Help Me Grow Fidelity Assessment

## To complete the Help Me Grow (HMG) Fidelity Assessment, please respond to the following questions regarding the implementation of each HMG Core Component and Structural Requirement of the Model. We encourage you to connect with others, if needed, to obtain accurate answers to these questions. Completion of the annual Fidelity Assessment is a requirement of HMG affiliation. Your time and the information you provide as part of this assessment are appreciated and will be of significant value to your HMG system, the HMG National Center and the HMG National Affiliate Network.

**One response per HMG System is needed and all HMG systems are required to submit a response to this assessment by March 1, 2023.**

**Data submitted in this assessment should represent the previous calendar year, January 1, 2022- December 31, 2022.**

**Questions labeled "Implementation Indicator" denote Key Activities of the model used to determine Fidelity. Questions labeled "Impact Indicator" denote data collected across the network to measure impact.**

**For all questions related to information on the HMG Fidelity Assessment, please contact Noshin Ahmed,** [**nahmed@connecticutchildrens.org.**](mailto:nahmed@connecticutchildrens.org)

**Click OK to begin the Assessment**

* 1. Your Name:

* 2. State:

Click or tap here to enter text.

* 3. HMG System (if used to deﬁne your system):

Click or tap here to enter text.

Centralized Access Point

Help Me Grow Fidelity Assessment

**Key Activity #1 Specialized Child Development Line**

* 1. **Implementation Indicator:** An entity has been identiﬁed to serve as the HMG Centralized Access Point for the HMG system, with the intent to serve a target population of young children and the providers that serve them.

Yes  No

* 1. **Implementation Indicator:** Is the specialized HMG CAP currently accepting referrals/clients?

Yes

No

* 1. **Implementation Indicator:** Please provide the ages served by the CAP. *(For the purposes of ﬁdelity to the HMG model, only children prenatally through age 8 should be considered for this question).*

*Minimum Age (OPTIONS=Prenatal-8) Maximum Age (OPTIONS=Prenatal-8)*

*Child age served:* Click or tap here to enter text.Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

If your HMG system also serves children above age 8, please indicate the additional age range served

Click or tap here to enter text.

* 1. **Implementation Indicator:** From whom **can** the specialized HMG CAP receive referrals? Please select all that apply

Family members/caregivers

Health care providers

Child care providers

School district personnel

Early intervention providers

Other service providers or community-based staff

No CAP at this time

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

Family members/caregivers

Health care providers

Child care providers

School district personnel

Early intervention providers

Other service providers or community-based staff

No CAP at this time

**Key Activity #2 Linkage to service & follow-up**

* 1. **Implementation Indicator:** HMG Care Coordinators follow up with the initial caller regarding the referral that was made in approximately what percentage of cases? *Families that did not want follow-up can be excluded from this estimate.*

>75% of the time

50-75% of the time

25-50% of the time

Less than 25% of the time

Never

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

Click or tap here to enter text.

**Key Activity #3 Researching resources for families**

* 1. **Implementation Indicator:** HMG care coordinators use a deﬁned procedure to research available resources and connect children/families to community based services and programs

Yes

Not at this time

**Key Activity #4 Real time directory maintenance**

1. **Implementation Indicator:** What is the technology used to support your HMG resource directory? (If no resource directory is in place, please put N/A)

Local state/county

database

FindConnect

iCarol

Persimmony

Salesforce

STAR

ServicePoint

Utah Family Database

VisionLink

2-1-1 local/state database (if diﬀerent than the options listed above)

Other (please specify) Click or tap here to enter text.

No resource directory at this time

1. **Implementation Indicator:** 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

Centralized Access Point

Help Me Grow Fidelity Assessment

## Please provide the following details regarding your HMG Centralized Access Point:

1. A Centralized Access Point can be operated by HMG or in partnership with a separate organization. Please provide the name of the entity that houses the Centralized Access Point:

Click or tap here to enter text.

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

Yes

No

No CAP

If "Yes" Please describe:

Click or tap here to enter text.

1. Please list the top three sources of calls to your HMG CAP in 2022 (e.g. caregiver, child health provider, Part C, etc.)

1 Click or tap here to enter text.

2 Click or tap here to enter text.

3 Click or tap here to enter text.

1. 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 child health care providers

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 child health care providers

Receives screening results from early learning and other community-based providers

No CAP

1. 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

Other (please specify)Click or tap here to enter text.

We do not oﬀer screening

1. In what languages (other than English) do you currently oﬀer and/or review screening?

Arabic

Chinese

French

Spanish

Vietnamese

Other (please specify) Click or tap here to enter text.

Not applicable

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

Click or tap here to enter text.

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

Click or tap here to enter text.

1. Number of current HMG care coordinators (FTE):Click or tap here to enter text.

* *OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. Approximate case load of care coordinators (number of clients per year/number of care coordinators): Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**Centralized Access Point**

Help Me Grow Fidelity Assessment

**Please provide the following details regarding your HMG Centralized Access Point:**

1. Do you have a written protocol to follow when a screening indicates a concern?

Yes  No

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

Click or tap here to enter text.

**For the following three questions, please only report on unique children (i.e. unduplicated). If no screenings are currently conducted please leave blank or enter N/A.**

1. Number of children for whom a developmental screening was conducted by HMG within the CAP or at a HMG-led event

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. Number of children referred to HMG after a developmental screening was conducted by a provider, organization, or partner agency in the community

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. Number of children whose developmental screening was conducted through online screening tool or web-based app platform as part of your HMG system

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. 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) Click or tap here to enter text.

1. 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.

Click or tap here to enter text.

1. 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 Click or tap here to enter text.

None of the above

1. Which of the following best describes how ﬁnancial information (i.e. income) is captured during a call to your HMG Centralized Access Point?:

Financial information is routinely collected during interactions with families

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) Click or tap here to enter text.

Centralized Access Point

Help Me Grow Fidelity Assessment

## Impact Indicators

The following questions asks about the number of those Served (S), i.e. the total number of children or families served by activities conducted by HMG CAP intended to support developmental promotion, early identiﬁcation, referral and linkage, inclusive of basic need and family supports.

**Please note that for the purposes of HMG model implementation, you should only count children aged prenatally through age 8 and their families.**

1. Please answer the following for total number of families served (FS). This number does not need to be unique (families that have returned to HMG for services more than once during the reporting period can be counted more than once).

*Please answer in whole numbers. If this information is not available, please put "N/A."*

**FS:** Total number of families served: Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**EO**: Total number of families served that resulted in sharing information or education only:

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**R:** Total number of families served that resulted in referral Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**RF:** Total number of families served with whom HMG followed up Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. Please answer the following for total number of children served (CS). This number does not need to be unique (children that have returned to HMG for services more than once during the reporting period can be counted more than once).

*Please answer in whole numbers. If you do not collect this data, please put "N/A."*

CS: Total number of children served: Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**SPN36:** Total number of children served through the HMG Centralized Access Point needing prenatal services or aged 0 to 35 months and 30 days (up to their 3rd birthday) in support of developmental promotion, early identiﬁcation, referral and linkage, inclusive of basic needs support. This is a subset of the number reported above in total children served (CS). Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**SPN36 Income Eligible:** Of those children served prenatal through their 3rd birthday, 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?

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**S4Plus:** Total number of children served through the HMG Centralized Access Point aged 4 to 8 years in support of developmental promotion, early identiﬁcation, referral and linkage, inclusive of basic needs support. This is a subset of the number reported above in total children served (CS).

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**S4Plus Income Eligible:** Of those children aged 4-8 years, 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?

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. **Total CAP Activities (TCA):** Total CAP Activities encompasses every activity with or for a child and family in service of their stated goals and contribute towards the process of developmental promotion, early identiﬁcation, referral and linkage and occurred in support of HMG care coordination inclusive of basic needs support. Activities inclusive of calls, text, web, in person and etc. should be captured in Total CAP Activities (TCA).

Responses in this section should be whole numbers. If you cannot report on this metric, enter "N/A." Please refer to the [Updated Data and Report Guidance](https://helpmegrownational.org/wp-content/uploads/2022/02/Updated-Data-and-Report-Guidance-for-the-HMG-Mini-Assessment.-2022.pdf) for a list of example activities that would be included in this metric.

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. **Needs Met (NM):** The Impact Indicator Needs Met measures a family’s experience with HMG CAP oﬀerings, products, services.

Please answer in a whole number as a percentage (out of 100). If you do not collect this data point, please enter "N/A."

*How to calculate Needs Met:*

*Needs Met= # of families indicating their needs were met (NM) ÷ # of families served that responded to the needs met question (FS) x 100*

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. **Linkage (L):** The Impact Indicator Linkage is the proportion of families that report successful connection (SC) to a service or program provided through the HMG CAP. Please answer in a whole number as a percentage (out of 100). If you do not collect this data point, please enter "N/A."

*How to calculate Linkage:*

*Linkage = # of successful connections (SC) ÷ # of Known Outcomes (KO) X 100* [*Please see the Updated Data and Report Guidance for more information.*](https://helpmegrownational.org/wp-content/uploads/2022/02/Updated-Data-and-Report-Guidance-for-the-HMG-Mini-Assessment.-2022.pdf)

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**Family Community Outreach Implementation Indicators**

Help Me Grow Fidelity Assessment

## The following questions below determine your HMG system's implementation status:

**Key Activity #5: Utilize Community Partners**

1. **Implementation Indicator:** 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.

Yes No

**Key Activity #6: Networking**

1. **Implementation Indicator:** Does HMG convene networking meetings among community partners?

Yes No

1. **Implementation Indicator:** If networking meetings are held, how many meetings occurred over the past 12 months?

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**Key Activity #7: Community Events & Trainings**

1. **Implementation Indicator:** HMG provides outreach to increase awareness of HMG through events and trainings in the community for partners, families, or both.

Yes

No

1. **Implementation Indicator:** If outreach events and trainings are held, how many events/trainings occurred over the past 12 months?

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

**Key Activity #8: Marketing**

1. **Implementation Indicator:** 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 (please specify)

Click or tap here to enter text.

Family Community Outreach

Help Me Grow Fidelity Assessment

## Please provide the following details regarding your HMG's Family Community Outreach

1. Please describe how your Family and Community Outreach is structured, including any staﬀ or in-kind partnership charged with leading/coordinating activities and any time/eﬀort that is dedicated to these activities.

Click or tap here to enter text.

1. 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 Social services

Pediatric-based interventions (e.g. HealthySteps, CenteringParenting)

Faith-based initiatives

Child and family legal services (e.g. Medical- Legal Partnership)

1. With which of the following programs/models/initiatives is HMG engaged? Check all that apply.

Attachment and Biobehavioral Catch-Up (ABC)

Child First

Dulce

Early Head Start Early Start

Family Check-Up for Children

Family Connects

Family Spirit Head Start

Health Access Nurturing Development Services (HANDS) Program

Healthy Beginnings

Healthy Families America (HFA)

HealthySteps

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Learn the Signs. Act Early Ambassador

Maternal Early Childhood Sustained Home- Visiting Program (MECSH)

Maternal Infant Health Program (MIHP)

Medical Legal Partnership

Minding the Baby Home Visiting (MTB-HV)

Nurse-Family Partnership (NFP)

Parents as Teachers (PAT)

Play and Learning Strategies (PALS) Infant

Promoting First Relationships- Home Visiting Intervention Model

Reach Out and Read

SafeCare Augmented

Special Supplemental Nutrition (WIC) programs Triple P

Other (please specify)

Click or tap here to enter text.

1. 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) Click or tap here to enter text.

1. Is developmental screening oﬀered as part of your HMG's community events (e.g. ASQ at Books, Balls and Blocks)?

Yes

No

1. 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:

Click or tap here to enter text.

Family Community Outreach

Help Me Grow Fidelity Assessment

## Impact Indicators

1. **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.

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

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

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. **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.

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

Child Health Care Provider Outreach

Help Me Grow Fidelity Assessment

## Implementation Indicators

**The following questions determine your HMG system's implementation status:**

**Key Activity #9: Physician Champion**

1. **Implementation Indicator:** HMG has identiﬁed and actively partners with at least one physician champion that advocates for HMG to the broader medical community.

Yes No

**Key Activity #10: Screening and Surveillance**

1. **Implementation Indicator:** 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.

Yes No

**Key Activity #11: Physician Training**

1. **Implementation Indicator:** 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.

Yes No

1. **Implementation Indicator:** 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 (please specify) Click or tap here to enter text.

**Key Activity #12: Feedback loop**

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

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

>75% of the time

50-75% of the time

25-50% of the time

Less than 25% of the time

Never

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

Click or tap here to enter text.

Child Healthcare Provider Outreach

Help Me Grow Fidelity Assessment

## Please provide more details in regards to your HMG's Child Healthcare Provider Outreach

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

HMG conducts child health care provider 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 child health care provider 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.

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

Click or tap here to enter text.

1. Please describe the role and responsibilities of the staﬀ who conduct the outreach (whether HMG Staﬀ or staﬀ of a partner organization), including how much time/eﬀort is dedicated to this work.

Click or tap here to enter text.

1. Do any of the following health care entities serve as a partner in carrying out the goals of Child Health Care Provider Outreach Core Component? Check all that apply.

Local American Academy of Pediatrics (AAP) chapter

AAP chapter Early Childhood Champions

Local American Academy of Family Physicians (AAFP) chapter

Medical schools

Federally qualiﬁed health centers

Hospitals/hospital networks

Other (please specify) Click or tap here to enter text.

Child Health Provider Outreach

Help Me Grow Fidelity Assessment

## Impact Indicators

1. **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.

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

1. **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.

Click or tap here to enter text.

*OPTIONAL: Internal notes on how this indicator was reported:*

Click or tap here to enter text.

Data Collection and Analysis

Help Me Grow Fidelity Assessment

## Implementation Indicators

**The following questions below determine your HMG system's implementation status:**

**Key Indicator #13: Reporting**

**Implementation Indicator: 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 2023 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, 2023

1. SMART AIM

Speciﬁc: Click or tap here to enter text.

Measurable: Click or tap here to enter text.

Attainable: Click or tap here to enter text.

Relevant: Click or tap here to enter text.

Time-Bound: Click or tap here to enter text.

1. Please identify which Core Components and/or Structural Requirements your SMART Aim addresses (select all that apply):

Centralized Access Point

Family and Community

Outreach Child Health Care Provider Outreach Data

Collection and Analysis

Organizing Entity

Continuous Quality Improvement

Scale and Spread

1. Please provide an update regarding the results of your 2021 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.

Click or tap here to enter text.

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

Click or tap here to enter text.

**Key Indicator #14: Sharing data across partners**

1. **Implementation Indicator:** 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) Click or tap here to enter text.

**Key Indicator #15: Continuous System Improvement**

1. **Implementation Indicator:** 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.

Click or tap here to enter text.

**Key Indicator #16: Community change through data**

1. **Implementation Indicator:** 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

Click or tap here to enter text.

Data Collection and Analysis

Help Me Grow Fidelity Assessment

## Please provide more details in regards to your HMG's Data Collection and Analysis

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

Yes

No

Other (please specify) Click or tap here to enter text.

1. 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:

Click or tap here to enter text.

1. What data system is used to collect data from your Centralized Access Point (i.e. about children/families served)?

Local state/county database

ASQ Online

FindConnect

iCarol

Persimmony

Salesforce

STAR

ServicePoint

Utah Family Database

VisionLink

Other (please specify) Click or tap here to enter text.

We do not have a way of collecting data from our Centralized Access Point

1. Please brieﬂy describe your HMG aﬀiliate's plan for sustainability and advancing implementation

Click or tap here to enter text.

1. Please describe the option that most appropriately characterizes the frequency with which your early childhood system analyzes local data collected by HMG:

Reports on HMG data are run on a yearly or less frequent basis

Reports on HMG data are run on a quarterly or monthly basis

We do not run reports on HMG data

1. Please select, from the list below, the ways in which HMG data are used by your early childhood system:

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) Click or tap here to enter text.

1. Please share with us if you have explored any new/novel approaches in the previous 12 months speciﬁc to your HMG eﬀorts. For example, perhaps you have explored a new protocol or algorithm to better assess family needs (e.g. a set of questions to assess the presence of needs families may not speciﬁcally mention during a call). Or, maybe you have tried out new technology to improve work with families. Please use this space to document any recent pilots or initiatives you have explored for HMG:

Click or tap here to enter text.

1. Please identify which Core Components and/or Structural Requirements were involved in the novel approaches shared in the previous question (select all that apply):

Centralized Access Point

Family and Community Outreach

Child Health Care Provider Outreach

Data Collection and Analysis

Organizing Entity

Continuous Quality Improvement

Scale and Spread

Advancing Equity

Help Me Grow Fidelity Assessment

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

Yes No

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

Yes No

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

Click or tap here to enter text.

1. 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) Click or tap here to enter text.