

Embedding Goal Concordant Care in Help Me Grow

Final Report Executive Summary

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HELP ME GROW
NATIONAL CENTER



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Executive Summary

Working with the hypothesis that families with young children would benefit from recognition and support of goals that are individualized and aligned with their values and priorities, the Help Me Grow (HMG) National Center and partners engaged in the Goal Concordant Care Study (the Study) to assess the impacts of using a “goal concordant approach” within the context of the HMG Model. Goal concordant care (GCC) stems from palliative care and 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 While the notion of goal concordant care is not new, it has yet to be formalized and codified as a quality improvement and health equity strategy throughout local, state, and national early childhood ecosystems.

HMG is not a stand-alone program, but rather a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to early childhood system-building in any given community for families with children prenatal through age 8. Each of the four Core Components (Centralized Access Point, Family & Community Outreach, Child Health Care Provider Outreach, and Data Collection & Analysis) of the HMG Model has Key Activities that provide multiple opportunities for integrating processes that can support parent/caregiver goal identification and elicitation, which then serve as the imperative for how HMG organizes its response and resources.

Through the Study, the HMG National Center and project partners (All Good Consulting; Connecticut Children’s Childhood Prosperity Lab; University at Buffalo’s Motivational Interviewing Center; Be Strong Families; Healthy Outcomes from Positive Experiences National Resource Center at Tufts Medical Center; and the Center for the Study of Social Policy) co-developed a Framework for Advancing Goal Concordant Care through Help Me Grow and studied its impact on early childhood systems by enhancing the evidence-based HMG Model. Enhancements (i.e. approaches to strengthen implementation, impact, and evaluation of specific Core Components or the whole HMG System Model) to the evidence-based HMG Model include the integration of strategies to elicit parents’ priorities, facilitate shared goal setting, and implement care coordination, system navigation, and quality measurement that span multiple child-serving sectors (e.g., child health, home visiting, early intervention, special education, child welfare, early care and learning). The Framework helped identify four pillars as critical to the exploration of goal concordant care: Trust; Agency; Partnership; and Communication. Additionally, individual, organizational, and system-level practices were highlighted as opportunities to practice goal concordance. As a result, suggested enhancements were proposed for Key Activities in each of HMG’s four Core Components.

Based on the Framework, the Study was designed to examine how a goal concordant approach integrated into HMG might impact if and how parent/caregivers goals are elicited, documented, and shared to drive resource allocation, decisions, referrals, and priorities for service delivery.

The Framework was tested from October 1, 2022 through September 30, 2023 via a Learning Community comprised of 12 HMG systems, their family partners, and relevant partners from health care and service agencies - as well as the four partner organizations with content area expertise and skills in strategies

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>

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relevant to the enhancements being tested. Enhancements were explored through strategies relative to family engagement, resource allocation, decision-making, referral processes, and priorities for service delivery within HMG systems, providers, and community partners working with a given family. The Core Components and their corresponding GCC enhancements and strategies define the four “branches” of the Learning Community, each of which is supported by a partner organization:

1. Centralized Access Point (CAP) Branch: Used Motivational Interviewing (MI) in partnership with University at Buffalo Motivational Interviewing Center to test CAP enhancements.
2. Family & Community Outreach (FCO) Branch: Implemented Parent Cafés in partnership with Be Strong Families to test FCO enhancements.
3. Child Health Care Provider Outreach (CHCPO) Branch: Trained in Healthy Outcomes for Positive Experiences (HOPE) in partnership with the HOPE National Resource Center to test CHCPO enhancements.
4. Data Collection & Analysis (DCA) Branch: Rooted in the Protective Factors Framework as advised by the Center for the Study of Social Policy to test DCA enhancements.

The project evaluation used a quasi-experimental design based on quality improvement (QI) methodologies to explore the following key outcomes, across and within all four branches:

- 1) Provider and parent impressions of and satisfaction with HMG after integration/ adoption/ 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 & 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.

Despite challenges related to capacity, readiness, and buy-in around “goal concordance”, findings from the Study indicate 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;

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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.

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.