

2023 Fidelity Assessment Reporting Period

Fidelity Fundamentals:

Updated Terms, Definitions, and Evaluation Questions for Implementation Status

January 2024



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This Fidelity Fundamentals document is designed to equip the Help Me Grow (HMG) National Affiliate Network with the key terms and definitions necessary for completing the annual Fidelity Assessment. Within this resource you will find the clarified definitions for impact indicators and detailed formulas (when applicable) for calculating each indicator. Additionally, the document presents a crosswalk of the HMG Key Activities and indicates questions used determine implementations status for a HMG system. To maximize its effectiveness, please utilize this document in conjunction with updated [Fidelity Assessment Definitions & Guidance](#), which contains a subset of this information and outlines all the questions for the Fidelity Assessment.

Impact Indicators - Centralized Access Point (CAP)

Families served (FS): Total number of families served (FS) through the HMG CAP with activities intended to support developmental promotion, early identification, referral, and linkage, inclusive of basic needs and family supports for families with children prenatal up to eight years of age (i.e. up until 8th birthday). This includes any information and education provided, screening conducted, and follow-up conducted by HMG. This number does not need to be unique. Families that have returned more than once to HMG for assistance can be counted more than once if they are calling back at a later date with a new need.

For example: If a family calls in May for a specific need(s) and the HMG CAP follows-up with them several times to ensure linkage to referrals, that counts as one family. Any calls related to this specific need(s) would still be included in that one family count. If they call back in July with a new need(s), they can be counted as a new family. Please answer in whole numbers.

Education or Outreach (EO): Total number of families served that resulted in education or sharing information (outreach) only (no referrals given). Number of

families for which activities intended to support developmental promotion, early identification, inclusive of basic needs and family supports resulted in the HMG CAP sharing information or educational materials only (no referrals given).

Referrals (R): Total number of families served that resulted in referral. Number of families for which there were activities intended to support developmental promotion, early identification, referral and linkage, inclusive of basic need and family supports that resulted in a referral to a service or program to support the child or family's needs.

Referrals Follow-Up (RF): Total number of families served with which HMG followed-up. Number of families that were contacted to assess an outcome with a service or program to which a child or family was referred through the HMG CAP. This is subset of the number reported for impact indicator Referrals (R).

Children Served (CS): Total number of children served (CS) through the HMG CAP with activities intended to support developmental promotion, early identification, referral, and linkage, inclusive of basic needs and family supports for children up to eight years of age (i.e. up until 8th birthday). This includes any information and education provided, screening conducted, and follow-up conducted by HMG. This number does not need to be unique. Children who returned more than once to HMG for assistance can be counted more than once if they are calling back at a later date with a new need. Please answer in whole numbers.

For example: If a caregiver calls in January for a child's specific need(s) and the HMG CAP follows-up with them several times to ensure linkage to referrals, that counts as one child. Any related calls to this specific need(s) would still be included in that one child count. If they call back in July with a new need(s), they can be counted as a new child served.

SPN36: Total number of children served through the HMG CAP needing prenatal services or have children aged 0 to 35 months and 30 days (up to their 3rd birthday) in support of developmental promotion, early identification, referral and linkage, inclusive of basic need and family supports. This is a subset of the number reported for Children Served (CS).

SPN36 Income Eligible: This term refers to the total number of children served prenatal up to their 3rd birthday, eligible to receive any of the following supports or services: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance for Needy Families (TANF), Children’s Health Insurance Program (CHIP), Head Start, Medicaid, or Title V Maternal and Child Health.

S3Plus: Total number of children served through the HMG CAP aged 3 up to 8 years (not including 8th birthday) in support of developmental promotion, early identification, referral, and linkage, inclusive of basic needs support. This is subset of the number reported for impact indicator Children Served (CS).

S3Plus Income Eligible: This term refers to the total number of children served aged 3 to up to 8 years, eligible to receive any of the following services: WIC, SNAP/TANF, CHIP, Head Start, Medicaid, or Title V Maternal and Child Health. This includes children 3 and up to 8 years old (not including 8th birthday).

Total CAP Activities (TCA): Total CAP Activities encompasses every activity conducted with or for a child and family in service of their stated goals and contributing towards the process of developmental promotion, early identification, referral and linkage and occurring in support of HMG Care Coordination inclusive of basic needs support. Activities inclusive of calls, text, web, in person and etc. should be captured in Total CAP Activities (TCA). Responses in this section should be whole numbers. Any combination of the HMG Care Coordination activities below can and should be included in the impact indicator Total CAP Activities (TCA).

For example: 1 family served (S) might have 10 Total CAP Activities (TCA) because of phone calls, follow-up texts, and screening activities.

NOTE: Social media interactions DO NOT count towards Total Number of CAP Activities. Examples of activities that may take place as part of HMG CAP services in support of a family’s goals and needs include:

- Performed an intake to HMG
- Assisted a family with service enrollment
- Mailed screening tool (can include sending the ASQ Online link)
- Mailed results of screening tool
- Emailed screening tool
- Emailed results of screening tool
- Conducted a follow-up call and spoke to family
- Received call and spoke to family
- Sent a follow-up text
- Sent a follow-up email
- Received a follow-up text or email with additional information related to the child/family
- Mailed a follow-up notice/survey/etc.
- Called to share and/or discuss results of a screening
- Conducted or assisted with a developmental screening
- Provided child development information/education
- Connected family to additional resources
- Any other activity contributing to promotion, early identification, referral and linkage, inclusive of basic needs support for the families

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Needs Met (NM): The Impact Indicator Needs Met (NM) measures a family’s experience with HMG CAP offerings, products, services. The question to assess NM is: *Would you say Help Me Grow met your needs today?* Recommended answer options include: No, Yes, or Prefer Not to Answer. This question is asked only once per family, at the same time a referral or information only is initially provided to a family. If a family calls back at a subsequent point in time with a new concern, the Needs Met question would be posed a second time. Therefore, this number doesn’t need to be unique (families that have returned to HMG for assistance more than once, can be counted more than once.)

Linkage (L): Linkage is the proportion of families that report successful connection (SC) to a service or program provided through the HMG CAP.

How to calculate Needs Met (NM):

$$\text{Needs Met (NM)} = (\# \text{ of families indicating their needs were met (NM)}) / (\# \text{ of families served that responded to the needs met question (FS)}) \times 100$$

Successful Connection (SC): Child or family is registered for, has an appointment for, or is receiving at least one service. If a family received multiple referrals, only one must be successfully connected according to this definition in order to report that the family received Successful Connection (SC).

Known Outcome (KO): Reported status shared by family or partner on a referral to a service or program made through the HMG CAP. If the outcome is not yet known for a given family at the time of reporting, the family should not be included in your Linkage (L) calculation. HMG systems should only report data for the families with Known Outcomes (KO) during that particular reporting period. A family on a waitlist is considered to be successfully connected to a service as their appointment is assumedly forthcoming.

How to calculate Linkage (L):

$$\text{Linkage (L)} = (\# \text{ of successful connections (SC)}) / (\# \text{ of Known Outcomes (KO)}) \times 100$$

Impact Indicators - Family Community Outreach (FCO)

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

- The number of professionals representing community agencies reached through a HMG-networking event in order to promote awareness of or create a connection to HMG over the past 12 months.

Examples include individuals reached through networking events or outreach conducted to inform the HMG Resource Directory. This measure does not include contacts made with individuals at non-HMG-led events. This measure is not an unduplicated count; individuals may be counted more than once across multiple events.

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

- The number of non-medical professionals who were trained on developmental screening and or referral and linkage through HMG over the past 12 months.

Examples include individuals from sectors such as early care and education, home visitation, social services, etc.

NOTE: This measure is not an unduplicated count; individuals may be counted more than once since they may attend second training on a different tool.

Total number of individuals (parents, caregivers, other family members) reached through events led or coordinated by HMG to promote awareness of child development and/or HMG over the past 12 months:

- The number of individuals (parents, caregivers, or family members who were reached through events led or coordinated by HMG. These events were offered to promote awareness of child development and HMG services over the past 12 months.

Examples include family members reached through a community outreach event led by or in partnership with HMG. This measure is not an unduplicated count; individuals may be counted more than once. This measure does not include a count of children, only adult family members. Event can include but is not limited to or required to include developmental screening.

Impact Indicators - Child Health Care Provider Outreach (CHCPO)

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

This is the number of trainings provided by HMG to medical staff (physicians, nurse practitioners, medical social workers, etc.) on the topic of developmental screening and surveillance. Note: The indicator is the number of trainings, not the number of individuals who attended each training. When a training includes the topic of developmental screening and surveillance AND referral and linkage through HMG, this training should be counted only once either under Q63 or Q64. Please use the "notes" section to specify when trainings covered both topics. Trainings can be an in-service.

Impact Indicator: Total number of trainings provided by HMG to medical staff (physicians, nurse practitioners, medical social workers, etc.) on the topic of referral and linkage through HMG over the past 12 months.

This number of trainings provided by HMG to medical staff (physicians, nurse practitioners, medical social workers, etc.) on the topic of referral and linkage through HMG. Note: The indicator is the number of trainings, not the number of individuals who attended each training. When a training includes the topic of developmental screening and surveillance AND referral and linkage through HMG, this training should be counted only once either under Q63 or Q64. Please use the "notes" section to specify when trainings covered both topics. Trainings can be an in-service.

Help Me Grow Model 16 Key Activities and Fidelity Assessment Scoring

The table provided below outlines the Help Me Grow Model's 16 Key Activities along with the associated questions designed to evaluate the implementation status of each Key Activity.

Key Activity	Core Component	#	Question	2023 Guidance (If applicable)
Specialized Child Development Line: An entity has been identified to serve as the HMG Centralized Access Point.	CAP	Q4	Implementation Indicator: An entity has been identified to serve as the HMG Centralized Access Point (CAP) for the HMG system, with the intent to serve a target population of young children and the providers that serve them.	
Specialized child development line: A specialized HMG Centralized Access Point is currently accepting calls.	CAP	Q5	Implementation Indicator: Is the specialized HMG CAP currently accepting referrals/clients?	
Specialized Child Development Line: The HMG Centralized Access Point is intended to serve a specific subgroup of families of young children between prenatal and 8 years of age.	CAP	Q6a	Implementation Indicator: Please provide the MINIMUM age served by the CAP.	Select the minimum age of children served by the CAP: - Child of expectant parent: Select "Prenatal" - From birth: Select "Birth" - All other ages: Select # of months through 12 months, years age 2 and older.
Specialized Child Development Line: The HMG Centralized Access Point is intended to serve a specific subgroup of families of young children between prenatal and 8 years of age.	CAP	Q6b	Implementation Indicator: Please provide the MAXIMUM age served by the CAP.	Select the maximum age of children served by the CAP. NOTE: All Fidelity impact indicator #s should only be children up to age 8. In other words, data reported does not include those age 8 or older.
Specialized Child Development Line: The HMG Centralized Access Point is accessible to families/caregivers, health care providers, and community agencies.	CAP	Q7	Implementation Indicator: From whom <u>can</u> the specialized HMG CAP receive referrals?	<i>Skip Q7a-7f if you do not have a CAP.</i>

<p>Linkage to service and Follow-up: HMG Care Coordinators provide follow-up to the initial caller regarding the referral at least 75% of the time (if parent permission is received).</p>	<p>CAP</p>	<p>Q9a</p>	<p>Implementation Indicator: HMG Care Coordinators follow-up with the initial caller regarding the referral that was made in approximately what percentage of cases? Families that did not want follow-up can be excluded from this estimate.</p>	<p>HMG Care Coordinators provide follow-up to the initial caller regarding the referral at least 75% of the time (if parent permission is received). UPDATE: We are now asking everyone to enter in a %, versus from an option list. Please indicate in column R if the number you provided is an estimate. If you do not have a CAP, leave blank.</p>
<p>Researching resources for families: HMG Care Coordinators use a defined protocol to research available resources and connect children/families to community-based services and programs.</p>	<p>CAP</p>	<p>Q11a</p>	<p>Implementation Indicator: HMG Care Coordinators use a defined procedure to research available resources and connect children/families to community-based services and programs.</p>	
<p>Real time directory maintenance: The Centralized Access Point utilizes a computerized Resource Directory that can be efficiently updated and modified.</p>	<p>CAP</p>	<p>Q12</p>	<p>Implementation Indicator: What is the technology used to support your HMG Resource Directory?</p>	<p>The CAP utilizes a computerized resource directory that can be efficiently updated and modified (e.g. 2-1-1 resource database, self-developed database, etc.).</p>
<p>Real time directory maintenance: A systematic protocol to proactively review and update the HMG Resource Directory at least annually; (2) A protocol and ability to make real-time updates in the HMG Resource Directory as changes arise. (e.g. position changes, known departures).</p>	<p>CAP</p>	<p>Q13</p>	<p>Implementation Indicator: If a HMG Resource Directory is in place, how often is it updated to ensure resources are up to date?</p>	<p>Previous 2022 Guidance: A process is in place to update the HMG Resource Directory at least quarterly. 2023 UPDATE: (1) A systematic protocol to proactively review and update the resource directory at least annually; (2) A protocol and ability to make <u>real-time updates</u> in the resource directory as changes arise. (e.g. position changes, known departures)</p> <p>Conducting real-time updates to the Resource Directory ensures that users have access to the latest data and information on resources within their community.</p>

<p>Utilize Community Partners: Partners for HMG Family & Community Outreach have been identified and partnership extends beyond inclusion within the HMG Resource Directory.</p>	<p>FCO</p>	<p>Q38</p>	<p>Implementation Indicator: Potential community partners of HMG have been identified.</p>	<p>Partners for HMG family and community outreach have been identified and partnership extends beyond inclusion within the HMG Resource Directory.</p>
<p>Networking At least 2 HMG networking meetings were held the prior calendar year.</p>	<p>FCO</p>	<p>Q39</p>	<p>Implementation Indicator: Does HMG convene networking meetings among community partners?</p>	<p>NOTE: This can include any networking meetings for which HMG is the convener or lead partner.</p>
<p>Networking At least 2 HMG networking meetings were held the prior calendar year.</p>	<p>FCO</p>	<p>Q40</p>	<p>Implementation Indicator: If networking meetings are held, how many meetings occurred over the past 12 months?</p>	<p>NOTE: In order to meet this activity, at least 2 HMG networking meetings need to have been held the prior calendar year.</p>
<p>Community Events and Trainings: HMG provides outreach to increase awareness of HMG at least twice a year.</p>	<p>FCO</p>	<p>Q41</p>	<p>Implementation Indicator: HMG provides outreach to increase awareness of HMG through events and trainings in the community for partners, families, or both.</p>	<p>HMG provides outreach to increase awareness of HMG at least twice a year such as presentations, events, and/or meetings.</p>
<p>Community Events and Trainings: HMG provides outreach to increase awareness of HMG at least twice a year.</p>	<p>FCO</p>	<p>Q42</p>	<p>Implementation Indicator: If outreach events and trainings are held, how many events/trainings occurred over the past 12 months?</p>	<p>The number of events, meetings, etc. led by or in partnership with HMG. This measure is a count of each individual event attended by HMG, regardless of the number of staff that attend. UPDATE: This count includes events and trainings where HMG is the convener or partner in the event, training, or meeting. HMG needs to be a meaningful part of the meeting.</p>
<p>Marketing: Marketing/social media activities are regularly used to promote HMG.</p>	<p>FCO</p>	<p>Q43</p>	<p>Implementation Indicator: Please select which types of marketing/social media activities are used to promote HMG:</p>	
<p>Physician Champion: There is at least one HMG Physician Champion who advocates for HMG in the broader medical community.</p>	<p>CHCPO</p>	<p>Q53</p>	<p>Implementation Indicator: HMG has identified and actively partners with at least one HMG Physician Champion that advocates for HMG to the broader medical community and/or aids in connecting HMG to other practices.</p>	

<p>Screening and surveillance: HMG staff conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on effective developmental screening and surveillance.</p>	<p>CHCPO</p>	<p>Q54</p>	<p>Implementation Indicator: Staff (HMG or partner entity) conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on effective developmental screening and surveillance.</p>	<p>HMG staff or partnering entity conducted at least 1 targeted outreach to child health care providers through office-based education, trainings, and/or workshops on effective developmental screening and surveillance. UPDATE: Training can be an in-service.</p>
<p>Physician Training: HMG staff conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on linkage and referral through HMG.</p>	<p>CHCPO</p>	<p>Q55</p>	<p>Implementation Indicator: Staff (HMG or partner entity) conduct targeted outreach to child health care providers through office-based education, trainings, and/or workshops on linkage and referral through the HMG system.</p>	<p>HMG staff or partnering entity conducted at least 1 targeted outreach to child health care providers through office-based education, trainings, and/or workshops on linkage and referral through the HMG system. UPDATE: Training can be an in-service.</p>
<p>Physician Training: Strategies are used to engage child health providers with HMG.</p>	<p>CHCPO</p>	<p>Q56</p>	<p>Implementation Indicator: Which of the following outreach strategies are used to engage child health providers with HMG?</p>	<p></p>
<p>Feedback Loop HMG Care Coordinators close the feedback loop by sharing information about screening and/or referral outcomes in at least 75% of cases.</p>	<p>CHCPO</p>	<p>Q57</p>	<p>Feedback Loop (Child Health Care Provider Outreach) - HMG Care Coordinators close the feedback loop by sharing information about screening and/or referral outcomes in at least 75% of cases.</p>	<p>UPDATE: HMG closes the feedback loop with child health care providers by sharing information about the outcome of a particular child/family at least 75% of the time (if consented by family). This includes anyone who has been connected to HMG (anyone who has been referred regardless who they were referred by). We are also now requesting systems to enter in a % rather than selecting from a dropdown list of ranges like in previous years. If you do not have a CAP, leave blank.</p>
<p>Reporting: Impact Indicators and local-use reports are submitted to the HMG National Center.</p>	<p>DCA</p>	<p>Q67</p>	<p>SMART AIM: Identify an annual SMART aim based on HMG implementation.</p>	<p>Please identify an annual SMART aim for your HMG implementation and system. A SMART aim is an aim that is Specific, Measurable, Achievable, Realistic, and Time-Bound, and is a useful tool to guide planning and implementation efforts. For example, by September 1, 2024, we will implement a new workflow procedure to ensure that the resource directory is updated on a quarterly basis.</p>

<p>Reporting: Impact Indicators and local-use reports are submitted to the HMG National Center.</p>	<p>DCA</p>	<p>Q67b</p>	<p>Report at least one trend that was identified and acted upon using HMG data with the last 12 months.</p>	<p>For example, an HMG affiliate reaches out to a community partner in response to noting a low connection rate for families referred to that program.</p>
<p>Sharing data across partners: Data are shared among HMG stakeholders and partners.</p>	<p>DCA</p>	<p>Q69</p>	<p>Implementation Indicator: If data are shared among HMG stakeholders and partners, please select in which ways:</p>	
<p>Continuous Quality Improvement: HMG data are used to identify opportunities to conduct quality improvement projects.</p>	<p>DCA</p>	<p>Q70</p>	<p>Implementation Indicator: Does your system have at least one example of how data are used to support Continuous Quality Improvement (CQI) within your HMG system in the last year.</p>	<p>NEW - SPLIT Q70</p>
<p>Continuous Quality Improvement: HMG data are used to identify opportunities to conduct quality improvement projects.</p>	<p>DCA</p>	<p>Q70_FR</p>	<p>Implementation Indicator: Briefly describe one example of how data are used to support Continuous Quality Improvement (CQI) within your HMG system in the last year. If no quality improvement or data-driven effort or project took place, please note.</p>	
<p>Community change through data: HMG data are used to guide/drive community change (Such as identification of systemic barriers).</p>	<p>DCA</p>	<p>Q71</p>	<p>Implementation Indicator: HMG systems are well positioned to identify common themes in the challenges and barriers that families face when accessing services and supports for their children. Does your system have at least one example of a barrier your HMG has identified through data and how you have supported advocacy efforts on a local level related to these barriers.</p>	<p>NEW - SPLIT Q71</p>

<p>Community change through data: HMG data are used to guide/drive community change (Such as identification of systemic barriers).</p>	<p>DCA</p>	<p>Q71_FR</p>	<p>Implementation Indicator: HMG systems are well positioned to identify common themes in the challenges and barriers that families face when accessing services and supports for their children. <i>Briefly describe any examples of barriers that your HMG has identified through data and how you have supported advocacy efforts on a local level related to these barriers.</i></p>	<p>The specific reason why a family did not access a particular service or program. One primary barrier should be documented per case.</p> <p>Suggested Reasons in System:</p> <ul style="list-style-type: none"> - Application too difficult - Caregiver-specific - Child care - Connected to alternate service - Cost prohibitive - Declined service - Health insurance - Ineligible for service - Language barrier - Limit in capacity of service to take on new cases - Location of service - Scheduling conflict - Transportation
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