

Embedding Goal Concordant Care in Help Me Grow

Findings Report

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HELP ME GROW
NATIONAL CENTER



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Background & Introduction

What is Goal Concordant Care?

A term used in end-of-life and palliative care, “goal concordant” describes clinical care that enables a patient to reach their self-identified goal(s), inclusive of respecting any treatment limitations the patient has placed on clinical care.¹

In the context of early childhood system-building and Help Me Grow (HMG):

Goal concordant care is a strengths-based approach to eliciting parents’ goals for their child’s well-being that ensures parents’ goals drive the process of developmental promotion, early identification of concern and need, referral, and linkage. Goal concordant care offers the opportunity for HMG to advance a paradigm shift where parents and caregivers are partners in decision-making, and resources provided are in concordance with the goals, aspirations, and values of the family.

What is a Goal?

While this could seem like a simple question, the term “goal” can be interpreted in many ways, can change over time, can be large and broad or small and specific, and can be considered at the child, parent, or family-level.

Based on findings from the initial family partner focus group, the word goal was defined as “a relatively consistent aspirational aim, result, or achievement toward which a parent’s efforts on behalf of their child(ren), their family, and their role as a parent or caregiver are directed” for this study. In essence, it is meant to represent what families *hope to achieve* rather than what they *want to resolve*.

Goal Concordant Care - A Paradigm Shift for Early Childhood Systems

In light of the fact that society is typically focused on resolving immediate needs and addressing issues deemed problematic by those who hold resources, power, and privilege, it can be difficult at times for parents to know exactly what is being asked of them when inquiries are made about their goals. Being

¹ Turnbull, A. E., & Hartog, C. S. (2017). Goal-Concordant Care in the ICU: A Conceptual Framework for Future Research. *Intensive Care Medicine*, 43(12), 1847–1849. <https://doi.org/10.1007/s00134-017-4873-2>

asked about what they hope to *achieve* (their goals) rather than *resolve* (their needs or concerns) can be an unfamiliar experience for many parents of young children.

While the notion of goal concordant care is not new, it had yet to be tested, formalized, and codified as a quality improvement and health equity strategy throughout local, state, and national early childhood ecosystems.



About the Study

The purpose of the Goal Concordant Care Study was to assess the feasibility of integrating each enhancement into the HMG Model and the efficacy of the enhancements and associated strategies in eliciting parent goals. Fundamental considerations explored through the study evaluation included:

1. *What* might a goal concordant approach look like in early childhood systems, specifically within the context of HMG? If any, *what* aspects of goal concordant care are applicable to HMG?
2. *How* might a goal concordant approach be implemented and evaluated by HMG systems?
3. *Where* (in what situations) could or should HMG systems engage with families and system partners regarding parent goals, if any?
4. *Who* are the appropriate entities and individuals within early childhood systems to engage with parents around their goals? *Who* might be impacted by HMG systems' use of a goal concordant approach and in what ways?
6. If at all, *when* is it appropriate, feasible, and advisable for HMG systems to implement a goal concordant approach?
7. Does a goal concordant approach to HMG appear to be a promising endeavor in which HMG systems should engage—and if so, *why*?

Learning Community

[The Framework for Advancing Goal Concordant Care through Help Me Grow](#) was tested from October 1, 2022 through September 30, 2023 via a **Learning Community**, which is defined as a shared learning experience in which HMG systems/affiliates, the HMG National Center, content area experts, and other partners assess how integrating novel enhancements into the HMG Model affects implementation and impact. Serving as the methodology for the Study, the Learning Community was comprised of 12 HMG systems and relevant partners such as family representatives and providers from health care and service agencies. The Learning Community was also supported by four expert **capacity-building partners**, external entities with content area expertise and skills in specific areas related to the operationalization of the Study.



Study Outcomes

The Goal Concordant Care Study evaluation explored the following key outcomes, within and across all four branches of the Learning Community:

- 1) Provider and parent impressions of and satisfaction with HMG after integration, adoption, and/or implementation of the enhancement strategy;
- 2) HMG systems' ability to elicit, document, and share family-identified goals and priorities within early childhood systems;
- 3) Permeation and traction of HMG within participating communities, including: (a) utilization rates of the Centralized Access Point; (b) use of enhanced Family and Community Outreach strategies; (c) interactions between HMG systems and child health care providers shaped by parent-identified goals; and (d) modifications to HMG systems' data collection, analysis, and sharing

activities to capture information regarding parent goal elicitation, documentation, classification, and sharing with community partners; and

- 4) HMG systems' ability to influence the five protective factors: (a) parental resilience; (b) knowledge of child development and parenting; (c) social connections; (d) concrete support; and (e) social and emotional competence of children.

Co-Creation, Stakeholder Input, and Methods

- A "Quarterly All-System Report" was administered electronically via Smartsheet by HMG National in collaboration with All Good Consulting.
- A series of four quarterly and two optional virtual Learning Community meetings were hosted by HMG National over the 12-month study period, each presenting an opportunity to obtain insights that informed evaluation, in addition to shaping the design and evolution of enhancement strategies.
- To ensure that family voices were appropriately centered in this study, HMG National Center and All Good Consulting conducted two family input sessions during the course of the Learning Community to obtain feedback directly from parents/caregivers on the direction of the Study, their thoughts and ideas about goal-focused support of parents with young children, and implications for HMG systems, the families they serve, and those they partner with in service to their communities.
- In addition, four virtual focus groups with child health care providers were conducted in September 2023 to explore providers' experiences with enhancements implemented in the Child Health Care Provider Outreach branch, the only branch that required participation from child health providers.

Challenges & Factors to Consider

Learning Community participants noted challenges for integrating goal concordant strategies that - to varying degrees - may impact individual, place-based HMG systems. While most participants recognized the inherent benefits of taking a more holistic approach to parent engagement in support of families' goals, they recognized the need to address:

1. Personnel capacity and funding required to locally design, implement, and sustain strategies that engage parents around goals in addition to their needs and concerns;
2. Possible confusion and pushback among HMG team members, Leadership Teams, and community partners about changes to HMG roles/activities and potential duplication of existing programs' goal-setting activities; and
3. Lack of multi-sector readiness, capacity, or receptivity to adopting and sustaining system-level approaches that center parent goals alongside their needs and concerns.

One of the biggest questions grappled with across the Learning Community was: what do we mean by goal? Goal was defined as “a relatively consistent aspirational aim, result, or achievement toward which a parent’s efforts on behalf of their child(ren), their family, and their role as a parent or caregiver are directed” for this study, based on findings from the initial family partner focus group. Throughout the study, participants noted:

1. The term “goal” can be interpreted inconsistently, and is often conflated with “needs”
2. Goals could be couched as a parents’ goals for their child, for themselves as parents and their capacity to support their child, or for their families
3. Goals in the context of early childhood are more dynamic, mirroring the rapid changes in child development
4. Goals can vary in length of time, dependent upon interpretation and circumstance
5. Goals can vary in scope, with some families identifying concrete goals and others identifying long-term vision
6. How parents think of goals can be impacted by their circumstances, resources, child’s age, etc.

This variance might cause providers to feel overwhelmed and unclear how to support families’ goals in their specific capacity, especially if the goals do not explicitly tie to available resources. In addition, the use of the word “goal” did not resonate consistently across families or providers.

When asked about challenges, concerns, or potential barriers for HMG systems or team members in applying study enhancements, respondents most often mentioned concerns around changes to traditional HMG activities, followed by the additional six (6) challenges listed below.

- Concerns around changes to traditional HMG activities (i.e., expanding focus beyond needs and concerns to also include parent goals) (39%);
- Potential lack of interest by parents in setting goals when they generally are looking for quick, needs-focused assistance from HMG (36%);
- Parent readiness to engage in goal discussions and/or goal follow-through, making it necessary to identify specific situations and timing with which to use goal strategies (36%);
- Concerns about being prepared to effectively manage different potentially new types of interaction with parents—i.e., goal-focused being more like case management (32%);
- Finding ways to sustain Study strategies in the future (17%);
- Lack of readiness among child health care providers and early childhood system partners to ask about and/or follow-up on goals (17%).

While the terminology and definition of the word “goal” presented challenges, Study findings made clear that the wording used matters less than the intent, differentiating between what families want versus what they need to achieve that, and suggesting that both goals and needs are necessary to support rich and meaningful interactions with families.

Despite potential grayness surrounding terminology, results clearly showed there is value to parents in being asked about their goals. It matters to parents that they are associated with something positive - beyond just their needs, concerns, or problems - and that their strengths and hopes are recognized, respected, and supported.

It also matters *when, how, and by whom, and in what contexts* parents are asked about their goals, as well as *what occurs* as a result of them sharing their goals. As one family leader noted,

“It’s appropriate for HMG to discuss goals because goal-setting helps build parents’ capacity to identify, self-advocate for, and track success. It builds self-efficacy and resilience. The key considerations are when and how it is appropriate to discuss parents’ goals - and more than anything - what happens after they’ve told you.”

Findings

Through the GCC Learning Community and in the context of the HMG Model, we investigated the implications and potential impacts of elevating parent goals within early childhood systems as drivers to promote young children’s health, development, and well-being. The primary question explored was, **“Does a goal-concordant approach to HMG appear to be a promising endeavor for further development and dissemination?”**

Findings indicated that regardless of how Study participants perceived goals, there is a clear benefit to parents, providers, and HMG staff in engaging parents in discussion of their goals. Goal conversations positively impacted the types of interactions that HMG-specific staff (i.e. CAP, Family & Community Outreach) and HMG’s partners had with families, creating space for additional relationship development and trust-building. Specifically, employing the enhancement strategies positively impacted protective factors, by:

- Shifting conversations from needs-based (deficit-focused) to aspirational (strengths-focused)
- Providing opportunities to share protective factors
- Establishing a more holistic picture of the family’s situation, which can inform referrals and other action steps

Findings indicated there is substantial merit to expanding HMG’s role to consider parent goals, in addition to the Model’s traditional focus on addressing family needs and concerns. Learning Community outcomes show that when HMG systems use strengths-based strategies to elicit, document, and provide referrals and resources in support of parent goals, potential benefits include:

1. Expanded skill sets and more successful parent engagement for HMG system personnel;
2. Improved relationships between HMG Centralized Access Point staff and families;
3. Better alignment between parent goals and referrals/resources provided by HMG;
4. Improved parent follow-through on referrals made by HMG;
5. Enhanced utilization of early childhood and parenting programs that collaborate with HMG systems, their local partners, and child health care providers;
6. Greater opportunities to promote specific family Protective Factors and greater alignment with the Strengthening Families Protective Factors Framework; and
7. Opportunities for HMG systems to collect and share more comprehensive data that reference parents' goals in addition to their needs and concerns.

Overall, there was considerable agreement among HMG systems and their team members that expanding the focus of HMG to include parent goals as well as their needs and concerns offers rich opportunities to better engage and serve parents in strengths-based, more holistic ways—and to elevate parent voice and choice among early childhood system partners and stakeholders. There was also widespread enthusiasm for enhanced use of the Strengthening Families Protective Factors Framework to operationalize and measure the results of such an approach.

Branch by Branch Findings

Study-End Snapshot:
Motivational Interviewing /Centralized Access Point Branch
<p><i>Goal Concordant Care Enhancements Tested:</i></p> <ul style="list-style-type: none"> • <i>Establishment of a specialized child development line that utilizes a strengths-based approach to eliciting parents' goals for their children's well-being</i> • <i>Linkage to services and follow-up with callers and providers includes the sharing of parents' goals</i>
<p>Key observations by HMG systems in the branch:</p> <ul style="list-style-type: none"> • Motivational interviewing is a promising practice for HMG systems to better engage with families, understand their priorities, and improve follow-through on CAP referrals. • Use of a strengths-based, goal concordant approach can improve HMG relationships with parents, center parent voice and choice, and improve parent satisfaction w/HMG. • Using a goal concordant approach increases alignment between referrals and what parents want to achieve and can improve parent follow-through on referrals. • More work is needed to refine the concept of goal concordant care as it relates to the core mission, role, and operations of HMG as a system model.
Systems inquiring about parent goals through Centralized Access Point (CAP) at study-end, 3/3
Systems formally documenting parent goals at study-end, 2/3
Systems using information on needs and concerns to help parents <i>identify goals, 2/3; track goal progress, 1/3</i>
<p>Extent to which HMG systems in the branch support further exploration of how to integrate attentiveness to parent goals within the HMG Model:</p> <ul style="list-style-type: none"> • Strongly support, 1/3 • Support a little, 2/3
<p>Strategies and modifications systems will continue using post-study:</p> <ul style="list-style-type: none"> • Motivational Interviewing, 3/3 • Goal elicitation and documentation, 2/3 • Changes to database systems enabling goal documentation, 2/3 • Continuous quality improvement and professional development for CAP team, 2/3 • Increased use of Strengthening Families Protective Factors Framework, 1/3
<p>When parents are asked about goals:</p> <ul style="list-style-type: none"> • At the discretion of CAP specialists based on family's situation, 2/3 • During parents' first CAP conversation, 1/3 • During communications that occur after first CAP conversation, 1/3
<p>Types of communication in which CAP specialists inquire about goals:</p> <ul style="list-style-type: none"> • Phone, 3/3; Text, 2/3; Email, 2/3; In person, 1/3
<p>How parent goals are documented:</p> <ul style="list-style-type: none"> • Narrative notes in data system during intake/enrollment, service coordination, 2/3 • Fillable short-response boxes, 1/3
Benefits associated with HMG formally considering parent goals along with needs and concerns:

<ul style="list-style-type: none"> ● Elevation of parent voice and choice ● Improved relationships with parents, increased parent satisfaction with HMG ● Greater opportunities to use strengths-based approaches to improve families' Protective Factors ● Better alignment between referrals provided and what parents are looking to achieve ● Improved parent engagement and follow-through with referrals
<p>Challenges associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● HMG CAP capacity strained by more extensive "case management" role ● Use of the terms, "goal concordance" and "parent goals" ● Parents anticipating a brief call for help with needs, some not interested in goal-setting ● Need for well-defined strategies around data collection, use of goal information, follow-up with families in HMG systems, child health care, and other sectors

<p>Study-End Snapshot: Data Collection & Analysis Branch</p>
<p><i>Branch Enhancements:</i></p> <p>(1) <i>Data sharing, inclusive of parents' goals, across a minimum of two child-serving sectors</i></p> <p>(2) <i>Continuous quality improvement efforts guided by data, inclusive of parents' and providers' goals</i></p>
<p>Key observations by HMG systems in the branch:</p> <p>(1) Multiple benefits of HMG engaging parents in goal-setting</p> <ul style="list-style-type: none"> ● Amplifies strengths-based approach, appreciates parent and family assets ● Referrals, resources better aligned with what parents are trying to achieve ● Improves quality of CAP conversations, parent satisfaction with HMG ● Increases parent engagement in HMG Family and Community Outreach activities <p>(2) Value of Strengthening Families Protective Factors Framework for goal-focused activities</p> <ul style="list-style-type: none"> ● Opportunities to provide parents with information, concrete tools for working toward their goals ● Operational framework for categorizing goals parents are working toward ● Common "taxonomy" familiar to early childhood system partners ● Can help assess HMG's impact on families <p>(3) Goal elicitation, follow-up, and sharing depend on adaptable, efficient HMG data systems</p>
<p># Systems inquiring about parent goals through Centralized Access Point (CAP) at study-end, 3/3</p>
<p># Systems formally documenting parent goals at study-end, 2/3</p>
<p># Systems using information on needs to help parents <i>identify goals</i>, 2/3 and <i>track goal progress</i>, 2/3</p>
<p>Extent to which HMG systems in the branch support further exploration of how to integrate attentiveness to parent goals within the HMG Model:</p> <ul style="list-style-type: none"> ● Strongly support, 2/3 ● Support a little, 1/3
<p>When parents are asked about goals:</p> <ul style="list-style-type: none"> ● At the discretion of CAP specialists based on family's situation, 3/3 ● During communications that occur after a family's first interaction with the CAP, 3/3 ● During parents' first CAP conversation, 2/3
<p>Types of communication in which CAP specialists inquire about goals:</p> <ul style="list-style-type: none"> ● Phone, 3/3; Text, 2/3; Email, 2/3; In person, 1/3
<p>How parent goals are documented:</p> <ul style="list-style-type: none"> ● Narrative notes in HMG data system during intake/enrollment, service coordination, 2/3

<ul style="list-style-type: none"> ● Fillable short-response boxes, 2/3 ● With checkboxes, drop-down selections, or other pre-populated lists, 2/3 ● At family and community outreach events, 1/3
<p>Benefits associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● Elevation of parent voice and choice ● Improved relationships w/parents, increased parent satisfaction w/HMG ● Greater opportunities to use strengths-based approaches, obtain a holistic picture of families, improve their Protective Factors ● Better alignment between referrals provided and what parents are looking to achieve ● Enhanced data to inform continuous quality improvement
<p>Challenges associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● Sustaining knowledge and skills around HMG goal-focused activities through staff transitions ● Sharing data across sectors—uncertainty about provider and partner readiness and capacity to accept, act on goal information and goal-focused referrals ● Parents anticipating a brief call for help with needs, some not interested in goal-setting ● Goal-setting with parents may already be done by certain HMG community partners

<p>Study-End Snapshot:</p> <p>Healthy Outcomes from Positive Experiences (HOPE)/Child Health Care Provider Outreach Branch</p>
<p><i>Goal Concordant Care Enhancements Tested:</i></p> <p>(1) Targeted outreach to child health care providers on eliciting and attending to parents' goals as a key element in promoting children's optimal healthy development</p> <p>(2) Ensuring inclusion of parents' goals in closing feedback loop on referral, linkage with child health care providers</p>
<p># Systems inquiring about parent goals through Centralized Access Point (CAP) at study-end, 3/3</p>
<p># Systems formally documenting parent goals at study-end, 2/3</p>
<p># Systems using information on needs and concerns to help parents identify goals, 3/3 and track goal progress, 0/3</p>
<p>Key observations by HMG systems in the branch:</p> <ul style="list-style-type: none"> ● Use of a strengths-based, goal concordant approach can improve HMG relationships with parents, center parent voice and choice, and improve parent satisfaction with HMG ● Using a goal-concordant approach increases alignment between referrals and what parents want to achieve and can improve parent follow-through on referrals ● More work is needed to refine the concept of goal concordant care as it relates to HMG ● Child health care and other sectors need time and support in adopting a system-wide approach for identifying and following up on parent goals ● HOPE appears to be a natural fit with the HMG Model; dissemination of information on HOPE within the HMG affiliate network may be of value
<p>Extent to which HMG systems in the branch support further exploration of how to integrate attentiveness to parent goals within the HMG Model:</p> <ul style="list-style-type: none"> ● Moderately support, 2/3 ● Support a little, 1/3
<p>Strategies and modifications systems will continue using post-study:</p> <ul style="list-style-type: none"> ● Goal elicitation and documentation, 3/3 ● Increased use of a strengths-based approach, 2/3 ● Use of forms, materials, parent surveys developed during the study, 2/3 ● Warm handoffs with home visiting program, 1/3

<p>When parents are asked about goals:</p> <ul style="list-style-type: none"> ● At the discretion of CAP specialists based on family's situation, 3/3 ● During parents' first CAP conversation, 1/3
<p>Types of communication in which CAP specialists inquire about goals:</p> <ul style="list-style-type: none"> ● Phone, 3/3; Text, 2/3; Email, 2/3; In person, 1/3
<p>How parent goals are documented:</p> <ul style="list-style-type: none"> ● Narrative notes in HMG data system during intake/enrollment, service coordination, 3/3 ● Fillable short-response boxes, 1/3
<p>Benefits associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● Improved relationships between HMG and parents ● Better alignment between referrals provided and what parents are looking to achieve ● Improved parent engagement and follow-through with referrals ● Greater opportunities to use strengths-based approaches to improve families' Protective Factors
<p>Challenges associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● Need for well-defined strategies around HMG use of goal information, follow-up with families ● Parents anticipating a brief call for help with needs, not interested in or ready for goal-setting ● Early childhood system partners unprepared to accept and follow-through on goal referrals ● CAP personnel need training to support shift in type/intensity of CAP conversations re: goals ● Child health care partners not always receptive to GCC strategies

<p>Study-End Snapshot: Parent Cafés/Family and Community Outreach Branch</p>
<p><i>Goal Concordant Care Enhancements Tested:</i></p> <ol style="list-style-type: none"> (1) <i>Support networking events and trainings for providers and community partners that are focused on the importance of eliciting and attending to parent goals.</i> (2) <i>Conduct family events that encourage and validate parents' communication of their goals.</i> (3) <i>Market HMG as a system that embraces parents' goals when navigating resources and services.</i>
<p># Systems inquiring about parent goals through Centralized Access Point (CAP) at study-end, 3/3</p>
<p># Systems formally documenting parent goals at study-end, 1/3</p>
<p># Systems using information on needs and concerns to help parents <i>identify goals, 2/3</i> and <i>track goal progress, 2/3</i></p>
<p>Key observations by HMG systems in the branch:</p> <ul style="list-style-type: none"> ● Parent Cafés are valuable assets to HMG Family and Community Outreach activities. Parents value the physically and emotionally safe spaces of Parent Cafés and peer-to-peer connection, and learning opportunities they provide ● Engaging in outreach events like Parent Cafés strengthen families' protective and promotive factors while also making it more likely that parents will follow through on HMG referrals. ● HMG systems should always be ready to engage families in their preferred language and with materials and approaches that are interculturally responsive
<p>Extent to which HMG systems in the branch support further exploration of how to integrate attentiveness to parent goals within the HMG Model:</p> <ul style="list-style-type: none"> ● Strongly support, 2/3 ● Moderately support, 1/3
<p>Strategies and modifications systems will continue using post-study:</p> <ul style="list-style-type: none"> ● Goal elicitation and documentation, 3/3 ● Parent Cafés, 2/3 ● Expansion of strengths-based approaches, 2/3 ● Strengthening collaborations with community partners around outreach, 1/3

<ul style="list-style-type: none"> ● Training CAP specialists in using a goal-focused approach, 1/3
<p>When parents are asked about goals:</p> <ul style="list-style-type: none"> ● At the discretion of CAP specialists based on family’s situation, 2/3 ● During communications that occur after a family’s first interaction with the CAP, 2/3
<p>Types of communication in which CAP specialists inquire about goals:</p> <ul style="list-style-type: none"> ● In person, 3/3; Phone, 2/3; Text, 2/3; Email, 2/3
<p>How parent goals are documented:</p> <ul style="list-style-type: none"> ● Narrative notes in HMG data system during intake/enrollment, service coordination, 3/3 ● Fillable short-response boxes, 2/3
<p>Benefits associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● Opportunities for parents to learn about, apply Protective Factors in their own lives ● Enhanced use of strengths-based approaches in HMG communication with parents ● Improved follow-through on referrals by parents and increased linkage to services ● Improved relationships between HMG and parents
<p>Challenges associated with HMG formally considering parent goals along with needs and concerns:</p> <ul style="list-style-type: none"> ● HMG staff capacity / Sustaining study momentum, knowledge, skills in staff transitions ● Difficult for community partners to take time for Parent Café training

Implications

The Learning Community’s experience suggests that embracing a shift toward goal concordance has both philosophical and operational implications for the HMG Model and individual HMG systems. For the HMG Model, consideration should be given to:

1. Potential impacts on the Model’s stated intentions, objectives, and fidelity attributes;
2. Enhancements to Key Activities and the impact of a change in any one Core Component on activities in and across other Components; and
3. Opportunities to share goal concordant resources, tools, and technical support among a large and highly diverse network of affiliated HMG systems at different stages of Model implementation.

At the end of the Study, each of the twelve (12) participating HMG systems responded to an exit survey in which they were asked to describe how their system perceived a “goal concordant approach” as being different from a “traditional approach” to HMG. A majority of systems (10) perceived significant differences, noting distinctions germane to a goal concordant approach such as:

- Centralized Access Point conversations following more strengths-based practices, relying on deeper conversations that create space for parents to share their goals and be understood;
- Acknowledging parents as the experts on their children and operating without a power differential;
- Prioritizing parents’ needs as caregivers, as well as needs of their children and families;
- Using parent goals (along with family needs) to help guide referrals and service connections;

- Elongating the potential time span that Centralized Access Point personnel are engaged with a particular family;
- Changing the types of interactions and relationships that Centralized Access Point personnel have with parents; and
- Modifying Centralized Access Point and data collection practices and platforms to reflect attentiveness to parent goals in addition to their needs and concerns.

Because HMG is a *system* model composed of four (4) *interdependent and complementary* Core Components that are implemented simultaneously, there is a considerable degree of artificiality in studying changes to each Component independently. While recognizing the interrelatedness of the Components, it was considered necessary during this initial exploration of potential enhancements to the Model to focus intentionally and with depth on Core Component changes and impacts. Unsurprisingly, findings illustrated how changes made in one Core Component necessitate modification to others and have implications across Components.

Documenting a broader array of information from parent conversations that include discussion of their goals (in addition to their needs and concerns) appears to increase the number of sectors with which HMG systems share information about what families are trying to achieve.

When HMG systems elicit, document, and consider parent goals alongside their needs and concerns, a more holistic picture of families emerges that can be attended to in support of what they are trying to achieve.

Benefits

When all twelve (12) HMG systems were asked on their final report about the benefits they ascribe to formally considering parent goals alongside their needs and concerns, top among them were:

1. Better alignment between parents' goals or priorities and the referrals and resources HMG systems are able to provide for them (noted by 12/12 HMG systems);
2. Richer interactions and better communication with parents, particularly through Centralized Access Point conversations (noted by 11/12 HMG systems);
3. Greater opportunities for meaningful parent engagement and improved relationships with families (noted by 10/12 HMG systems);
4. Expanded use of the Protective Factors Framework to inform parents and to help categorize, document, and share information about their goals in support of those (noted by 5/12 HMG systems); and
5. Positive impacts on the ability of HMG systems to conduct continuous quality improvement activities (noted by 5/12 HMG systems).

Recommendations

Recommendation 1: Support further exploration of the elicitation and sharing of goals to drive care, at both the provider and system-levels.

For example, building off of key insights and learnings from the Goal Concordant Care Learning Community Study, the HMG National Center, in partnership with Connecticut Children's Center for Care Coordination, Connecticut Children's Care Network, Clinical Application Services, and Office for Community Child Health leadership, is leading a proof-of-concept study to adapt, develop, and test family engagement workflows and goal elicitation protocols to tailor and individualize the goals of pediatric primary care in partnership with parents and caregivers.

Recommendation 2: Explicitly tie the Protective Factors Framework (PFF) to the HMG Model and its implementation.

- Ensure understanding of PFF and its applicability to the Model via Affiliate Network-wide technical assistance offerings.
- Demonstrate existing alignment of PFF with the other models used in this Study (Parent Cafés, HOPE).
- Align HMG needs, goals, and referrals around protective factors. Categorizing family goals around relevant protective factors was identified as a potential way to both share understanding between HMG and the family, as well as allow for aggregate data collection across family goals. This could also help inform which referrals may support the strengthening of that protective factor. For example, if a parent indicates their goal is to be able to continue to support their child despite challenging circumstances, HMG can identify this as being linked to the “parental resilience” protective factor. In addition to sharing more information for the family about that protective factor, HMG can categorize “parental resilience” as their goal. By doing this routinely, HMG Data Collection & Analysis can help determine how often this comes up for families, and inform policy and community change efforts to expand supports in this area.

Recommendation 3: Make updates to the HMG Model to codify an asset-based approach.

The Framework for Advancing Goal Concordant Care through Help Me Grow included potential enhancements to some of the HMG Core Components' Key Activities to incorporate goal elicitation into relevant actions. The Study findings indicate that most of these enhancements are worth exploring or adapting, in particular:

Core Component	Model Enhancement (in bold)
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Centralized Access Point	Establishment of a specialized Child Development line that utilizes a strength-based approach to eliciting parent's goals for their child's well-being
Family & Community Outreach	Support networking events and trainings for providers that are focused on the importance of eliciting, and attending to, parents' goals.
	Conduct family events that encourage and validate parents' communication of their goals.
	Market HMG as a system that embraces parents' goals when navigating resources and services.
Child Health Care Provider Outreach	Ensuring inclusion of parents' goals in closing feedback loop on referral, linkage w/health care providers
Data Collection & Analysis	Continuous quality improvement efforts are guided by data inclusive of providers' and parents' goals.

HMG National Center and its Affiliate Network can consider the amended wording to Key Activities as well as other updates to the Key Activities and Structural Requirements to affirm an asset-based approach. In addition, updates to the Model should consider ways family-engaged developmental monitoring - a set of activities that includes elicitation of goals and priorities - can be incorporated. Codifying such changes can support uptake across the Network as implementing each of the Key Activities is necessary to be in full fidelity of the HMG Model. By doing so, we may effectively shift the paradigm - and family satisfaction - with our efforts, thereby increasing parent utilization of HMG as the entry point to the early childhood system.

Additionally, incorporating these changes to the Model to ensure that elicitation, documentation and utilization of goals is happening across the early childhood system can drive resource allocation and reimbursement. In the previous example of “parental resilience”, data trends that indicate this is the Protective Factor most aligned with what families want could potentially support reimbursement for efforts to promote family resilience as an “upstream” intervention in addition to when needs are identified.

Recommendation 4: The HMG National Center should share findings, implications, and scalable practices with the broader HMG Network to encourage broader adoption of goal concordant care, framed as a part of larger work.

Strategies may include:

- Share a summary of the Study with key findings, implications, and recommendations, as well as conduct a Network-wide webinar to contextualize learnings and next steps.
- Couch goal concordant care as an activity of [family-engaged developmental monitoring](#), which cites goal elicitation as an activity.

- Test scaling of promising practices across the HMG system in “exemplar” sites to validate findings and identify concrete implementation strategies.

Recommendation 5: Provide tools and venues to encourage the elicitation and documentation of goals and priorities as part of HMG standards of practice.

For example, the parent worksheet tested in the Data Collection & Analysis branch can be updated, adapted, and shared with the HMG Affiliate Network as a promising practice, particularly for Family & Community Outreach activities.

Recommendation 6: Promote the adoption of Strengthening Families Protective Factors Framework, HOPE, motivational interviewing, and Parent Cafés as part of HMG implementation.

These enhancement strategies had varying degrees of success on goal elicitation specifically, but were widely well-received as meaningful approaches and in alignment with other HMG efforts. Next steps should include:

- Presentations from capacity -building partners and Learning Community participants.
- Office hours for those trying out strategies.

Conclusion

The Goal Concordant Care Study was a complex undertaking to assess and understand how the integration of strategies intended to elicit, elevate, and incorporate parent goals into the HMG Model might impact early childhood systems and families with young children. While there were limitations to the Study and challenges faced in eliciting goals, the findings indicate a clear benefit to parents, providers, and HMG staff in engaging parents in discussion of their goals. HMG is unique in its system-approach to early childhood, and as such can play many, varied roles in eliciting, documenting, sharing, and stewarding parent goals. Most of all, HMG may be best leveraged to help parents identify goals and support system partners in eliciting and sharing goals.

At the system-level, HMG can ensure that:

- Families’ goals and priorities are used to inform systems design and improvement;
- Partners are trained on how to elicit parent goals and priorities directly and routinely;
- Parent goals and priorities are shared alongside other contextual information;
- Partnerships are reflective of the goals, priorities and needs of families; and
- Family goals and priorities can be documented, monitored and analyzed alongside other HMG data collected.

The above can advance a shift to strengths-based rather than deficit-based early childhood systems, including consideration in quality metrics and financing.

The Study holds many implications for the early childhood field, the HMG Model, and HMG affiliates. HMG is unique in its system-approach to early childhood. HMG can play many, varied roles in eliciting, documenting, sharing, and stewarding parent goals. Most of all, HMG may be best leveraged to help parents identify goals and support system partners in eliciting and sharing goals. Recommendations for next steps include further exploration of goal elicitation, tying the Protective Factors Framework to HMG implementation, codifying a strengths-based approach within the HMG Model, and spreading the best practices from the GCC Learning Community across the HMG National Affiliate Network and the early childhood field at large.

Contributors

Goal Concordant Care Project Team

The Help Me Grow National Center

Dedicated to ensuring that early childhood systems maximize the potential of all young children, the [Help Me Grow \(HMG\) National Center](#) is a program of the [Office for Community Child Health](#) at [Connecticut Children's](#) in Hartford, Connecticut. The Help Me Grow National Center serves as a national resource to support the implementation of Help Me Grow systems throughout the country.

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All Good Consulting

All Good Consulting helps empower organizations and initiatives interested in building, implementing, and sustaining collaborative systems of care for children and families. Areas of focus include qualitative and quantitative research and evaluation; co-design and advancement of cross-sector systems; implementation of research-backed approaches and promising innovations; and strategic and sustainability planning.

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Childhood Prosperity Lab

Childhood Prosperity Lab is committed to elevating *social innovations*, which are creative strategies and opportunities that address the social, behavioral, and environmental challenges that children and families too often face. The Lab values: advancing social innovations that build upon the strengths of children, families, and communities; engaging children, families, and communities as partners in the design of innovations that support their health, development, and well-being; and cross-sector, multi-disciplinary thinking and partnerships to understand and shift the conditions negatively influencing children, families, and communities.

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Capacity Building Partners

Be Strong Families

Be Strong Families (BSF) is a national organization that partners to create transformative change by developing and sustaining conversations that nurture the spirit of family, promote well-being, and prevent violence. BSF does this through the empowered engagement of vulnerable parents, youth, children, and extended family members. BSF is comprised of a passionate, dedicated, diverse team that works in partnership with systems, service providers, and parents.

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Center for the Study of Social Policy

CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change to create a fair and just society in which all children and families thrive. CSSP has offices in Washington, DC and Los Angeles, as well as partners in 30 states around the country.

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The HOPE National Resource Center

The HOPE National Resource Center is based out of Tufts Medical Center in Boston, Massachusetts. HOPE is creating a paradigm shift in systems of care, communities, and policies to value and actively bolster positive childhood experiences (PCEs). HOPE offers research, resources, trainings and technical assistance to help bring the power of the positive into the lives of children and their families.

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The University at Buffalo Motivational Interviewing Center (UBMIC)

The University at Buffalo Motivational Interviewing Center provides training, consultation, and implementation support to organizations and individuals interested in learning, building proficiency, and implementing MI into their services and systems. Through long-term relationships with learners and organizations, we support practice transformation to assist helpers to better meet the needs of the people they serve.

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HMG Affiliates

The Goal Concordant Care Learning Community

In July 2022, twelve HMG systems and their partners were selected to participate in the GCC learning community, which ran from October 2022-September 2023. All participating HMG teams contributed to the co-creation of the tested strategies and evaluation. Participating HMGs included:

Centralized Access Point Branch	Family & Community Outreach Branch	Child Health Care Provider Outreach Branch	Data Collection & Analysis Branch
<ul style="list-style-type: none"> • Kansas • Long Island, NY • Orange County, CA 	<ul style="list-style-type: none"> • Marin County, CA • Northwest Florida, FL • Washington, DC 	<ul style="list-style-type: none"> • Butte, CA • Connecticut • Oakland, MI 	<ul style="list-style-type: none"> • Alaska • Delaware • Utah