

**As a HMG affiliate who has achieved full implementation of the HMG model, you are receiving a modified version of the annual Fidelity Assessment (FA). As you know, the FA is intentionally a comprehensive assessment of the critical activities that make up the core components of the HMG model. We recognize that as a leader in implementation, your HMG system strategies, while maintaining fidelity to the model, have reached a level of sophistication that is not always adequately represented by strictly measuring model adherence. This assessment will begin with a brief checklist to verify that the 16 key activities are still being met in your system but will then focus on learning more about your approaches and strategies to achieve sustainability and continual system enhancement. To complete this assessment, please provide a thorough response to each question to ensure that we have a clear understanding of your approach and successes. 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).**

\* 1. Your Name:

\* 2. State:

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

4. Affiliate since (year):

**5. Implementation Indicators:** Below are the 16 key activities across the HMG core components. Please select each activity that your HMG system has continued implementing over the past 12 months.

- Specialized Child Development Line (Centralized Access Point)- A specialized child development line distinct from a general call line which can be directly accessed by families and providers
- Linkage to Service & Follow-up (Centralized Access Point)- The capacity of the call line to facilitate linkage to a variety of early childhood services and to follow up with families to ensure linkage to services
- Researching Resources for Families (Centralized Access Point)- A systematic process to research available resources in the community
- Real Time Directory Maintenance (Centralized Access Point)- A resource directory that has the capacity to be maintained and updated at least quarterly
- Utilize Community Partners (Family & Community Outreach)- Identify partners for HMG Family and Community Outreach using criteria established by the HMG National Center
- Networking (Family & Community Outreach)- Facilitate at least two HMG meetings to support networking
- Community Events & Trainings (Family & Community Outreach)- Provide outreach to increase awareness of HMG at least twice a year
- Marketing (Family & Community Outreach)- Utilize marketing opportunities including social media to promote HMG
- Physician Champion (Child Health Care Provider Outreach)- Identification of a physician that advocates for HMG in the broader medical community
- Screening and Surveillance (Child Health Care Provider Outreach)- HMG staff conduct targeted outreach to child health care providers through education, trainings, or workshops on effective developmental surveillance and screening
- Physician Training (Child Health Care Provider Outreach)- HMG staff conduct targeted outreach to child health care providers through education, trainings, or workshops on service referral and linkage through HMG
- Feedback Loop (Child Health Care Provider Outreach)- HMG care coordinators close the feedback loop by sharing information about screening and/or referral outcomes in at least 75% of cases
- Reporting (Data Collection & Analysis)- Submit Impact Indicators and Local Use reports to the HMG National Center
- Sharing Data Across Partners (Data Collection & Analysis)- Share HMG-specific data across partners, such as through regular reporting, ad hoc requests, or targeted evaluation projects
- Continuous System Improvement (Data Collection & Analysis)- Identify opportunities to conduct quality improvement projects using HMG-specific data
- Community Change through Data (Data Collection & Analysis)- Leverage HMG-specific data, such as identification of systemic barriers, to generate community change

6. If you would like to include any updates to your previous FA regarding the 16 key activities (care coordination protocol, frequency of community networking meetings, etc.), please provide them below.

## CAP 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.**

7. 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

8. 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?

**9. 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. Please round to the nearest whole number when responding to the Mini Assessment. 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.

**10. 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*

**11. 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.*

12. Number of children with a developmental screening conducted by HMG through the Centralized Access Point or at a HMG led event

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

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

## FCO Impact Indicators

15. Please answer the prompts for the Impact Indicators below.

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

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

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

## CHCPO Impact Indicators

16. Please answer the prompts for the Impact Indicators below.

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

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

### 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**

17. SMART Aim:

Specific

Measurable

Attainable

Relevant

Time Bound

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

Centralized Access Point

Organizing Entity

Family and Community Outreach

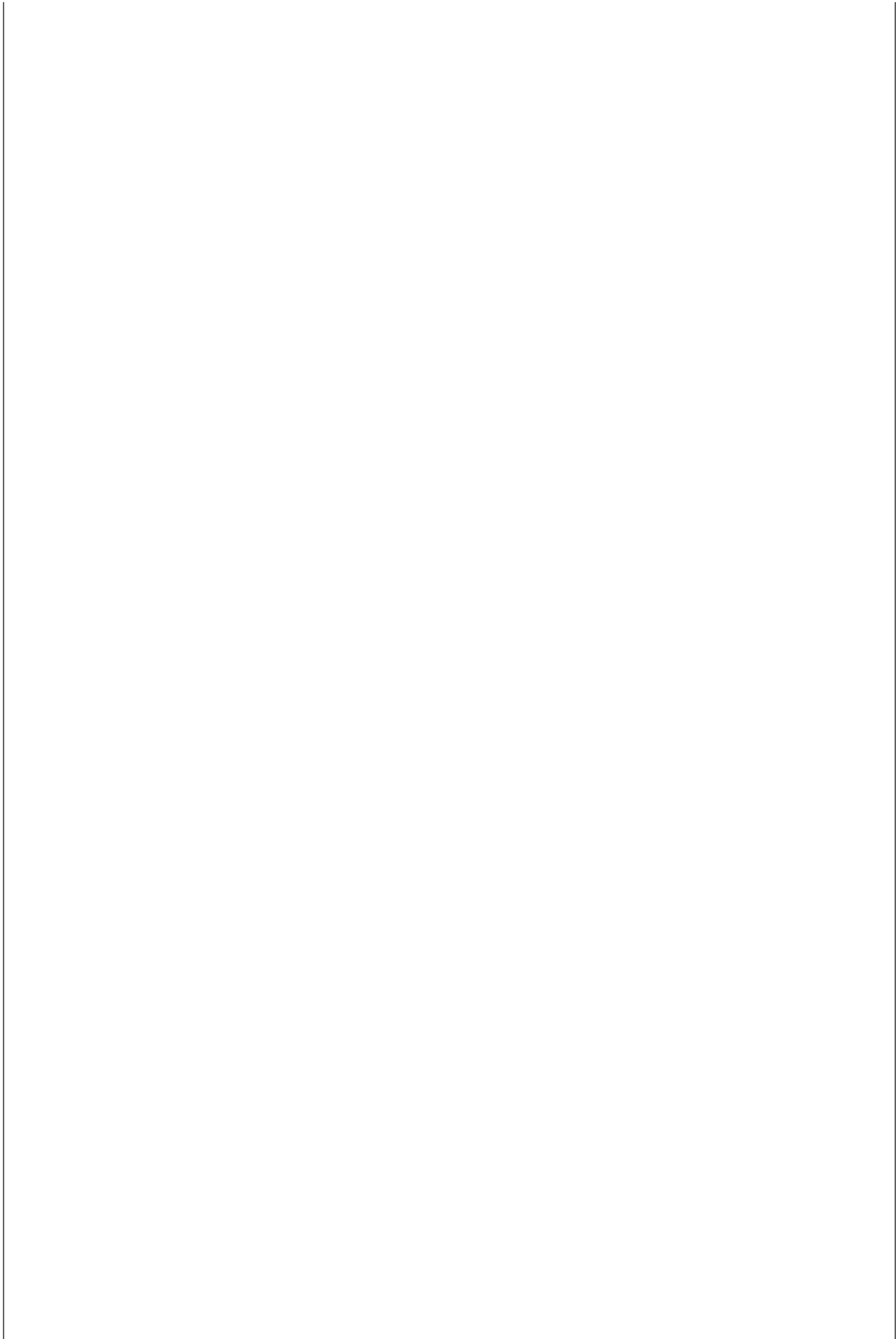
Continuous Quality Improvement

Child Health Care Provider Outreach

Scale and Spread

Data Collection and Analysis

19. 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.





## Contextual Information

20. 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"/> |

21. Please briefly describe how your system is set up in each of the following Core Components, including staff capacity/partnerships.

|                                     |                      |
|-------------------------------------|----------------------|
| Centralized Access Point            | <input type="text"/> |
| Family and Community Outreach       | <input type="text"/> |
| Child Health Care Provider Outreach | <input type="text"/> |
| Data Collection and Analysis        | <input type="text"/> |

22. 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)

23. What is the technology used to support your HMG resource directory?

- 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)

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
- Other (please specify)
- PEDS
- SDOH
- Edinburgh Maternal Depression Screening

- We do not offer screening

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

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

- Not applicable

26. 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 Setting: home-based
- Early Learning Setting: center-based
- Home visting
- Family/child advocates
- Child Welfare
- Health and human service agencies
- Medical and/or health providers
- Schools 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)

27. 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)

28. 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Local American Academy of Pediatrics (AAP) chapter         | <input type="checkbox"/> Medical schools                    |
| <input type="checkbox"/> AAP chapter Early Childhood Champions                      | <input type="checkbox"/> Federally qualified health centers |
| <input type="checkbox"/> Local American Academy of Family Physicians (AAFP) chapter | <input type="checkbox"/> Hospitals/hospital networks        |
| <input type="checkbox"/> Other (please specify)                                     |   |

## Beyond Implementation

29. 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:

30. 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

31. Please identify which Core Components and/or Structural Requirements were involved in the novel approaches shared in the previous question (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        |   |

32. Please describe any breakthroughs related to evaluation or impact assessment that you have experienced over past 12 months

33. Please describe efforts over the past 12 months to advocate for HMG as an agent for system and/or policy change. Examples may include Medicaid reform, government funding allocations, etc. Please include the content and data around HMG that was utilized.

34. As a long-standing affiliate who has maintained full implementation of the HMG model, please describe some of the attributes that have been key to your sustainability. Examples may include integration of key agencies, consistent leadership, etc.

35. How are targets for HMG reach and impact determined for your system? How are these targets utilized to support sustainability?

36. Are there any details about your HMG system that this assessment did not capture? If so, please share that information below.

## Advancing Equity

37. Has your state backbone/ organizing entity set specific goals for racial equity?

- Yes  
 No

38. Does your HMG affiliate system (local implementation) have specific goals for racial equity?

- Yes  
 No

39. Please add your HMG affiliate's goals to achieve racial equity below: Copy and Paste or link if applicable

40. 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 Mini Assessment!**

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