

Centralized Access Point Work Group

Recommendations

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About the Report Contributors

Alliance for Information and Referral Systems

The Alliance for Information and Referral Systems (AIRS) is a professional membership association for community Information and Referral (I&R). AIRS is the driving force behind the delivery of quality I&R services and the sole source for standards, program accreditation, and practitioner certification for the I&R sector.

Childhood Prosperity Lab

Childhood Prosperity Lab (the Lab), an initiative of Connecticut Children's Office for Community Child Health, helps all children reach their full potential by collaborating with changemakers to cultivate and advance innovative strategies that address critical contemporary health, development, and well-being needs. The Lab provides consultation, technical assistance, and coaching to changemakers developing strategies that address the social, environmental, and behavioral challenges that children too often face.

Help Me Grow National Center

The HMG National Center, also an initiative of Connecticut Children's Office for Community Child Health, serves as a national resource supporting implementation, enhancement, and assessment of the HMG Model, a mechanism that utilizes and builds upon existing resources and infrastructure to develop and enhance a comprehensive approach to early childhood system-building in any given community. The HMG National Center does not operate a HMG system but instead is committed to helping all affiliates achieve and maintain capacity to ensure developmental promotion, early detection, referral, and linkage for young children and their families.

Introduction

Help Me Grow System Model

Help Me Grow (HMG) is a system model that strengthens developmental promotion, early detection, referral, and linkage to community-based services and resources based on identified needs to help children reach their full potential. Through HMG, families have access to a grid of community resources from wherever they are – a child health setting, an early learning setting, a home visiting program, a local library, and so on – to address identified needs and help children thrive. The HMG Model intentionally promotes universal access to information about child development and services that exist within a community while also providing targeted support to families with young children who could benefit from additional services and resources to best promote their growing child's optimal healthy, development, and well-being.

HMG began as a pilot project in Hartford, Connecticut in 1997, as a strategy to explore how child health services could best promote children's optimal health, development, and well-being, recognizing the gap between pediatric health care settings and community-based services and resources. Four interdependent core components serve as the foundational infrastructure for comprehensive, integrated early childhood systems within communities:

- *A Centralized Access Point* connects families and service providers to community-based services and resources.
- *Family and Community Outreach* enhances parent and provider awareness and understanding of child development, the supportive services available to families, and how both are important to support children's healthy development.
- *Health Care Provider Outreach* supports early detection and intervention efforts through professional training and by connecting medical providers to the community services and resources available.
- *Data Collection and Analysis* supports evaluation, identification of systemic gaps, bolsters advocacy efforts, and guides quality improvement to ensure the system model is working effectively.

Early feasibility studies demonstrated HMG's ability to strengthen community capacity for developmental promotion, early detection, referral and linkage, enhancing families' protective factors and, in turn, improving child- and family-level outcomes. Inquiries and requests for support from other communities lead to the establishment of the HMG National Center in 2010. The National Center supports a National Affiliate Network of states and communities seeking to strengthen early childhood systems for all children, with a targeted focus on children who are at risk for delays. According to the [Building Impact 2019 Annual Report](#), the National Affiliate Network consists of 104 systems in 31 states across the country, collectively serving more than 112,077 children per year through the Centralized Access Point and reaching more than 203,364 children through Family and Community Outreach.

Centralized Access Point

In many communities, the Centralized Access Point (CAP) takes the form of a call center that serves as the central portal of entry for family members, child health providers, and other professionals seeking information, support, and services for children. The CAP is staffed by trained professionals who provide care coordination services, education, and other supports to callers. Professionals staffing the CAP help

callers recognize typical developmental milestones, conduct screenings, identify needs, provide referrals to community-based services and resources, and follow-up to ensure successful linkage.

The CAP is operationalized through implementation and maintenance of four key activities:

- A *Specialized Child Development Line* that is distinct from a general call line and designed to provide information, address questions, and make referrals for topics related to child development. The line is available to parents, caregivers, and service providers.
- The capacity to support *linkage and follow-up* to a variety of early childhood services and follow-up with families to ensure successful linkage to services.
- A systematic process to *research available resources* in the community.
- The *maintenance of a resource directory* that is *updated at least quarterly*.

While all four core components of the HMG Model are integral to its implementation and ultimate success within a community, the CAP is perhaps the most visible, accessible, and utilized component of the model. Further, it is a component of the model that offers a rich source for innovation, and as such made for a natural partnership with the Childhood Prosperity Lab. The CAP is characterized by elements such as staff training, certification, and credentials; client intake and management systems; electronic and paper-based screening; longitudinal follow-up activities with families; capacity to track and measure family-specific outcomes; and protocols and processes for sharing information within and across child-serving sectors.

For several years, Help Me Grow affiliates have independently pursued and implemented innovations to modernize and strengthen the CAP that go beyond the basic fidelity criteria outlined by the National Center. In an effort to review and catalogue these innovations in a more systematic way, as well as to generate new ideas intended to strengthen and maintain the relevance of the CAP within a comprehensive early childhood system, the National Center and the Childhood Prosperity Lab designed a novel working group comprised of affiliate representatives and national partners to inform next steps in this area. The working group was supported by an investment from The JPB Foundation, with the goal of developing strategic recommendations to the National Center that could be implemented across the National Affiliate Network.

In tandem with this effort, the National Center engaged in related, comprehensive strategic planning efforts that include, among other items, a targeted focus on growth and expansion of Help Me Grow, with better leveraging of the CAP to promote equitable access to services and to increase our understanding of Help Me Grow's impact on children, families, and systems. As a result, the National Center will look to leverage the recommendations put forth in this report as key groundwork necessary to successfully adopt strategic priorities related to increasing the reach and impact of Help Me Grow.

Project Overview

The Childhood Prosperity Lab (the Lab) designed and facilitated the work group on behalf of the HMG National Center. The Lab, an initiative of Connecticut Children's Office for Community Child Health, collaborates with changemakers to cultivate and advance innovative strategies that address critical contemporary challenges negatively impacting children's health, development, and well-being. The Lab and HMG National Center have a history of collaboratively identifying and advancing innovative system enhancements that strengthen the HMG Model, as demonstrated through projects such as the HMG Innovation Challenge, HMG and Early Care and Education Integration, HMG and WIC Integration, and

the Innovative System Enhancement Spotlight. The Lab's continued engagement with the HMG National Center has deepened the Lab's understanding of the HMG Model; the role and function of the HMG National Center; the relationship between the HMG National Center and affiliate network; and how the HMG National Center supports fidelity to the model, all ensuring the Lab served as the ideal partner for this project.

HMG Affiliates were invited to participate in the work group. Those interested submitted a letter of intent describing their ideal CAP; experience working with or leading a CAP; one innovative feature of the CAP the applicant influenced, designed, or evaluated; opportunities to strengthen the CAP; why the applicant wanted to participate in the work group; the applicant's value contribution to the work group; and the value the applicant hoped to gain from the work group.

Representatives from nine affiliates submitted a letter of intent and were asked to participate in the work group: Carmen Wenger, HMG Alaska; Shannon Garrity, HMG Indiana; Liz Isakson, HMG Long Island; Steve Baldwin, Debra Camp, and Gianna Donatoni, HMG Los Angeles County, CA; Kathy Houston, HMG North Texas; Jaquely Norton, HMG Orange County, CA; Lorraine Cragan-Sullivan and Katie Thomas, HMG South Carolina; Barbara Leavitt, HMG Utah; and Connie Desmarais and Kelly Dodd, HMG Western New York. The Lab and HMG National Center also invited two external partners to participate in the project, given their experience and expertise supporting information and referral systems and the like: Clive Jones, executive director of the Alliance for Information and Referral Systems (AIRS) and Cindy Sewell, an independent consultant working locally to develop and promote centralized intake and referral in a HMG community. Kimberly Martini-Carvell participated in the work group on behalf of the HMG National Center.

Work group participants committed to six 90-minute discussions and explored themes related to the implementation, evaluation, and sustainability of the CAP, including the role and function of the CAP within a community; the CAP's role in supporting or leading developmental promotion, screening, referral, and linkage; data, evidence, and evaluation; work flow, roles, and responsibilities; and technology.

The Lab facilitated work group sessions virtually using Zoom, a cloud-based communication platform that allows for the facilitation and recording of audio and video conferencing. Each work group session followed a similar format. Sessions began with updates from work group participants. This provided an opportunity for participants to share successes, discuss challenges, and leverage their peers for problem solving and support. The sessions then transitioned to semi-structured conversations guided by discussion questions. Discussion questions were designed to explore how HMG Affiliates are actualizing each of the themes outlined above.

The Lab leveraged a variety of tools to support the engagement and participation of HMG affiliates in each discussion. Discussion questions were posed using Poll Everywhere, a platform designed to engage live audiences using text messaging, mobile webpages, and traditional webpages. Participants could respond to discussion questions aloud, using either the Zoom chat feature, or Poll Everywhere.

Participants were also asked to complete a survey after each work group session. The surveys provided another opportunity for participants to share their thoughts regarding the discussion questions posed during the work group session, as well as an opportunity to further explore themes that emerged during each discussion. The surveys also contained questions seeking recommendations to improve or enhance different aspects of the CAP and challenges and opportunities identified during the semi-structured conversations. Surveys were administered using Google Forms, a publicly available tool that allows for

the collection of information via a survey that can be automatically exported to spreadsheets for maintenance and analysis. Surveys were administered a few days after each work group session and participants were given one week to respond.

The Lab utilized notes from the work group discussions and survey responses to draft a set of recommendations from the work group to the HMG National Center. Each recommendation initially included three sections: background, participant context, and recommendation considerations. The work group then conducted four reviews of the recommendations. The goal of the first review was to assess the extent to which recommendations aligned with themes that emerged in the work group sessions and add context regarding the importance or relevance of each recommendation. The review was conducted using a Microsoft Word Document and participants were asked to provide their feedback using “track changes” or “comments.” The second review occurred during a work group session. The Lab reviewed the feedback work group participants submitted during their initial review and the group explored other opportunities to strengthen, clarify, or elaborate on the recommendations. The Lab facilitated the third review using Google Forms. Here participants responded to the following questions for each recommendation:

- How do you think this recommendation should be prioritized? Multiple choice question: low, moderate, or high.
- If the HMG National Center moves forward with this recommendation, what support, trainings, resources, etc. do you anticipate needing? Open-ended.
- What other information should be highlighted in the background section? Should anything be changed or removed from this section? Open-ended.
- What other information should be highlighted in the participant context section? Should anything be changed or removed from this section? Open-ended.
- What other information should be included in the recommendation considerations section? Should anything be changed or removed from this section? Open-ended.

The fourth and final review occurred during the final work group session. Goals of this review included: review recommended edits identified in the survey; ensure consensus regarding how each recommendation is prioritized; finalize the language for each recommendation; and review the types of resources that are needed to support affiliates if the HMG National Center adopts the recommendation.

The HMG National Center had the opportunity to review the recommendations after the work group’s fourth and final review. The Lab reviewed how the work group was facilitated and presented each of the recommendations. The HMG National Center was then asked to identify which strategic priority(ies), shared during the *Defining Full Impact* webinar, each recommendation aligned with.

Recommendations

The work group identified a number of opportunities to strengthen implementation, evaluation, and sustainability of the CAP as well as opportunities to strengthen its durability and responsiveness. These opportunities were narrowed to 11 recommendations the work group thought had the potential to strengthen the impact and sphere of influence of both individual affiliates and the National Affiliate Network as a whole.

Each recommendation includes five content areas:

1. Priority indicates if work group participants identified the recommendation as low, moderate, or high priority.
2. Background provides the context from which work group discussions stemmed.
3. Participant context describes related experiences shared by work group participants that led to the formation of the recommendation.
4. Recommendation considerations are key points and themes that emerged during the work group sessions and follow-up surveys that provide additional context regarding how the work group thinks the recommendation should be operationalized.
5. Strategic alignment identifies other strategic priorities with which the recommendation aligns. Specifically, this describes how the CAP recommendation is related to one or more of the five strategic growth priorities of the Help Me Grow National Center, intended to drive toward achieving [full potential](#) of the Help Me Grow model by 2026.

Recommendation 1. Update the name and description of the CAP.

Priority	Moderate
Background	The original Help Me Grow replication manual operationalizes the CAP as a call center available through a toll-free phone line, fax, and e-mail, and describes the benefits of telephone services.
Participant Context	Work group participants cited a number of challenges communicating the unique value add of the CAP to different stakeholders, such as service providers, funders, and consumers (parents/caregivers, providers, etc.). Participants reported using CAP and call center interchangeably and tailoring language to align with different stakeholders. In some instances, affiliates do not refer to the CAP/call center by a name, but instead describe the experience callers will have when they engage HMG. Participants also reported the terminology “call center” is stigmatized and is often viewed as negative by consumers, service providers, and team members. Additionally, the manual indicates the call center is staffed by care coordinators. While professionals filling this role provide care coordination services, they are often not referred to as care coordinators. Work group participants also indicated the current description does not take into account cultural or generational communication preferences, nor does it take into account consumer communication preferences. Lastly, participants cited the impact of the COVID-19 pandemic on diversifying and increasing the number of communication platforms available to consumers, such as text and Zoom calls, and the potential of these platforms to further diminish the concept of a “call center.”
Recommendation Considerations	<ul style="list-style-type: none"> • The updated name and description should reflect HMG’s and the CAP’s unique capacity to 1) support early childhood comprehensive system building; 2) provide a universal approach to supporting child

Alignment with other Strategic Initiatives

development; 3) serve as a neutral, unbiased entity; 4) provide complex care coordination services; and 5) support developmental promotion.

- Replace “care coordinators” in materials describing the CAP with “professionals providing care coordination services.” While professionals staffing the CAP provide care coordination services, they are generally not identified as care coordinators and instead have titles such as “family navigators.”
- The following terms were identified when describing the CAP: support, resource, center, hub, and coordination.
- The current description does not take into account the preferred communication preferences of consumers, which can be influenced by cultural and generational norms.
- Affiliates will not be required to change the name of their CAP if using terminology and framing that is understood and accepted by the community.
- Deepening HMG penetration nationally and within communities
- Funding for early childhood systems infrastructure

Recommendation 2. Enhance affiliate capacity to develop and execute a marketing plan for the CAP.

Priority	Moderate
Background	There are limited resources available to support affiliates in determining how to best frame and market the CAP as a resource to the community and appropriate stakeholders. Existing resources are designed to support implementation and evaluation of the CAP and have a significant focus on referral and linkage.
Participant Context	Work group participants cited a number of challenges marketing the CAP, including appropriately communicating how the CAP differs from existing community resources and identifying and developing appropriate messages for different stakeholder groups. Participants also indicated it is challenging to frame and position the CAP as a universal resource, given the emphasis on referral and linkage. The available CAP resources also do not address the importance of culturally-sensitive messaging for different populations of children and families. Finally, participants indicated that marketing the CAP is marketing HMG, and that gaining buy-in and support from the provider community is just as important as, and likely needs to happen before, getting buy-in from the general community. Service providers need to feel confident

	the CAP will make referrals as appropriate and not be a source of competition.
Recommendation Considerations	<ul style="list-style-type: none"> • Access to a resource library of marketing materials that includes style guides, templates, key messages for different stakeholders, prioritized talking points for different stakeholders, etc., will be beneficial. These resources can be developed by affiliates, the HMG National Center, or both. • Significant resources are required to develop and pilot test culturally-sensitive messages for different populations of children and families. Creating opportunities for affiliates to collaboratively develop such materials will be beneficial. After materials have been pilot tested and refined, they should be made available to the entire National Affiliate Network. • Appropriately marketing and communicating the value add of HMG is an ongoing activity. Creating opportunities for affiliates to discuss strategies, challenges, and successes specific to marketing and communications will be valuable. • Acknowledge the importance of and HMG’s unique capacity to support consumers in the way they desire to be supported. • Strengths of the current frame include: that the call center clearly communicates the services offered and CAP is broad and implies many services can be accessed. • Consider developing a stronger statement from the HMG National Center regarding the importance of developmental promotion and the steps that can happen before referrals and interventions are necessary.
Alignment with other Strategic Initiatives	<ul style="list-style-type: none"> • Deepening HMG penetration nationally and within communities • Funding for early childhood systems infrastructure

Recommendation 3. Define centralized.

Priority	Moderate
Background	While the HMG manual operationalizes the CAP as a call center, it does not offer a definition for centralized.
Participant Context	Work group participants indicated there is inconsistent usage of the term “centralized” among affiliates. Definitions and applications of the term centralized can range from 1) a description of the call center to 2) the warehousing of community-based resources and services in a single directory

to 3) a term used to describe the multiple ways in which consumers can access early childhood supports and services to 4) the blending of staff from different employers at the same location. Participants also noted that some affiliates are beginning to use phrases like “centralized-decentralized,” which gives minimal consideration to bringing care coordinators together and instead focuses on shared usage of a single data collection and management platform and resource directory among multiple entities providing care coordination services to young children and their families. While there are benefits and limitations to each of these definitions and applications, having a more standardized definition will strengthen affiliates’ capacity to build relationships with key stakeholders, as well as share resources and strategies with similarly structured affiliates. It is unclear to work group participants the extent to which the shift in definition and application of centralized among affiliates aligns with the HMG National Center’s shift in messaging from HMG being a program to HMG being an integrated, comprehensive early childhood system.

Recommendation Considerations

- Offer a selection of definitions from which affiliates can choose. A single operating model or definition of centralized will not meet the needs of or align with all affiliates.
- Definitions should demonstrate HMG is working or seeks to work in conjunction and collaboration with community-based services and programs – not in competition.
- Recognize that affiliates are exploring new technology options to support referral, linkage, and follow-up that further diminish the clarity between centralized and decentralized.
- Monitor how affiliates define and operationalize the term centralized using the annual fidelity assessment.
- Explore and understand how the COVID-19 pandemic impacted affiliates’ use and application of the term centralized.
- Having a range of definitions for newer affiliates to choose from can inform and guide their approach to early childhood system building efforts within their community. A selection of definitions will also be useful to affiliates seeking to expand or modify their approach to early childhood system building.

Alignment with other Strategic Initiatives

- Deepening HMG penetration nationally and within communities

Recommendation 4. Update the description of the activity “maintain resource directory.”

Priority	High
Background	“Maintain resource directory” is one of the four key activities associated with successful implementation and maintenance of the CAP.
Participant Context	<p>Work group participants indicated the current description does not adequately describe the value of the resource directory or the importance of maintaining it. Participants indicated a quality resource directory focused on early childhood programs and services is part of HMG’s value proposition to communities and integral to an integrated, comprehensive early childhood system. However, there is variation across the network regarding how the resource directory is maintained. Participants also described the value of soliciting and incorporating feedback from families and caregivers regarding the quality, value, and usefulness of services and programs included in the resource directory, citing this as a unique feature of HMG. Finally, some participants indicated that successfully developing and maintaining the resource directory requires coordination with Family and Community Outreach. Family and Community Outreach is charged with identifying and building relationships with service providers while the CAP is charged with the inputting data into the resource directory. The current description does not take into account that Family and Community Outreach may have a role in maintaining a resource directory.</p>
Recommendation Considerations	<ul style="list-style-type: none"> • Establish a minimum standard process that describes how affiliates should maintain the resource directory. • Develop and make available resources to help affiliates effectively communicate and market the unique value of the resource directory to different stakeholders. • Acknowledge the power of family perspective and input regarding navigating resources, as well as resource quality, value, and usefulness. • Develop and provide resources to enhance affiliate capacity to monitor the quality, value, and usefulness of community-based services and resources. • Create opportunities for affiliates to share the novel ways in which they are marketing and making the resource directory available to different stakeholders.
Alignment with other Strategic Initiatives	<ul style="list-style-type: none"> • Deepening HMG penetration nationally and within communities • Enabling conditions for sustainability/positive deviance study • Using data to drive community change

Recommendation 5. Establish a minimum standard case classification and threshold system.

Priority	High
Background	Utilization of case classification and threshold systems varies across the network.
Participant Context	<p>Work group participants indicated the CAP has policies and procedures to help professionals providing care coordination services determine which screening tools to use with families, assess level of need (i.e., low, moderate, high), and assign thresholds based on case complexity. However, application of these policies and procedures is variable within a single CAP and across the network. Participants indicated it is challenging for supervisors within a CAP to appropriately and effectively manage implementation of these policies and procedures and manage case load. Some participants reported family needs are identified and prioritized first while others take a more hierarchical approach, embracing frameworks like Maslow’s Hierarchy of Needs. Lastly, participants described the potential benefits of adopting a minimum standard case classification and threshold system across the network, including but not limited to increased capacity for affiliate and national evaluations and measuring the impact of an integrated, comprehensive early childhood system on individual, family, and community outcomes stratified by level of need.</p>
Recommendation Considerations	<ul style="list-style-type: none"> • Screenings are available to consumers in different venues: the HMG website, HMG specialized phone line, and community partners such as early care and education, schools, doctor visits, and home visiting. Screening results from different venues need to be available to HMG professionals providing care coordination services to effectively identify level of need, assess case complexity, and appropriately address identified risks and concerns. • While consumer communication preferences should be taken into account during follow-up, there is significant value in leveraging a phone call for the initial contact. • Explore the potential use case for tools and resources like pre-screenings, decision trees, and automation. • Acknowledge the role of screening tools in determining level of need and case complexity. • Acknowledge the role and experience of professionals providing care coordination services in understanding and determining level of need and case complexity. • Consider pairing the case classification and threshold system with continuous training for CAP staff and supervisors.

Alignment with other Strategic Initiatives

- Frame the case classification and threshold system as a tool to help manage case load and inform the allocation and distribution of cases and resources.
- Validating HMG's impact model
- Using data to drive community change
- Using the model to advance racial equity

Recommendation 6. Create opportunities to further explain the “needs met” metric in the annual fidelity assessment.

Priority	High
Background	Needs met is the single family-level measure required of affiliates by the National Center to track satisfaction and family experience with the CAP.
Participant Context	Work group participants described the needs met metric as important, but challenging to measure and report. Participants indicated that only providing a metric does not provide appropriate context regarding affiliate capacity to support children and families. They also indicated it is unclear the extent to which affiliates are universally tracking if and why needs were met or not met and the processes used to collect and track that information.
Recommendation Considerations	<ul style="list-style-type: none">• Expand the fidelity assessment to include both structured and open-ended questions that allow affiliates to elaborate on the needs met metric. Questions can explore why needs were not met, for example “% reporting needs were not met due to a lack of resources” or “what were the top five reasons callers reported their needs were not met.”• Place the needs met metric in the broader context of integrated, comprehensive early childhood system building by identifying strategies to use the information in support of activities like advocacy, resource allocation, and marketing.• Acknowledge the metric does not assess if a client is better off because of HMG/an integrated, comprehensive early childhood system.• Acknowledge a need may not be met, but the consumer may have still benefitted from the interaction with the CAP.• Acknowledge the role of quality supervision and well-trained staff in effectively meeting the needs of children and families.

Alignment with other Strategic Initiatives

- Using data to drive community change
- Validating HMG’s impact model
- Using the model to advance racial equity

Recommendation 7. The HMG National Center should make an ongoing, robust investment in technology on behalf of the National Affiliate Network.

Priority	High
Background	The HMG National Center does not recommend, endorse, or invest in technology on behalf of the National Affiliate Network, including data collection and management platforms.
Participant Context	Work group participants described the evolving and growing role of technology in supporting integrated, comprehensive early childhood systems. Participants report investing significant resources, both funding and personnel time and effort, in identifying and customizing different types of technology, particularly data collection and management platforms. Customizations to different technology platforms are often expensive and require staff training. Participants also reported an increased use of websites and social media platforms such as Facebook and Instagram to market HMG services, all of which require an investment of resources to be effective and have maximum impact. Participants also cited adoption of different communication platforms, such as text messaging and automated messaging, to engage consumers. Finally, participants cited challenges around vetting emerging technologies, prioritizing how to invest limited resources in different technology platforms, and assessing which platforms will have the strongest return on investment. They indicated it would be beneficial if the HMG National Center could assess the potential value of different technologies and facilitate investments into the most promising technologies on behalf of the network.
Recommendation Considerations	<ul style="list-style-type: none">• Technological solutions, particularly data collection and management platforms, need to be HIPAA compliant.• Invest in technology that can support developmental promotion at scale.• The existing interface of common commercial screening products was frequently cited as a factor limiting affiliate capacity to adopt and sustain technology.• Recognize the challenges around obtaining and sharing consent when agencies within the same community leverage different platforms.

Alignment with other Strategic Initiatives

- Text messaging was cited as one of the CAP’s most useful technologies.
- The high costs of customization limits affiliate capacity to adopt and sustain technology.
- Acknowledge the need for APIs to support data sharing across platforms to optimally leverage different technologies.
- Acknowledge that some communities are unable to join the National Affiliate Network because they are unable to find and/or secure sustainable funding for a data collection and management platform.
- Acknowledge the need for initial and ongoing staff training to support appropriate utilization and deployment of new and emerging technology platforms.
- Validating HMG’s impact model
- Using data to drive community change
- Funding for early childhood systems infrastructure

Recommendation 8. Increase communication between established affiliates regarding customizations to data collection and management platforms.

Priority	Moderate
Background	There is ad hoc coordination and communication among affiliates regarding customizations to data collection and management platforms and that which exists is facilitated by affiliates.
Participant Context	Work group participants indicated they invest significant resources in customizing data collection and management platforms. Some affiliates coordinate with one another on an ad hoc basis, discuss desired customizations and share the costs associated with obtaining them.
Recommendation Considerations	<ul style="list-style-type: none"> • Facilitate convenings among affiliates with the same data collection and management platform at least once per year, but not more than four times per year, to discuss customizations. • Consider facilitating work groups and contact lists based on data collection and management platform. • Acknowledge that if the HMG National Center deploys a strategy to increase communication among affiliates, affiliates are still able to connect with one another independent of the HMG National Center.

Alignment with other Strategic Initiatives

- Using data to drive community change
- Deepening HMG penetration nationally and within communities

Recommendation 9. Establish a minimum standard process to refer families and caregivers from one HMG system to another.

Priority	Low
Background	There is no standardized process to refer families from one HMG system to another located in a different region of the state or country.
Affiliate Context	Some work group participants indicated when the CAP is working with a family that is moving to a new community, they connect the family to the HMG system serving that community in an effort to minimize disruptions to care and services. Through work group discussions, we learned there is variation in how affiliates are doing this work. It was unclear the extent to which HMG affiliates have formal mechanisms to track how many families are referred from one system to another.
Recommendation Considerations	<ul style="list-style-type: none">• Consider developing a minimum set of requirements a CAP must meet in order to make a referral from one HMG to another.• States with more than one HMG system and affiliates serving transient communities reported more instances of making referrals to other HMG systems.
Alignment with other Strategic Initiatives	<ul style="list-style-type: none">• Deepening HMG penetration nationally and within communities

Recommendation 10. Increase the support available to affiliates as they select a data collection and management platform.

Priority	High
Background	Few resources are available to support affiliates as they select a data collection and management platform.
Participant Context	Work group participants indicated there are many considerations that go into selecting a data collection and management platform. They cited a need for more support in this areas, as well as connection to more established affiliates to learn about their experiences selecting and utilizing different platforms.

Recommendation Considerations	<ul style="list-style-type: none"> • Consider creating tools, resources, rubrics, FAQs, decision making guides, etc., that highlight the distinguishing or unique features of each platform, affiliate experiences using the platform, ease of integrating modifications, cost of integrating modifications, types of reports available, the extent to which the platform can grow with an affiliate over time, etc. • Clarify what data needs to be tracked and reported to the HMG National Center before affiliates select a data collection and management platform.
Alignment with other Strategic Initiatives	<ul style="list-style-type: none"> • Using data to drive community change • Deepening HMG penetration nationally and within communities

Recommendation 11. Increase communication among team members from different affiliates with similar roles and responsibilities to discuss ideas, challenges, successes, and share examples of new or promising strategies.

Priority	High
Background	There is limited coordination and communication between team members at different affiliates with similar roles and responsibilities.
Participant Context	Work group participants indicated it will be beneficial to regularly connect with team members at other affiliates that have similar roles and responsibilities. These types of connections usually happen at the Annual Help Me Grow National Forum, but the opportunity to connect with others is limited to those able to participate in the convening.
Recommendation Considerations	<ul style="list-style-type: none"> • Potential topics include: obtaining consent, quality assurance, capacity building and training for team members, reflective supervision, data management, common and uncommon parental concerns, emerging trends and priorities, innovations, etc. • Participants indicated it will be helpful to connect with others that have similar roles and responsibilities at least once per year, but not more than four times per year. • Consider developing strategies to make it easier for people at different affiliates with similar roles and responsibilities to find each other. • Acknowledge that if the HMG National Center deploys a strategy to increase communication among affiliates, affiliates are still able to connect with on another independent of the HMG National Center.

Alignment with other Strategic Initiatives

- Deepening HMG penetration nationally and within communities
- Enabling conditions for sustainability/positive deviance
- Validating HMG's impact model

Final Reflection

The HMG Model has demonstrated its capacity to strengthen early childhood systems for over 20 years while the CAP has demonstrated its utility at coordinating child health services and community-based service providers, providing information on child development, and connecting children and families to needed services and resources. While the utility of the CAP still stands true, how communities go about operationalizing and sustaining it, as well as the other core components of the model, have evolved over time. This evolution is informed by the role of and access to technology and information, cultural and demographic shifts within communities, shifting social norms, the introduction of new modes of communication, evolving communication preferences, and a number of other factors. Each of these factors must be taken into account when developing and executing strategies to support comprehensive early childhood system building, strengthening families, and supporting communities as a mechanism to promote children's optimal healthy development.

In order to optimally support the National Affiliate Network, the HMG National Center needs to understand how affiliates are modifying their approach and strategies to best support children and families and enhance the services HMG offers. The work group enabled affiliates to share what strategies work and do not work with the HMG National Center, highlight the opportunities they have identified, and leverage their peers to discuss challenges, share successes, explore ideas, and highlight best practices. We encourage the HMG National Center to use these recommendations and feedback from affiliates on the recommendations to inform how it engages and supports the National Affiliate Network in strengthening and maintaining durable, responsive CAPs.