

# Best Practices Report

## Overview

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Through interviews with site coordinators at Help Me Grow (HMG) sites across Texas, we gathered information about the step-by-step processes used when families, organizations, and providers approach HMG sites. The purpose of this report is to provide a summary of best practices for implementation of each core component of the HMG framework and lessons learned to improve early childhood systems building in Texas.

### Summary of Best Practices:

- Identify existing work that overlaps with HMG and build partnerships with local organizations
- Increase the degree to which early learning settings leverage HMG to connect families to community-based services
- Engage a variety of healthcare and childcare providers who have strong community ties to create a network of professionals that serve the diverse needs of the local population
- Ensure screening results are shared with child healthcare providers
- Develop a subcommittee specific to marketing and community outreach
- Utilize “Learn the Signs, Act Early” resources

## Lessons Learned

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Best practices gathered from  
Texas HMG sites

### Component 1: Centralized Access Point

- There are various approaches to establishing a centralized access point.
  - 1 site utilizes the 2-1-1 number since it was already well-known within the community.
  - 3 sites opted to use an internal number due to pre-existing infrastructure and networks.
  - 4 sites chose to use both.
  - Text messaging is also an available tool to communicate with families. Most sites plan to use it for 1-on-1 follow-ups with families if preferred after an initial phone call. East Texas uses Bright by Text to send out mass texts about community outreach events and individual texts about developmental milestones based on the child’s age.
- All sites have a family-oriented CAP, but some may actively engage providers as well.
- All sites conduct ASQ screenings, which are available both over the phone and online.
  - “One of the huge focus areas for our specific Help Me grow is to increase the number of screenings. We have a separate work group specifically for ASQ to try and increase screenings across the counties that

we serve so that families are getting connected early.” - Miranda from North Texas

- After a referral, follow-ups occur to ensure the family’s needs have been met. After three attempts without contact though, the family may be marked as no longer interested.
- After a family receives services, sites are only able to loop in providers if the patient consents to release of information (ROI) due to HIPAA restrictions.

## Component 2: Family and Community Outreach

- Sites are primarily focused on strengthening their relationships with early childcare centers, and some sites are also working closely with local school districts.
- 5 sites currently train teachers and/or early childhood educators and community members how to conduct developmental screenings and 3 sites are hoping to offer trainings in the future.

### How are Texas HMG sites engaging with families in their community?

- Books, Balls, and Blocks events
- Social media campaigns (ex: Help Me Grow Wednesdays on Facebook, RGV)
- Advertisements in local businesses
- Outreach at libraries, back to school roundups, health fairs, and local splash pads (El Paso)
- Rio Grande Valley’s Leadership Summit
  - Called 100+ community and business leaders together to close gaps in services, support families in need, and strengthen community ties.
  - Provided an overview of the components of the Help Me Grow framework and included the perspective from a parent champion who shared their story and experience with HMG.
  - Discussed various family scenarios to think about how community leaders can help bridge the gaps in services.
- Parent cafes
  - Parent cafes are an effective strategy to engage with families in the local community. Parent cafes provide a friendly and inclusive setting where parents can connect, share experiences, and learn from their peers. Parent cafes also create opportunities for HMG affiliates to disseminate information and resources, ultimately empowering parents and caregivers to enhance their child’s development.

## Common Rural and Urban Marketing Strategies:

Urban	Rural
<ul style="list-style-type: none"> <li>● Connect with local news reporters to spread the word</li> <li>● Outreach events at community centers (libraries, parks, etc)</li> <li>● Social media marketing (Facebook &amp; Instagram)</li> <li>● Billboards &amp; posters</li> <li>● RGV Easter Seals Annual Telethon</li> <li>● Increase website traffic</li> </ul>	<ul style="list-style-type: none"> <li>● Hire staff with strong community ties</li> <li>● Run ads in local businesses</li> <li>● Build connections with community leaders</li> <li>● Collaborate with local school districts (ISDs)</li> </ul>

### What are commonly identified barriers to access for families?

- Across all sites, lack of transportation due to inadequate public transportation options was identified as a barrier for families in accessing services.
  - HMG Wichita County offers transportation vouchers for families.
- Other barriers to accessing services for families include:

- Stigma related to disability and mental illness within the community
- Mistrust of the healthcare and government systems
- Lack of affordable housing
- Lack of affordable and comprehensive health insurance

### **What are HMG Texas sites doing to reduce racial disparities and center equity and inclusion?**

- Utilizing parent-friendly and non-ableist language
- Hiring bilingual staff and translators and offering resources in many languages
- Intentionally selecting the location of family resource centers (FRCs) based on community need

### **Best practices for advancing family-engaged developmental monitoring:**

- Acknowledge that families are the expert on their child's development
- Gather information to inform a holistic approach to the child's development
- Discuss developmental progress and needs over time
- Utilize the CDC's "Learn the Signs. Act Early." developmental milestones checklist to facilitate conversations with families

## **Component 3: Child Health Provider Outreach**

### **Best practices for provider outreach:**

- Identify a provider champion
  - Lean on a provider to communicate the benefits of HMG to enhance buy-in from other healthcare providers.
- Set providers up for success
  - Be clear with what you are asking a provider to do, provide context and key background information, and explain your strategy related to their involvement.
- Involve providers in the planning process
  - Providers can offer crucial input regarding the referral process and the prospect of post-referral feedback can increase buy-in.
- Form a child health provider workgroup
  - This can be an effective strategy to raise awareness about HMG.

### **What are Texas HMG sites doing to engage providers?**

- Creating a database of physicians and providers in the local community
- Cold calling and in-office visits to build relationships with providers and spread the word
- Providing [pamphlets](#) explaining the benefits of HMG to providers
- Hosting networking event for physicians and offering continuing medical education (CME) credits utilizing "Learn the Signs. Act Early" resources

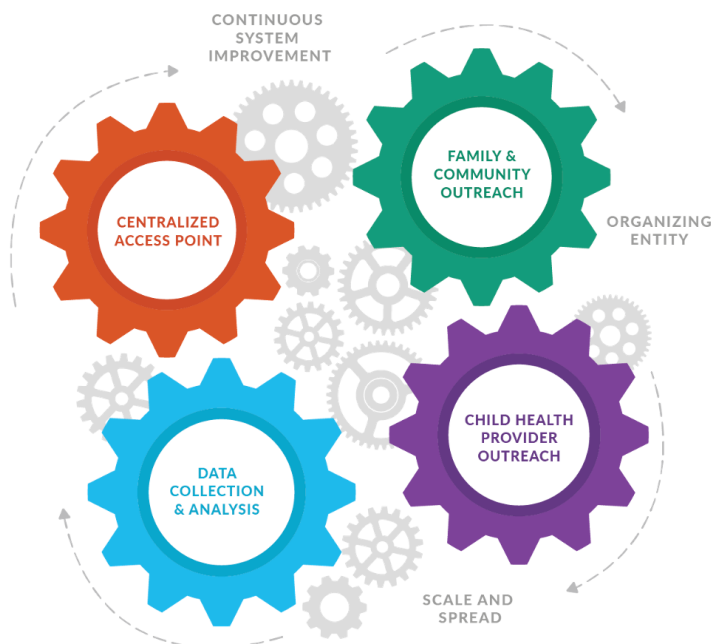
### **Key takeaways from an interview with RGV's provider champion**

- Sandy Magallan is an audiologist who was chosen to be RGV's provider champion to address the high rates of hearing loss in children across the region. She aims to bolster early identification and follow-up efforts.
- Characteristics to look for when identifying a provider champion:
  - Experience working with children
  - Well-informed about the available resources and common medical challenges in the area
  - Passionate about building trust with parents to meet their goals for their child together
- Possible responsibilities for a provider champion:
  - Educate families about developmental milestones
  - Train teachers and early childhood educators on early developmental signs

- Attend outreach events
- Work with hospitals to streamline the referral process
- Mentor interested undergraduates in their field of work to bolster the workforce
- Update their professional network about HMG related events (ex: through a Facebook group)
- Advice for HMG sites who are beginning to engage with providers and searching for a provider champion:
  - Build personal and professional relationships to increase buy-in
  - Market HMG by hosting events and discussions on a quarterly basis
  - Emphasize that HMG facilitates early intervention and helps get patients to providers sooner

## Component 4: Data Collection and Analysis

- As the oldest site, HMG North Texas shared valuable insight regarding their data collection and analysis subcommittee.
  - [FINDconnect](#): a database that houses a family's information, such as when they call and the resources they are referred to
  - [Clear Impact](#): pulls data from sources, such as Find Connect, and creates a scorecard that shows trends over time
  - [ASQ Enterprise](#): a screening tool that adds data from partnered providers, such as a physician's office
  - [Teachable](#): a training platform in conjunction with First3Years for families and professionals
  - Other sources for data also include additional developmental screenings conducted by partnered organizations and social media metrics.
  - The data used for analysis depends on each of the other subcommittees' strategic plan and goals for the year. Additionally, the data subcommittee utilizes the [Help Me Grow National Fidelity Assessment](#) to assess how to best reach full implementation across the 4 core components. Both of these are used as measures of success.
- HMG Rio Grande Valley is in the process of piloting a new software for their CAP called [findhelp](#). Through this system, partners, such as providers and community organizations, can send referrals directly to families. At the end of each month, data is collected regarding the number of referrals, intakes, eligible persons, and people who lost contact or are no longer interested. This data is used to follow-up with families after a referral and to keep providers informed about the status of their clients.



## Common Challenges:

In the 4th year of implementation	In the 3rd year of implementation	In the 1st year of implementation
<ul style="list-style-type: none"> <li>● Customizing the FINDconnect Database to reach fidelity               <ul style="list-style-type: none"> <li>○ Originally, the database was not able to pull all of the data points needed for the HMG National Fidelity Assessment, and it took lots of funding and a couple years to get all the necessary customizations finalized</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Establishing a data system to organize intake calls and referrals</li> <li>● Contacting physicians and providers who can act as HMG champions can be difficult since many offices are busy</li> <li>● Learning curve on program implementation, such as writing grants, project proposals, and budget revisions</li> <li>● Making partnerships with organizations, such as school districts and local non-profits, takes time               <ul style="list-style-type: none"> <li>○ Paradigm shift from thinking about shared collaboration and networking in a meaningful way</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Acquiring grants takes time, so funding is often the largest barrier</li> <li>● Building a CAP and considering the appropriate number of staff to hire</li> </ul>

## FY23 Successes:

- Bastrop:
  - Maintained a live running tally of how many people accessed the site to gauge family engagement and drive business metrics
- Bexar:
  - Onboarded two care coordinators to start fielding calls
- East Texas:
  - Brought different platforms and programs together to work towards a systemic, community-wide approach to minimize duplication of services
- El Paso:
  - Hired an entire team, established the FindConnect system, and started forming partnerships with other organizations
- Gulf Coast:
  - Secured funding, brought on 2 key partners (DePelchin and United Way), and started onboarding staff
- North Texas:
  - Hosted monthly office hours with the Texas Department of State Health Services to support other HMG Texas sites
- Rio Grande Valley:
  - Hosted a community leadership summit with over 100 attendees in May
- Wichita:

- Obtained grant funding, which allowed for 3 new hires and furnishing the office space

## Words of Advice:

- "If there's no knowledge that the site is even out there, then how will that information be disseminated? I believe in advertising in a way that is very innovative, very effective, that would kind of speak to all age groups. Certainly, we are in this technological age of social media, but perhaps there are still some that are not in that area. So, then how do we account for those who are still kind of brick and mortar? By making that personal contact through community engagement events and such." - Christina from Bastrop County
- "Take advantage of the summer, especially back-to-school events. I think that's a really good opportunity to make connections. Lastly, don't try to reinvent the wheel. You're not on your own, so don't be afraid to reach out and ask questions." - Audrey, Kristin, and Iliana from Bexar County
- "Lean on your community partners, foster those relationships as much as you can. Identify other initiatives that align with Help Me Grow." - Laura from El Paso
- "My biggest piece of advice is to get the centralized access point going. You can get started on a small scale and I think that's really important because the sooner you get started, the more buy-in you'll have from other people, agencies, providers, and families." - Miranda from North Texas