

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.

Click OK to begin the Assessment

* 1. Your Name:

* 2. State:

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

Centralized Access Point

Key Activity #1 Specialized Child Development Line

4. **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

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

- Yes
 No

6. **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	Maximum Age
Child Age Served	<input type="text"/>	<input type="text"/>

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

7. **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

8. 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

9. **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

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

Key Activity #3 Researching resources for families

11. **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

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

- | | |
|--|--|
| <input type="checkbox"/> Local state/county database | <input type="checkbox"/> ServicePoint |
| <input type="checkbox"/> FindConnect | <input type="checkbox"/> Utah Family Database |
| <input type="checkbox"/> iCarol | <input type="checkbox"/> VisionLink |
| <input type="checkbox"/> Persimmony | <input type="checkbox"/> 2-1-1 local/state database (if different than the options listed above) |
| <input type="checkbox"/> Salesforce | |
| <input type="checkbox"/> STAR | |
| <input type="checkbox"/> Other (please specify) | |

- No resource directory at this time

13. **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:

- | | |
|-------------------------------|---------------------------------|
| <input type="radio"/> Daily | <input type="radio"/> Quarterly |
| <input type="radio"/> Weekly | <input type="radio"/> Annually |
| <input type="radio"/> Monthly | <input type="radio"/> N/A |

Centralized Access Point

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

14. 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:

15. 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:

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

1

2

3

17. 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

18. 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)

We do not offer screening

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

- Arabic
- Chinese
- French
- Other (please specify)
- Spanish
- Vietnamese

Not applicable

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

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

22. Number of current HMG care coordinators (FTE):

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

Centralized Access Point

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

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

- Yes
 No

25. 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 enter N/A.

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

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

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

29. 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)

30. 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.

31. 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

32. 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)

Centralized Access Point

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.

33. 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:

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

R: Total number of families served that resulted in referral

RF: Total number of families served with whom HMG followed up

34.

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:

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).

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?

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).

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?

35. **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](#) for a list of example activities that would be included in this metric.

36.

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

37.

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.

Family Community Outreach Implementation Indicators

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

Key Activity #5: Utilize Community Partners

38. **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

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

Yes

No

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

Key Activity #7: Community Events & Trainings

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

Yes

No

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

Key Activity #8: Marketing

43. **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)

Family Community Outreach

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

44. 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.

45. 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)
- Other (please specify)

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

- | | |
|---|---|
| <input type="checkbox"/> Attachment and Biobehavioral Catch-Up (ABC) | <input type="checkbox"/> Home Instruction for Parents of Preschool Youngsters (HIPPY) |
| <input type="checkbox"/> Child First | <input type="checkbox"/> Learn the Signs. Act Early Ambassador |
| <input type="checkbox"/> Dulce | <input type="checkbox"/> Maternal Early Childhood Sustained Home-Visiting Program (MECSH) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Maternal Infant Health Program (MIHP) |
| <input type="checkbox"/> Early Start | <input type="checkbox"/> Medical Legal Partnership |
| <input type="checkbox"/> Early Childhood Integrated Data System (ECIDS) | <input type="checkbox"/> Minding the Baby Home Visiting (MTB-HV) |
| <input type="checkbox"/> Family Check-Up for Children | <input type="checkbox"/> Nurse-Family Partnership (NFP) |
| <input type="checkbox"/> Family Connects | <input type="checkbox"/> Parents as Teachers (PAT) |
| <input type="checkbox"/> Family Spirit | <input type="checkbox"/> Play and Learning Strategies (PALS) Infant |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Promoting First Relationships- Home Visiting Intervention Model |
| <input type="checkbox"/> Health Access Nurturing Development Services (HANDS) Program | <input type="checkbox"/> Reach Out and Read |
| <input type="checkbox"/> Healthy Beginnings | <input type="checkbox"/> SafeCare Augmented |
| <input type="checkbox"/> Healthy Families America (HFA) | <input type="checkbox"/> Special Supplemental Nutrition (WIC) programs |
| <input type="checkbox"/> HealthySteps | <input type="checkbox"/> Triple P |

Other (please specify)

47. 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)

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

- Yes
- No

49. 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:

Family Community Outreach

Impact Indicators

50. **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.

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

52. **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

Child Health Care Provider Outreach

Implementation Indicators

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

Key Activity #9: Physician Champion

53. **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

54. **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

55. **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

56. **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)

Key Activity #12: Feedback loop

57. **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

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

Child Healthcare Provider Outreach

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

59. 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.

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

61. 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.

62. 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
- Other (please specify)
- Medical schools
- Federally qualified health centers
- Hospitals/hospital networks

Child Health Provider Outreach

Impact Indicators

63. **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.

64. **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.

Data Collection and Analysis

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

65. SMART AIM

Specific:

Measurable:

Attainable:

Relevant:

Time-Bound:

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

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

- | | |
|--|---|
| <input type="checkbox"/> Centralized Access Point | <input type="checkbox"/> Organizing Entity |
| <input type="checkbox"/> Family and Community Outreach | <input type="checkbox"/> Continuous Quality Improvement |
| <input type="checkbox"/> Child Health Care Provider Outreach | <input type="checkbox"/> Scale and Spread |
| <input type="checkbox"/> Data Collection and Analysis | |

68. 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.

Key Indicator #14: Sharing data across partners

69. **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)

Key Indicator #15: Continuous System Improvement

70. **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.

Key Indicator #16: Community change through data

71. **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

Data Collection and Analysis

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

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

- Yes
- No
- Other (please specify)

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:

74. 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)

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

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

76. 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

77. 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)

78. 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:

79. If you have any resources, reports, tools you have invented as a result of your exploration and would like to share this with the HMG NC and the HMG Affiliate Network please upload here!

Choose File

Choose File

No file chosen

80. 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

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

Yes

No

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

Yes

No

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

84. 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)

Thank you for participating in this year's Help Me Grow Fidelity Assessment!

*** Please note that you must hit the Done button below to close the HMG Fidelity Assessment 2022 and save all of your responses.**