



## 2021 HMG Fidelity Assessment

To complete the HMG Fidelity Assessment, please respond to the following questions regarding the implementation of each core component of the HMG model. We encourage you to connect with others, if needed, to obtain accurate answers to these questions. The priority of the National Center is that you are able to provide thoughtful and thorough responses throughout this tool and, therefore, request the tool be submitted by October 31, 2021. Your time and the information you provide as part of this assessment are appreciated and will be of significant value to both the HMG National Center and other affiliates of the HMG National Network.

As described in the Guidelines for Data Collection and Reporting, available on the HMG National website, HMG affiliates are asked to report on specific metrics throughout this assessment, called Impact Indicators. These Impact Indicators are defined in detail in the Guidelines, and are highlighted in the following assessment in red text. There are a total of (7) Impact Indicators across the four core components. For each, we are requesting data for a 12 month period. We ask that you provide data for the most recent 12 month period for which data are available, recognizing that affiliates may have varying preferences with respect to collecting and reporting data by calendar year, fiscal year, etc.

If a Fidelity Assessment was completed for your HMG system in 2020, you may respond "Same as last year" in any open text box for which your response remains the same as your previous response. If your response is different based on changes or progress made over the past year, please provide a new response.



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\* 1. Your name:

**Note: Questions 2-13 will be used to update the National Help Me Grow website. Please provide the most accurate and up to date contact information for your system and county (if applicable).**

\* 2. State:

3. County/district/catchment area (if used to define your system):

\* 4. Name of State Lead (Individual and their Organization):

5. Affiliate since (year)

\* 6. Who would you like to be listed on the National website as your HMG point of contact for day-to-day operations and general questions?

\* 7. What is this person's email address?

\* 8. What is this person's phone number?

\* 9. What is your HMG mailing address?

10. Please provide a website address for your HMG (if applicable)

\* 11. Please name the current entity that organizes and provides backbone support for HMG in your state:

12. Please provide the name of the entity that houses the Centralized Access Point (if applicable)

13. If there is an operational Centralized Access Point please provide the call in number:

\* 14. Data submitted through this assessment should reflect 12 months. We ask that you provide data for the most recent 12 month period for which data are available, recognizing that affiliates may have varying preferences with respect to collecting and reporting data by calendar year, fiscal year, etc. This data should be consecutive to the data provided in the 2020 assessment.

Please indicate which 12 months are reflected in the data you are submitting for this assessment. (ie. 9/01/2020-8/31/2021)

15. Please briefly describe if there are continued impacts to your HMG affiliate system due to COVID. *This can include but is not limited to: workforce/staffing, ability to implement specific Key Activities, or funding changes.*



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Centralized Access Point

\* 16. An entity has been identified to serve as the Centralized Access Point (CAP).

Not at this time.  Yes.

17. If there is an identified CAP, provide the name of the entity:

18. If there is an identified CAP, is there a specialized HMG call line and/or designated HMG staff within the CAP?

- Not at this time.
- Yes.

If "Yes," please describe.

\* 19. Is the specialized HMG CAP currently accepting referrals/clients?

- Not at this time.
- Yes.

\* 20. Please provide the following details regarding the Centralized Access Point:

Number of current HMG care coordinators (FTE):

Approximate case load of care coordinators (number of clients per year/number of care coordinators):

\* 21. From whom can the specialized HMG CAP receive referrals? *Please select all that apply.*

- Family members or caregivers
- Health care provider
- Child care provider
- School district personnel
- Early intervention provider
- Other service providers or community-based staff
- No CAP at this time

\* 22. From whom does the specialized HMG CAP receive referrals? *Please select all that apply.*

- Family members or caregivers
- Health care provider
- Child care provider
- School district personnel
- Early intervention provider
- Other service providers or community-based staff

\* 23. Please indicate the ways in which the CAP supports screening efforts: (Check all that apply)

- Shares screening results with early learning and other community-based providers
- Shares screening results with physicians
- Directly administers screening
- Connects families to an online resource for screening
- Connects families to community programs that administer screening
- Reviews screening results with families
- Receives screening results from physicians
- Receives screening results from early learning and other community-based providers
- No CAP

24. If the CAP directly administers screening and/or connects families to an online resource for screening, which screening instrument(s) are used (select all that apply)?

- ASQ-3
- ASQ-SE-2
- PEDS
- SWYC
- MCHAT
- PEDS
- SDOH
- Edinburgh Maternal Depression Screening
- No Screening is currently done
- Other (please specify)

\* 25. Briefly explain the training process for care coordinators and any required trainings that care coordinators on your team participate in to better support families.

\* 26. Do you have a written protocol to follow when a screening indicates a concern?

- Yes
- No

\* 27. Please describe some of the immediate steps that take place following the identification of a concern on a developmental screening.

For the following three questions, if no screenings are currently conducted. Please leave blank or put N/A

\* 28. Number of children whose developmental screening conducted by HMG within the Centralized Access Point or at a HMG led event

\* 29. Number of children referred to HMG after a developmental screening was conducted by a provider, organization or agency

\* 30. Number of children whose developmental screening was conducted through online screening tool or web-based app platform

\* 31. Which of the following populations are served through the call center (i.e. the resource directory contains appropriate services for this population)?

- Delayed/disordered or severe concerns
- Moderate developmental, behavioral, or learning concerns
- Mild developmental, behavioral, or learning concerns
- Children for whom there are no concerns (e.g. anticipatory guidance)
- Other (please specify)

\* 32. Please provide the following information regarding the age range served by the HMG CAP.

	Minimum age:	Maximum age:
Age range served:	<input type="text"/>	<input type="text"/>

\* 33. HMG Care Coordinators provide follow-up to the initial caller regarding the referral that was made in approximately what percentage of cases?

*To calculate: Use number of cases/families in which follow up was done and divide by only those families for which follow-up is an appropriate/valid next step in the process, meaning those who would be ineligible for follow-up are excluded from the denominator.*

- Never     Less than 25% of the time     25-50% of the time     50-75% of the time     > 75% of the time

34. If <75% of the time, describe barriers that prevent more frequent follow-up:

\* 35. Please describe the process used by care coordinators to provide follow-up to families:

\* 36. If linkage is defined as, the proportion of families connected to at least 1 service through Help Me Grow, please provide your average linkage rate for families served within the centralized access point:

37. IF you define linkage in another way, please describe it here and provide your average linkage rate:

\* 38. HMG care coordinators use a defined procedure to research available resources and connect children/families to community based services and programs.

- Not at this time.     Yes.

\* 39. what is the technology used to support your HMG resource directory?

If no resource directory is in place, put N/A

\* 40. If a resource directory is in place, how often is the resource directory updated to ensure resources are up to date? *Please select the most frequent occurrence.*

	Daily	Weekly	Monthly	Quarterly	Annually	N/A
Frequency:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 41. Briefly describe your process for identifying and incorporating updates to the resource directory. Updates include routine minor changes, such as adding agencies and contact information, as well as more substantial updates.

\* 42. Please select the option that best describes the status of the resource directory:

- It is a comprehensive, regularly updated list of services and programs for children and families within the geographic area served by the call center. There is high confidence in the degree to which it is up to date and accurate and there is a reliable process for making future edits or additions.
- It is a modest, occasionally updated list of services and programs for children and families within the geographic area served by the call center. There is some confidence in the degree to which it is up to date and accurate and there is a process for making future edits or additions.
- It is either a limited list of programs and services and/or does not benefit from regular and frequent updates. There is less confidence that it is sufficiently up to date or accurate.
- Other (none of the above)

\* 43. Please list the top three sources of calls to HMG over the past year (e.g. caregiver, child health provider, Part C, etc.):

1st:

2nd:

3rd:

\* 44. Impact Indicator

Total number of unique interactions over the past 12 months (*sum of next three responses*)

i. Number of information-only interactions (no referral)

ii. Number of interactions where referral was provided (and family agreed to follow-up)

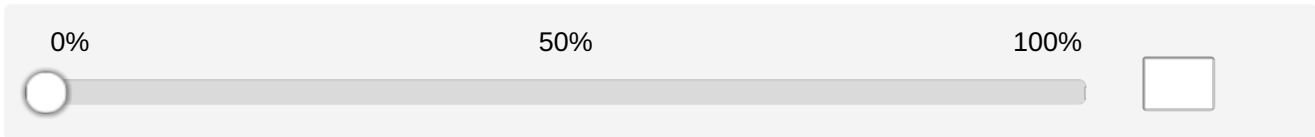
iii. Number of interactions where referral was provided (and family declined follow-up)



**Note:** The following Impact Indicator seeks to measure the proportion of families reporting that their needs were met by HMG. Please refer to the Guidelines for Data Collection and Reporting for additional information about this measure. If there is a **related measure** used within your HMG system that you would wish to report here, please do so and explain in the note section below.

\* 45. Impact Indicator

Proportion of families reporting that their needs were met over the past 12 months.



\* 46. Which of the following best describes how financial information is captured during a call to your HMG Centralized Access Point:

- Financial information is collected during every unique interaction
- Financial information is only collected when exploration of eligibility for a specific service(s) is warranted. I.e. for WIC, SNAP, Head Start, Medicaid, etc.
- Financial information is never collected
- Other (please specify)

47. NEW Metric: (Optional for 2021. This metric will be asked of affiliates moving forward and required starting in 2022)

*When income eligibility is referenced below, this in reference to income eligible supports or services.*

**Total number of unique interactions through your HMG Centralized Access Point**

*The number you reported above in Q43 box 1*

Of your unique interactions, how many were families with children prenatal through age 3 (36 months)?

Of those families with children prenatal through age 3 (36 months), how many were income eligible to receive any of the following supports or services: WIC, SNAP/TANF, CHIP, Head Start, Medicaid or Title V Maternal and Child Health?

Of your unique interactions, how many were families with children between 4-10 years of age? (37 months-120 months)

Of those families with children 4-10 years of age, how many had an income level eligibility to receive any of the following supports or services: WIC, SNAP/TANF, CHIP, Head Start, Medicaid, or Title V Maternal and Child Health?

48. If you foresee any challenges in capturing the data needed for the question above, please include that here.



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Community & Family Outreach

\* 49. Potential community partners of HMG have been identified. Here, "partners" include those organizations, agencies, or initiatives with which HMG has a relationship that goes beyond the inclusion of that service in the resource directory of the centralized access point.

Not at this time.  Yes.

\* 50. With which of the following sectors is HMG engaged? Here, 'engaged' refers to sectors with which HMG directly partners through at least one of the following: outreach or communications to promote general awareness of HMG, information and referral services to clients/patients/cases of that sector, training and education, funding, specific resources (staff, equipment, etc.), data, or policy/advocacy efforts.

- Early learning settings: home-based
- Early learning settings: center-based
- Home visiting
- Family/ Child Advocates
- Child welfare
- Health and Human Service agencies
- Medical and/or health providers
- School systems
- Social Workers
- Parent educators
- Intimate partner violence prevention groups
- Special Supplemental Nutrition (WIC) programs
- Pediatric-based interventions (e.g. HealthySteps, CenteringParenting)
- Faith-based initiatives
- Child and family legal services (e.g. Medical- Legal Partnership)
- Reach Out and Read

\* 51. Does HMG convene networking meetings among community partners?

- Not at this time.
- Yes.

52. If networking meetings are held, how many meetings occurred over the past 12 months?

\* 53. Which of the following functions occur as part of networking meetings? (Check all that apply)

- Meet & greet
- Guest speakers
- Identify new programs to include in the resource directory
- Identify needed updates to existing programs included in the resource directory
- Share other important information
- Discuss complex cases
- Bring key gaps in and barriers to services to the group
- Other (please specify)

\* 54. HMG provides outreach to increase awareness of HMG through events and trainings in the community for partners, families, or both.

- Not at this time.     Yes.

\* 55. Is developmental screening offered as part of these community events (e.g. ASQ at Books, Balls and Blocks)?

- Not at this time.  
 Yes

\* 56. Please select which types of marketing/social media activities are used to promote HMG:

- Commercials
- Community events
- Charity/fundraising events
- Facebook
- Twitter
- Blog
- Website
- Other

\* 57. Gaps refer to those programs and services which are not available in a given region - unavailability may be due to a service not existing, or due to unreasonably long wait times, etc. Gaps are recommended to be tracked as part of Community Outreach efforts, when HMG systems seek to build out their resource directory with relevant programs and services. Please describe any existing processes to assess gaps and list common gaps in programs for your region:

\* 58. Impact Indicator

Total number of individuals (non-families) representing community agencies reached through a HMG-coordinated or HMG-led event over the past 12 months.

\* 59. Impact Indicator

Total number of non-medical professionals trained on developmental screening and/or referral and linkage through HMG over the past 12 months.

\* 60. Impact Indicator

Total number of individuals (parents, caregivers, other family members) reached through events led or coordinated by HMG to promote awareness of child development and/or HMG over the past 12 months.



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Child Health Care Provider Outreach

\* 61. Please describe the response that best characterizes your approach to conducting child health provider outreach specific to HMG.

- HMG conducts physician outreach directly (i.e. the organizing entity for HMG is the lead for outreaching to pediatric primary care settings to promote awareness of HMG and/or provide training specific to developmental surveillance and screening)
- HMG has identified a local or state-level partner that conducts physician outreach on behalf of HMG (i.e. there is a contract or more informal arrangement by which a designated partner promotes awareness of HMG and/or provides training specific to developmental surveillance and screening)
- HMG child health provider outreach efforts are still being defined; the specific approach used for child health provider outreach has yet to be determined.

62. If HMG has partnered with another entity for child health provider outreach, please provide the name of that entity:

\* 63. Please describe the role and responsibilities of the staff who conduct the outreach (whether HMG Staff or staff of a partner organization).

\* 64. HMG has identified at least one physician champion that advocates for HMG to the broader medical community.

- Not at this time.     Yes.

\* 65. Staff (HMG or partner entity) conduct targeted outreach to child health care providers through office based education, trainings, and/or workshops on effective developmental screening and surveillance.

- Not at this time.     Yes.

\* 66. Impact Indicator

Total number of trainings provided by HMG to medical staff (physicians, nurse practitioners, medical social workers, etc.) on the topic of developmental screening and surveillance over the past 12 months.

\* 67. Staff (HMG or partner entity) conduct targeted outreach to child health care providers through office based education, trainings, and/or workshops on linkage and referral through the HMG system.

- Not at this time.     Yes.

\* 68. Impact Indicator

Total number of trainings provided by HMG to medical staff (physicians, nurse practitioners, medical social workers, etc.) on the topic of referral and linkage through HMG over the past 12 months.

\* 69. Which of the following outreach strategies are used to engage child health providers with HMG?

- Brochures or flyers
- Referral forms
- Prescription pads
- In office visits
- Grand rounds
- Other

\* 70. HMG Care Coordinators close the feedback loop with physicians by sharing information about the outcome of a particular case in approximately what percentage of cases?

*To calculate: The denominator used to calculate this percentage should include only those families for which follow-up is an appropriate/valid next step in the process, meaning those who would be ineligible for follow-up are excluded from the denominator.*

- Never     Less than 25% of the time     25-50% of the time     50-75% of the time     > 75% of the time

71. If <75% of the time, describe barriers that prevent more frequent follow-up:



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Data Collection

\* 72. Is there a designated evaluation consultant, individual, or organization that provides evaluation support to HMG?

- Not at this time.
- Yes.



73. Has HMG explored the capacity to integrate HMG data with other sectors, such as child health care or early care and education settings (e.g. through a registry)? If so, please describe the status of those efforts:

The following questions apply to the HMG National Common Indicators, which are collected and utilized at the local level.

\* 74. Please describe the option that most appropriately characterizes the frequency with which HMG analyzes local Common Indicator data:

- Reports on Common Indicators, such as demographics or linkage rates, are run on a yearly or less frequent basis
- Reports on Common Indicators are run on a quarterly or monthly basis
- We do not run reports on Common Indicator data

\* 75. Please select, from the list below, the ways in which Common Indicator data are used by HMG:

- Data are regularly analyzed and discussed internally to identify patterns and trends
- Data are regularly used to support CQI activities
- Data are shared with external partners
- Data are analyzed as part of an external evaluation with a report provided to HMG
- Data are captured and housed in a data dashboard and can be viewed by partners and collaborators
- Data are not regularly used
- Other (please specify)

\* 76. If data are shared among HMG stakeholders and partners, please select in which ways:

- Regular reports
- Ad hoc (upon requests by community partners or agencies)
- Targeted evaluation projects
- Data is not shared among HMG stakeholders at this time

Other (please specify)

\* 77. Briefly describe one example of how data are used to support Continuous Quality Improvement (CQI) within your HMG system in the last year.

*If no quality improvement or data-driven effort or project took place, please note that below.*

\* 78. What data system is used to collect call center (and/or Common Indicator) data?

- iCarol
- Utah Family Database
- STAR
- Department of Health Database
- Data is not collected at this time
- Other (please specify)

The HMG National Common Indicators include a data point specific to barriers, which include the factors that limit the ability of the child or family to connect to a recommended service. (Gaps in available services indicate the unavailability of a particular service, and are not a Common Indicator but are assessed as part of Community Outreach).

\* 79. HMG systems are well positioned to identify common themes in the challenges and barriers that families face when accessing services and supports for their children. Briefly describe any examples of barriers that your HMG has identified through data and how you have supported advocacy efforts on a local level related to these barriers:



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Local Use Reports

A SMART aim consists of a goal that is Specific, Measurable, Achievable, Realistic, and Time-Bound, and is a useful tool to guide planning and implementation efforts. Each HMG system should identify one SMART Aim that outlines one goal to be accomplished within the next 11 months to support progress in HMG implementation or expansion. HMG affiliates will be asked to report the outcome of this SMART Aim in the 2022 Fidelity Assessment.

**Example:**

**Specific:** Care coordinators will increase the follow-up contact rate to all callers (caregivers, providers, physicians, etc.) from 60% to 75% of the time.

**Measurable:** We will measure our follow-up rate bi-weekly by tracking the number of callers, the number times a follow-up contact was made, and calculating the rate.

**Attainable:** We will implement improvement strategies each month, expecting a steady increase in follow-up rates over time.

**Relevance:** Follow-up with callers is a key activity of the HMG model and will help us ensure that families are successfully connected to appropriate community-based services.

**Time-Bound:** We will be making successful follow-up connections at least 75% of the time by August 31, 2022.

\* 80. SMART Aim:

<b>Specific:</b>	<input type="text"/>
<b>Measurable:</b>	<input type="text"/>
<b>Attainable:</b>	<input type="text"/>
<b>Relevant:</b>	<input type="text"/>
<b>Time-Bound:</b>	<input type="text"/>

In addition to a SMART Aim, HMG affiliates are also asked to provide a brief example of how data was used at the local level to support workflow or process changes.

For example, a HMG affiliate may regularly measure variation in linkage rates across programs and services to which families are referred. By doing so, a HMG affiliate can act by reaching out to a community partner to discuss contributing factors to a significant decrease in successful linkage rates.

\* 81. Report at least one trend that was identified and acted upon using HMG data with the last 12 months.

\* 82. Please provide an update regarding the results of your 2020 SMART Aim. Details around the data collected, changes that were made to meet the aim, and successes and challenges that were experienced should be included.

\* 83. Please briefly describe your HMG affiliate's plan for sustainability and advancing implementation

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Advancing Equity

\* 84. Has your state backbone/ organizing entity or entities set specific goals for racial equity?

Yes

No

\* 85. Does your Help Me Grow affiliate system (local implementation) have specific goals for racial equity?

Yes

No

\* 86. Please describe your HMG's goals to advance racial equity  
*copy and paste or include link (if applicable)*

\* 87. Has your HMG set specific goals for other dimensions of social equity? If yes, please check which dimensions of social equity you have set goals for here.

Undocumented Status/ National Origin

Gender Identity or Expression

Sexual Orientation

Mental and Physical Abilities

Age

Religion

Income

Other (please specify)



## 2021 HMG Fidelity Assessment

Thank you for Participating in this year's Help Me Grow Fidelity Assessment. Please note that submitting this page will close the 2021 Fidelity Assessment and save all of your responses.