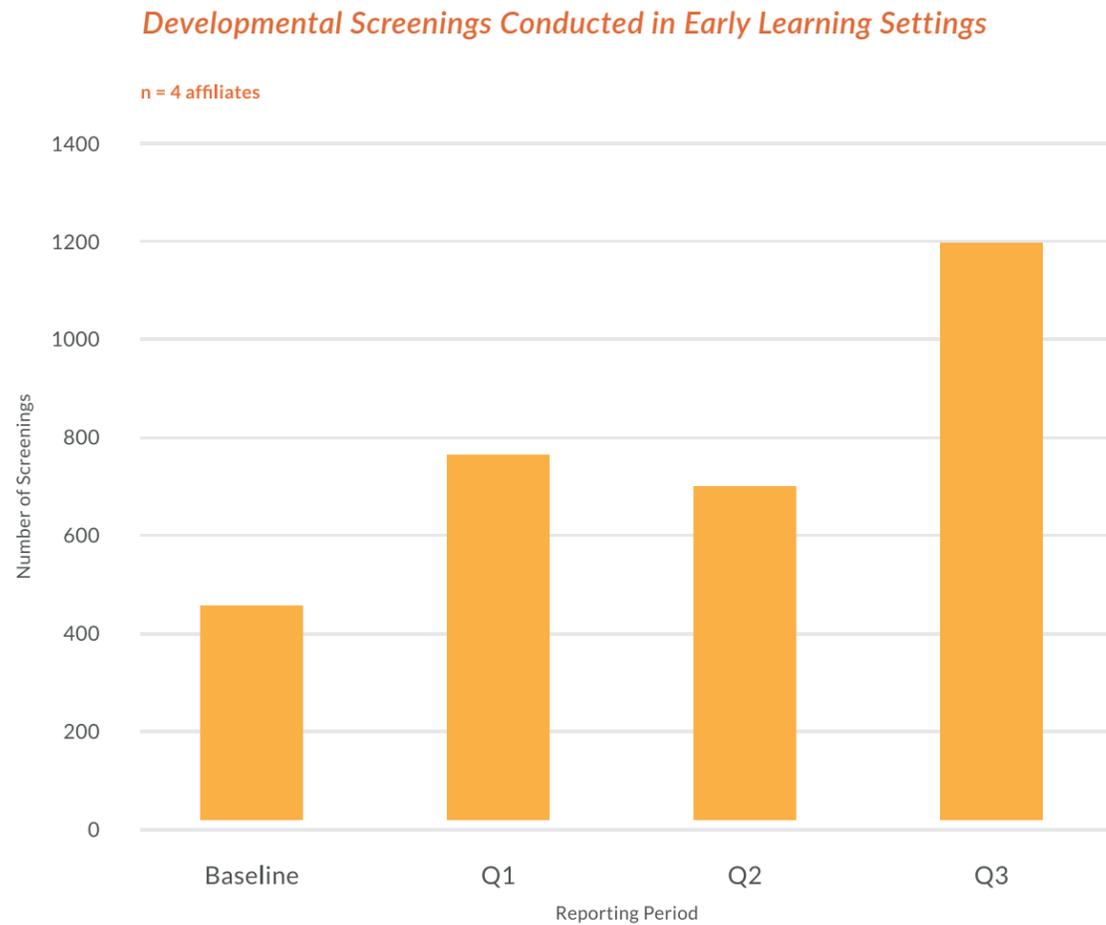


Figure 1. The number of developmental screenings conducted specifically in home- and/or center-based early learning settings. *Baseline data reflects a range in time period between one fiscal year and the previous quarter (3 months).

Four affiliates reported this metric throughout the course of this project. When examined aggregately, there was a notable increase in developmental screenings, beginning at approximately 450 (an average of 100 per HMG community) and increasing to 1,200 (an average of 300 screenings per HMG community).

Affiliates' progress on this metric suggests several trends related to enhancing developmental promotion, early detection, referral, and linkage within early learning settings. First, the total number of developmental screenings demonstrate capacity of early learning providers to conduct developmental screening within their programs. Second, the increase suggests that the model components adopted by sites in the Community of Practice were effective in contributing to increased screening. As above, those activities consisted of increased outreach/engagement of early learning settings around developmental monitoring, ensuring availability of HMG as a resource in the presence of concerns and enabling referral and linkage to services, and leveraging available technology infrastructure to streamline the interface. For example, technology can promote greater access to screening platforms by families and providers in early learning settings and/or enable increased sharing of screening data between early learning programs and HMG. Multiple affiliates throughout this project established or enhanced the use of an online screening platform that allows early learning sites, or families, to screen children via a tablet or smartphone and the results were fed directly into a HMG data system (Ages and Stages Questionnaire Online^{xii}). In addition, one affiliate piloted the Sparkler platform amongst early learning providers. Sparkler is a mobile-based app that offers mobile developmental screening to help organizations partner with parents to promote healthy development.^{xiii}

“Sparkler and the Connecticut Office of Early Childhood partnered with five communities throughout the course of this project, which helped us increase the number of administrative users to 134 in Connecticut. Partnering with community-based organizations and early learning providers has increased interest in using ASQ report data to both engage with families and promote child development. The Help Me Grow Connecticut Centralized Access Point, Child Development Infoline, is supporting families and providers to ensure connections to services are made when needed.”

- Abby Alter, MA, Sparkler Program Manager, Child Health and Development Institute of Connecticut



We began asking our families to fill out the ASQ and ASQ-SE as a Quality Counts North State requirement for our program. We quickly realized that it has truly enhanced our program. Our families enjoy taking time with their children to learn their abilities asked by the screening. Our teachers appreciate reviewing the results to help enhance their students individualized care and education. Ultimately our students have all benefited from the completed ASQ's and that is a huge success!"

- Wendy Waugh, Director, Early Foundations Children's Academy

Metric 3. Referrals to HMG and subsequent services from EL: This metric may be reflected as either a count of the number of home- and/or center-based settings that make referrals to Help Me Grow in a given jurisdiction, or a count of the total number of referrals to HMG from home- and/or center-based settings. Affiliates self-selected which measure is more feasible to report.



Referral to HMG and Linkage to Services

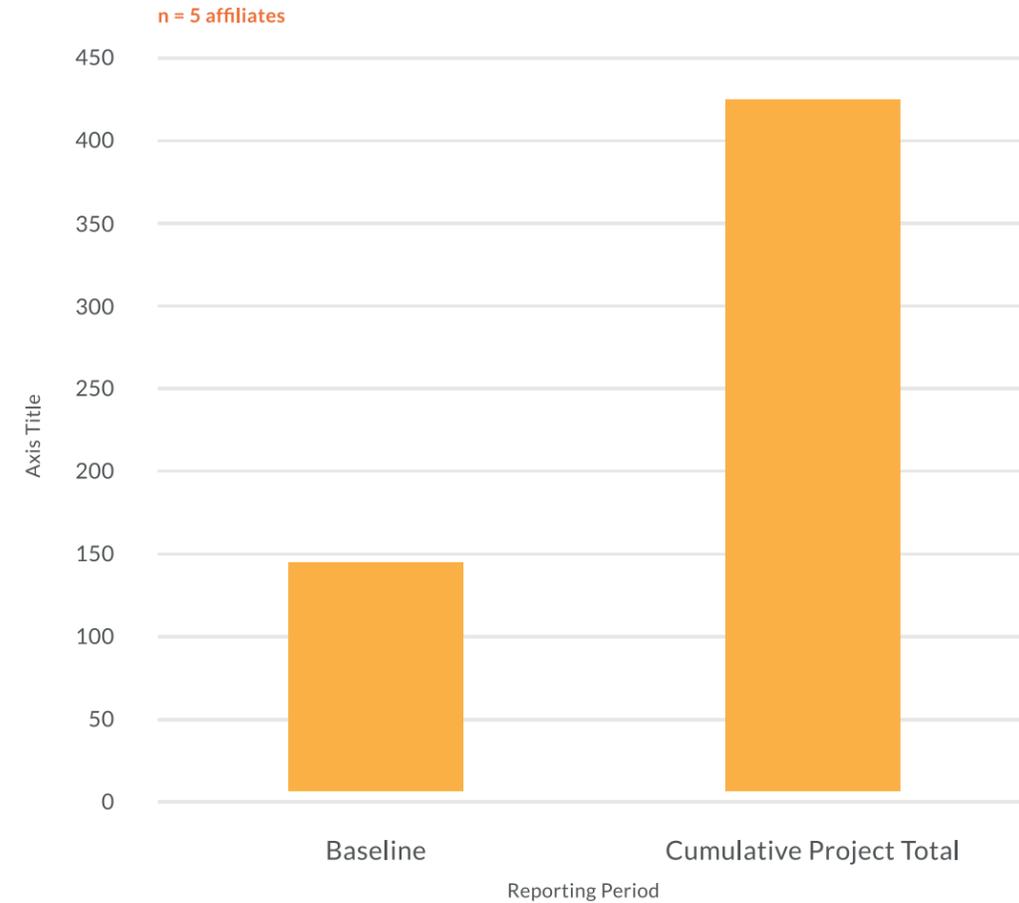


Figure 2. The number of referrals from early learning settings to the Help Me Grow Centralized Access Point. The above figure describes the baseline number of referrals compared to the cumulative total number of referrals throughout the project. *Baseline data reflects a range in time period between one fiscal year and the previous quarter (3 months).

5 affiliates reported the number of referrals from early learning programs to the HMG Centralized Access Point.

Multiple affiliates reported the challenge of engaging early learning providers to move beyond screening and focus on referral to HMG in order to address any developmental questions or concerns and link children with services, if necessary. In a group learning session that was a part of this Community of Practice, affiliates reported that a few barriers persisted to get early learning providers to move beyond screening, such as:

- Lack of resources to conduct the full spectrum of activities across developmental promotion, screening, referral and linkage
- Communicating the value of HMG to early learning providers as a resource to support referral and linkage to services early, frequently, and effectively

To attempt to mitigate these barriers, one affiliate reported efforts to engage staff, teachers, and directors in professional development, so that information about screening and referral to HMG is communicated at all levels of an early learning program. Another affiliate reported holding Community Cafés solely targeting early learning providers (as opposed to targeting child health care providers or other community-based providers) as a strategy to engage early learning providers in the community and clearly message the role of HMG in the context of early detection, referral, and linkage to improve children’s health and development.



Through this project, we deepened our engagement and relationships with our EL partners, learned about their needs of support from our phone line staff and have begun a thoughtful process for changing our feedback protocols for referrals from EL. We are also exploring additional use of technology to streamline the referrals for our EL partners, such as developing an online referral protocol.”

– Vincent Cheng, Community Liaison, Help Me Grow Alameda County

Metric 4. Qualitative feedback on strength of partnerships between HMG and EL/QRIS: This metric is an affiliate representative’s rating of the strength of the current partnership between HMG and early learning stakeholders. This rating is measured on a scale of 1 to 5, with 1 being little to no evidence of integration, alignment, communication, and/or relationships and with 5 being strong evidence of integration, alignment, communication, and/or relationships.

Two affiliates self-reported their overall level of partnership between early learning partners throughout this project, which the HMG National Center then averaged. Both affiliates reported at the beginning of this project that the strength of partnerships were not as robust as they could be, with an average rating of 2.25. Throughout the course of the project, the two affiliates both reported incremental changes to these partnerships, with the final average rating being 3.5. The affiliate representatives who reported this metric indicated that this project led to strengthened partnerships. For example, affiliates reported:

- Increased engagement and active participation in a newly-formed county-wide HMG Learning Collaborative from QRIS, Child Care Resource & Referral (CCR&R), and local early learning sites;
- Increased partnerships at the state level expressed through creating a contract between the state early care and education agency and HMG to support expansion of developmental screening for children whose families receive child care financial assistance.



Alaska is a tight-knit state so organizations often work closely together, but sometimes it can take a catalyst to spark the next phase of a partnership. Help Me Grow Alaska and the QRIS system, Learn and Grow, have always been closely linked, but as a part of this Community of Practice, regular meetings started taking place that began a more structured collaboration. Through this work, and through the facilitated technical assistance calls, we were supported in leveraging Preschool Development Grant funds to design a developmental screening training platform to better meet the needs of Alaskan early childhood education providers in anticipation of the upcoming levels of quality through the QRIS.”

– Carmen Wenger, MPH, Program Director, HMG Alaska



This Community of Practice led to an enhanced understanding of how Help Me Grow South Carolina is uniquely positioned to support the developmental screening process and provider training. This understanding resulted in increased funding to HMG from the state’s Early Care & Education (EC&E) Division to target a special population. Together, we’ve taken the time to review how developmental screening is being introduced to EC&E providers. We want to re-frame the message and create a universal approach to the screening process. As a result, HMG South Carolina is more visible among the state’s EC&E team. One of our community outreach coordinators presented HMG at the recent EL state conference and is now a certified trainer in our state’s career center for early care providers.”

– Jane Witowski, MA, HMG South Carolina Program Manager, Prisma Health

Emerging Themes from Technical Assistance and Qualitative Findings

In addition to the quantitative data collected throughout this project, qualitative themes emerged through group and individual technical assistance (TA) activities. Such qualitative themes and findings provide supplemental examples of additional data related to this project.

Theme 1: The value of HMG as a resource that can provide information about child development and resources within the community to both home- and center-based early learning providers, who families often view as a “trusted messenger” within the context of early childhood systems.

Early learning providers are well positioned to advance developmental promotion, early detection, referral, and linkage to services because of their ability to build relationships with families that can support positive parent-child relationships and in turn, support their child’s development.^{xiv} In many instances, families see early learning providers as a “trusted messenger” to provide information about their child’s development. HMG is a resource for both families and direct service providers when there are questions about child development or what available resources exist within a certain community.

Four affiliates reported that HMG acted as a safety net for early learning providers when they wanted to know about information about child development or available services within a community. For example, one affiliate reported fielding calls from early learning providers requesting information about resources for basic needs. The early learning provider then shared the information with the family. This provides an important opportunity for early learning providers to gain information about resources within the community through HMG while remaining the trusted communicator to families. This opportunity also allows early learning providers to realize the benefit of HMG, instead of perhaps seeing the Centralized Access Point as a duplicative or competitive agency.

Theme 2: The benefits of HMG providing professional development opportunities to early learning providers.

A large focus of this project lies within innovative training modules and coaching strategies to provide professional development to early learning providers related to developmental monitoring, screening, and linkage to services. Professional development acts as an outreach strategy to build the capacity of early learning providers to conduct developmental monitoring and screening and in turn helps maintain and increase quality. Providing training and coaching to early learning providers also helps increase awareness around the role of HMG to conduct linkage to services for children, if needed.

Three affiliates reported that early learning providers sometimes have questions about developmental screening best practices, such as how to appropriately share screening results with families, or how to

connect a child’s behavior in the early learning setting to a developmental milestone. HMG affiliates were able to provide coaching or training to enhance an early learning provider’s ability to conduct developmental screening in a more meaningful way.

Several strategies emerged as affiliates deployed, enhanced, and refined their approaches to training and coaching, such as:

- The utilization of Brookes Publishing Train-the-Trainer modules hosted by HMG;
- The collaboration between HMG and QRIS coaches to expand the capacity of QRIS coaches about developmental promotion, who received HMG-led training related to developmental screening best practices and the subsequent referral pathway to HMG;
- The integration of trained, volunteer Peer Mentors into the HMG Centralized Access Point who have existing experience of the early learning system and provide in-person, peer-to-peer coaching support to early learning providers related to developmental screening and linkage to services.

These strategies showcase HMG’s ability to provide accessible and sustainable professional development opportunities related to developmental promotion, screening, referral, and linkage to services. When early learning providers can expand the skills and knowledge they have to support children’s healthy development, this contributes to increasing the quality of an early learning setting.

Theme 3: The importance of a robust QRIS approach to improving quality within early learning settings, inclusive of developmental screening and linkage to services.

To improve the quality of early learning settings across the field, early childhood stakeholders must take a comprehensive, cross-sector approach to assess and enhance the quality levels of early learning programs. As a result, HMG affiliates view QRIS’s a critical partner for enhancing developmental screening, referral, and linkage to services within early learning settings.

Throughout the Community of Practice, HMG affiliates succeeded in strengthening alignment with QRIS entities. For example, two affiliates successfully advocated for the inclusion of developmental screening and referrals as an indicator of quality. As mentioned earlier, other HMG affiliates partnered with their QRIS entity to increase QRIS stakeholder’s knowledge of developmental promotion, early detection, referral, and linkage so that QRIS stakeholders have an increased capacity to assess developmental screening as a part of quality ratings.

Recommendations to Further Advance Developmental Promotion, Early Detection, Referral, and Linkage within Early Learning Settings

This project yielded considerable recommendations for HMG affiliates, early learning and QRIS stakeholders, and policymakers working together to create a more comprehensive, integrated early childhood system. Below are recommendations that would further advance a comprehensive approach to developmental promotion, early detection, referral, and linkage to services in order to increase the quality of early learning experiences for young children.

Recommendations for HMG affiliates partnering with Early Learning and QRIS stakeholders

Recommendation 1: Understand the developmental screening landscape across the early childhood system to prevent and respond, respectively, to duplication and gaps in screening.

HMG affiliates should gain an understanding of the early childhood landscape in their jurisdiction to determine when and where developmental screening is occurring as a strategy to both avoid duplicative screening and identify gaps in screening. Throughout this project, technology platforms such as ASQ Online proved to be a strategy for streamlining the screening process through HMG within a community. In addition, screening registries emerged as an innovative strategy to inform stakeholders such as early learning providers and child health care providers about a child's development in a way that minimizes duplicative screening and maximizes information across the early childhood system.

Recommendation 2: Maximize the window of opportunity to provide scalable, sustainable professional development opportunities to early learning providers.

As HMG affiliates work to partner with early learning providers and QRIS stakeholders, HMG affiliates should focus on providing professional development to early learning providers as a strategy to build the capacity of early learning stakeholders to promote healthy child development, conduct developmental monitoring, and deploy developmental screenings in a way that prioritizes linkage

and referral. This strategy provides a strong window of opportunity to HMG affiliates to work to provide scalable, sustainable training to early learning staff, providers, and administrators, who could receive credit for professional development under QRIS. HMG affiliates should tailor professional development opportunities based on local context such as: differentiating strategies for home- and center- based providers when necessary, including information on sub-populations such as infants and toddlers, children of various racial and ethnic backgrounds, and children with special health care needs.

Recommendation 3: Partner with state or local quality and QRIS entities to contribute to improving the quality of early learning experiences.

HMG affiliates should also build partnerships with QRIS entities to ensure developmental monitoring is included in quality standards, increase awareness of moving beyond early identification, and highlight the role of HMG in creating more integrated and aligned efforts to ensure referral and linkage.

In addition, where possible, HMG affiliates should partner with QRIS entities to increase the availability of coaching related to developmental promotion, early detection, referral, and linkage.

Recommendation 4: Focus on partnerships across the early childhood sector to build a more comprehensive, integrated early learning sector that is a part of a larger early childhood system.

Lastly, HMG affiliates working to enhance developmental promotion, early detection, referral, and linkage within early learning settings should focus their efforts across the entire early childhood sector. HMG affiliates regularly provide outreach to a wide variety of settings, including home visiting, child health services, family support, etc. Each of these settings plays an important role in ensuring that young children and their families benefit from developmentally promoting activities and, when needed, helpful supports and services. In addition to building partnerships with QRIS and early learning programs, HMG affiliates can seek to align efforts with additional early learning stakeholders such as CCR&R agencies, Head Start programs, school-based programs, and Early Intervention, as well as their ongoing efforts to engage and influence other sectors and settings across the early childhood system.

Recommendations for Early Learning & QRIS Stakeholders

Recommendation 1: Include developmental screening, linkage, and referral within quality rating standards across settings as well as age groups.

Many states across the country already include developmental assessment as a requirement or quality indicator in QRIS. Given the importance of developmental surveillance and screening as a part of a quality early learning experience, states should work to ensure that a comprehensive approach to developmental screening, early detection, referral, and linkage is included as a part of quality ratings in all states.

It is important to note that even in states that recognize developmental assessment as a quality indicator,^{xv} states should be cognizant of including this indicator across settings as well as age groups. For example, in some states, QRIS standards are tailored differently to family child care. While tailoring quality standards may be necessary because of setting, it is important that quality standards – including developmental assessment – remain consistent and clear regardless of setting. States should also ensure that developmental assessment is a quality indicator for both infant and toddler care as well as preschool.^{xvi}

Recommendation 2: Utilize HMG to ensure a continuum of care in practice and prevent screening in isolation.

Early learning and QRIS stakeholders should work with HMG affiliates in order to ensure that early learning providers are conducting developmental screening in the context of referral and linkage to services when a developmental question or concern arises.

Partnering with HMG increases early learning provider capacity to conduct developmental screening and acts as a resource for providers to contact when they are seeking information or access to care coordination when a developmental concern is identified. These tools can assist with ensuring developmental screening is put into practice within early learning settings, which contributes to meaningful screening in the context of referral and linkage as well as increased quality experiences for young children.

Recommendations for Public Policy

Recommendation 1: Increase and align federal funding streams to better support early detection within early learning settings in order to support the full developmental potential of young children.

Several federal funding streams exist to support children’s optimal health and development, many of which include, or have the capacity to include reimbursement for developmental surveillance and screening within early learning settings. Increased funding and alignment across federal funding

streams will expand access to developmental monitoring and better support early learning programs in conducting meaningful developmental monitoring and addressing developmental questions or concerns when they arise.

For example, Parts B and C of the Individuals with Disabilities Act delineate the responsibility of states to identify infants, toddlers, and preschool aged children who have developmental delays and ensure that they receive early intervention services.^{xvii} Early learning programs are identified in the legislation as a primary source of referral for Parts B and C services and thus should act as a partner, alongside HMG, for identifying and referring eligible children to Parts B and C when a developmental concern arises. Despite the legislation’s recognition of the importance of early detection, funding for part C has dwindled over the last two decades, impacting the number of children that receive early intervention services. Infants, toddlers, and preschool aged children would significantly benefit from additional funding dedicated to restoring and expanding the system of early intervention services, inclusive of a prioritization of developmental screening within early learning programs to assist with the detection of developmental delays as early as possible, particularly for children who are most in need of these services.^{xviii}

In recent years, states have also seen an increase in Child Care Development Block Grant (CCDBG) funds at the federal level, which is the primary source of funding used to support federal early learning requirements and provide child care assistance for families. In 2014, the federal government reauthorized CCDBG with significant improvements to the federal requirements as an effort to improve health, safety, and quality within early learning environments.^{xix} However, most states have been unable to meet the requirements at the current level of funding, which includes minimal provisions related to developmental monitoring. Additional increases should be made to CCDBG to further improve quality inclusive of developmental monitoring.

Other sources of funding, such as flexible streams or short-term grants, offer additional opportunities to strengthen developmental promotion within early learning settings. In an October 2014 brief, the Center for Law and Social Policy (CLASP) identifies sources such as the Maternal and Child Health Block Grant and Project LAUNCH grants as opportunities for states to draw down upon to better coordinate and support developmental promotion within local communities.^{xx}

While such blending and braiding of federal funds requires effort at the state level, alignment of such funding streams at the federal level requires additional efforts as well. The current fragmentation amongst federal funding streams provides an opportunity for the federal government to not only increase alignment through more explicit alignment of funding streams and specific increases dedicated toward supporting children’s health and development through early detection, referral, and linkage in community-based settings.

Recommendation 2: Ensure that early learning providers are compensated adequately, have clear pathways to educational opportunities, and have the tools necessary to support young children’s optimal development.

Complementary to increasing and aligning funding streams dedicated to developmental promotion within early learning settings is the ability to ensure that early learning providers are adequately supported to conduct developmental monitoring within their practice. As noted throughout this report, many factors impact early learning providers’ ability to effectively support children’s development. Several changes must be made to better support early learning providers’ efforts to effectively respond to a child’s individual developmental needs.

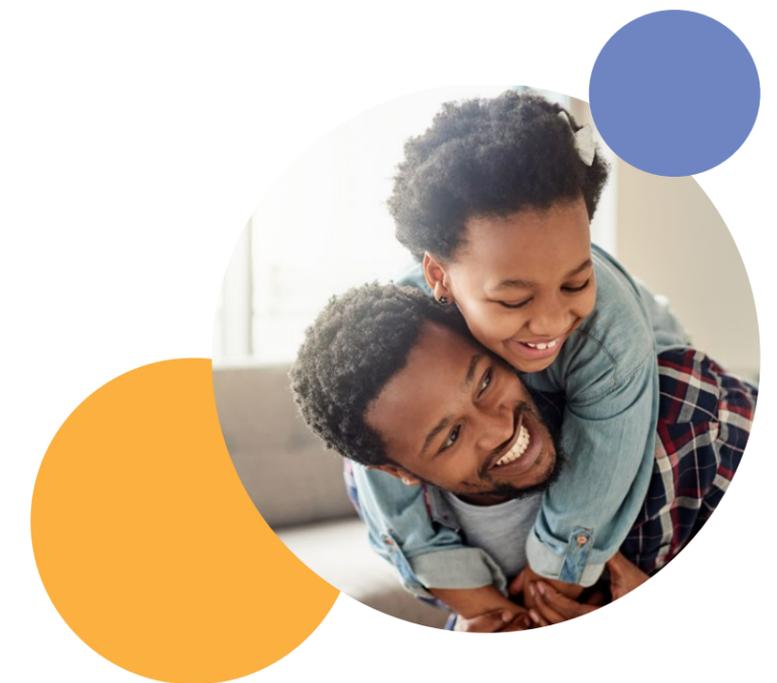
It is crucial that early learning providers are adequately compensated for their work. Median hourly wages for early learning providers ranged between \$10.72 an hour to \$13.94 an hour in 2017.^{xxi} Low – and unjust – wages for early learning providers not only impacts the economic well-being of early learning providers, but impacts the quality of children’s early learning experiences.^{xxii} Moreover, despite low wages, early learning providers are increasingly being required to obtain Bachelor’s degrees, with limited pathways to such educational attainment or increased wages.^{xxiii} In order to create a strong early learning workforce that can effectively support young children’s rapid brain growth, federal and state leaders must explore options to adequately finance the early learning profession. In addition to directly increasing funds for provider compensation, states should also explore the opportunity to include workplace and compensation policies as quality indicators within QRIS standards.

In addition to increasing wages and educational opportunities for early learning providers, policymakers should also work to ensure that early learning providers have the tools necessary to provide responsive support to children, particularly when a developmental concern arises. For example, children experiencing challenges to their development may exhibit behavior that reflects these challenges. This behavior may manifest in the form of emotional dysregulation or communication challenges. Early learning providers must have better access to tools such as early childhood mental health consultations and other mental health supports in order to best support the many developing abilities of young children.^{xxiv}

Recommendation 3: Increase state and federal funding to increase equitable access to high-quality, affordable early learning experiences for young children.

Despite efforts to increase the quality of early learning programs, access to high-quality, affordable early learning programs remain out of reach for the majority of families, particularly low-income families of color.^{xxv} In order for all children to reach their full potential, families must have the

opportunity to provide their children with an early learning experience that fully supports their many developing abilities. Given the significant influence that early experiences have on children’s brain development and outcomes later in life, high-quality early learning experiences must be more accessible for families across the country.



Final Reflection

Key to enhancing developmental promotion, early detection, referral, and linkage to services within early learning settings is a diverse group of stakeholders that understand the profound opportunity that exists within early childhood development and the influence of quality early learning opportunities on health, development, and well-being outcomes.

The outcomes from this Community of Practice suggest several opportunities to continue to strengthen the early learning sector's ability to promote child development within early learning settings. Despite persistent barriers, these opportunities not only suggest that early learning settings are an appropriate venue to promote child development, but that there is a large desire of many stakeholders to effectively improve the early learning sector to better support children's health and development. This desire has created large-scale attention and increasing public support related to the importance of early learning experiences. This demonstrates an overall paradigm shift in realizing the importance of building a strong foundation early in life, and while quality early learning experiences are a crucial component of a child's healthy development, they make up only one part of what young children need to thrive. Together, we can work to ensure that young children have access to quality early learning, health care, and additional supports they may need to support their full developmental potential.



- i Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Retrieved from www.developingchild.harvard.edu.
- ii Paschall, K., & Tout, K. (2018). Most child care settings in the United States are homes, not centers. Bethesda, MD: Child Trends. Retrieved from: <https://www.childtrends.org/most-child-care-providers-in-the-united-states-are-based-in-homes-not-centers>.
- iii Powell, J.A., Menendian, S., Ake, W. (2019). Targeted universalism: Policy & practice. Berkeley, CA: Othering & Belonging Institute at UC Berkeley. Retrieved from: <https://belonging.berkeley.edu/targeteduniversalism>.
- iv Dworkin, P.H. (2006). Historical overview: From ChildServ to Help Me Grow. *J Dev Behav Pediatr*, 27, S5-S7.
- v McKay, K., Shannon, A., Vater, S., Dworkin, P.H. (2006). ChildServ: Lessons learned from the design and implementation of a community-based developmental surveillance program. *Infants Young Child*, 19, 371-377.
- vi Cornell, E., Luczak, S., Dudack, D., Phillip, T., Martini-Carvell, K., Dworkin, P.H. (2019). 2018 Help Me Grow building impact report. Retrieved from: <http://helpmeginational.org/wp-content/uploads/2019/05/HMG-Report-2019-Reference.pdf>.
- vii QRIS National Learning Network. (no date). Glossary of Terms. Retrieved from: <https://qrisnetwork.org/glossary>.
- viii Garcia, J.L., Heckman, J.J., Leaf, D.E., Prados, M.J. (2016). The life-cycle benefits of an influential early childhood program. Retrieved from: https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf.
- ix Lorenston, M. & Honigfeld, L. (2015). Developmental surveillance and screening in early care and education: Family and provider perspectives. Farmington: Child Health and Development Institute of Connecticut. Retrieved from: <https://www.chdi.org/index.php/publications/reports/impact-reports/developmental-surveillance-and-screening-early-care-and-education-family-and-provider-perspectives>.
- x Help Me Grow National Center. (no date). System Enhancements. Retrieved from: <https://helpmeginational.org/what-we-do/system-enhancements/current-innovations/>.

- ^{xi} Tout, K., Isner, T., Zaslow, M. (2011). Coaching for quality improvement: Lessons learned from Quality Rating and Improvement Systems. Bethesda, MD: Child Trends. Retrieved from: <https://www.childtrends.org/wp-content/uploads/2013/05/2011-35CoachingQualityImprovement1.pdf>.
- ^{xii} Paul H. Brookes Publishing Co. (no date). ASQ Online. Retrieved from: <https://agesandstages.com/products-pricing/asq-online/>.
- ^{xiii} Sparkler. (2019). Sparkler for organizations. Retrieved from: <https://www.playsparkler.org/content/sparkler-organizations>.
- ^{xiv} Early Childhood Learning & Knowledge Center, Office of Head Start, Administration of Children and Families, U.S. Department of Health and Human Services. (n.d.). Family engagement in early care and education learning series. Retrieved from: <https://eclkc.ohs.acf.hhs.gov/family-engagement/article/family-engagement-early-care-education-learning-series>.
- ^{xv} Paul H. Brookes Publishing Co. (2019). Developmental screening in Quality Rating Improvement Systems (QRIS). Retrieved from: https://agesandstages.com/wp-content/uploads/2019/11/Developmental-Screening-in-QRIS_2019.pdf.
- ^{xvi} Quality Compendium. (updated 2019). Types of indicators. Retrieved from: <https://qualitycompendium.org/top-ten/types-of-indicators>.
- ^{xvii} 20 USC Ch. 33: Education of Individuals with Disabilities. Retrieved from: <https://uscode.house.gov/view.xhtml?path=/prelim@title20/chapter33&edition=prelim>.
- ^{xviii} 116th United States Congress. (2019-2020). H.R. 4107 – Funding Early Childhood is the Right IDEA Act. Retrieved from: <https://www.congress.gov/bill/116th-congress/house-bill/4107/text>.
- ^{xix} Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2014). Child Care and Development Block Grant Act (CCDBG) of 2014: Plain language summary of statutory changes. Retrieved from: <https://www.acf.hhs.gov/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes>.
- ^{xx} Johnson-Staub. (2014). First steps for early success: State strategies to support developmental screening in early childhood settings. Washington, DC: Center for Law and Social Policy. Retrieved from: <https://files.eric.ed.gov/fulltext/ED561731.pdf>.

- ^{xxi} McLean, C., Whitebook, M., Roh, E. (2019). From unlivable wages to just pay for early educators. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from: <https://cscce.berkeley.edu/from-unlivable-wages-to-just-pay-for-early-educators/>.
- ^{xxii} Center for the Study of Child Care Employment. (2017). Early childhood workforce index 2016. Chapter 5: QRIS & work environments. Retrieved from: <https://cscce.berkeley.edu/files/2017/05/5-QRIS-Work-Environments.pdf>.
- ^{xxiii} Ibid.
- ^{xxiv} State Capacity Building Center, Office of Child Care, Administration of Children and Families, U.S. Department of Health and Human Services. (n.d.). Infant and Toddler Resource Guide. Retrieved from: https://childcareta.acf.hhs.gov/sites/default/files/public/itrg/training_and_ta_importance_of_ec_mental_health.pdf.
- ^{xxv} Ullrich, R., Schmit, S., & Cosse, R. (2019). Inequitable access to child care subsidies. Washington, DC: Center for Law and Social Policy. Retrieved from: https://www.clasp.org/sites/default/files/publications/2019/04/2019_inequitableaccess.pdf.



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