Help Me Grow®
National Center

Leading Help Me Grow at the State-Level

An Exploration of Roles, Responsibilities, Strategies & Approaches

STEPHANIE WALCHENBACH
Help Me Grow Implementation Expert
Waypoint Early Childhood Consulting
SARAH ZUCKER
Communications & Network Relations Manager
Help Me Grow National Center
MORGAN REISS
Policy & Communications Specialist
Help Me Grow National Center
CASSANDRA THERRIAULT
Implementation & System Building Program Specialist
Help Me Grow National Center

About the Help Me Grow National Center

The Help Me Grow National Center is a national organization working to help states and communities across the country implement the Help Me Grow™ Model.

We work to provide support, resources, and tools to our National Affiliate Network in order to advance equitable, comprehensive, integrated cross-sector systems that work for and with families.

Dedicated to ensuring that early childhood systems maximize the potential of all young children, the Help Me Grow National Center is a program of the Office for Community Child Health at Connecticut Children's in Hartford, Connecticut. Connecticut Children's is a 501(c)(3) not-for-profit organization.

Help Me Grow is a Model that works to promote collaboration across child-serving sectors in order to build a more efficient and effective system that promotes the optimal healthy development of young children. When all of the organizations working on behalf of young children work together, we can better prevent or reduce the impact that stress or adversity may have on children and families and increase protective factors that can maximize the well-being of children and families.

Acknowledgements

This report was authored by Stephanie Walchenbach of Waypoint Early Childhood Consulting and serving as a HMG Implementation Expert. This project serves as an extension of the HMG National Center's technical assistance portfolio and was led by HMG National Center staff, Sarah Zucker and Cassandra Therriault.

With Support From

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Contributors

Lindsey DeMarco, Alabama Partnership for Children, HMG Alabama
Carmen Wenger, All Alaska Pediatric Partnership, HMG Alaska
Heather Little, First 5 Association, HMG California
Luz Rivera, Office of Early Childhood, HMG Connecticut
Kareena DuPlessis, Child Development Infoline, HMG Connecticut
Taz Barnes, Community Health Administration, HMG District of Columbia
Alexandra Goldberg, Children's Forum, HMG Florida
Shannon Garrity, Department of Health, HMG Indiana
Michelle Holst, Department of Public Health, HMG Iowa
Danielle Brower, Center for Public Partnerships & Research: University of Kansas, HMG Kansas
Courtney Gupta, Oakland Public Schools, HMG Michigan
Shawn Holmes, Department of Health, HMG Minnesota
Cat Tamminga, Department of Education, HMG Minnesota
April Ravert, ParentLink: University of Missouri, HMG Missouri
Ericka Dickerson, Department of Children & Families, HMG New Jersey
Nicole Hopkins, Department of Children & Families, HMG New Jersey
Christina Colon, Department of Children & Families, HMG New Jersey
Lenore Scott, Department of Children & Families, HMG New Jersey
Melissa Passarelli, Docs for Tots, HMG New York
Liz Isakson, Docs for Tots, HMG New York
Erika Downie, Department of Health and Human Services, HMG New Hampshire
Ashley Gaddy, Lift Community Action Agency, HMG Oklahoma
Abby Bush, Swindells Resource Center: Providence Child Center, HMG Oregon
Jane Witowski, South Carolina Infant & Early Childhood Mental Health Association, HMG South Carolina
Claire Niday, Department of State Health Services, HMG Texas
Barb Leavitt, United Way of Utah, HMG Utah
Janet Kilburn, Vermont Department of Health, HMG Vermont
Lauren Smith, Vermont Department of Health, HMG Vermont
Lark Kesterke, WithinReach, HMG Washington
Jesse Gritton, WithinReach, HMG Washington
Keri Nguyen, WithinReach, HMG Washington
Nia Jackson, Bureau of Public Health, HMG West Virginia
Jackie Newson, Bureau of Public Health, HMG West Virginia
Barb Tengesdal, First 5 Fox Valley, HMG Wisconsin

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Executive Summary

This study and resulting report aims to illuminate existing activities and efforts of HMG leadership at the state-level, elevate existing adaptive functions and strategies, and inform ways to bring camaraderie and clarity to this unsung role. It sought these insights directly from HMG state leads, in their own words. This report offers themes, examples, and cursory terminology.

The HMG National Center developed and utilized **five strategic areas for HMG state leadership** that framed conversations exploring existing roles, responsibilities, and practices for this report.

1. Policy & Advocacy
2. Onboarding, Training & Technical Assistance
3. Funding & Sustainability
4. Spread & Scale
5. Data Collection & Use

Each HMG affiliate state takes on activities within and across the five strategic areas, albeit with significant variety in approach and emphasis.

This study finds that the **HMG state lead's role and priorities are shaped by three main factors**:

1. The HMG state-level Organizing Entity's type and sector
2. Whether the affiliate state has a single or multiple HMG Centralized Access Points
3. Their role in HMG Centralized Access Point administration

   For a full breakdown of state-level Organizing Entities and Centralized Access Point structure across the National Affiliate Network, see Appendix A.

This study also revealed the many ways in which state leads elevate the needs of communities and the infrastructure in place to meet the occasion. Findings suggest the following characteristics, qualities, and functionalities as indicators of powerful, effective HMG state leadership:

- Vantage point (by virtue of both organizational positionality as well as inherent personal trait) to **see and unite efforts**, resources, and capacity for universal access to a comprehensive early childhood system that ensures developmental promotion, early identification of priorities and concerns, referral and linkage to desired and beneficial services and supports.
- Ability to "**boundary span**", or identify and promote the intersection and integration of sectors, systems, models, groups, and programs.
- Commitment to a **solution-focused approach** to system-building, where competition is regarded as an opportunity for the introduction of efficiencies, partnership, and cost-reduction.
- Maintenance of **equity as a "north star"**, wherein the environment and infrastructure established by HMG implementation is leveraged to pursue universal outcomes through targeted strategies.
- Appreciation and commitment to the imperative of **co-production and co-leadership with community and families themselves**, including authentic recognition of families' cultural wealth.
- Agility to identify and **pivot to promote needed updates and enhancements** to implementation approach, in order for HMG to nimbly grow its impact in synchronicity with community changes.

Dialogue and shared learning among HMG state leaders will further illuminate their vital role and inform what tools and supports can accelerate their impact. The HMG National Center considers this report and the exploration efforts behind it to commence a sustained effort to develop resources, tools, and opportunities that support the unique role of HMG state-level Organizing Entities and the state leads that carry out the essential and distinct efforts associated and outlined within the five strategic areas.

Project Introduction

Impetus for the Project

The Help Me Grow (HMG) Model centers on resource connection infrastructure, with outreach and data collection to expand its use and impact. States and communities generally join the HMG National Affiliate Network to bring this actionable blueprint for cross-sector family navigation to their landscape of fragmented services or broad-stroke initiatives. The HMG Affiliate Network represents an ever-growing, powerful coalition of states, communities, and individuals invested in ambitious and resourceful early childhood systems that optimally serve all families and children. It is a community of systems-builders, iterating on a common framework. For more on the HMG Model and National Affiliate Network, visit www.helpmegrownational.org.

All the while, the organizations spearheading HMG in their states hold broader leadership responsibilities. For many reasons, these activities and functions are harder to define - a longer time horizon, their relational nature, the dynamic context for organizational and political landscape, to name a few. As replication of the HMG Model extends into its second decade, the number and maturity of HMG states invites discussion of this leadership role – to support existing and forthcoming affiliates to develop capacity for this work.

This study aims to illuminate existing state lead activities, celebrate their adaptive function, and inform ways to bring camaraderie and clarity to this unsung role. It sought these insights directly from the state leads, in their own words. This report offers themes, examples, and cursory terminology.

The HMG National Center developed and utilized five strategic areas for HMG state leadership that framed conversations exploring existing roles, responsibilities, and practices for this report.

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3. Funding & Sustainability
4. Spread & Scale
5. Data Collection & Use

This report includes what HMG state leads described as their existing aims and functions, as related to the themes above. Future dialogue among state leads can refine these ideas and clarify their needs for celebration and support.

Desired Insights

- How a state lead's organization type and position in the landscape impacts their role
- 5 strategic areas – What they are, how they are being carried out, variety in approach across the HMG National Affiliate Network
- Where HMG state leads most desire clarity and support to do their work

Goals and Intentions

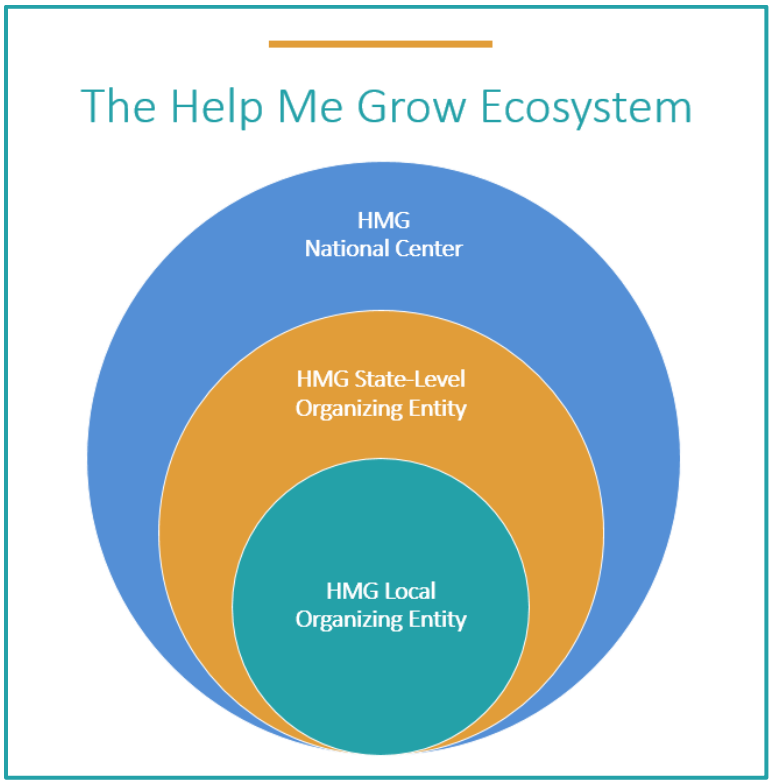
The HMG Model originated in 1997 as a Hartford, Connecticut-based pilot program called ChildServ. Developed by Dr. Paul H. Dworkin, the community-based initiative caught quick attention and expanded to a statewide effort, with state appropriations to support it beginning in 2002 and holding fast in the Connecticut state budget ever since. The first replication of the HMG Model began in 2005 in Orange

County, California. Funding from The Commonwealth Fund supported five new states in exploring and implementing the Model and the HMG National Center was established in 2010 with support from the W.K. Kellogg Foundation. In the next 12 years, 22 more states joined the HMG National Affiliate Network, each taking its own unique approach in implementation of the Model.

As the Affiliate Network expanded and matured, so did the HMG National Center. With new affiliates and novel approaches to Model implementation, HMG National developed in its role to support the spread and scale of HMG to communities and states across the country.

The principles of Collective Impact Theory provide a useful frame and language to describe the HMG Model and what it takes to build it. The Model itself is a framework for collective impact, providing a shared vision for change underscored by a common understanding of the problem and a joint approach to solve it. Implementation of HMG promotes collective impact in community through establishing a hub for continuous communication, ensuring alignment and intentional collaboration across whole sectors as well as the landscape of early childhood partners, and advancing community-change goals that require the coalescing of many partners and voices.

The language of collective impact also helps us describe the ways in which communities, states, and the National Center work in complementarity towards aligned goals. Those leading HMG at the local, state, and national-levels are acting in a "nested"[1] formation, working in coordination to advance mutually reinforcing efforts and thereby make the greatest impact.



[1] Integrator Role and Functions in Population Health Improvement Initiatives, Nemours Children's Health System, Center for Health Care Strategies, 2012. https://www.networksofopportunity.org/resources/Integrator-Role-and-Functions-in-Population-Health-Improvement-Initiatives

HMG Affiliate

Signs annual letter of affiliation with HMG National Center to be a member of the HMG National Affiliate Network. Is responsible for carrying out the responsibilities outlined within the affiliation agreement. For states with multiple HMG systems, each local or regional Centralized Access Point is recognized as a distinct system within the overarching HMG affiliate.

HMG System

Operationalizes all four HMG Core Components. Individual systems are recognized by the operation of a HMG Centralized Access Point. HMG systems may be at the local or state-level, depending on reach of the Centralized Access Point.

As the HMG National Affiliate Network has expanded, the need for resources and tools to support the implementation efforts across both state and local communities has increased. Over the course of the last twelve years, the HMG National Center has developed a series of technical assistance offerings to serve the National Network universally, such as the HMG Affiliate Resource Hub, National Forum, and Building Capacity Webinar Series. In addition, individualized technical assistance tailors consultation inclusive of in-person site visits, virtual presentations to key stakeholders, monthly calls, and strategic planning. With an even more robust and engaged network, technical assistance offerings have expanded beyond these to include position-focused dialogue and capacity building offerings such as the HMG Outreach Coordinator Network, learning communities, and self-paced curriculums.

Beyond the Core Components

The majority of the technical assistance, tools, and resources that HMG National has put forth have been in support of Model implementation. In many cases, leadership responsible for Core Component implementation is at the local-level, supported by a state-level organizing entity. In others, Core Components operate at the state-level and the same organizing entity both implements the Model and serves at the state-level.

The HMG Core Components themselves create a conduit of information on a community or state's needs and the service landscape's collaboration. How are HMG affiliates leveraging that knowledge for greater impact and becoming key players in our field's efforts in equity, innovation, and sustainability? HMG leaders accomplish this through conversation and collaboration at many levels. Implementing the HMG Model develops deep knowledge of the early childhood field, rich partnerships, and political and financial savvy. With this knowledge and positioning, the HMG Core Components can inform and actualize big policy and organizational change. In turn, advantageous changes in policy, funding, and organizational and societal attitudes enable HMG Centralized Access Points to serve more families. No matter what type of organization is leading the HMG charge in a state, they provide leadership at the implementation and landscape levels.

The distinct role and set of responsibilities of HMG leaders at the state-level are to a large extent outside the activities necessary to operate the Model's four Core Components and into the realm of the HMG Structural Requirements. The unique role of state leads in the ecosystem of HMG leadership requires its own respective set of technical assistance supports, tools, and resources.

Help Me Grow Structural Requirements: Organizing Entity, Spread & Scale, and Continuous System Improvement

Organizing Entity	The design and implementation of an HMG system is dependent upon communication, coordination, and integration of sectors, resources, and services. Genuine collaboration is required to make changes in policies, governance, and operating procedures at the administrative and direct service levels. One of the first steps in developing an HMG system is to enlist partners who have mutual interests, service the same populations, and/or have the capacity to move the agenda forward. The organizing entity provides administrative and fiscal oversight and initially helps identify and coordinate partners into a leadership team or steering committee that will guide the HMG system as it evolves. As the roles of each partner are defined, the responsibility for administrative and fiscal oversight may change, but having a stable administrative "home" is essential for system sustainability over the long term.
Spread & Scale	Creating systems that efficiently and effectively serve all children and families requires a vision for strategies to scale and spread the HMG system model from the outset of implementation. HMG depends on building broad-based ownership of the system across service sectors to leverage resources and improve linkages in communities. While this type of collaboration can happen initially at the county or regional-level, a system limited in geography will be limited in its ability to identify and address gaps and barriers, which are often rooted in larger, statewide challenges. In addition, the flow of funds to community services is often based on state budgets and policies and directed by state departments and agencies.
Continuous System Improvement	Continuous system improvement is considered a structural requirement for HMG, as it represents key infrastructure necessary to support HMG efforts over the short- and long-term. Robust, sustainable initiatives remain so as the result of ongoing efforts to continuously improve services, processes, and partnerships. Continuous system improvement for HMG emphasizes incremental improvements over time that continue to produce the best outcomes for children and families, maximize efficiency, and yield best practices that can be applied across the network.

As a critical initial step in building out a portfolio of technical assistance to support state-level leadership of HMG, this report serves as a landscape scan and portrait of the existing approaches, methods, perspectives, challenges, and needs of those leading HMG at the state-level today. The HMG National Center engaged one of its existing HMG Implementation Experts, Stephanie Walchenbach, in early 2020 to conduct a series of interviews and surveys with state-level HMG leads and produce a report summarizing findings and recommendations for TA to this specific constituent. HMG National Center Implementation Experts are select individuals who provide consultative support to the HMG National Center and affiliates across the National Network on select topics, offering commentary or guidance on an ad hoc basis in response to affiliate inquiries related to early childhood systems.

Stephanie Walchenbach is an independent consultant focused on early childhood systems and partners. In her time at HMG Washington, she supported call center workflow and data system development, referral pathways with novel partners, and developmental screening infrastructure and implementation across sectors. She serves as a HMG Implementation Expert for the National Center, advising on special projects and delivering individualized TA to affiliates.

Approach to this Study

This study benefits from and serves as an extension of an earlier exploration conducted by Erin Cornell, PhD and former Associate Director of the HMG National Center, which leveraged the Consolidated Framework for Implementation Research to elucidate factors inherent to the HMG Model, characteristics of implementing organizations and individuals, the external context, and the processes used to support implementation among a cohort of HMG affiliates and systems. Completed in 2020, this study measured structural and contextual factors associated with their implementation, and 34 leaders completed semi-structured interviews to provide a qualitative perspective about site approaches to, and perceived factors related to the success of, sustained implementation of HMG. Through rigorous methodology, the study identified "positive deviants", or those individuals or organizations with consistently high performance in HMG implementation. HMG positive deviants were found to be those that shared: 1) longevity of HMG efforts in years; percent of the 0-5 year-old population served by the HMG Centralized Access Point (in 2019); and the proportion of families served reporting their needs were met by HMG.

Through qualitative analysis, Cornell's study identified shared approaches and processes to implement the HMG Model that could be extracted and applied to other implementations across the HMG National Network such as:

- Strategic cross-sector partnerships
- Dedicated leadership
- Adaptability in implementation and its presentation (i.e. framing/messaging to various audiences and stakeholders)
- Diversified funding

For this current exploration into existing approaches to HMG leadership at the state-level, all 29 operational HMG states across the National Affiliate Network at the time of this project (2021-2022) were invited to participate in a 1-hour interview. Questions touched on the 5 strategic areas of state-level HMG leadership (see Chart 1 below), but focused on the state lead's existing role and priorities. All interviewees were asked to first complete a 2-3 item survey about their relationship to HMG Core Component implementation. In lieu of an interview, some states opted for a survey of open-ended questions that paralleled interview topics. In all, 20 states participated in interviews and 4 completed the survey, representing an 83% participation rate.

Caveats

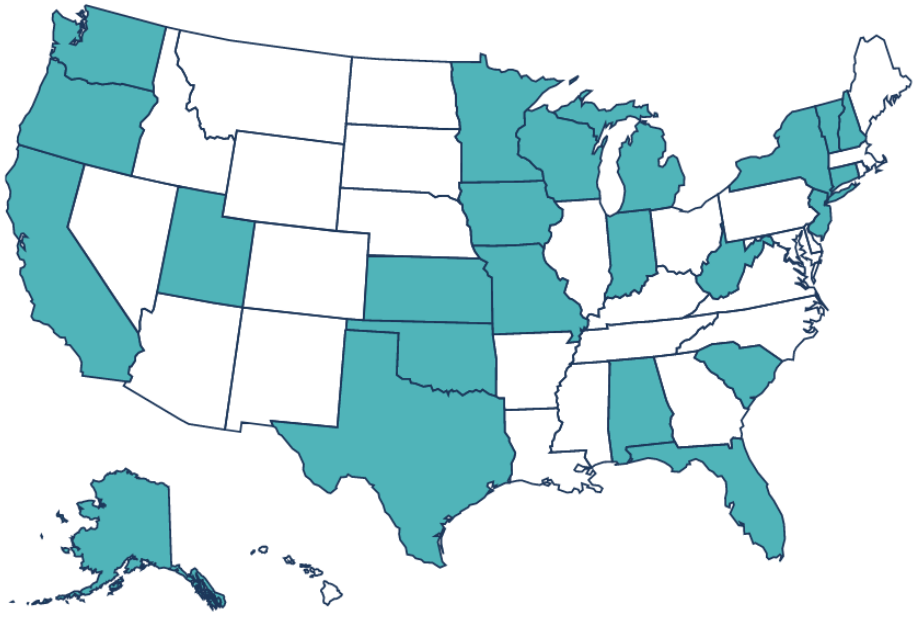
Participation in this study was entirely optional, so state lead-reported data is not available for all states. Given the single-hour period for conversation and varied nature of state lead work, the depth and breadth covered in each strategic area also varied. As a result, this study could not capture complete information for all states in all strategic areas.

Intended Value to Help Me Grow Affiliates

States continue to iterate on HMG system growth and oversight. This report presents how state leads describe their work – their functions, their successes, their support needs – and presents some common themes and terminology, offering it back to affiliates to explore and discuss for future clarity and progress. It is to share what states seem to find helpful or valuable and to inform the field of early childhood system-building of what those in leadership positions need in order to succeed in their goals, rather than to prescribe activities or structures for new or long-standing systems to adopt.

Activities and perspectives of those leading HMG at the state-level are heavily driven by whether their state contains one single HMG Centralized Access Point (i.e. "single-system state") in which the state organizing entity is responsible for overseeing the advancement of the Model, or a constellation of Centralized Access Points with their own respective catchment areas, each responsible for the advancement of the Model within their particular community (i.e. "multi-system state").

Help Me Grow Affiliate States Participating in this Study



Alabama
Alaska
California
Connecticut
District of Columbia
Florida
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
New Hampshire
New Jersey
New York
Oklahoma
Oregon
South Carolina
Texas
Utah
Vermont
Washington
West Virginia
Wisconsin

Who are State Leads?

Leading the Charge

With such variety in the way HMG is structured across the Affiliate Network, for the purposes of this exploration and resulting report, the HMG "state lead" is the organization or agency who signs the annual affiliation agreement with the HMG National Center. They function as the lead contact for their state, and per the agreement act as a conduit for information to and from their state's HMG system partners.

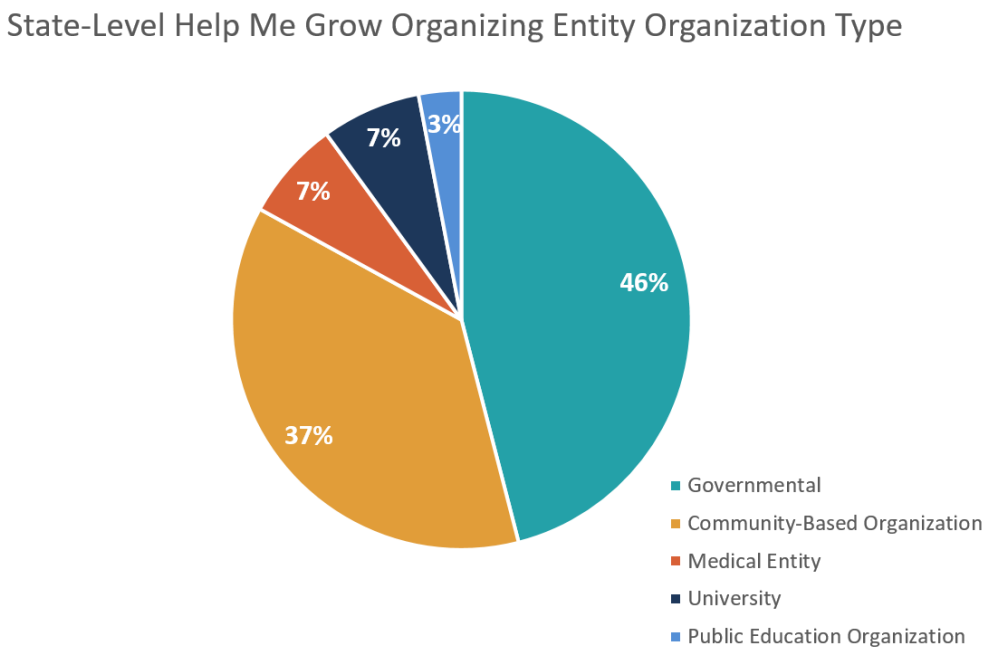
While implementation of the Model varies by location, the state lead is responsible for advancement of the HMG Core Components as well as to plan and lead efforts to expand HMG fully across the state. In addition, state leads of multi-system HMG affiliate states must ensure the local HMG systems in their state carry out required reporting responsibilities to the HMG National Center.

Exploring the Nature & Positionality of Help Me Grow State Leadership

Positionality: The organization's position in the early childhood landscape, relative to other agencies, organizations, and service systems.

Types of Help Me Grow State-Level Organizing Entities

Historically, there has been significant variety in the types of agencies serving as HMG Organizing Entity at the state-level across the National Affiliate Network. Across the HMG National Affiliate Network, state-level Organizing Entities can be categorized into five types: Governmental, Community-Based Organization, Medical Entity, University, and Public Education Organization. The graph below shows the breakdown of state-level HMG Organizing Entities and their type at the time of this exploration:



Each type of organization carries its distinct strengths and challenges when it comes to implementing the HMG Model.

Governmental

A publicly funded and managed entity, such as a state agency or a public official's office. Examples include state departments of health, education, social services, or early childhood.

Advantages

- Track record for administering child health or learning programs
- Population-level lens
- Positioned at state-level tables that discuss policy or funding
- Relationships with other state-level partners
- Generally little duplication of entities with their scope
- Large variety of programs, funding streams, and staffing can offer stability in funding droughts
- In-house staff that span departments/projects, e.g. evaluation, graphic design, legal
- Frequently funds a significant portion of programming
- Decision-making authority to include contractual programmatic requirements

Challenges

- Layers of review and approval for marketing or social media content, hiring, vendor procurement, which can reduce agility
- Mistrust of government agencies, in some communities
- Lack of agility and trust are big factors in data system development and sustainability
- Greater reliance on public funding sources (rather than private or philanthropic dollars)
- Sometimes more removed from community-level organizations, family experiences, and community-specific initiatives
- Long-standing funding can leave legacy programs that are hard to revise or let go of
- Typically prohibited to lobby
- Many state governmental agencies have policies restricting the use of external programmatic logos, or even co-branding

HMG Affiliate States with Governmental Agency as Organizing Entity

Connecticut, Delaware, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maine, Minnesota, New Hampshire, New Jersey, Texas, and Vermont

Community-Based Organization

A 501(c)(3) or similar organization that utilizes private and/or public funds to address community needs towards a stated mission. They may or may not serve families or train providers directly. This category includes coalitions, commissions, public-private partnerships, and nonprofits. Organizations included in this category vary in scope from resource navigation, direct family services, advocacy, and workforce development.

Advantages

- Relatively few layers of administrative approval for staffing or public-facing materials
- Depending on mission, more direct interaction with families or community members, allowing:
    - Opportunities for assessing needs and impact
    - Potentially more visibility and trust
- Sometimes great agility on scope, branding, and catchment area
- Legally permitted to lobby
- Latitude to adopt the standard HMG logo

Challenges

- May take greater relationship building and self-advocacy to get to state tables
- Sometimes fewer overarching administrative support and staffing capacity for tasks like evaluation or graphic design
- Some rely on grant funded opportunities - this can mean their work is very much prescribed or solidified with little room to take on new projects or expand without dedicated funding
- Little or no authority over local programming
- Less overall resources and funding compared to governmental agencies or medical systems

HMG Affiliate States with a Community-Based Organization as Organizing Entity

Alabama, Alaska, California, Florida, Mississippi, New York, Oklahoma, South Carolina, Utah, Washington, and Wisconsin

Medical Entity

A clinical entity that delivers medical care and may also include community programming. Current HMGs situated in hospitals sit within a community-facing department of the clinical entity.

Advantages

- Strong rapport or natural inroads with clinicians, which can accelerate or strengthen HMG Child Health Care Provider Outreach efforts
- Existing standards of care and practice
- Unique insights into family navigation needs for medical concerns or clinical diagnoses
- Shared data system with service providers creates opportunity for easier referral and follow-up
- Often have in-house expertise on IT, legal, and research departments

Challenges

- Data housed in clinical spaces are heavily HIPAA-regulated, so may experience heightened barriers to data sharing with fellow service providers
- If sharing a data system with the larger hospital, may have less input or leverage to change data fields or reports
- Limited or no administrative support infrastructure for tasks such as grant-writing, communications and marketing, or graphic design and material development

HMG Affiliate States with Medical Entity as Organizing Entity

Nebraska and Oregon

Public Education Organization

An entity overseeing public education administration; for example, situated within an educational service district that provides overarching support for dozens of school districts.

Advantages

- Clear geographic catchment area
- Insights into public education system funding, processes, and policies
- Mission commitment to fair, universal access to education and necessary support services
- Clear avenue for engagement with families via early learning centers and schools
- Positioning to examine and strengthen transition from early care to school age services

Challenges

- Fewer standard ties to clinical practices or organizations
- Less history with prenatal-to-three initiatives and partnerships
- Less frequently seated at state-level tables on policy or funding, especially on health topics
- Historically, early childhood has not been considered part of the scope

HMG Affiliate States with Public Education Organizations as Organizing Entity

Michigan

University

An institute of higher education. Current university-based HMGs sit within institutes for research, evaluation, or public policy.

Advantages

- In-house capacity and track record on data and evaluation activities
- Greater service sector neutrality
- Eye and positioning for policy and advocacy
- Often supported by the infrastructure of the university, such as access to IT, legal, and research departments

Challenges

- Mistrust of higher education/research institutes in some communities
- Not always funded through the university; may rely heavily on grant funding
- Often need to outsource the HMG Centralized Access Point
- Very high cost of indirect supports

HMG Affiliate States with a University as Organizing Entity

Kansas and Missouri

Help Me Grow
Advancing Equity through Targeted Universalism

The early childhood and system-building fields are familiar with universal policies or programs, which provide the same intervention or solution for a given population regardless of the variation, diversity, and distinctiveness that exists within that population, such as public education. The field is also experienced in the design and implementation of targeted solutions that provide an intervention to a specific group based on set criteria, such as the Supplemental Nutrition Assistance Program (SNAP), which supports families with low incomes in getting food they need. The concept of targeted universalism, introduced by john a. powell, director of the Othering & Belonging Institute at UC Berkeley, offers an opportunity to integrate and leverage universal policies or practices that treat everyone equally and targeted ones that are distinctly effective but will not reach everyone.

Targeted universalism defines a common societal goal such as, "families with young children have the resources they want, when they want them". But instead of a creating a singular strategy, intervention, or policy to achieve this goal, targeted universalism recognizes that different populations must be recognized and may need to be treated uniquely in order to achieve this common goal.

Targeted universalism suggests that everyone in society deserves a given aspiration, but recognizes that individuals are positioned differently in relationship to that aspiration and therefore, tailored approaches must be implemented in order to ensure all are able to reach it.

"This is an approach that supports the needs of the particular while reminding us that we are all part of the same social fabric. Targeted universalism rejects a blanket universal which is likely to be indifferent to the reality that different groups are situated differently relative to the institutions and resources of society. It also rejects the claim of formal equality that would treat all people the same as a way of denying difference."

- john a. powell, Director of the Othering & Belonging Institute at the University of California, Berkeley

Targeted Universalism[2]

Within a targeted universalism framework, an organization or system sets universal goals for all groups concerned. The strategies the organization/system develops to achieve those goals are targeted to different groups—based on how different groups are situated within structures, culture, and across geographies—to obtain the universal goal.

This is accomplished through five steps:

1. Define a universal goal
2. Measure the overall population
3. Measure a segment of the population
4. Understand group-based factors
5. Implement targeted strategies

Targeted universalism supports the needs of the particular while reminding us that we are all part of the same social fabric:

- *Universal, yet captures how people are differently situated*
- *Inclusive, yet targets those who are most marginalized*

Consider if society agreed on a universal goal that, "Every child should have access to resources needed to live in good health." One strategy to reach that goal might be to provide everyone with health insurance regardless of ability to pay, so that everyone could afford to see a doctor. However, giving everyone health insurance as a singular solution wouldn't address the isolation from health care facilities experienced by people living in rural areas – rural communities would need policy solutions that ensure access to health care facilities. Also, universal health insurance alone would not ensure access to plentiful, good-quality, affordable, fresh food for families that live in neighborhoods inflicted with food apartheid; additional and complementary policies would be necessary. An array of synergistic but targeted strategies would work toward the same universal goal of ensuring everyone could live in good health. The inclusive nature of targeted universalism invites buy-in from the whole of society because everyone is included in the ultimate vision.

Equality, Equity, & Targeted Universalism

The three concepts of equality, equity, and targeted universalism are related and overlapping but not the exact same.

Equality means allocating identical resources and opportunities to all in an effort to achieve uniform circumstances or outcomes. Equity recognizes that all people do not start from the same position and calls for resources and outcomes that meet everyone where they are in pursuit of balanced circumstances and outcomes. Pursuing equity rather than equality requires a recognition that while approaches meant for all can benefit all, a leveled playing field is needed for universal approaches to be maximized in impact.

While equity acknowledges the nuances and structural forces that contribute to an individual's starting point, it can also potentially and inadvertently be approached from a normative standpoint, where

[2] powell, john, Stephen Menendian and Wendy Ake, "Targeted universalism: Policy & Practice." Haas Institute for a Fair and Inclusive Society, University of California, Berkeley, 2019. haasinstitute.berkeley.edu/targeteduniversalism.

"fairness" is optimal, groups are compared against each other, the resources, circumstances, and outcomes experienced by favored groups are recognized as the standard, and competition for finite resources results. Without intentionality and innovative thinking, equity can seek only to close disparities and can inadvertently assume that whoever is performing best at a given time defines the goal.

Targeted universalism does not assume that the outcomes for any given group necessarily represent the greatest goal, nor that equivalency is the end game. Targeted universalism challenges all of us to envision a new definition of what it means to thrive and prosper, even for the people whose outcomes might otherwise be recognized as the goal.

Targeted universalism pursues equity by encouraging communities to strive toward ambitious but reasonable goals that would elevate everyone's position, and then digs into the real complexities within the population to identify necessary tailored solutions for varied and unique groups to achieve that ideal.

Help Me Grow and Targeted Universalism

Targeted universalism is the approach that HMG uses to pursue equity for families with young children.

Equity is a foundational directive for HMG's system-building approach in that while the Model aims to have all children and families connected to resources that are reflective of their needs and available when they need them, it also understands that some families need more or specialized, targeted support to reach the same goals. Targeted universalism is the strategy HMG employs to achieve equitable access to quality services for all children.

Implementing the HMG Model is an effort in advancing comprehensive, cross-sector, integrated systems that work efficiently and effectively in partnership with families to promote the health and well-being of all young children. Such ambitious systems can only be achieved when there is fair and just access to opportunities that recognize and build on each child's unique set of individual and family strengths, cultural background, home language, abilities, and experiences.[3]

Targeted universalism is a central strategy of the HMG Model, as it provides communities and states the infrastructure to pursue universal outcomes for families with young children through the implementation of targeted strategies, appropriate and unique to each community in which HMG exists. HMG is available to all families and also focuses on reaching, serving, and advocating on behalf of families who have historically been marginalized and denied access.

[3] NAEYC, Advancing Equity Initiative, https://www.naeyc.org/our-work/initiatives/equity, 2022.

Help Me Grow & Targeted Universalism

Using targeted universalism as its strategy to pursue equity for families with young children, Help Me Grow aims to realize a universal goal: All families with young children have easy and quick access to the resources and services that what they want and need to optimally support their children's development, health, and well-being.

Help Me Grow provides all families with a comprehensive, cross-sector, integrated early childhood system that connects all service professionals, child health providers, and families themselves in order to advance developmental promotion, early detection, referral, linkage, and follow-up. Help Me Grow is accessible to all families within a community or state and also designs and implements specific approaches that work best to engage, partner with, and serve the distinct and unique families that live in a particular community or state.

Targeted universalism offers a useful tool for the early childhood system-builder's toolbox, especially adding value in three ways:

1. **Proactively Framing the Conversation:** Because targeted universalism starts with the important step of setting a universal goal, this process gives stakeholders the opportunity to set the narrative around the bigger picture of healthy child and family development. Setting the frame for early childhood system-building that, "All families with young children have easy and quick access to the resources and services that what they want and need to optimally support their children's development, health, and well-being" sets the stage for each HMG system to identify populations where this does not hold true.

2. **Coalition Building:** Targeted universalism provides the opportunity to create a broad coalition of partners that are committed to the universal goal. Groups operating outside of early childhood system-building can provide meaningful partnership based on their agreement that, "All families with young children have easy and quick access to the resources and services that what they want and need to optimally support their children's development, health, and well-being." Broader coalitions may be especially necessary when faced with strong opposition to an important targeted strategy.

3. **Identifying Inequity and Pursuing Anti-racist Policy:** Targeted universalism requires drilling down and understanding how particular groups are impeded from reaching the stated universal goal. HMG can leverage data collected through HMG infrastructure and partnerships to identify where and to what extent concepts such as race, ethnicity, gender, gender identity and expression, disability, and economic status are impeding families in reaching the universal goal. This information, paired with intentional family partnership, can guide effective, meaningful policy change efforts.

Help Me Grow as an Equity Strategy in Action

In 2021, 56% of the HMG National Affiliate Network indicated their state-level Organizing Entity has established goals for leveraging HMG to advance racial equity.

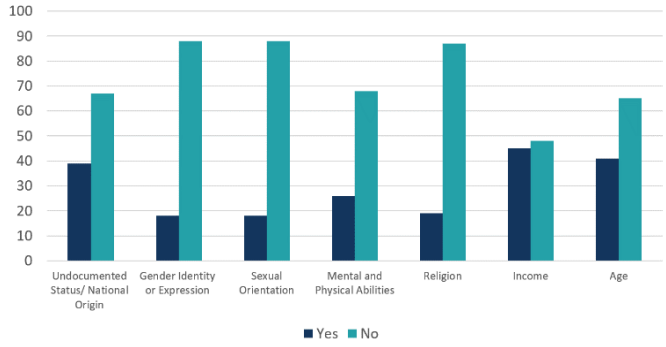
A common theme that surfaced from the interviews with HMG state leads was the importance of gathering diverse, qualitative information directly from who the system intends to serve. Differentiating an equity strategy from an evaluative strategy, state leads emphasized the significance of representation in the system-building and planning process, and its distinction from efforts to collect quantitative data on outputs that can describe the efficacy and equity of the system's functions.

Utilizing the HMG Model's in targeted universalism, the HMG Centralized Access Point is a key piece of infrastructure used Network-wide to collect vital data on the needs, desires, and perspectives of families with young children in a community, as well as their satisfaction with the system at large. In **South Carolina**, HMG state leads are working to build a shared Early Childhood Integrated Data System with state-level partners. Collecting race and ethnicity data will be required in order to analyze data in ways that can inform investments in target strategies that support equity across early childhood systems and sectors.

The HMG National Center continues to explore ways to best support the National Affiliate Network in advancing equity through the HMG Model. In 2021, HMG systems implemented the following strategies to advance racial equity in their communities:

- Developed new supports and materials (both verbal and written) in languages beyond English and Spanish
- Created formal HMG staff positions – combined with targeted hiring strategies - to be fulfilled by parent leaders and/or community members
- Revised organizational mission and vision statements to include intentional language and action items designed to advance racial equity and social justice
- Dove deeper into HMG data to identify which families are currently being served by HMG and which are not in order to guide novel, targeted outreach strategies

When asked about other equity goals related to characteristics such as age, religion, disability, economic status, sexual orientation, gender identity, and undocumented status/national origin, HMG system responses varied. The majority of HMG systems indicated not having established these types of goals. Those that responded affirmatively reported adopting goals specific to equitably serving families of all income levels, age, and documentation status. Additionally, many HMG systems focus on language as a critical factor in developing equity-oriented goals and strategies.



The Help Me Grow State Lead's Role in Advancing Equity

The state-level HMG Organizing Entity and the individuals serving as state leads occupy a critical position in advancing equity for families with young children. The Organizing Entity and state leads have the capacity, influence, power, and positionality to drive alignment and success across the state related to the five strategic areas of HMG leadership (Policy & Advocacy; Onboarding, Training & Technical Assistance; Funding & Sustainability; Spread & Scale; Data Collection & Use). They also inhabit a unique early childhood system-level space that is essential for propelling efforts towards equity for all families.

Mirroring the vast array of approaches state leads can employ to support HMG implementation, there are many ways leaders at the state-level can help advance social and racial justice. For instance, state-level Organizing Entities and state leads may:

- Amplify the voice and perspective of a community directly to funders and decision-makers
- Mobilize funding towards priorities set in partnership with community
- Steward partnerships with state-level advocacy initiatives that promote equity for families
- Help enable conditions for community to lead the way
- Support knowledge sharing of strong practices in equity across communities
- Advance synergistic approaches to data collection and analysis across the state in order to generate comprehensive stories of strengths, need and impact
- Help direct funding and resources towards communities with limited resources as an equitable strategy y to the state's HMG spread and scale approach
- Establish collaborative partnerships with other state-level/statewide entities or initiatives that seek to advance equity
- Encourage or require family/parent/caregiver representation and voice at local-level decision or recommendation-making tables

Depending on the type of organization serving in the HMG Organizing Entity role - as well as that organization's capacity, mission, degree of influence, ability to mobilize funding, and relationship with communities across the state - the approach to advancing equity at the state-level will look different. For instance, a HMG Organizing Entity that is governmental in nature may be able to write requirements into contracts across the state that serve to advance equity, but could not do the advocacy work that a community-based Organizing Entity might conduct. An Organizing Entity operating out of a University might have the capacity and resources to conduct academic research that can be used to bolster policy change, whereas a medical system Organizing Entity might focus on child health service transformation, which elevates the family voice and leadership in the developmental monitoring process.

Regardless of the variation in positionality and approach, all HMG leadership has an imperative to center community, family, parent, and caregiver voice and embrace their partnership, leadership, and decision-making.[4] The HMG National Center envisions early childhood systems that share power with the families they serve, are driven by co-developed goals, and enhance conditions for promoting equity and inclusiveness.

[4] EC-LINC, CSSP, Manifesto for Race Equity & Parent Leadership in Early Childhood Systems, January, 2019.

> *"When parent leaders speak out, their voices carry the authority of lived experience. They understand how gaps in social, health, and educational services limit their children's future in critical ways. They learn to work with parents across boundaries of education, race, income, language, and culture. When elected officials and policy-makers listen to parent leaders, they become more aware of how their actions affect children and families, especially those who lack income or education, or who are marginalized by race, language, and culture. As public officials and parent leaders increasingly work together on issues and programs, collective action to improve conditions and outcomes for children gains momentum, resulting in more public forums, more public will to support education, and more formal inclusion of valued parent leaders in decision-making. Civic climate improves and the whole community benefits."*[5]
>
> - Anne T. Henderson, Kate Gill Kressley, and Susan Frankel, Capturing the Ripple Effect: Developing a Theory of Change for Parent Leadership Initiatives

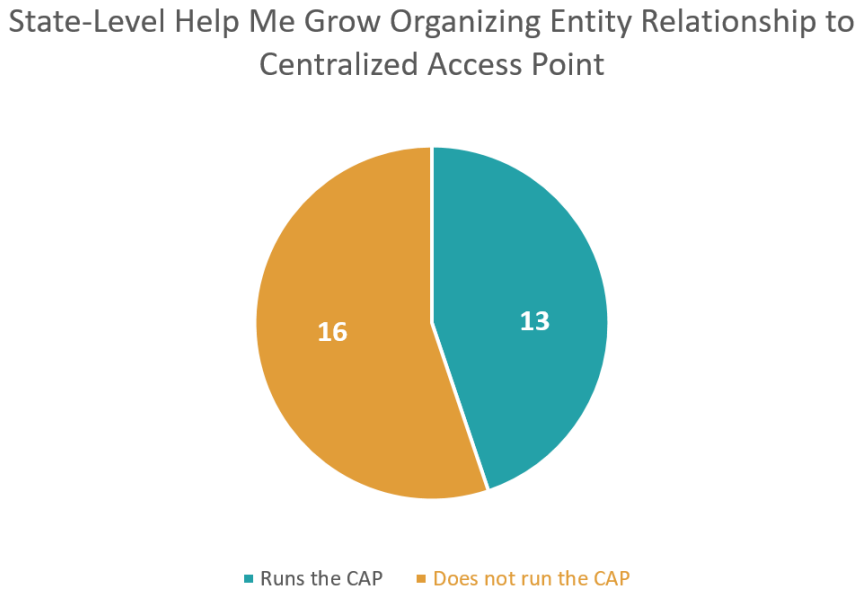
Whatever pathways HMG state leads take to support their state in leveraging HMG implementation to advance equity for families with young children, the elevation of family voice, values, perspectives, and leadership must be part of the equation.

From **HMG Michigan**'s standpoint - an affiliate with a public education organization serving as the state-level Organizing Entity of a multi-system affiliate state – a key component to HMG's capacity to advance equity lies in its local ownership. Local leadership translates to local representation by and for each individual community. Each of the 15 HMG systems operating in Michigan (as of 2021) are distinct in implementation approach, with local variance due in large part to the diversity in the community each system serves and the commitment to co-create systems with families that bring lived experience to the table. The role of HMG Michigan's state-level Organizing Entity includes activities that cross-pollinate approaches that leverage HMG to advance racial equity across local systems, as well as to ensure that the data generated from various approaches across regions can be aggregated and utilized in state-level policy and program change.

[5] Organizing Engagement, Parent Leadership Indicators Framework, Metropolitan Center for Research on Equity and the Transformation of Schools at New York University Steinhardt, 2022.

State Lead Involvement in Centralized Access Point Operations

A state lead's role in Centralized Access Point implementation varies by two key factors: whether they themselves directly administer functions, and whether their state has been structured as a single or multi-system HMG affiliate (e.g. whether a single versus multiple Centralized Access Points operate within a state). Across the full National Affiliate Network at the time of this exploration, 55% (n=16) of states-level Organizing Entities did not operate a HMG Centralized Access Point, and 45% (n=13) were operating a HMG Centralized Access Point.



State-Level Organizing Entities Administering Centralized Access Point Operations

Some state-level Organizing Entities host, staff, and directly oversee day-to-day operations of a Centralized Access Point and its HMG Care Coordination staff. The staff may be housed under a single roof or may be distributed among community partners or locations. In any case, the Organizing Entity has direct experience and involvement in Centralized Access Point staffing, procedures, data collection, and other operational facets.

Focus: When the HMG state lead organization is directly implementing a Centralized Access Point, their branding, networking, and funding priorities necessarily focus on implementing and expanding this infrastructure. Partnership development centers on establishing tangible referral relationships. Outreach focuses on increasing family and provider use of the Access Point. Promoting the HMG Model requires demonstrating the value and mechanics of the Centralized Access Point in observable terms.

Unique Advantages: These states have opportunity to model and train credibly on best practices related to screening, facilitating referrals, and relationships across service provider types. They are able to serve as a direct and nimble conduit between community-level need and impact data (and narratives) to inform Centralized Access Point operations and conversations with state partners on policy or funding priorities. They gain a real-time knowledge of the system landscape - including gaps, barriers, as well as sector and program assets - which benefits cross-sector networking and practice improvement.

Challenges: Providing both organizing support and coordination at the state-level as well as operationalization of HMG system Components can create an uncomfortable dynamic in that it requires self-promotion. In this scenario, the onus is on the state lead to integrate with or distinguish themselves from existing referral infrastructure, responding to concerns about turf or redundancy.

If for any reason the HMG Centralized Access Point role must or will be moved to a new organizational home, this transition has significant implications for leadership, decision-making, service delivery, and financials. This shift calls into question whether the organization that spearheaded HMG will remain the state lead role. If yes, what will their responsibilities and sphere of influence include going forward and how will these impact the system's name recognition, traction, and permeation in the community and among providers?

HMG Affiliate States wherein Organizing Entity Administers a Centralized Access Point
Alabama, Alaska, District of Columbia, Indiana, Iowa, Kentucky, Maine, Minnesota, Missouri, Oklahoma, Oregon, Utah, Washington, and Wisconsin

State-Level Organizing Entities that Do Not Host a Centralized Access Point

In other states, a single or series of Centralized Access Points are hosted and operated by one or more partner organizations. The state lead organization is still accountable for successful implementation with fidelity to the Model, but may support less directly through promotion, advocacy, evaluation, or quality assurance. In some instances, the state-level Organizing Entity provides funding and has contracted an organization to implement care coordination. In other cases, local systems are responsible for launching and financing their own Centralized Access Point work, and the state lead plays an overarching support role.

Focus: When the HMG state lead organization contracts the Centralized Access Point to another agency, they tend to focus their internal capacity on the overall funding, evaluation, policy, or service delivery landscape.

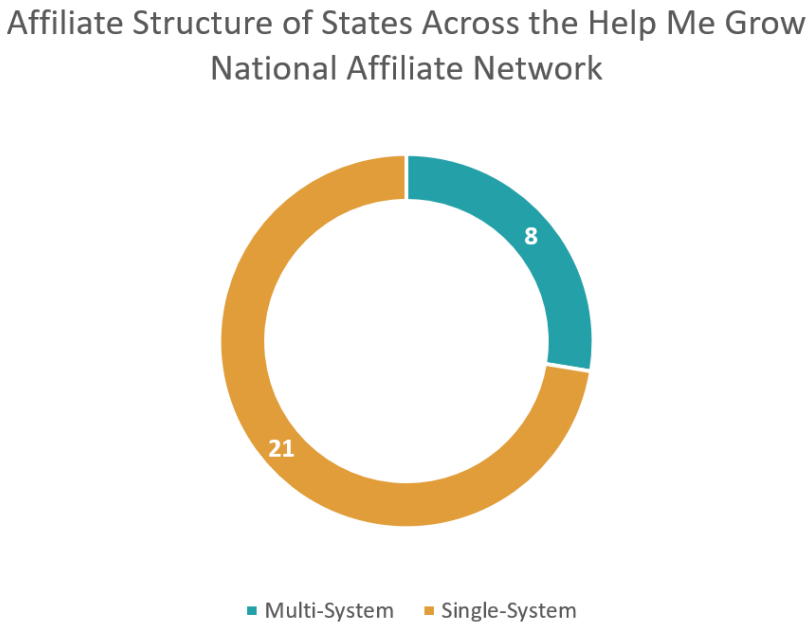
Unique Advantages: These states can select an organization with relevant and complementary credibility, expertise, and community trust. They can freely promote the Centralized Access Point and message that organization's suitability for the role, reducing conflicts related to territory. This format distributes implementation activities and ownership among distinct agencies. The Centralized Access Point can be relocated to a new organization as needed while retaining continuity in state leadership.

Challenges: State leads with out-of-house Centralized Access Points must find a sustainable level of involvement that allows the Centralized Access Point host the liberty to balance HMG within its existing brand or operations, while ensuring the state lead affiliate goals for fidelity and expansion. A strong and trusting relationship is needed to ensure information flows effectively from the Centralized Access Point to the state lead for reporting and CQI, and that information from the National Center and affiliate network is extended meaningfully to the Centralized Access Point and outreach staff.

HMG Affiliate States wherein Organizing Entity Does Not Administer Centralized Access Point
California, Connecticut, Delaware, Florida, Georgia, Kansas, Michigan, Mississippi, Nebraska, New Jersey, New York, New Hampshire, South Carolina, Texas, Vermont, and West Virginia

Single vs. Multi-System State Structure

As previously stated in this report, activities and perspectives of those leading HMG at the state-level are heavily driven by whether their state contains one single HMG Centralized Access Point (i.e. "single-system state") in which the state organizing entity is responsible for overseeing the advancement of the Model, or a constellation of Centralized Access Points with their own respective catchment areas, each responsible for the advancement of the Model within their particular community (i.e. "multi-system state"). Across the full National Affiliate Network at the time of this exploration, 72% (n=21) of states were structured as a single-system state, and 28% (n=8) were structured as a multi-system state.



States with a Single Centralized Access Point Structure

States with a single phone number or entry point for families are considered a single-system state. Outreach, branding, data collection, and fidelity reporting support this single point of access. Some affiliates have pursued a community-based staffing model, in which clients are triaged from this unified access point to care coordinators with region-specific caseloads or who are physically located in communities or partner organizations. Iowa, Missouri, Washington, and Wisconsin utilize this strategy in different ways.

Single-System Help Me Grow States

Alabama, Alaska, Connecticut, Delaware, District of Columbia, Georgia, Indiana, Iowa, Kansas, Maine, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, Oklahoma, Oregon, South Carolina, Utah, Vermont, West Virginia, and Wisconsin

Innovative Approaches in Single-System States

Some single-system states manage and publicize an access point with a statewide scope and utilize a more distributed, in-community staffing model. This leverages the economies of scale related to personnel and capacity, marketing, and technology infrastructure, while drawing upon the resource knowledge, credibility, community need insights, and in-person partnership-building of staff residing in the communities they serve.

Missouri has taken this approach, offering their ParentLink family resource and parenting education service to any family statewide with several specialized HMG Care Coordinators on their staff housed in community partner offices who offer more in-depth topical support where available. The number, scope, and location of these staff are driven by specific funding streams, but the format lends it itself to scaling nimble, community-aligned support as resources and partnership support allows.

Wisconsin has distributed their care coordination activities across multiple partner organizations. Depending on the day, the calls to the central HMG phone number are routed to the pre-determined organization. The scope and catchment area are aligned, so families receive the same support regardless of which day they call. The multi-organization team utilize a common resource directory and data collection system, which helps to unify staff training needs and streamline evaluation. The state-level HMG Organizing Entity and each host organization share the staff salary and overhead costs.

States with a Multiple Centralized Access Point Structure

Some HMG states have multiple local systems, each defined by the existence of its own distinct HMG Centralized Access Point. These local HMG systems direct their own outreach and data activities and are fiscally accountable for sustaining their infrastructure. In the cases of **Kentucky** and **Washington** State, the state-level Organizing Entity administers a statewide access point to serve families not covered by a local system. In states with local or regional Centralized Access Points only, state leads have more of an oversight role. Regardless, state leads in multi-system states have unique tasks of promoting consistency, equity, and collaboration across these Centralized Access Points' catchment areas and related efforts.

Multi-System Help Me Grow States
California, Florida, Kentucky, Michigan, New Jersey, New York, Texas, and Washington

Focus: In states with multiple HMG Centralized Access Points (i.e. multi-system states), state leads have unique opportunities and challenges regarding implementation. They must discern where and how shared standards and infrastructure add value, and where local systems can or wish to tailor their offering to their area, in accordance with community needs, priorities, and assets.

Unique Advantages: In many ways the role of state leads in multi-system affiliate states parallels that of the HMG National Center, in fulfilling roles related to delivering technical assistance and telling a broader story of HMG's value and potential. These HMG state leads are positioned to foster and elevate innovation among local partners. Just as HMG National observes variety among HMG lead organization types and how they distribute oversight of the Model's Core Components, these state leads may observe similar trends. Local systems in multi-system states have high autonomy and accountability for their own Core

Component implementation. Additionally, multi-system states can systematize methodical spread and scale efforts in pursuit of full, even, and regionally-specific coverage across the whole of the state.

Communities with buy-in, bandwidth, and traction can cultivate a system that aligns with their needs. This approach also offers a cost-effective option for communities with limited resources or service infrastructure.

Challenges: Some state leads provide funding to local systems. This gives opportunity for the state lead to specify branding, data collection and sharing, screening requirements, etc. Yet even those who provide funding are not the exclusive funders for these systems. Reporting and implementation expectations must be commensurate with funding or levels of formally signed agreements. Must find balance of data standards with flexibility on collection mechanisms and local data use.

Careful and consistent attention must be paid by state leadership to ensure that local systems are operating in a way that, while maybe not in exact alignment, is at minimum complementary – data must be captured and analyzed in a way that allows it to be rolled up to a state-level, families must not be receiving such variance in care coordination services that inequity results or state-level funders or policy makers are unclear on what HMG is or reticent to support it due to uneven impact.

Innovative Approaches in Multi-System States

Some multi-system states have a statewide hotline in addition to local or regional systems that serve a focused catchment area. This can offer local systems flexibility in their implementation approach and timeline, and can extend a baseline of services to families statewide regardless of local system presence or bandwidth.

In **Washington** State, the statewide hotline predates any local or regional HMG system-building. The additional systems emerged as counties or regions mobilized local partners and identified the unique needs or priorities of their local families. The state-level Organizing Entity houses the statewide line and offers emerging local systems the option to develop their own access point, utilize the statewide line as their interim or long-term access point, or support a HMG Care Coordinator in the local community who works for or collaborates closely with the statewide access point.

Two states, **California** and **Michigan**, primarily pursue a local system approach to statewide expansion, yet their state lead sees the addition of a statewide line as a potential strategy to extend access for families in communities without HMG or to reduce barriers for remaining communities to implement HMG activities.

Strategic Areas of Help Me Grow Leadership

As a schema for interview questions and analysis, the interviewer used the HMG National Center's 5 strategic areas HMG leadership. State-level Organizing Entities for HMG work across five strategic domains to promote statewide implementation, continuity, momentum, improvement, equity, and visibility.

Five Strategic Areas for State-Level Help Me Grow Leadership

1	Policy & Advocacy	**Voice:** HMG state-level Organizing Entity as a representative or mouthpiece among system-level funders and decision makers to increase HMG visibility, opportunity, and integration with established structures.
2	Onboarding, Training & Technical Assistance	**Uptake:** Curating and delivering implementation supports to facilitate local HMG Core Component installation to a high, cohesive standard with fidelity to the HMG Model.
3	Funding & Sustainability	**Resources:** Procuring and/or administering resources to support state-level system development and HMG Core Component installation.
4	Spread & Scale	**Inclusivity:** Actively creating opportunities for new communities – geographic, cultural, or professional – to join and inform existing HMG system building efforts.
5	Data Collection & Use	**Measurement:** Focusing data resources and storytelling on highest impact topics and venues, setting priorities collaboratively with HMG implementers and cross-sector partners.

These strategic areas emerged as trends among activities organizing entities have exhibited and described, and parallels can be seen across the national, state, and local HMG Organizing Entities. This initial outline of strategic areas served as a starting point for examining and discussing state lead work; HMG state leads, current and future, will test and shape these topics over time.

Policy & Advocacy

Voice

HMG state-level Organizing Entity as a representative or mouthpiece among system-level funders and decision makers to increase HMG visibility, opportunity, and integration with established structures.

Example Activities

- Elevate service and data system strengths, needs, and trends
- Showcase community and family lived experiences
- Highlight the HMG Model's impact and potential, including traction among local partners
- Detail and champion changes to systemic structures, processes, and agency agreements that utilize HMG assets
- Build relationships with state level partners to join and leverage strategic decision-making tables

These activities are not limited to legislative policy or budgetary processes, nor do they exclusively pursue funding. State leads coordinate their activities with partners whose complementary positions in the landscape allow HMG's value to be seen and heard in new arenas.

Experiences and Strategies Reported by Help Me Grow State Leads

- Issuing a policy agenda internally (California, Washington)
- Developing a shared policy agenda among aligned partners
- Preparing or contributing to briefs for policy makers on needs or HMG impact
- Keeping HMG activities visible to those applying for funding, to increase likelihood of HMG receiving resources and reduce design of new initiatives redundant to HMG
- Identifying parent champions to testify
- Speaking in community forums about policy decisions
- Inviting policy makers to shadow the Centralized Access Point or sit on board of directors

A Seat at the Table

Several HMG state leads described pre-existing state-level advisory councils that evolved to serve as venues for increased HMG visibility and leverage. As they often predate HMG or contain partners representing other branded initiative or agency priorities, the boards are not branded as HMG, even if it serves a leadership function from a HMG expansion perspective.

Alaska: The Universal Developmental Screening advisory committee, a permanent committee in the state, contains subgroups focused on screening in a range of settings and provider groups. For example, the Medicaid group is advocating to better align Medicaid billing for screening with Bright Futures, to increase uptake and documentation for clinicians. These subgroups provide a strong opportunity to advance screening practices, a top priority area for HMG Alaska.

Minnesota: The Governor's Children's Cabinet matured across several state administrations into an efficient communication line to the Governor and Lieutenant Governor. It is led by three state agencies: the Departments of Education, Health, and Human Services. Application for the PDG Needs Assessment funding originated with this trio, and HMG Minnesota state leads were well-poised to execute the community outreach and engagement needed to identify local priorities and service inequities. This cabinet venue ensured HMG's findings were well-reflected in the ensuing application for PDG funds.

Endorsements

Receiving specific and enthusiastic endorsement from high profile policy figures or champions is a valuable tool for elevating HMG's impact and potential.

Connecticut: System partners embedded their new Sparkler initiative into the Bridge to Success Initiative, a joint venture among the Department of Public Health, the Office for Early Childhood, United Way, and the mayor of Waterbury. A statewide announcement from the commissioner celebrated the app's key role in the initiative, heralding the universal relevance and accessibility of family-completed screening and monitoring via this phone-based app. This announcement has been amplified by news sources for the general public, reaching audiences beyond the usual early childhood players.

South Carolina: HMG SC utilized the HMG Return on Investment (ROI) calculator and sought avenues for publicizing its findings. The HMG South Carolina state lead drew upon strategic relationships with the Institute for Child Success' president and several long-standing allies for HMG who overlapped on their board of directors for a short time. When asked for assistance spreading the word, the Institute for Child Success team wrote an OpEd for the Charleston Regional Business Journal, with readers living and working in the state capital. This will allow them to leverage that article on social media and approach individual law makers for more targeted support.

Policy Spotlight: California

HMG State Structure: Multi-System
Number of HMG Systems, *as of 2022*: 30
HMG State Lead Organization: First 5 Association

Organizational Scope: In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative. The act levies a tax on cigarettes and other tobacco products to fund early childhood development programs. Revenues must be used to: 1) create a comprehensive and integrated delivery system of information and services to promote early childhood development; 2) support parenting education, child health and wellness, early child care and education, and family support services; and 3) educate Californians on the importance of early childhood development.

Position in Landscape: First 5 Association is a nonprofit public benefit corporation, organized as a 501(c)(4)social welfare organization. First 5 Association sets this funding stream's strategic vision, coordinates state advocacy, manages collective knowledge, and sponsors local capacity building. They support initiatives funded by First 5 California, the commission charged to distribute and oversee use of Proposition 10 funds. The Association collaborates with their sister agency and policy think tank, First 5 Center for Children's Policy, to create messaging and campaigns to elevate First 5 aims among decision makers and the public.

Successful Outcome**:** First 5 Association framed HMG as a scalable complement to sectors growing into screening and care coordination mandates. They support passage of legislation requiring key partner sectors to play a more systemic role in universal screening and linkage, positioning HMG as integral to its rollout.

Aligning with Policy Maker Priorities

California Governor Gavin Newsom held early childhood as a personal priority and wished to advance childhood preventive services through increased developmental screening in the medical space. Universal developmental screening was not a stated policy priority for First 5 Association at that time, but local systems had strong screening practices and relationships with clinical providers. Local HMGs had expertise and infrastructure to offer; greater accountability and support for clinic-based screening would advance HMG's overall goal to optimize early childhood development.

Tangible Strategy

First 5 Association and legislative officials agreed: the developmental screenings in the American Academy of Pediatrics' *Bright Futures* schedule of recommended care needed to be mandated to become a priority. First 5 put forward House Bill 1080, which did not pass, in part due to insufficient buy-in from partners. Subsequently, First 5 amended its strategy for the following legislative session and with additional partner collaboration, House Bill AB 1004 was developed, passed, and funded with $54 million for incentive payments for these providers.

Highlighting Gaps Help Me Grow Can Fill

First 5 Association asked policy makers:

- Who is tracking screening uptake?
- Who is following up after these providers conduct screening?
- How will you tell the story of this bill's impact?

Messaging the Value of Help Me Grow

- HMG was positioned to receive and track these screens, conduct follow-up, and use data generated from these activities to "take the temperature" on progress. In essence, HMG provided eyes on the mandate's success at a population-level.
- HMG was able to alleviate the pressure and burden of this screening requirement on medical providers as they increased their clinical capacity for screening.
- Increasing screening volume for HMG allows the system to better identify service deserts as well as trends in family needs.

Next Priorities

As outlined in a recent First 5 Center for Children's Policy brief produced in coordination with local HMG systems, future advocacy efforts will focus on a more cohesive and financially sustainable approach to early intervention intake and service delivery. Desired policy would increase accountability or supports for health care plans to fulfill existing obligations to provide system navigation support for their client, providing greater geographic coverage and reducing reliance on HMG to finance and augment coordination for systems already working with families.

Onboarding, Training & Technical Assistance

Uptake

Curating and delivering implementation resources to facilitate local HMG Core Component installation to a high, cohesive standard with fidelity to the HMG Model.

Example Activities

- Streamlining implementation through planning tools or consultation
- Setting parameters for local system implementers on elements that will be standardized vs. open for community-specific customization
- Creating spaces and opportunities for peer learning and celebrating successes
- Creating or drawing down resources for training staff
- Defining earliest steps for exploring affiliation or community implementation
- Offering opportunities for novel partners to learn about HMG activities and impact

Experiences and Strategies Reported by Help Me Grow State Leads

- *Materials:* Designing materials for optional or required use by local HMG implementers or contracted partners. This can leverage economies of scale, reducing local need to pay for graphic design or small batch printing. Materials may be customizable for local partners to add their logo or customize the photos or language to align with local needs. **South Carolina** and **Alaska** utilized in-house funding and staffing to redesign the CDC's *Learn the Signs. Act Early* materials to reflect their communities.

- *Social media:* Hosting their own social media accounts and offering posts for local or system partners to repost or adapt. **Florida** has a strong routine for posting to their state handle and sharing templates and content for local systems to publish.
- *Staff training:* Providing high quality training for HMG staff on topics relevant to HMG Core Component implementation. Can include ad hoc support as HMG staff or partners need topical education or assistance.
- *Hosting peer learning opportunities:* **Texas, New Jersey, Florida, and Iowa** described optional office hours, topical discussion sessions, CQI workgroups, and summits in which program staff share successes and innovation.
- *Implementation planning:* Outlining shared expectations for outreach, reporting, or care coordination, along with resources to support customization where relevant.
- *Onboarding:* Multi-system states such as **Washington, Texas, and Florida** provide foundational trainings to new local systems on the HMG Core Components as well as shared resources such as training plans and evaluation tools.

Structures for Peer Learning

Several states outlined their current learning and support offerings for HMG implementers.

Texas: Each month, HMG Texas' state lead hosts a technical assistance session with local HMG systems in their state which alternates between individualized TA sessions from the HMG National Center and participation in a learning cohort with other emerging local HMG communities. Bimonthly, they host a peer learning session, in which they celebrate wins, "call their shots" (forecast near term achievements) and engage in organic peer dialogue. Twice a month the state team hosts drop-in office hours for people to bring questions or troubleshoot. They hold a year-end celebration, and plan to host a learning institute in 2022.

Iowa: Iowa funds county-specific developmental screening coordinators who build relationships with local clinics and serve as a resource navigation point of contact when resource or developmental concerns arise. A requirement and benefit of this contract is the continued training, peer learning, and CQI opportunities they host. All site coordinators are convened 3 times a year for a 2-3 hour session. They attend monthly 1-hour virtual meetings for topical trainings or updates and meet individually with the state lead on a quarterly basis. Every month or so they host optional small group discussion, often thematic.

Onboarding Spotlight: Washington

State Structure: Framed as a "coordinated system," local systems can choose to utilize the existing statewide HMG access point, host staff locally who work for the statewide access point's organization, or manage their own connections between their community's existing care coordination capacity and the statewide access point.
Number of HMG Systems, *as of 2022*: 5
HMG State Lead Organization: WithinReach

Organizational Scope: Established in 1988 as *Healthy Mothers, Health Babies,* WithinReach has expanded its hotline's scope over time to provide holistic resource navigation and benefit program enrollment to families and individuals. In 2010 the organization incorporated HMG screening, care coordination, and data practices into this statewide hotline. Extensive experience hosting state coalitions on topics such as immunizations, nutrition, and breastfeeding equipped WithinReach to facilitate collaborative leadership structures for HMG expansion and integration in Washington State.

Position in Landscape: WithinReach is a nonprofit organization with longstanding investment and integration into state partner initiatives that expand access to the programs they sponsor. The organization continues to engage local communities to inform and build upon their statewide offering and draw upon their direct service experience to cultivate Centralized Access Point capacity in local systems through technical assistance or an integrated, strategic care coordination staffing model.

Successful Outcome: *Local system leads, or sub-affiliates as they are called in Washington, gain access to tools and learning opportunities extended by HMG National, the Affiliate Network, and WithinReach. They also receive implementation support from WithinReach and HMG National Center.*

Pathway to Sub-Affiliation

- HMG WA website outlines benefits and first steps of sub-affiliation
- Community readiness discussion on becoming a sub-affiliate
- Sign HMG WA Affiliate Partner memorandum of understanding
- Orientation training (topics covered include HMG history, HMG Core Components, organizing your system, TA offering overview)
- On demand TA support for specific topics of interest
- Regular check-ins with other sub-affiliate leads

Implementation Benefits Provided to New Local HMG Systems

- Authorized use of the HMG WA name and logo, support in local branding efforts
- Access to statewide coordinated access point resource database (a*bility to directly add resources is forthcoming*)
- Crosswalk tool to guide examination of existing CAP capacity and promote discussion and decision on CAP model (host own, utilize statewide CAP, integrated/strategic staffing)
- Bi-monthly HMG newsletter that shares local, state, and national information
- Bi-annual data brief for communicating accomplishments of HMG WA systems
- Provider Referral Form for direct referrals to Family Resource Navigators (currently only available in Central WA, Pierce, and Skagit)
- Access to Basecamp, a platform for discussion and document sharing among local system leads

Commonly Requested Topics for Support

- Community Asset Mapping
- Communicating HMG to the public
- Return on Investment for HMG
- Parent/Caregiver Leadership
- Process and training documents for new navigators

Future Offerings

- Further develop a HMG Core Components landscape assessment tool
- Develop and disseminate a TA Tiered Structure to outline of how TA is provided
- Develop static online learning opportunities for sub-affiliates and HMG partners
- Create more visuals and video-delivered information about HMG

Funding & Sustainability

Resources

Procuring and/or administering resources to support state-level system development and HMG Core Component installation.

Example Activities

- Engaging applicant partners in honest dialogue about respective assets and blind spots
- Identifying and circulating funding opportunities for local implementers to pursue
- Contributing data, messaging, or letters of support to local or state funding applications
- Establishing clear system-level roles among primary partners for efficiency and accountability
- Issuing RFPs and subcontracts designed for equitable access and constructive oversight
- Heralding the return on investment for HMG activities and broader investment in early childhood
- Identifying and drawing on opportunities for funding support and resources from the HMG National Center and its efforts to advance appreciation and backing to HMG by federal agencies and national philanthropy

Experiences and Strategies Reported by Help Me Grow State Leads

- Important for communities to opt-in on their own timetable; ensure they have sufficient partner buy-in, have organized resources, and know their own motivations for putting HMG in place
- State funding and capacity for delivering TA must keep pace with growth in local implementation
- If funding local partners, creating flexible funding that can complement their existing local resources and leaves room for innovation
- Willingness to revisit and change which agency administers a funding stream
- At the end of a grant, examining its governing team to determine its continued utility and opportunity to seek further joint funding

Intrinsic Motivation

Many state leads stated the importance of new communities and local systems having strong, clear intrinsic motivation for implementing the Model. **Oregon and New York** both support local discernment and planning through questions such as, "What's the biggest need in your community?" and "What problem does the HMG Model help you address?"

Communities that opt-in are more likely to have discerned and identified alignment between the Model and their local assets and priorities, and to build upon existing initiatives or established practices. Community willingness also promotes strong philosophical and fiscal ownership over the implemented product. Even states who provide direct funding to local HMG systems cover only a portion of operating costs, so local systems must have the traction and commitment to coordinating other resources.

Defining and Expanding Technical Assistance Capacity

For leads of multi-system affiliate states, defining the level and type of support to offer local systems is a delicate balance. Technical assistance or peer learning are major incentives for local systems to affiliate, especially when direct funding is small or nonexistent. Yet as systems join voluntarily, it is difficult to forecast and pursue funding for the increased bandwidth state lead staff will need. Several states indicated this dynamic as a significant factor in their expansion and sustainability planning for their team's staffing and resource needs, as well as how quickly they can bring on new local systems. Two existing HMG state lead teams anticipate a "saturation point" – at which they will be spread too thin to continue offering TA at their current level.

Sustainability Spotlight: New Jersey

HMG State Structure: Multi-System
Number of HMG Systems, *as of 2022*: 21
HMG State Lead Organization: Department of Children and Families

Organizational Scopes: The Department of Children and Families is New Jersey's cabinet-level agency devoted exclusively to serving and supporting at-risk children and families from prenatal to adolescence. It was created in 2006 to consolidate child-related departments from several agencies to create a more integrated experience for families and elevate their voice, maximize federal funding, and promote a robust network of community providers centered on racial equity, healing, and the Strengthening Families Protective Factors Framework from the Center for the Study of Social Policy. The New Jersey Department of Children and Families covers a range of services from child protection and permanency, family voice, training and professional development, legislative and public affairs, women, licensing, performance accountability, and educational services.

Position in Landscape: To advance sustainability for HMG and related early childhood efforts, the New Jersey Department of Children and Families coordinates closely with the state's Department of Health and Department of Human Services to identify funding opportunities and determine the best lead agency to administer its implementation. Funding from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports home visiting intake via the local HMG Centralized Access Points; the Department of Children and Families and Department of Health each contracts a portion of local HMG systems, requiring a similar scope of activities with alignment for oversight and CQI.

Successful Outcome: Select staff from 5 state agencies convene regularly to examine landscape-wide data, apply strategically for funding, and share resources to address funding gaps. HMG's value and resource needs are strongly represented at this table, increasing its visibility and integrating it meaningfully into the state's cross-agency planning.

Referenced internally as the "Powerful 5," the Interdepartmental Planning Group (IPG) which includes New Jersey's Departments of Education, Health, Human Services, Children and Families, and Labor, meets monthly to review state needs through data. They collaboratively direct their resources to address gaps in service availability and program funding. Coordinating submissions for at least five joint funding applications in the past 8 years created a climate where they set aside their siloed agendas and ask, "What's best for the early childhood system?" This lens helps to mitigate issues of territory, personality, and politics and allows the group to speak frankly about respective strengths and capacity, and ultimately choose the best suited agency as lead applicant. When a service landscape gap is identified, or a vital program loses funding, honest conversation and sincere commitment allow members to strategically apply the resources their agency holds. The group does not create policy directly, but members report back to their respective commissioners and their recommendations are respected and actionable. Most recently, a bill was passed offering universal home visiting to families with new babies.

Spread & Scale

Inclusivity

Actively creating opportunities for new communities – geographic, cultural, or professional – to join and inform HMG system building efforts.

Objectives and activities conducted by state leads to promote spread and scale vary significantly depending on many factors, with the biggest variable being whether the state has a single or multiple HMG Centralized Access Points.

Example Activities

- Defining clear opportunities and supports for new partners to join HMG efforts
- Outlining a pathway for new communities to implement the Model or be served by a statewide system
- Generating system-level interest among sectors not yet engaged in HMG
- Dismantling existing racist, biased, prejudiced, and xenophobic structures and actively promoting more equitable representation, decision making power, and resource allocation among HMG partners
- Investing in human or technical infrastructure that promotes economies of scale, so existing resources go farther and are more stable (e.g. trainings, data systems, marketing)
- Building HMG credibility and visibility by promoting best practices and current research
- Scaffolding self-assessment, asset mapping, and community organizing as precursors to HMG implementation

Experiences and Strategies Reported by Help Me Grow State Leads

- Formal applications or system-level agreements can establish clear expectations and responsibilities; they are best revisited over time to ensure the process or paperwork does not deter participation (**California, Michigan**)
- Communities need different levels and types of startup support; it can be a difficult balance to distribute funds or technical assistance in a way that feels fair and equitable
- Technical assistance is a valuable incentive for new communities to join, but state lead bandwidth can pose a natural limit on expansion
- HMG-relevant workforce development offerings can be a useful strategy for reaching new professional groups (community health workers, doulas, "family, friend, and neighbor care" providers)

Help Me Grow as a Leader in Best Practice

HMG state leads leverage insights and expertise from Core Component implementation to model a high standard of practice on service delivery, data-informed decision making, and cross-sector collaboration. Implementation-based technical assistance topics reported by state leads included: universal developmental screening; care coordination; "closing the loop"; motivational interviewing; family voice; and documenting family- and community-level gaps and barriers. Positioned as experts in early childhood

topics, their family service and outreach staff demonstrate the value of these best practices for all families and their necessity across provider settings. The voice of HMG state leads on these practices emphasizes a commitment to high standards for new policy or system requirements.

Alaska, South Carolina, and Washington have hosted provider trainings for continuing education credits, especially on areas of developmental screening and infant mental health. **New Jersey** created a curriculum to cultivate parent champions and create meaningful space for them at advocacy tables. **Alaska and Utah** are contracted to provide training and quality assurance for community providers required to conduct ASQ and utilize a shared ASQ Online database.

Navigating Existing Brands and Legacy Initiatives

Merging Brands or Co-Branding

Branding often ties to organizational identity, history, and funding sources. As HMG activities combine partners or as infrastructure switches homes, determining where and why branding should change can be challenging. For example, HMG **South Carolina** (HMG SC) recently relocated its state lead staff to South Carolina's Infant Mental Health Association (SCIMHA) as its administrative home. Established in 2008, HMG SC came into the relationship with established protocols and brand, website, Facebook, data system, and partners. SCIMHA, established in 2020, has fewer of those assets, but is establishing its own brand and must represent its role and functions beyond HMG.

Turning Over a New Leaf

A key differentiator and significant value of HMG is its fundamental approach of leveraging existing resources and building on what is already in place, rather than supplanting or starting from scratch. Yet prior structural investments or approaches can lose steam or no longer align with current needs. HMG state leads navigate this dynamic carefully, helping shape a new course.

For example, an agency holds a developmental screening data platform intended for statewide use, but is not effectively engaging new providers to contribute or utilize data. Action is needed to build trust, re-cultivate interest, or determine a way to merge or transfer responsibilities to other players. Similar themes emerged around Part C intake and the Centralized Access Point location. The most challenging dynamic is where earlier HMG efforts never gained traction or were unable to demonstrate clear benefit; here state leads grapple with reframing the approach and designing a new path that responds to underlying concerns.

In several states, an outside consultant or evaluator played a role in reviewing existing practices, assessing gaps or disconnects, and recommending changes. In other instances, a planning grant called old and new partners to gather anew and take stock, engaging in collaborative decision-making with a forward-looking perspective.

Multi-System State Processes for Bringing on New Local Systems

Multi-system state leads aim to keep barriers to affiliation low, while also ensuring communities have established the needed knowledge and community buy-in to launch successfully. States have cultivated and appraised readiness for affiliation through self-assessment tools, application processes, and letters of agreement.

Texas: An affiliation application includes questions that require local systems to appraise existing assets and partner relationships, revealing the maturity of community partner dialogue and infrastructure. The full application is open for communities to apply at any time. The state has an interest in ensuring HMG Model uptake in all major metro areas in the state, recognizing that smaller more rural communities might need different system building approaches or supports.

California: Experimented with how to thoughtfully bring on new communities. Once there were several local HMG systems in place, interested counties submitted an application for review by their peers. This formal process was feasible for early adopting counties, who had a critical mass of resources and infrastructure. For counties with more limited organizing capacity, the application became a barrier. California now uses a tool to enable potential local HMG systems to self-assess their readiness for affiliation, inviting communities into conversation about their needs and assets for building HMG. To further reduce barriers in the affiliation process, they streamlined the letter of affiliation to reduce local system need for legal review.

Self-Assessment Tools

State leads in multi-system states report offering local HMG system organizers a roadmap or sounding board as they architect their HMG Core Component implementation.

Washington: Creating a tool to help new local systems assess their existing Centralized Access Point options and discern whether to host their own access point, utilize the statewide line, or co-locate staff within their community. In lieu of an application, **California** created a planning guide asking counties to examine their existing structures for each Core Component and articulate how HMG addresses current gaps in their early childhood system. It includes general questions about strategies, as well as technical questions about current data collection mechanisms or practices. To help move planning into tangible actions, counties must include a year one budget, staffing plan, and list of partner agencies with personal contacts.

Strategies for Expansion in Single-System States

Expansion in single-system states depends upon the Centralized Access Point's initial service area or topical scope. States where the Centralized Access Point initially served a portion of the state (such as **South Carolina, Utah, or Wisconsin**) plan for geographic spread by establishing partnerships and resource knowledge in new areas. **Indiana and Kansas** each launched HMG with pilot sites in strategic communities, leveraging the early success to extend community-level work and channel calls to their Centralized Access Point.

Centralized Access Points with a statewide footprint seek to advance permeation and uptake of their HMG system by deepening service to specific communities, building expertise in new topics, or through partnerships with novel sectors. Single-system states often face the challenge of building and sustaining trust with and knowledge of local communities. States build presence at the community-level and promote local customization by setting an overarching strategy and expectations for community level activities, then determining elements that community-specific staff can direct and customize. This is particularly true with family-facing events and provider networking opportunities.

Spread & Scale Spotlight: Alaska

HMG State Structure: Single-system
HMG State Lead Organization: All Alaska Pediatric Partnership

Organizational Scope: All Alaska Pediatric Partnership, a nonprofit 501(c)(3), is an organization with roots as a membership driven network of hospitals and the state of Alaska Division of Public Health coming together to improve children's healthcare, and now operates statewide to bring about systemic change to improve wellness for all of Alaska's kids. They bring a broad range of institutional perspectives together to exchange ideas and develop collaborative approaches that enhance Alaska's pediatric resources. They are a catalyst for improving systems of care through concentrated efforts on chosen initiatives, including HMG.

Position in Landscape: In addition to their relationships with clinical and state government partners, HMG Alaska and the State of Alaska Division of Public Health co-lead the Alaska Early Childhood Network (ECN), comprised of early childhood coalition leaders and coordinators of similar community efforts throughout the state.

Spread through Coalition, Scale through Tiered Outreach Staffing

Successful Outcome: HMG Alaska partners with local early learning coalitions to spread HMG across their expansive and diverse state. This distributed staffing strategy elevates HMG into ongoing initiative-level conversations, while bolstering HMG staff capacity to be present in local communities and ensure the outreach strategies and staff embody community values and priorities.

Coalition agreement: Members of the ECN sign a Memorandum of Agreement to attend monthly virtual meetings to network, share resources, and engage in topical trainings together. They also agree to serve as "community champions" for HMG Alaska, sharing information with their community on resource connection and bringing back insights on gaps, barriers, and available resources. With their local cultural knowledge and credibility, they both represent HMG in relevant ways in their area and contribute valuable knowledge to Centralized Access Point staff to ensure they can respond appropriately when a family from their area calls.

Staffing structure: HMG Alaska employs a tiered outreach staffing model, in which a member of state lead staff (outreach coordinator) establishes an event format, setting common metrics and standards, and providing relevant training, materials, or supports. The community champion then tailors the event to focus on topics, populations, and geographic areas their coalition has set as highest priority.

Data Collection & Use

Measurement

Focusing data resources and storytelling on highest impact topics and venues, setting priorities collaboratively with HMG implementers and cross-sector partners.

Example Activities

- Advancing data visibility and accessibility to partners and the broader community
- Creating spaces where data is routinely reviewed with expectation to change practice
- Building compelling, data-driven stories to inform system and policy development
- Investing in CQI/CPI practices among partners to promote data quality and consistency
- Isolating and prioritizing data points of greatest interest among state partners
- Brokering data sharing agreements to improve data exchange/minimize legal legwork for partners
- Assisting local systems with HMG Fidelity Assessment completion, review, and use

Experiences and Strategies Reported by Help Me Grow State Leads

- Hosting ASQ infrastructure can significantly increase reach – geographically, linguistically, and among professional sectors. State leads who sit outside government agencies reported they became a desirable data host when communities had concerns of government holding their data.
- State level HMG impact reporting for policy makers, with versions customized for each local system with their own respective branding and local data, such as in **Florida and Washington**.
- Dashboards with real-time data for staff and/or the public. **New Jersey** has developed these to support real-time monitoring of staff-set CQI goals. **Utah** will soon launch a live dashboard of HMG impact measures on their public-facing page.

State-to-Local Data Sharing Dynamics

Local Control

In some HMG affiliate states, there is a particularly strong cultural value of county autonomy and self-determination. For data, this prompts questions of whether it is appropriate or a priority for local data to be compiled by a state-level entity. This dynamic has emerged in **Texas and Minnesota**.

Funding as a Factor in Data Sharing

While it is reasonable to require data collection and reporting when funding a partner or local system for HMG activities, state leads articulate many variables that add complexity. If funding is not uniform across partners, is it fair to expect the same level of reporting? If funding will come to an end, how can the data sharing relationships be maintained?

Developmental Screening

Though not a requirement of HMG implementation, developmental screening can be a key tool in early detection, community outreach, referral, and linkage. A common and effective strategy of HMG Family & Community Outreach and its main objective to advance developmental promotion, screening as an activity spans sectors and is a popular topic and data source among funders and early childhood initiatives. While there are many screening tools and databases that house screening data, HMG affiliates report greatest traction with ASQ Online, with its off-the-shelf functionality and access levels for all types of partners.

HMGs that hold ASQ Enterprise accounts are poised to scale up screening initiatives. This position also paves the way for screening-related training or technical assistance for community providers or service systems at a higher level. **Michigan and Kansas** built their credibility as a statewide data infrastructure host and now offer it as incentive for new communities to join.

Kansas, Alabama, and Utah demonstrated robust capacity to bring on new sectors under their broader account, such as childcare centers, school districts, and clinic systems. These states (as well as **South Carolina, Alaska, and Connecticut**) engaged in state-level reexamination of Enterprise accounts held by various partners to find a new structure that saves resources and consolidates data.

Continuous Quality Improvement

A Structural Requirement of the HMG Model, Continuous System Improvement is the ongoing effort to refine and advance HMG Model operations and impact. State-level Organizing Entities have both a valuable purview and an essential responsibility to assess the impact of HMG, use assessments to identify necessary changes, and pursue policy, programmatic, and funding supports to advance changes. State-level HMG Organizing Entities and state leads support continuous improvement by building local capacity in HMG implementers and partners.

New Jersey: Each funded HMG county is asked to set 90-day aims in the SMART goal format, then design a PDSA (plan-do-study-act) cycle. The counties meet monthly to discuss their goals and what they have learned. Although a state evaluator is present, the sessions are learning oriented and peer led - they bring articles to share, review their progress, and staff who are newer to CQI learn from more experienced colleagues. New real-time dashboards about their care coordination activities allow them to monitor their SMART goal progress more routinely.

Iowa: The state agencies promote a culture of CQI that teaches and empowers people to be problem solvers and incorporate their knowledge and experience. HMG Iowa's state lead utilized this approach to improve collection of race/ethnicity data used by 18 county-level developmental screening liaisons, reducing the occurrence of a gap in these data from 30% to 12%.

This gap in race/ethnicity data was a departmental priority because it hampered the ability to set health equity goals and measure progress. The HMG state lead began with an educational session on why these data are so valuable. They then asked the liaisons to identify reasons the data was not entered. Common reasons included a discomfort asking the question, feeling unsure where to enter it, and not realizing how often they overlooked that item. They used a combination of strategies to address these and other data gaps, such as side-by-side data entry, reviewing reports individually, and creating guiding documents on the data points or how to collect them.

Data Collection & Use Spotlight: Kansas

State Structure: Single-system
HMG State Lead Organization: Center for Public Partnerships & Research, University of Kansas

Organizational Scope: Situated within the University of Kansas, the Center for Public Partnerships & Research (CPPR) houses expertise in program evaluation, systems change, navigating bureaucratic constraints, data science and social innovation. CPPR collaborates with an array of community and governmental partners to integrate research, policy, and practice.

Position in Landscape: CPPR provides organizational support to the state's numerous early childhood entities, including: the Departments of Children and Families, Education, and Health & Environment (MCH Division); the Children's Cabinet and Trust Fund; and the Kansas Children's Service League. The HMG Kansas Core Leadership Team and the ECCS State Advisory Team recently joined forces as the Kansas Early Childhood Advisory Team and is leveraging PDG-5 funding to reimagine and scale HMG in new ways.

Developmental Screening Systems Feature

Successful Outcome: Kansas's PDG-funded state strategic planning process, All In For Kansas Kids, is yielding an aligned approach to more uniform ASQ use, infrastructure, and financing. This allows HMG Kansas to leverage existing screening efforts and expand participation at both the agency and community-levels.

Infrastructure: The state-level workgroup identified 17 existing enterprise or pro-level accounts for ASQ Online, many of which shared a funding agency. Even with this number of enterprise systems in the state, communities and providers expressed availability and access barriers to screening. The PDG leadership group has expanded the existing Kansas Department of Education Enterprise Account to include 30 new Community ASQ Enterprise accounts connected by a hub and began implementing this statewide ASQ Online System in 2021.

Use: The Kansas Department of Education launched the Kindergarten Snapshot – an ASQ-3 and ASQ SE: 2 administered screener at school entry and have screened nearly 100,000 kids over the past three school years. In 2021, under the new unified branding All In For Kansas Kids, the Department of Health and Environment and the Department of Education entered into a collaborative agreement to add 30 Community ASQ Enterprise accounts managed by local Part C agencies, offering free ASQ online subscriptions and covering the per screen costs for 3 years.

Financing: The cost of ASQ Online as well as ASQ-3 and ASQ: SE-2 kits (licenses) were a longstanding financial barrier to screening for community providers. By negotiating a bulk price with the ASQ's publisher, Kansas can now offer reduced-price kits to community providers joining the collective ASQ system.

Timing of Creating State Lead Staffing in Multi-System States

Several states began their HMG journey at a regional level, then added state-level leadership as additional local systems joined and a more cohesive approach to expansion or peer learning was needed. Examples include **California, New York, Michigan, and Texas**.

Factors that contribute to this type of expansion:

1. Existing systems advocate for support and structure (**New York & Texas**)
2. Local implementations produce high impact, thereby grabbing attention of state-level agencies (**California & Texas**)
3. New funding provides opportunity to create a state lead position as HMG spread and scale occurs within a state (**Michigan**)

Other states from the outset pursued HMG at a state-level and chose a multi-system approach to implementation. Examples include **Wisconsin, Kentucky, and Nebraska**.

Factors that contribute to this type of expansion:

1. Interested communities have elements of the Model, but to fully implement and formally join the National Affiliate Network, seek structure and support from a state agency or existing HMG system (**Wisconsin and Kentucky**)
2. As one local system launches, several other communities prepare to affiliate and a state lead is needed to support all implementing systems (**Nebraska, New York, Wisconsin**)

Distributing State Lead Functions

Some HMG affiliates choose to share or distribute state-level responsibilities within the 5 strategic areas of HMG leadership across partner agencies. Here we will call them affiliate partners.

Distribution of responsibility can have several practical benefits:

- Draw upon another organization's content expertise, credibility, or trusted relationship with specific provider or family communities
- Work around agency role limitations
- Distribute accountability and funding responsibility
- Track record or credibility for specific activities
- Leverage unique capacity within an organization
- Diversify perspectives, priorities, and storytelling platforms

Issuing Policy Briefs Collaboratively with System Partners

Alaska: The state was an early adopter of Brookes Publishing's ASQ Online HUB account, which synthesizes data from participating ASQ Enterprise accounts for more global reporting. Managing this structure requires significant, stable investment in quality assurance and user training. Any entity hosting large amounts of community data must also have the trust of partners and community. As a significant strategy for encouraging and tracking Part C enrollment, Alaska's state partners commissioned a consultant to assess current HUB administration and outline a more sustainable governance structure. A report was released in 2020.

California: As of 2022, HMG California is comprised of 30 county or regional HMG systems. It is positioned to observe where a state-level funding or infrastructure approach is needed for uniform access across the state, as not all areas have HMG Centralized Access Point coverage. First 5 Association's Center for Children's Policy interviewed 30 local HMG system leaders to illustrate how HMG currently complements the early intervention system and remaining needs for statewide investment in a more cohesive approach to universal screening, linkage, and Part C data integration. A report was released in 2020.

New York: Recently released a report highlighting process barriers to preschool special education, leading to inequitable access to services. On Long Island, families were required to register for school before requesting an evaluation, delaying the assessment timeline. School registration requirements and practices varied widely by district, and high administrative burden was shown to disproportionately impact families of color. Prior to publishing the findings, they engaged a range of local stakeholders and learned it affirmed what they knew anecdotally. Partners whose reputation was impacted by the data also had opportunity to review and inform how it was framed, to ensure the final product was productive and unifying. A sign-on letter is now circulating to state commissioners of education to change that process.

Considerations when Selecting a State Lead and System Partners

These considerations may be useful to potential affiliates in identifying primary state lead organizations, or existing affiliates seeking to identify or recruit partners to explicitly own specific lead functions. Consider what current members at the table can offer and what additional players may be needed to round out capacity. Affiliates may not need or may never have coverage of all topics below; prioritize the skills and expertise listed below based on anticipated traction or opportunities. For example, if subcontracting large funding streams, ensure sufficient administrative experience and organizational support. If priority is on equitable outreach, prioritize an equity lens and agile marketing.

Characteristics, Skills, and Assets Essential to Help Me Grow State Leadership Functions

Entities that have stable capacity and agility with:	Entities that have access to:	Entities that have content expertise or relationships around:
• Implementation sciences, delivering related TA • Marketing • Needs assessment administration • Subcontracting/vendor procurement • Continuous quality improvement (CQI), Quality assurance (QA) • Grant writing	• Policy makers • Funding opportunities • Philanthropic audiences	• Relevant service sectors: Early childhood education, child welfare, parent support, business sector, clinical systems, etc. • Health equity, reconciliation, and dismantling racist systems • Data integration and meaningful use

Considerations when Defining Responsibilities & Commitments amongst Partners

State leads identified these elements as essential to establish among partners sharing state lead functionalities. Examining them early and often promotes role clarity and preempts common gaps or misassumptions.

- Honest discussion of funding pursuit/access:
    - Who is best positioned to pursue/lead application for which types of funding?
    - When funding opportunities arrive, where/how will we decide who is leading? How will we decide who is written into the application?
- Funding gaps:
    - What are options or mechanisms when funding runs out or changes course?
    - Where will this be discussed, and who will help message/manage?
- Decision-making and narrative on Centralized Access Point position/scope:
    - Process for choosing or re-evaluating Centralized Access Point position or sustainability
    - Joint messaging and advocacy on where the Centralized Access Point sits (and why) to reduce domain disputes or questions of how HMG fits within existing structures
    - Concrete options for how other infrastructure or initiatives can be incorporated
- Storytelling roles – to community, to service partners, to policy makers
    - Rationale for funding – why it is needed, how it is being utilized and why
    - Amplifying community needs, priorities, and values
    - Highlighting system gaps or improvement needs
- Listening and evaluation roles – to community, to service partners, to policy makers
- Convening and facilitation:
    - Who convenes?
    - Plan for turnover; desired redundancy in representation
    - Staffing – what level of staff for each organization, at each table
    - Existing boards, advisory committees, etc. to leverage
- Branding - Will existing advisory boards/councils adopt the HMG brand? Will relevant boards simply serve as HMG leadership mechanisms, even if established or branded under another name?
- Workforce development – if topical training and best practice promotion will be part of HMG efforts, it could be considered part of initiative/policy work or as extension of service integration infrastructure. Consider this and determine where it fits in terms of branding, accountability, and implementation
- Who will administer the HMG Core Components?
    - Implementation of the Core Components themselves
    - Oversight, CQI, and strategy for expansion

Funding Help Me Grow at the State-Level

Through conversations with HMG state leads it became apparent that funding HMG at the state-level is not one-size-fits-all, and that funding is a common issue area for state-level leadership. The HMG National Center distributed a survey in October 2022 to establish a point-in-time snapshot regarding the landscape of HMG state-level funding. This survey and the resulting snapshot presented here represent the beginning of an ongoing conversation about funding sources, how to secure and diversify funding streams, and how funding looks different for different affiliate states.

Twenty-three affiliate states responded to the funding survey, representing 79% of the 29 HMG states (including the District of Columbia) as of the time of this report. Percentages presented in this funding section use the number of total survey respondents (N=23) as the denominator.

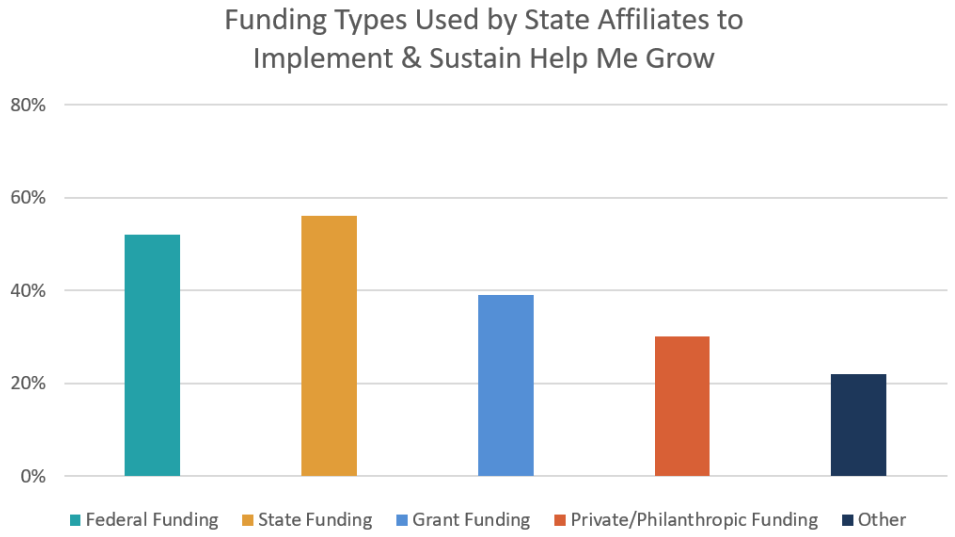
State leads were asked to respond to both broad and specific funding questions in order to paint a picture of the types of funding from which affiliates draw down, specific funding sources utilized, and their state's overall annual budget for HMG operations.

For the purposes of this exploration, funding type refers to the broadest categorization from where funding may come (e.g. federal, state, grant, private philanthropic, other) and funding source refers to the more specific streams from which states pull funding (e.g. MIECHV, Title V, PDG, ECCS, W.K. Kellogg Foundation).

Types of Funding Used by State Affiliates to Implement and Sustain Help Me Grow

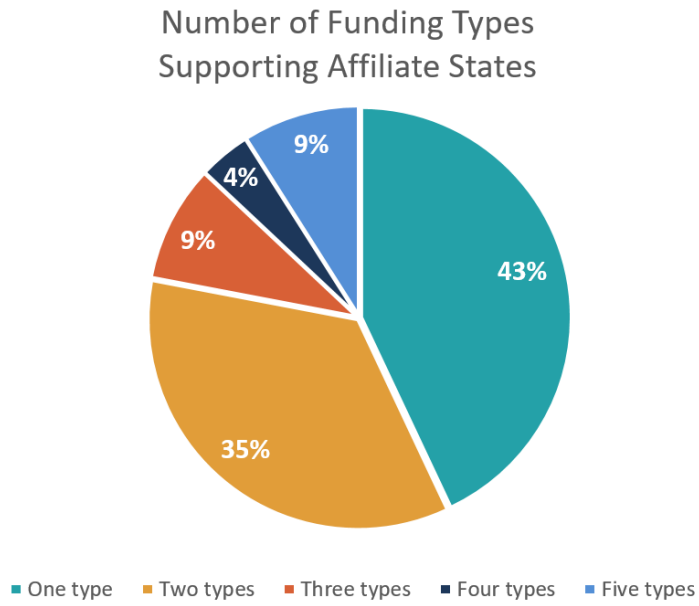
States had the opportunity to select all funding types that their HMG receives: *state funding; federal funding; grant funding; private philanthropic funding*; and *other*.

Of the 23 affiliate states responding, 52% (n=12) receive federal funding, 56% (n=13) receive state funding, 39% (n=9) receive grant funding, 30% (n=7) receive private philanthropic funding, and 22% (n=5) receive another source of funding.



The percentages totaled in the above graph equal more than 100% because a number of affiliate states receive more than one type of funding.

Ten states (43%) reported receiving only one type of funding to support their state HMG. The most common sole funding type was *state* funding (n=4), followed by *federal* funding (n=2) and *private philanthropic* funding (n=2). Eight states (35%) reported receiving two types of funding; the most common combination of funds was *federal* and *state* (n=3) followed by *state* and *grant* funding (n=2). Two states (9%) reported receiving three types of funding; both received *grant* and *philanthropic* funds while one also received *state* and the other received *federal*. One state (4%) reported receiving four types of funding: *federal, state, grant*, and *other* (United Way). Two states (9%) indicated receiving all five options for funding, with the *other* options reported as database revenue and a local levy.



This data indicates that most state-level HMG affiliates are funded through only one or two types of funding, and the most common types of HMG funding support are state and federal funds. Relatively few HMG states are funded with diverse buckets of funding streams (meaning a blend of federal, state, private, etc.).

States were asked to report the percentage that each funding type represented of their total HMG budget. Of the thirteen states receiving *federal* funding, 62% (n=7) reported this type of funding accounted for 75-100% of their total annual HMG budget, 15% (n=2) reported 50-75% of their budget is federally-funded, and 23% (n=3) reported that less than 50% of the budget is federal. **This indicates that federal funding comprises a high dollar amount of state-level HMG budgets, and appears to support a majority of HMG state-level efforts.**

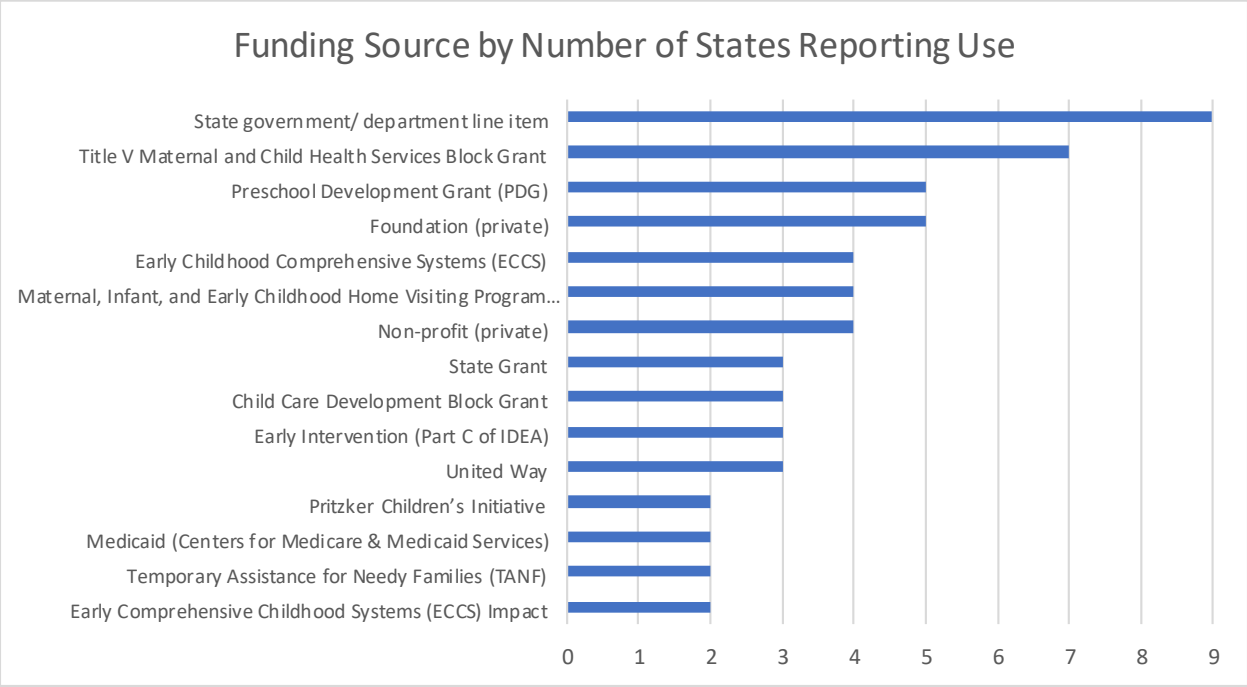
Of the thirteen states receiving state funding, the budget percentages were more split: 38% (n=5) reported this type of funding accounted for 75-100% of their total annual HMG budget, 23% (n=3) reported 50-75% of their budget is state-funded, and 38% (n=5) reported less than 50% of the budget comes from the state. There is not as clear of a story being told about state funding and state-level HMG systems, with many states funding HMG in different ways. However, state funding still plays an important role in supporting state-level HMG efforts.

The categories of grant funding and private philanthropic funding as a whole made up smaller proportions of HMG state budgets. Of the nine states receiving grant funding, one reported receiving 75-100% of the budget from grant funds, one reported 50-75% of the budget is from grant funding, and seven (78%) reported less than 50% of the budget comes from grant funding. Likewise, of the seven states receiving private funding, two state leads reported that 75-100% of the annual state HMG budget is from private philanthropic funds, one reported receiving 50-75% of the budget from private sources, and four (57%) reported under 50% of the budget is supported by private philanthropic funding. **This indicates that states are generally supported in smaller dollar amounts by private funds and grant funds, and they are less likely than state and federal funding to be a state's main source of funding.**

While the data points to interesting directions for future exploration, these funding buckets may have been interpreted differently across state leads and may even overlap in some cases. For example, federal dollars administered through a state agency may come to HMG in the form of a state grant, which could have been classified by a respondent as either federal, state, or grant funding, or all three. In particular, **the grant category requires special attention in analysis because a standard definition of grant funding was not provided in the survey questions.** Comparison between the grant category and specific funding sources selected showed many state leads selected state or federal grants which could fall under multiple categories. Further exploration will be necessary to determine the distinctions between funding sources as states understand them in action.

Funding Sources Used by State Affiliates to Implement and Sustain Help Me Grow

State leads were asked to report the specific funding sources that their state leverages to support HMG. **The most commonly reported source of funding was *state government/department line item*** (39%, n=9), followed by *Title V Maternal and Child Health Services Block Grant (MCHB, HRSA)* (30%, n=7). *Foundation (private)* and *Preschool Development Grant (PDG) (DOE & HHS)* tied for third most commonly reported funding source (22%, n=5). Finally, *non-profit (private)*, *Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) (MCHB, HRSA)*, and *Early Childhood Comprehensive Systems (ECCS) (MCHB, HRSA)* tied for fourth most commonly reported (17%, n=4) funding source.



Funding sources not selected by any respondents or selected by only one respondent are not included in the above graph. These sources include: Corporation for National & Community Service; Pregnant & Parenting Teen Grant (OAH, HHS); Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) (SAMHSA); Race to the Top, Early Learning Challenge (DOE & HHS); Supplemental Nutrition Assistance Program (SNAP); Systems Integration Grant (SAMHSA); Women, Infants and Children (WIC) (DOA); CMS/Transforming Clinical Practice Initiative (Centers for Medicare & Medicaid Services); Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (Centers for Medicare & Medicaid Services); Managed Care Organization (MCO); Private insurance; W.K. Kellogg Foundation; Robert Wood Johnson Foundation; Lucille Packard Foundation; Children's Trust; Private Corporation; and American Academy of Pediatrics (AAP).

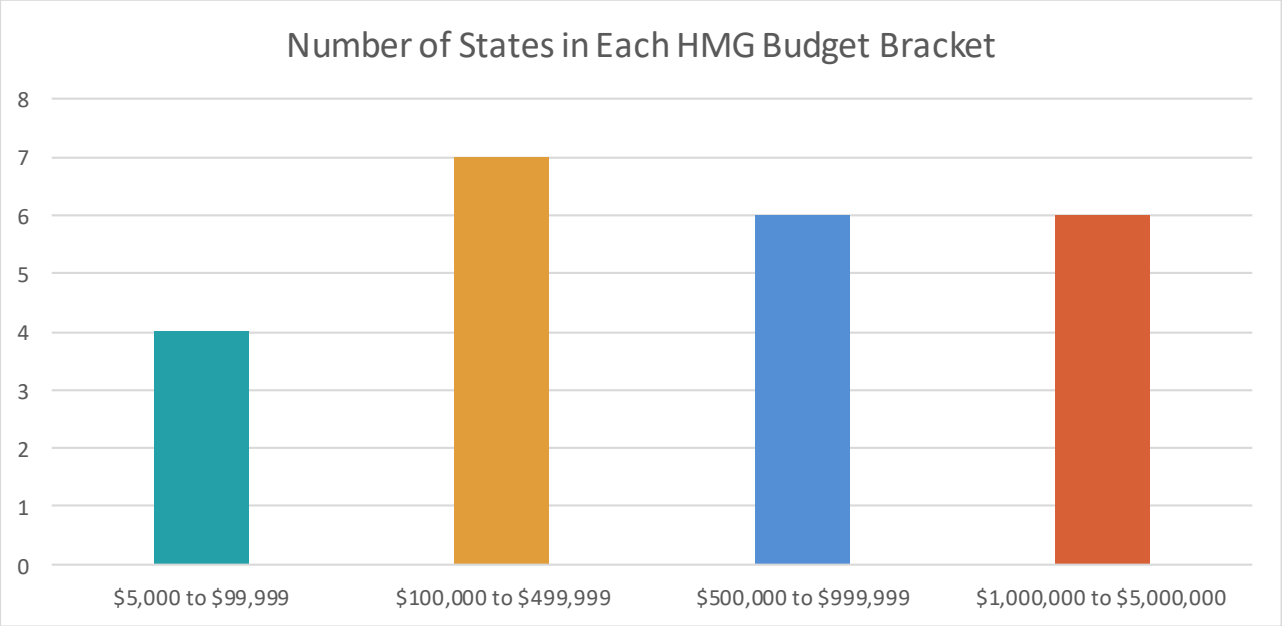
HMG funding secured through a *state department/government line item* was the most selected funding source, yet it appears that the level to which HMG states receive funding from their state governments varies greatly: some receive significant funding, while others receive little. Given that federal funding supported greater percentages of state HMG budgets and it is clear that state-level HMG systems pull from a variety of federal funding sources, it is possible that federal grants, funding through Title V, PDG, ECCS, MIECHV, and other federal funding sources provide higher dollar amounts in funding than state governments, or at more consistent dollar amounts across states to make federal funding streams more profitable for annual budgets.

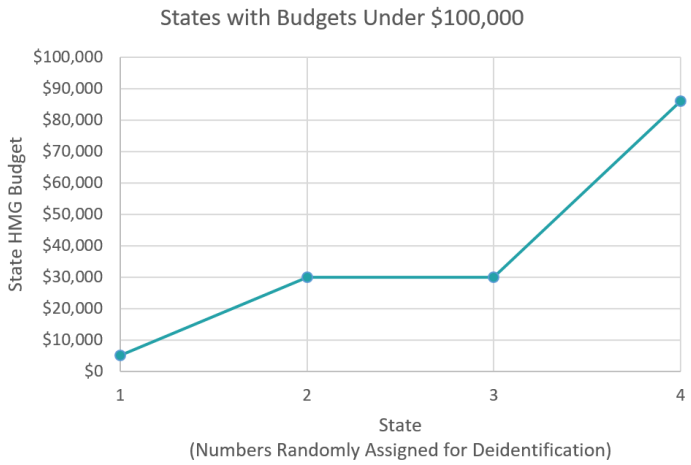
With philanthropic funds providing less for budgets overall but still being ranked highly as a source of funding, it is possible that private funding is utilized more as supplementary funds. Private funding also typically comes with less strict regulations and requirements for use than federal dollars, which are typically granted for specific activities toward specific measurable outcomes. **Greater exploration intothe relationship between funding types and sources will be necessary as we continue to expand our understanding of the state-level funding landscape for HMG.**

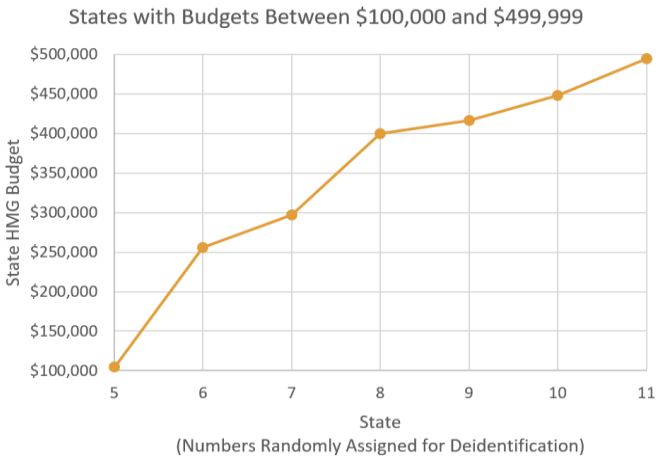
Help Me Grow State Budgets

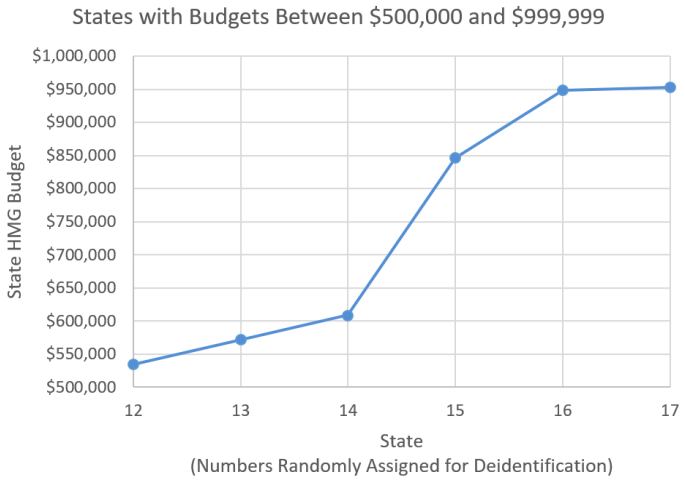
Total state-level HMG operating budgets vary greatly across the National Affiliate Network: states reported HMG budgets from $5,000 to nearly $5 million.

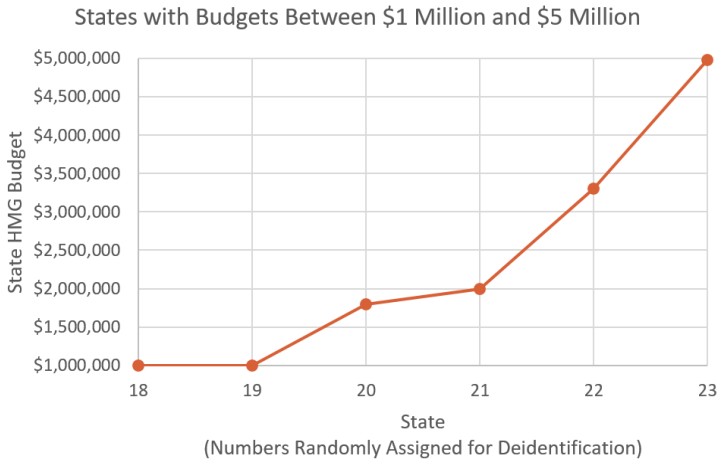
Of reporting affiliates, 17% (n=4) reported an annual budget in the $5,000 to $99,999 range, 30% (n=7) in the $100,000 to $499,999 range, 26% (n=6) in the $500,000 to $999,999 budget bracket, and 26% (n=6) in the $1,000,000 to $5,000,000 budget bracket.











These findings indicate that HMG is funded at very different levels in different states, and there is no standardized price tag that can be placed on state-level HMG operations.

While there are myriad variables that account for the incredibly wide range of state-level HMG budgets, one critical factor is the unique approach to state-level leadership in a given state. Affiliate states wherein the state-level Organizing Entity does not directly operate the Model's Core Components and instead specializes exclusively in strategic areas of HMG state leadership such as Policy & Advocacy and Spread & Scale may be more likely to report a relatively smaller total operating budget. A closely related and significant contributing factor to wide budget variance is the structure an affiliate state has chosen for HMG implementation (i.e. whether the state is a single-system or multi-system affiliate).

For example, a state-level Organizing Entity that operates a single Centralized Access Point serving the entire state is likely to include the salaries and benefits for all HMG Care Coordinators in the total budget, while a state that partners with an organization or constellation of agencies to conduct Care Coordination,

referral, linkage and follow-up may not include Centralized Access Point personnel costs in the total budget amount.

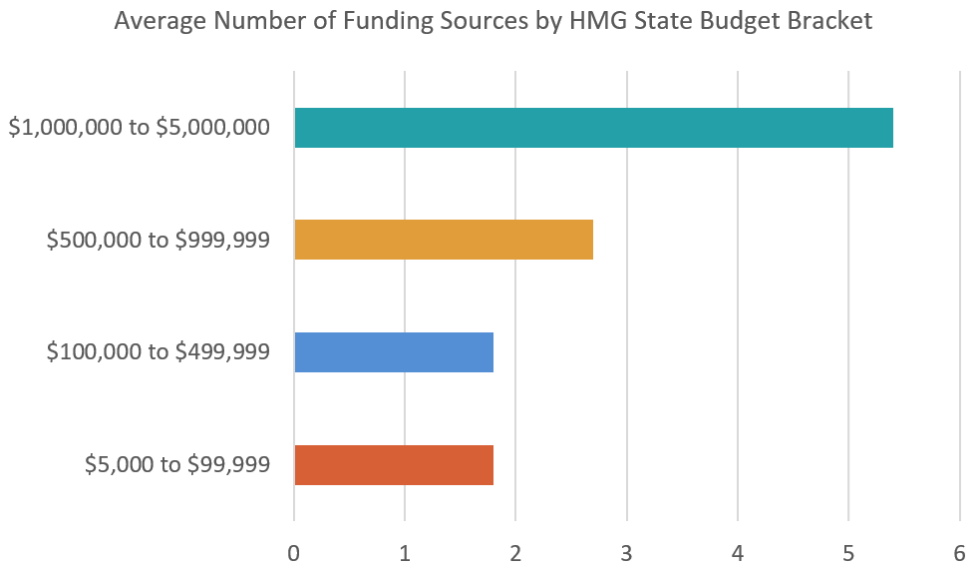
However, state size and total population were not a direct indicator of state-level HMG funding: some large states reported small or mid-tier budgets, and some smaller states reported large or mid-tier budgets.

The finding that HMG state budget and state size are not correlated may go against expectations, and it serves to highlight that while funding is a key ingredient to a cohesive HMG system, it only represents one piece of the picture. Other elements of the HMG landscape may be more correlative to costs and budget than state population or land size, such as variables like affiliation structure, nature and role of the state-level Organizing Entity, percent of the state served by HMG, target population, number of children served, and other regional demographics such as population density. **Learning more about the relationship between these variables and affiliate's costs and expenditures will be a valuable future exploration.**

State Funding Streams in Comparison to Budget Size

When analyzing the relationship between the previously-presented ranges of state budgets and the number of funding sources states reported utilizing, a trend emerged: **states with higher budgets appear to secure their funding from more funding sources.**

States with a budget of $1 million and up reported an average of 5.4 diverse funding streams, with a range from one to 13, while states with a budget under $1 million but over $500,000 averaged 2.7 funding streams, with a range of one to four. This trend continued with states in the budget bracket of under $500,000 but over $100,000: they reported an average of 1.8 funding streams, with a range of one to five; states with a budget under $100,000 averaged 1.8 funding streams, ranging from one to three. **Increasing diversification of funding streams may be a strategy to increase overall HMG state-level budgets and should be more closely examined in continued exploration.**



Future Directions for Understanding State Help Me Grow Funding

In addition to the above data, the HMG National Center also asked for a line item budget breakdown of state HMG budgets. Respondents were offered common line items on which to report allocations: *Personnel (salary/fringe/total)*; *Equipment*; *Supplies*; *Consultants/Contracts*; *Program Operating Costs*; *Indirect Costs*; and *Other*.

As recognized previously, data may have been reported differently based on interpretation of the questions, so the analysis is not useful to report, but it did lead to **more questions around how states quantify and qualify their budgets and what they consider to be HMG activities.** For example, some states utilize contracts to outsource HMG Model implementation, while others implement the Model's Core Components and Key Activities in-house and factor those in as line-item budget allocations. Inversely, some states may contract out for state leadership activities like legislative advocacy, strategic planning, and grant writing, while other states may consider these fixed aspects of their annual budgets. Recognizing how important these specifics are to understanding the landscape of HMG funding will allow for more precise and in-depth conversations in the future.

An additional blind spot of this current dataset is how HMG funding is secured: through grant applications in response to RFAs, co-applications with other agencies, MOUs with state partners, or other tactics to bring in funding. **The distinctions between federal and state dollars get blurred when contracts are signed with agencies that are disbursing funds from other sources, and more clarity on the specifics of securing funding will be an ongoing conversation with state leads.**

Navigating Partner Dynamics & Change

Evaluation or Facilitation Neutrality

Data can tell a powerful story. The entity who holds and interprets that data has a big influence on narrative. Data management also requires stable resources and expertise. Organizations oriented towards data integrity – such as universities with research centers (**Kansas and Missouri**), state agencies with CQI departments (**New Jersey and Iowa**), and organizations with a policy orientation (**California**) - are poised to give data the attention and voice it deserves. When HMG data reveals access or service quality shortcomings, the reception and dialogue around that narrative is influenced by who delivers the information.

HMG as a Behind-the-Scenes Approach

In some states, HMG is perceived by partners as supplanting existing systems or introducing a new brand where an existing one is well-established. In other cases, a meaningful, sustainable funding stream is leveraged but brings its own branding. In these instances, the HMG Model is utilized to unify strategic planning and/or broad-system impact storytelling, while initiatives and family or provider-facing services retain existing names. The key questions become, "What level of influence or collaboration is needed for it to hang together as a system?" and "What level of leadership buy-in is needed to ensure sustainability?" **Kansas** uses a great analogy of HMG being a home, not a set of materials; a place rather than a product. This approach invites partners and aligned initiatives to bring and contribute what they have without rebranding it.

Help Me Grow Centralized Access Point Relocation and Evolution

Some states have moved their Centralized Access Point from one partner organization to another, moved it from in-house to out-of-house, or vice versa.

South Carolina: The Greenville Health System, the original host to South Carolina's Centralized Access Point, was acquired by PRISMA Health and operations evolved under that system's new governance and catchment area. In 2021, HMG state leadership staffing relocated to the South Carolina Infant Mental Health Association and contracted an existing benefit enrollment hotline to fulfill HMG capacities.

Oregon: At launch, state leadership and Centralized Access Point operations were situated at 2-1-1. They are now housed within a hospital, Providence Medical Center, and operate from a parent resource hub called Swindells Resource Center.

Alaska: Initially housed at *thread Alaska*, the state's Alaska's Child Care Resource & Referral Network. They recently established and moved all CAP operations to their own Centralized Access Point housed at their state lead organization, All Alaska Pediatric Partnership.

Conclusion

A HMG state lead operates far more than Core Components – they realize a HMG Model in their state must reflect its unique political, funding, community, and service landscape priorities. In ways unique to their organization and region, their activities across the five strategic areas shape their partnership and service landscape for greater collaboration. State leads are tasked with moving the work forward amidst ever-evolving funding and partnerships. As they coordinate the contributions of system partners, they are positioned to increase inclusivity in decision-making, examine system inequities, and raise standards of care in their states.

A HMG state lead's role and priorities are shaped by three main factors: 1) their organization's type and sector, 2) whether the state has a single or multiple Centralized Access Points, and 3) their role in Centralized Access Point administration.

This study revealed the many ways in which state leads elevate the needs of communities and the infrastructure in place to meet the occasion. Findings suggest the following characteristics, qualities, and functionalities as indicators of powerful, effective HMG state leadership:

- Vantage point (by virtue of both organizational positionality as well as inherent personal trait) to see and unite efforts, resources, and capacity for universal access to a comprehensive early childhood system that ensures developmental promotions, early identification of priorities and concerns, referral and linkage to desired and beneficial services and supports.
- Ability to "boundary span", or identify and promote the intersection and integration of sectors, systems, models, groups, and programs.
- Commitment to a solution-focused approach to system-building, where competition is regarded as an opportunity for the introduction of efficiencies, partnership, and cost-reduction.
- Maintenance of equity as a "north star", wherein the environment and infrastructure established by HMG implementation is leveraged to pursue universal outcomes through targeted strategies.
- Appreciation and commitment to the imperative of co-production and co-leadership with community and families themselves, including authentic recognition of the cultural wealth as assets brought to the table by families.
- Agility to identify and pivot to promote needed updates and enhancements to implementation approach, in order for HMG to nimbly grow its impact in synchronicity with community changes.

Dialogue and shared learning among HMG state leaders will further illuminate their vital role and inform what tools and supports can accelerate their impact. The HMG National Center considers this report and the exploration efforts behind it to commence a sustained effort to develop resources, tools, and opportunities that support the unique role of HMG state-level Organizing Entities and the state leads that carry out the essential and distinct efforts associated and outlined within the five strategic areas.

Glossary

Affiliate

Signs annual letter of affiliation with HMG National Center to be a member of the HMG National Affiliate Network. Is responsible for carrying out the responsibilities outlined within the affiliation agreement. For states with multiple HMG systems, each local or regional Centralized Access Point is recognized as a distinct system within the overarching HMG affiliate.

Affiliate Partner

Agencies or entities separate from the HMG Organizing Entity that are accountable for HMG leadership in one or more strategic areas.

Centralized Access Point

A streamlined point of entry for families and providers to discover and receive facilitated referrals to community and publicly available services. Typically anchored in a phone line, it involves HMG Care Coordinators who utilize a computerized resource directory and track calls, referrals, and follow-up in a data system.

Core Component

A foundational building block of a HMG system. The Model consists of four components: Centralized Access Point, Community & Family Outreach, Child Health Care Provider Outreach, and Data Collection & Analysis.

Multi-System Affiliate State

A HMG affiliate state containing a constellation of Centralized Access Points.

Organizing Entity

Agency or body that is formally responsible for coordinating and managing HMG efforts; these exist at the local, state, and national-level.

Positionality

The organization's locus or placement in the early childhood landscape, relative to other agencies, organizations, and service systems.

Single-System Affiliate State

A HMG affiliate state organized around a single Centralized Access Point.

State Lead

The person or persons in positions responsible for coordinating and managing HMG efforts at the state-level; these exist for both single-system and multi-system affiliate states.

Strategic Area

A thematic category of activities that HMG state lead organizations have exhibited as part of their leadership activities.

HMG System

Operationalization of all four HMG Core Components. Individual systems are recognized by the operation of a HMG Centralized Access Point. HMG systems may be at the local or state-level, depending on reach of the Centralized Access Point.

Appendices

Appendix A: State Lead Organization, Organizing Entity Type, and Affiliate Structure by Affiliate State

State	Organizing Entity	Organizing Entity Type	Hosts a CAP	Structure
Alabama	Alabama Partnership for Children	Community-Based Organization	Yes	Single
Alaska	All Alaska Pediatric Partnership	Community-Based Organization	Yes	Single
California	First 5 California	Community-Based Organization	No	Multi
Connecticut	Office of Early Childhood	Governmental	No	Single
Delaware	Division of Public Health	Governmental	No	Single
District of Columbia	DC Health	Governmental	Yes	Single
Florida	The Children's Forum	Community-Based Organization	No	Multi
Georgia	Department of Public Health	Governmental	No	Single
Indiana	Department of Public Health	Governmental	Yes	Single
Iowa	Department of Public Health	Governmental	Yes	Single
Kansas	University of Kansas – Center for Public Partnerships & Research	University	No	Single
Kentucky	Division of Maternal Child Health	Governmental	Yes	Multi
Maine	Department of Health and Human Services	Governmental	Yes	Single
Michigan	Oakland Public Schools	Public Education Organization	No	Multi
Minnesota	Department of Education	Governmental	Yes	Single

Mississippi	Mississippi Families for Kids	Community-Based Organization	No	Single
Missouri	University of Missouri - ParentLink	University	Yes	Single
Nebraska	Center for the Child & Community - NE Children's Hospital & Medical Center	Medical Entity	No	Single-System
New Hampshire	Department of Health and Human Services	Governmental	No	Single
New Jersey	Department of Children and Families: Family & Community Partnerships	Governmental	No	Multi
New York	Docs for Tots	Community-Based Organization	No	Multi
Oklahoma	Lift Community Action Agency	Community-Based Organization	Yes	Single
Oregon	Swindells Resource Center; Providence St Vincent Medical Center	Medical Entity	Yes	Single
South Carolina	South Carolina Infant Mental Health Association	Community-Based Organization	No	Single
Texas	Department of State Health Services	Governmental	No	Multi
Utah	United Way of Utah County	Community-Based Organization	Yes	Single
Vermont	Division of Maternal and Child Health	Governmental	No	Single
Washington	WithinReach	Community-Based Organization	Yes	Multi
West Virginia	West Virginia Office of Maternal, Child, and Family Health	Governmental	No	Single
Wisconsin	First 5 Fox Valley	Community-Based Organization	Yes	Single

Appendix B: Interview Question Bank

Spread & Scale

- Your activities to set the stage for greater statewide awareness, reach, or infrastructure
- Your role in bringing new communities into the fold
- Your activities to facilitate collaboration among local systems or community-level implementers

- How do you cultivate interest or readiness in new communities?
- What is your role in preparing a new community to implement HMG?
- What convenings do you host for HMG partner organizations?
    - What is the purpose of those meetings?
- If you have community-specific staff (who manage local systems or conduct community-specific implementation of your single system), what convenings do you host for them?

Onboarding, Training & Technical Assistance

- Your onboarding offering to new communities or new staff
- Your direct TA in local planning or core component implementation
- Your role in assuring progress or fidelity among community-level activities
- Your efforts to promote peer-to-peer learning among staff at all levels

- If your state has local or regional CAPs, what aspects (if any) do you standardize? E.g.: Data system, care coordination protocols, staff roles, branding.
- If outreach staff exist at a community-level, what guidance, expectations, or resources do you provide? E.g. materials, social media, event.
- How do you help local systems or community-level staff tap into national network offerings?
- How do you support peer-to-peer learning within your state?
- What is your role in ensuring quality, progress, and fidelity in local system or component implementation?

Data Collection & Use

- Your role in the collection of data (not limited to the fidelity assessment)
- Your policy or process for synthesizing data across partners, components, or local staff
- Your role in leveraging that data to advance your work

- Do you have a point person for state level data activities? (In-house, contracted, or at a partner agency?)
- What qualitative or quantitative data do local systems share with you or each other?
- What is your process for compiling or analyzing data from local implementers or systems? (including, but not limited to, the fidelity assessment)
- What data from HMG activities do you share with partners or funders? To what end?

Policy & Advocacy

- Your activities to influence government as well as partner organization policies
- Your activities to create a state climate where early childhood is a policy and funding priority

- How do you increase prioritization of early childhood topics in your state?
- Do you have an organization or staff person who spearheads political advocacy?
- When a state level partner pursues legislative policy change, what is your role or contribution?

- Do you have specific public figures who understand your cause and promote it where/when appropriate? If so, how do they add value?
- How do you influence organizational policy at state agencies or partner organizations? Example?
- Do you have any formal arrangements with other agencies to:
    - Integrate care coordination activities
    - Share data
    - Cross-promote services

Funding & Sustainability

- Your activities to secure funding from public funders (national, state, and/or local)
- Your role in blending or braiding funding sources to support HMG activities
- The funding dynamic for state vs community-level activities

- What is the approach for funding your own state lead functions?
    - Source of funds
    - Steps you take to procure funding for your own activities
- What role, if any, do you play in helping community-level HMG staff to fund their work?
- What role, if any, do these funders have in your work?
    - Philanthropic funders
    - State or community government grant or budgets
    - In-kind funding from community-based organizations

Appendix C: Survey Questions

- State name
- Your name and a description of your role
- Are there other staff at your organization who support HMG at a state level? If so, what are their roles?
- If you have counterparts at other agencies who hold a piece of your state lead work, please describe their role(s).
- Which aspects of Help Me Grow does your organization conduct directly?
  - ☐ Hosts a centralized access point
  - ☐ Holds networking events for community-based providers
  - ☐ Conducts trainings for community providers
  - ☐ Designs and/or disseminates HMG promotional content (materials, social media, etc)
  - ☐ Hosts family-oriented events
  - ☐ Cultivates a physician champion
  - ☐ Conducts outreach to medical practices about screening, surveillance, and/or the centralized access point
  - ☐ Orchestrates data sharing across partners
  - ☐ Makes changes to service delivery or priorities based on data
  - ☐ None – all activities are conducted by partner organizations
- Where does your organization sit within your state's early childhood landscape?
- What are strengths of having HMG state lead activities sit within your organization type, specifically? What are the limitations or challenges?

Spread & Scale

- Expansion can look many ways, such as serving a new geographic area, focusing on a new family or child demographic, or integrating with a new sector. What is the next frontier for you?
- What is the relationship dynamic with your state-level Part C program?
- What is the relationship dynamic with your state-level Part B administration?

Onboarding, Training and Technical Assistance

Help Me grow state leads often serve a role in staff (internally or externally) building topical knowledge, developing processes, or cultivating functional relationships.

- HMG systems have high standards in topics like screening, care coordination, family engagement, etc. In what topics or practices does your system raise the bar?
- As an organizing entity, in what spaces do you expand partner understanding of your work? What are your most valuable analogies, phrases, or visuals for this?
- What is your role in connecting your staff or partners with the broader HMG affiliate network or National Center?

Data Collection & Use

Think beyond reporting or fidelity assessments. Consider HMG's unique purpose in your state, and the data activities that move that work.

- What is the most useful data point for telling HMG's purpose or impact? Who in your state desires that data?

- Who among your team or partners evaluates HMG's impact or growth? What is the practical application of their findings?
- Does your state have a multi-partner database or registry around developmental screening or intervention? If so, describe if/how HMG fits in.

Policy & Advocacy

- Tell us about any players in your state who advocate for Help Me Grow expansion (including yourself, if relevant).
- Which partnerships or alliances have been hardest won? What did it take for you to forge them?
- What is the most meaningful meeting with external partners that you attend or host?
- Does someone in your state promote Help Me Grow for inclusion in state bills or budgets? Whether you do this directly or indirectly, describe your involvement in this effort.

Funding & Sustainability

- What funding sources support you or your organization's state strategy or planning work?
- Describe a funding stream that has really made the different for you – in terms of statewide growth or sustainability.
- Describe a funding opportunity that is/was contentious or required significant negotiation of partner roles or responsibilities.

Overall

- If you could ask other state leads about some aspect of their work, what would it be?
- Feel free to share any other information or topics you feel excited to highlight, or that you'd love for your peers or the National Center to understand about your work.

Help Me Grow®
National Center

Connecticut Children's | Office for Community Child Health