

# Help Me Grow Fidelity Assessment Office Hours *2023 Reporting Period*

March 26, 2024

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Office for Community Child Health  
Connecticut Children's Medical Center

# Office Hour Agenda

1. Welcome
2. Poll
3. Fidelity Assessment Timeline, Reminders, Resources Available
4. Open Q/A Time
5. Questions Received to Date
6. Open Q/A Time
7. Previously reviewed questions & answers

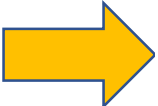
# Poll

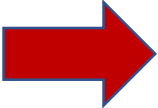
1. Where are you currently in the fidelity process?
  - a. Just starting out
  - b. In-Progress of completing the assessment
  - c. Almost complete
  - d. Complete and ready to submit
  
2. Please select which best describes how you are currently feeling about completing the Fidelity Assessment.
  - a. I have all the support and resources/data I need and am currently on track to completing this task.
  - b. I have some support and resources/data I need but there are some gaps.
  - c. I need support and more resources. I am feeling worried about not being able to get the data I need to complete the fidelity assessment by the deadline
  
3. Have you used any of the resources on the Fidelity Resource Page?
  - a. Yes
  - b. No

Fidelity Assessment Timeline,  
Reminders, Resources Available

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# Timeline: A look ahead

We are here. 

Upcoming due date! 

ACTIVITY	DATE/TIME
<b>Customized Fidelity Assessment Tool:</b> Each HMG system will receive their unique tool pre-populated with last year’s data. <b>Affiliates will have two months to complete this assessment.</b>	January 26, 2024
<b>2023 Annual Fidelity Assessment Data Collection Period:</b> HMG affiliates complete and return the annual Assessment.	January 26 - April 1, 2024
<b>Fidelity Office Hours:</b> Have questions? Join us during office hours for assistance!	3-4pm ET, February 8, 2024 3-4pm ET, February 27, 2024 3-4pm ET, March 18, 2024 3-4pm ET, March 26, 2024
<b>Fidelity Assessment Due to HMG National:</b> All HMG affiliates must submit completed tool through the provided Smartsheet Link.	April 1, 2024
<b>Draft Preview Period:</b> HMG National will send a draft preview report to Affiliates. Affiliates are requested to submit any edits within one week to HMG National.	Early May 2024
<b>Final Analysis:</b> HMG National will perform the final analysis of network’s Fidelity Assessment data.	Mid-May - mid-June 2024
<b>Dissemination of Final Reports:</b> HMG National will oversee the distribution of final reports for this reporting period.	Mid-June 2024
<b>Fidelity Experience Survey:</b> HMG National will distribute a fidelity experience survey, allowing affiliates to provide feedback on their experience with the new Excel-based tool.	Mid to late-June 2024

# HMG Fidelity Assessment Resource Webpage:

- All resources for Fidelity Assessment will be posted and accessible through our HMG Fidelity Assessment Resource Webpage
  - Link: <https://helpmegrownational.org/hmg-fidelity-assessment/>
- Quick demo
- Information on the page
  - Past Fidelity Assessment webinars
    - Live Q&A document
  - Office hours recordings
  - Tools and resources
    - Guidance document
    - Fidelity Fundamentals Document
    - Video tutorials
    - Links to submit questions



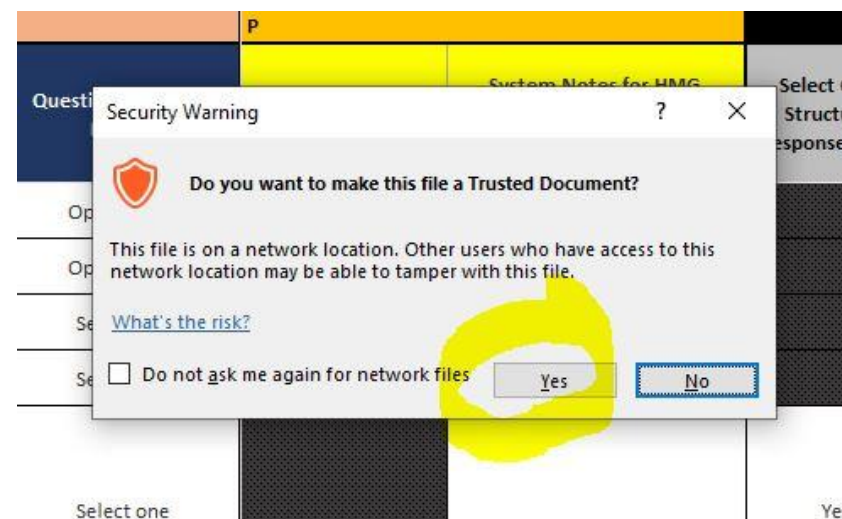
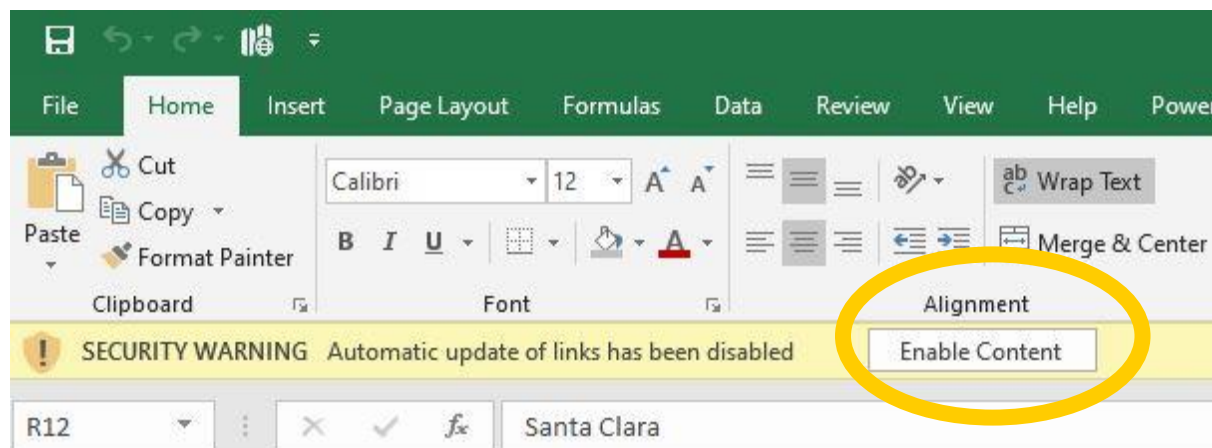
**Bookmark this!**

# Questions for HMG National

- If you have questions on guidance & the Excel-based tool:  
<https://app.smartsheet.com/b/form/cd3cfc28a6654cc6ab8c2e5f284c2152>
- Live Q&A document: [2023FidelityAssessment FAQ.xlsx](#) ← Microsoft Excel Online (live.com)
- We have been updating this link with frequently asked questions.
- **Importance of using the inbox**
  - We (Noshin & Melissa) are monitoring this simultaneously and track frequently asked questions.
  - Ensure a quicker response to participants.
  - Can also help identify if there's a need to push out any broad clarifications.

Bookmark this!

# Reminder - Alerts





If you receive these alerts, when opening the excel based tool select the options circled in **yellow**!





# Any questions today?

- Unmute and ask your question 
- Add any questions/topics you'd like to discuss in the chat 





# Questions Received to Date


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# How do we answer Q85 compared to Q70... can we use the same examples?

**Q70:** *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.*

**Q85:** *Please describe any breakthroughs related to evaluation or impact assessment that you have experienced over past 12 months*

- For Q70, the example provided should include a method by which your HMG System attempted to support continuous quality improvement by taking data to enhance the efficiency and effectiveness of your HMG System. This question is a key activity and part of the DCA Core Component of the model.
- Please provide a different example for Q85 that focuses more on data/evaluation in general.



Several questions refer to selecting "an option in column Q" if you are unable to answer in whole numbers. On my sheet, column Q is not an eligible column to supply an answer, as it shows the answer selected in 2022. One example is Q50. Am I misunderstanding what to do?

- Please populate Column P (System Notes) with the appropriate response.

## Q18a - We miss the option of we do not offer screening for Q18a that you deleted for 2023.

- For Q18a the following option was removed for 2023 reporting "We do not offer screening". If your CAP is not referring clients for screening, this will still be captured by selecting 'No' for all of the screening options listed.

Question	2023 Guidance (If applicable)	Question Response Format	Select One or Enter in Value (2023)
If the CAP directly administers screening and/or connects families to an online resource for screening, which screening instrument(s) are used (select all that apply)?			
We do not offer screening	Q18a has been removed for 2023 reporting.	Select one	
ASQ-3	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
ASQ-SE-2	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
SWYC	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
MCHAT	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
PEDS	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
SDOH	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
Edinburgh Maternal Depression Screening	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
Other	If you do not have a CAP, select "N/A" (Not Applicable).	Select one	2-No
Other (please specify)	If you do not have a CAP, select "N/A" (Not Applicable).	Open-Ended	



**Our CAP is our developmental screening hub. If a family repeats a screening one at 12 months then another at 18 months should the be counted twice in the number served**

- If a family seeks assistance for separate needs on different occasions, they can be counted as a new family in the "Families Served" tally. However, if they approach HMG for the same need repeatedly, they should only be counted once to avoid duplication. If a family comes for a 12-month screening that would be considered one need and the same family then comes in for an 18-month screening that will count as another need and can be counted as a new family. If a family comes in for a re-screen of the 12 month screening this would not count as a separate need.



For Question 23, please clarify how you would like our answer calculated because we currently have 17 PT navigators, who work between 5 and 25 hours per week. Would like us to add up the total FTE for our navigators/care coordinators (Q 22) and then use that number to get what an average case load for a FT navigator would look like at HMG WI, if we had a FT navigator? Or would you like us to use the actual total number of our navigators (17) to compute their average case load, knowing that they only work limited hours? Thanks so much for your help!

Q22	CAP	Number of current HMG Care Coordinators (FTE):	2023 UPDATE: Provide responses to the 0.25 FTE, and round up when applicable. E.g. If your FTE is 1.15 FTE, enter in 1.25 FTE. If you do not have a CAP, leave blank.
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- Please add up the total FTE for your navigators/care coordinators (Q 22) and then use that number to calculate what an average case load for a FTE navigator would look like at HMG WI. This approach will provide a more accurate representation of the workload distribution. For example, if a person works a 5 hour week (assuming it is a 40 hour work week), that is approximately 0.125 FTE. If another person works 25 hours/week that is 0.625 FTE. You would add  $0.125 + 0.625$  FTE and then round as necessary. For this example, with 2 part time workers the total you input would be 0.75 FTE.

Can you clarify Q16? Please select from the drop down list the top three sources of calls to your HMG CAP in reporting period (e.g. caregiver, child health provider, Part C, etc.) Are you looking for information about who contacts Help Me Grow (relationship to the child) or how the caller learned of Help Me Grow services (how did you hear about HMG)? The question is written in a manner that would be looking for the relationship status of the caller, but some of the feedback I've received, and the 2022 question, would lead one to believe that perhaps you're looking for the latter, how did you hear about HMG?. Obviously these are two different questions which would lead to two totally different answers.

This question is attempting to capture all the entry points of callers for your HMG System. HMG National seeks to understand who from this list are most frequently contacting your HMG.

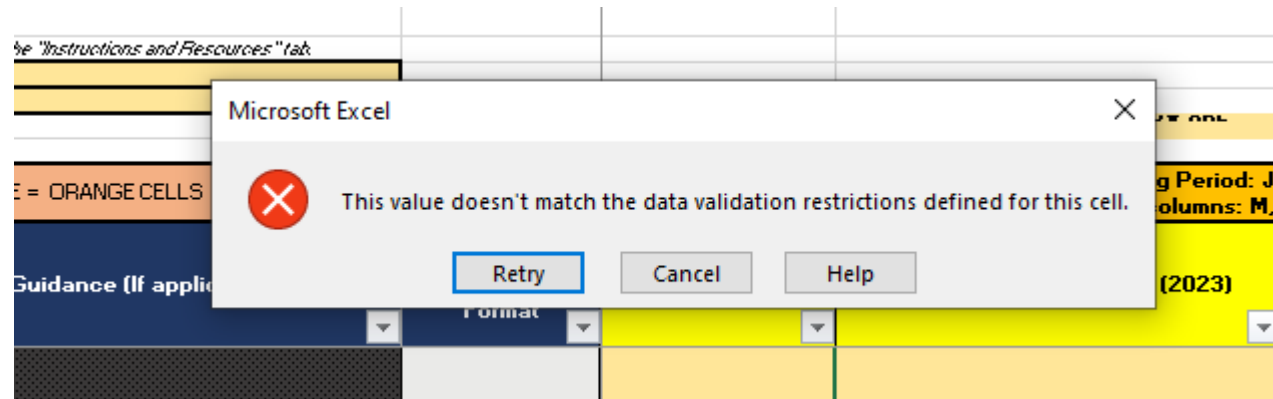
Q16	CAP	Please select from the drop down list the top three sources of calls to your HMG CAP in reporting period (e.g. caregiver, child health provider, Part C, etc.)	
Q16a	CAP	1)	If you do not have a CAP, select "N/A" (Not Applicable).
Q16b	CAP	2)	If you do not have a CAP, select "N/A" (Not Applicable).
Q16c	CAP	3)	If you do not have a CAP, select "N/A" (Not Applicable).

1. Child Care Provider
2. Child Health Care Provider
3. Child Welfare Representative
4. Early Childhood Educator
5. Early Intervention Staff Part B and C
6. Family Resource Center Staff
7. Other Relatives
8. School District
9. Service Provider (OT PT Speech)
10. Other Community Based Staff
11. N/A



## Question #34c did not allow for an open ended answer.

- For Q34c if you are trying to enter information into Column N (Open-Ended Responses (2023)) but are running into this error alert please add this information to Column P (System Notes)





For questions 76, 91a-h and 77a-f what is meant by "early childhood system"? Is this a specific entity, a group, or some other clearly defined system in the HMG world or is the "early childhood system" unique to every state/borough/county/area and can be defined as we would internally deem fit?

- The early childhood system refers to the infrastructure, policies, programs, and services that support the development and well-being of young children from birth up to age 8 (typically encompassing the preschool years and early elementary school).  
**As a system Model, HMG can serve as, or be an integral part of, the early childhood system.** These child and family serving systems are unique to your HMG System and communities and can include:
- **Family support services:** Providing resources and assistance to parents and caregivers to help them support their children's development, such as parenting classes, home visiting programs, and support groups.
- **Early intervention and special education services:** Offering specialized support for children with developmental delays, disabilities, or other special needs to ensure they receive appropriate interventions and educational opportunities.
- **Early childhood education and care programs:** Such as preschools, childcare centers, Head Start programs, and pre-kindergarten initiatives, which offer structured learning environments and support for young children.
- **Health and nutrition services:** Including pediatric care, immunizations, nutritional support programs, and access to mental health services to ensure children's physical and mental well-being.
- **Policy and advocacy efforts:** Working to shape legislation, regulations, and funding priorities at local, state, and national levels to improve the quality, accessibility, and affordability of early childhood programs and services.



# Any additional questions?

Please enter any questions/topics you'd like to discuss in the chat

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# Reminder Fidelity Assessment **Due April 1!**

## How to Submit your Fidelity Assessment

1. Make your way to the [fidelity resource page](#)
2. Click Submit Completed Fidelity Assessments
3. [Complete Smartsheet Form](#) and Upload any supplemental files

### Fidelity Assessment Reporting Period Now Open

Unique Fidelity Assessment tools have been emailed to leads this year. Search the subject line "IMPORTANT" Action Requested: HMG Annual Fidelity Assessment Tool, 2023 Reporting Period" in your email or contact [Melissa Miller](#) if you don't have yours.

[\*\*Have questions? Submit them here.\*\*](#)

[View answers to frequently asked questions as they come in.](#)

[\*\*Submit completed Fidelity Assessments here.\*\*](#)



# Previously reviewed questions & answers

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**For Q9a - 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.**

**Does National want:**

- 1) How often CCs respond to referrals made to the CAP? In other words, what percentage of referrals/calls that come into the CAP do the CCs respond to?**
- 2) How often CCs follow-up with the family on referrals made?**
- 3) How often CCs follow-up with the referral source on the referrals made to the family (e.g., if family connected to HMG SC through a physician referral, how often do CCs follow-up with the physician?)**

- HMG National seeks to assess (2) How often the Care Coordinators follow up to referrals made to the Centralized Access Point and at what percentage of cases determine what the outcome of the referral was.



**For Q62 : What counts as a "serving as a partner"? If a child health care provider agrees to distribute brochures that we give them, does that count as a partner? Or do the entities listed in Q62a-g have to be more actively engaged in outreach (e.g., giving presentations on HMG, etc.)**


- For Q62, it's essential that the listed entities actively engage in outreach efforts or have a deeper connection to your HMG beyond merely agreeing to distribute brochures. This is to ensure that these partners are genuinely invested and fully aligned with all Help Me Grow initiatives.



**Q50 and Q51: What is the difference between "individuals (non-families) representing community agencies" (Q50) and "non-medical professionals" (Q51). The way we have reported it, Q51 represents the same people as Q50, just narrowed down to those who have been trained on developmental screening/referral and linkage. So Q51 is a subset of the same people reported in Q50.**

- For Q50 and Q51, both would represent the count of professionals involved. However, in the case of Q51, the number would be smaller as it pertains specifically to individuals trained in developmental screening, referral, and linkage.





**Q57: We do not have accurate data to report here, but the option for "Unable to Answer/Report" is not available to us. When this is the case, do we leave blank? For Q57 in particular, that seems more accurate than putting 0%.**

- Please include this in the notes section and include your rationale why here (Do not have accurate data to report)

Good afternoon! I have a question regarding a group of questions on the fidelity assessment: 33c - find the number of families with referrals, 33b - subtract 33c from 33a, and therefore 33b and 33c add up to 33a Is this an accurate interpretation of the questions?

33a	<b>Families served (FS):</b> Please answer the following for total number of families served (FS). This number does not need to be unique. Families that have returned to HMG for services more than once during the reporting period can be counted more than once.
33b	<b>Education &amp; Outreach (EO):</b> Total number of families served that resulted in sharing information or education only.
33c	<b>Referrals (R):</b> Total number of families served that resulted in referral.
33d	<b>Referrals Follow up (RF):</b> Total number of families served with whom HMG followed up

- For this question, the # of families who reached out for Education Only (EO) and Referrals (R) should be unique to your HMG System. You would find the number of families for both R and EO and Referrals Follow Up (RF) would be a subset of R.
- EO, R, and RF do not need to add up to Families Served (FS).



When opening the Fidelity Assessment, we get an alert message at the top that says "UNABLE TO REFRESH We couldn't get updated values from a linked workbook." Everything appears to load correctly and we can enter answers, but I'm worried we will run into an issue as we continue completing the report because of this message. Any idea what is going on?

- A few people have reached out in regards to this issue. We are sorry you are having challenges with the sheets.
- Please click refresh all links, if it is still saying that the values are not updating please go ahead and enter answers into your excel tool and submit as is. If you are still having issues after trying this, please don't hesitate to contact us.

In Reference to Q26-28 Our Centralized Access Point is operated by a contractor (who doesn't directly complete any screenings), who then connects families to their local district coordinator for screening (including through ASQ online). Do we count screenings completed at the local level in these #s or not since they were not directly completed by the staff at the CAP?

- For screenings facilitated **by your HMG CAP**, they should be counted in **Q26**.
- If your CAP operates similarly to the inquiry above, where screenings are **outsourced externally** and not directly conducted by HMG, but are instead conducted by an external partner and families are connected to an online or app-based platform, they should be recorded in **Q28**.
  - **Note:** We are thinking about revising this question in the future and would appreciate any feedback on how this is currently captured by HMG Systems.
  - Please submit this via the Q/A Inbox

Q26	CAP	Number of children for whom a developmental screening was conducted by HMG within the CAP or at a HMG-led event.	
Q27	CAP	Number of children referred to HMG after a developmental screening was conducted by a provider, organization, or partner agency in the community.	
Q28	CAP	Number of children whose developmental screening was conducted through online screening tool or web-based app platform as part of your HMG system.	2023 UPDATE/ CLARIFICATION: There may be overlap in the children counted in Q26, particularly if they were screened with an online/app based platform. This count can include children screened by partners that use an online/app screen connected to HMG.

In Reference to Q57: 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.

Is the Question Response Format functioning? I copied the Excel into a working document so it may be a formatting issue on my part - but I couldn't get the original to open under select one as well.

- Under the column “**Question Response Format**” this question should be labeled as a # and is marked as “**Select One.**”
- We will update this for future reports.

Q57	CHCPO	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.	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.	Select one	
Q58	CHCPO	If <75% of the time, please describe barriers that prevent more frequent follow-up:		Open-Ended	Approximate % of cases Please enter a value between 0 to 100. You DO need to include the % sign.

## In Reference to Q40: If networking meetings are held, how many meetings occurred over the past 12 months?

**Question: What is the intent? Are you seeking to learn if we are hosting networking meetings to bring in new partners or do our standing advisory board meetings count since they strengthen partnerships that have already been developed or both?**

- Intent of networking key activities is to support networking among programs and agencies that touch children and families.
- This can include any networking meetings for which HMG is the convener or lead partner.

## Some questions within the excel based tool are missing.

- We have conducted a thorough review of the excel based tool and can confirm that all questions are included.
- Some question numbering are out of order to make sense for flow.
- We have identified two such instances where this happens and we have screenshotted below for awareness.

Q76	DCA	Please select the option that most appropriately characterizes the frequency with which your early childhood system analyzes local data collected by HMG:
Q91	DCA	Please indicate whether your system uses any of the following technologies to support early childhood systems building:
Q91a	DCA	Bright by Text
Q91b	DCA	Centers for Disease Control and Prevention (CDC) Milestone app
Q91c	DCA	Child and Adolescent Health Measurement Initiative (CAHMI)'s Well-Visit Planner

Q78	DCA	Please share with us if you have explored any new/novel approaches in the previous 12 months specific to your HMG efforts.
Q80	DCA	Please identify which Core Components and/or Structural Requirements were involved in the novel approaches shared in the previous question (select all that apply):
Q80a	DCA	Centralized Access Point
Q80b	DCA	Family & Community Outreach
Q80c	DCA	Child Health Care Provider Outreach
Q80d	DCA	Data Collection & Analysis
Q80e	DCA	Organizing Entity
Q80f	DCA	Continuous Quality Improvement
Q80g	DCA	Spread & Scale
Q79	DCA	If you have any resources, reports, tools you have invented as a result of your exploration and would like to share this with the HMG National Center and Affiliate Network please upload when submitting your completed Assessment.
Q81	Equity	Has your state-level HMG Organizing Entity set specific goals for racial equity?

**In reference to Q37: Linkage (L):** The Impact Indicator Linkage is the proportion of families that report successful connection (SC) to a service or program provided through the HMG CAP.

**Can you confirm if we should follow the data collection manual from 2018 for the definition of linked/connected or the excel based tool? The manual says connected means the child is receiving at least one service. (6a). And pending service is split out which includes waitlists, registrations, pending enrollments. In the 2023 updated definitions guidance document a successful connection is defined as family is registered for, has an appointment for, or is receiving at least one service. Are you including waitlist as a successful connection in the new definition? Should we stop using the 2018 data collection manual?**

- All HMG Systems should use the following materials circulated in January 2024
  1. The excel based tool
  2. Updated guidance and definitions document
  3. Fidelity Fundamentals Document (Now Uploaded)
- For families who are on a waitlist, this should be considered as a successful connection as their appointment is forthcoming.



## Q17e Does this mean connects families to programs for the purpose of screening or connects them to programs which also screen?

- For this question you would select yes to all the ways in which your CAP supports screening efforts. For Q17e this would specifically mean if your CAP connects families to programs that will conduct a screening for them.

Q17	CAP	Please indicate the ways in which the CAP supports screening efforts:		
Q17a1	CAP	Shares screening results with early learning	Q17a, split into two questions. If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17a2	CAP	Shares screening results with community-based providers	Q17a, split into two questions. If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17b	CAP	Shares screening results with child health care providers	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17c	CAP	Directly administers screening	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17d	CAP	Connects families to an online resource for screening	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17e	CAP	Connects families to community programs that administer screening	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17f	CAP	Reviews screening results with families	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17g	CAP	Receives screening results from child health care providers	If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17h1	CAP	Receives screening results from early learning	Q17h, split into two questions. If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17h2	CAP	Receives screening results from community-based providers	Q17h, split into two questions. If you do not have a CAP, select "N/A" (Not Applicable).	Select one
Q17i	CAP	No CAP	Q17i has been removed for 2023 reporting.	Select one

# Disaggregated data and the optional tab?

- We are curious on understanding if you have the capability to disaggregate data for fidelity metrics.
- For each question, please respond with 'Yes,' 'No,' or 'Unsure' regarding your HMG System's ability to disaggregate data on this category.
- It's perfectly acceptable if the answer is 'No'; we are simply seeking clarity on what capabilities exist within our network."

Question	(1) Does your system collect disaggregated data for this indicator?	(a) Undocumented Status/ National Origin	(b) Gender Identity or Expression	(c) Sex/ Sexual Orientation	(c) Mental and Physical Disabilities	(d) Age	(e) Religion	(f) Income
Families served (FS): Please answer the following for total number of families served (FS). This number does not need to be unique. Families that have returned to HMG for services more than once during the reporting period can be counted more than once.								
Education & Outreach (EO): Total number of families served that resulted in sharing information or education only.								
Referrals (R): Total number of families served that resulted in referral.								
Referrals Follow-Up (RF): Total number of families served with whom HMG followed-up								
Children Served (CS): Please answer the following for total number of children served (CS).								

## Sensitive Data and the Optional Data Tab

- Submission of the Fidelity Assessment will be through SmartSheet which is password protected on servers.
- We strongly encourage the submission of aggregated data only, and for HMG Systems to exclude any personally identifiable information.

# What are the blacked out cells?

- **Black** cells do not require an answer.
- Only yellow cells require an answer, these cells will turn **white** once they are populated with your data

2023 UPDATED GUIDANCE = ORANGE CELLS					SYSTEMS: 2023 Responses, Reporting Period: Ja Please complete columns: M, I	
#	Category	Question	2023 Guidance (If applicable)	Question Response Format	Select One or Enter in Value (2023)	Open-Ended Responses (2023)
Q7f	CAP	Other service providers or community-based staff	NOTE: Includes OT, PT, Speech, Home Visiting	Select one		
Q7g	CAP	We do not have a CAP at this time	REMOVED NOT NEEDED	Select one		
Q8	CAP	From whom does the specialized HMG CAP receive	Complete Column D, for Q8a-f. Skip Q8a-8f if you do not have a CAP.			
Q8a	CAP	Family members/caregivers		Select one		
Q8b	CAP	Health care providers		Select one		
Q8c	CAP	Child care providers		Select one		
Q8d	CAP	School district personnel		Select one		
Q8e	CAP	Early intervention providers		Select one		
Q8f	CAP	Other service providers or community-based staff		Select one		
Q8g	CAP	We do not have a CAP at this time	REMOVED NOT NEEDED	Select one		
Q9a	CAP	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.	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 black.	%		
Q10b	CAP	If < 75% of the time, describe barriers that prevent more frequent follow-up:		Open-Ended		

# How should we collaborate amongst partners and team members with the excel based tool?

- Our Fidelity Resource Page includes a comprehensive guidance document containing all the questions for the fidelity assessment, along with definitions and guidance for each question.
- The Excel-based tool is equipped with filters, allowing you to sort by core component. This enables one team member to address all CAP questions, while another team member can focus on DCA questions.
- You can utilize the notes feature to add any important information or alerts for team members. This will help ensure that all relevant details are readily available and effectively communicated.



# Any additional questions?

Please enter any questions/topics you'd like to discuss in the chat

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[WWW.HELPMEGROWNATIONAL.ORG](http://WWW.HELPMEGROWNATIONAL.ORG)