



Help Me Grow National Project

It is well documented nationally and in Colorado that all children benefit from early identification and intervention for physical, developmental, behavioral and emotional conditions. Linking children to community-based supports as early as possible is essential to optimal child development. Families, child health care providers, early learning providers, and other professionals often have difficulty recognizing when children show early signs of developmental delays or behavioral health issues. Even when needs are identified, accessing programs designed to address those needs can be confusing and time-consuming.

Connecticut Help Me Grow (CT HMG), the first HMG program in the nation, was launched in Hartford in 1998 and began operating as a statewide system in 2002. CT HMG successfully identifies children at-risk and effectively and efficiently links them and their families to services. This is accomplished through a state-level partnership with CT's Department of Public Health, Department of Developmental Services, Department of Education, CT Children's Trust Fund/Department of Social Services, and a call center housed at the CT United Way/2-1-1. Please see Attachment A.

Building on the success of the CT pilot program and statewide expansion, HMG Orange County became the first site to replicate the HMG model – with technical assistance support from CT HMG. In 2008, The Commonwealth Fund supported replication in five additional states, bringing the total to seven. The W.K. Kellogg Foundation has funded growth to an additional ten states. Upon expanding the HMG national network from seven to 17 states and demonstrating its effectiveness, the National Center will be poised to support additional states – with the long-term vision of having HMG systems in all 50 states.

Colorado's Help Me Grow Grant

In the summer of 2009, Colorado was selected to receive technical assistance from CT for a project titled, "Linking At-Risk Children to Developmental/Behavioral Programs: A National Replication of Connecticut's Help Me Grow Program."

On September 24 and 25, 2009, the National Replication team visited Colorado and shared information on CT HMG. On December 2, the National Replication Team provided a report (see Attachment B) that detailed suggestions regarding administrative oversight, outreach to physicians, a call center (resource inventory and community involvement) and an annual evaluation.

In addition to technical assistance, Colorado was selected to receive a small grant from the Help Me Grow National Technical Assistance Center in 2011.

Colorado's HMG will differ in two ways from the CT HMG model. First, it is intended for all Colorado children, regardless of special needs. Second, it will not attempt to take contacts away from existing agencies or consolidate services except where the sponsor agency wishes to do so; the plan is that HMG CO will make each center's contacts more applicable to their given mission and service level. HMG CO will address a gap in coordination, connectedness, and navigation, more than it addresses an explicit lack of services.

Link to Important State Reforms

Medicaid's Accountable Care Organization

The Accountable Care Collaborative (ACC) is Colorado's newest Medicaid program designed to improve health outcomes and control costs by providing coordinated care to fee-for-service clients. The ACC is comprised of Regional Care Collaborative Organizations (RCCOs), ultimately accountable for improving access and outcomes, Primary Care Medical Providers (PCMPs), responsible for providing comprehensive primary care, and the Statewide Data and Analytics Contractor (Treo Solutions).

The ACC changes the incentives and health care delivery processes for providers from one that rewards a high volume of services, to one that focuses on the health outcomes of patients. The ACC controls costs by reducing avoidable, duplicative, variable and inappropriate use of health care resources. Medicaid clients enrolled in the ACC receive services using the fee-for-service model, and also belong to a Regional Care Collaborative Organization, or RCCO that provides care-coordination among providers and other community and government services.

RCCOs ultimately need to provide similar services to HMG CO, so care will be taken to involve them in development and implementation.

Colorado Race to the Top

In late August, the U.S. Departments of Education and Health and Human Services released the final application guidelines for the competitive Race to the Top-Early Learning Challenge Fund (ELCF), detailing requirements, priorities, selection criteria, and definitions for applications. The ELCF grant competition is focused on improving school readiness for children with high needs by supporting states' efforts to:

- 1) Increase the number and percentage of low-income and disadvantaged children enrolled in high-quality early learning program
- 2) Design and implement an integrated system of high-quality early learning programs and services
- 3) Ensure that any use of assessments conforms with the recommendations of the National Research Council's reports on early childhood

States can apply for grants ranging from \$50 million to \$100 million. Under the leadership of Lieutenant Governor Joe Garcia's office, Colorado is applying for a total of up to \$60 million, which, if awarded, would be paid out over four years. The application is due on October 19, 2011, and awards will be announced in December. The Lieutenant Governor's office has developed a process for completing and submitting Colorado's application that includes both an Advisory Committee and a Steering Committee. More information is posted at

www.earlychildhoodcolorado.com

HMG CO Leadership team member Jodi Hardin will help to align Colorado Help Me Grow with Race to the Top initiatives.

Reorganization of the Department of Human Services

Through a collaborative process with leaders from the Colorado Department of Human Services (CDHS), Colorado Department of Public Health and Environment (CDPHE), the Department of Health Care Policy and Financing (DHCPF), and the Colorado Department of Education (CDE), the Early Childhood Leadership Council (ECLC) has proposed a reorganization of the Department of Human Services that will include shifting existing early childhood services and funding streams from other agencies.

With the incorporation of new services, CDHS will have the opportunity to realign its mission and more effectively define its role in serving Colorado's early childhood population. This includes a department name change to better reflect the department's expanded emphasis on early childhood. The reorganized department will contain an Office of Early Childhood, to be advised by a governor-appointed public-private advisory board.

The following programs and funding streams would be co-located to the Department of Human Services (current location in parentheses):

- Colorado Children's Trust Fund (CDPHE)
- Early and Periodic Screening Diagnosis and Treatment (DHCPF)
- Family Resource Centers (CDPHE)
- Head Start State Collaboration Director (Office of the Lt. Governor)
- Nurse Home Visitor Program (CDPHE)
- Tony Grampas Youth Services (CDPHE)
- Maternal, Infant, and Early Childhood Home Visiting Program (CDPHE)

The following would remain in the restructured department:

- Child Care Quality Initiatives
- Colorado Child Care Assistance Program
- Mental Health Consultation
- Part C/Early Intervention Services
- Promoting Safe and Stable Communities

The Early Childhood Leadership Commission and department leaders believe this new approach to early childhood services and program governance will streamline services, aid local program administration, help families access the help they need, and ensure programs share similar high standards.

Legal and budgetary reviews follow the proposal; ultimately, legislation is required to implement the early childhood governance proposal, including a name change to better reflect the expanded emphasis on early childhood.

HMG CO Leadership Team members sit on the ECLC and will align HMG CO with the new state structure.

Link to National Efforts

Preparing children for success has historically been supported through a number of federal programs and agencies. Starting in 1965, The Head Start Program began providing comprehensive education, health, nutrition, and parent involvement services to low-income children and their families.¹

The current administration is committed to providing support that the youngest children need to prepare to succeed later in school. The President supports a seamless and comprehensive set of services and support for children from birth through age five, urging states to impose high standards across all publicly funded early learning settings, develop new programs to improve opportunities and outcomes, engage parents in their child's early learning and development, and improve the early education workforce.

According to the influential National Academy of Sciences publication, *Eager to Learn: Educating Our Preschoolers*, "care and education cannot be thought of as separate entities in dealing with young children." To this end, the U.S. Department of Education and the U.S. Department of Health and Human Services are working together to ensure that children have a strong foundation in both the educational and the social-emotional domains that provide the preparation they need to enter kindergarten ready for success. The Presidential Early Learning Council will help to enhance the early learning and development of all of America's children.

The federal Patient Protection and Affordable Care Act (H.R. 3590), enacted on March 23, 2010, and the Reconciliation Act (H.R. 4872), enacted on March 30, 2010, make significant changes to public programs, insurance and other aspects of health policy affecting states and individuals. By January 2014, the law will require individual health insurance coverage, an expansion of Medicaid and creation of health benefit exchanges to help low-income individuals obtain coverage. These broad components of health reform are expected to provide health coverage to 32 million uninsured people, including many children.

Various provisions within the law specifically affect children and adolescent populations including insurance provisions, the Children's Health Insurance Program, Medicaid, the Maternal and Child Health Services Block Grant Program (Title V) and many other initiatives. Staff and consultants are looking for ways to link Help Me Grow Colorado to health care reform initiatives both as a source of initial funding and to provide an integrated approach for the future.

Colorado Help Me Grow Leadership Team

Colorado's Help Me Grow Project Leadership has been provided by:

- Assuring Better Child Health and Development Project – Eileen Bennett, State Project Coordinator

¹ (http://en.wikipedia.org/wiki/United_States_Department_of_Health_and_Human_Services), accessed August 14, 2011

- Early Childhood Comprehensive Systems Grant/Colorado Lt. Governor’s Office – Jodi Hardin, Director Early Childhood Systems Initiatives
- The Colorado Department of Health Care Policy and Financing – Gina Robinson, Program Administrator

Colorado Help Me Grow Core Team

Leadership Team members invited a group of stakeholders to be involved in developing a Help Me Grow Colorado project. Colorado’s Help Me Grow Core Team is comprised of over 20 interagency partners who have administrative responsibility for the various resource, referral, and linkage mechanisms already in place to provide services and supports to children throughout the state.

The HMG Core Team met with the national replication team in the fall of 2009 to develop an understanding of the successes and structures in Connecticut as well as to begin to understand the related existing structures in Colorado. Meetings have continued through summer 2011.

The list of “Core Team” members has evolved over time to include interested and committed community members representing state agencies such as:

- Colorado Department of Education
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Human Services, Division for Developmental Disabilities
- Colorado Department of Public Health and Environment, Preventive Services Division

Private agencies represented on the Core Team include:

- Colorado 211 (Mile High United Way and United Way of Larimer County)
- Colorado Children’s Campaign
- Colorado Children’s Healthcare Access Program
- CREA Results
- Denver Health/Westside Family Health Center
- Early Childhood Councils Leadership Alliance
- Families First
- Family Resource Center Association
- Family Voices Colorado
- Kaiser Permanente Colorado
- MAXIMUS, Health Colorado, Family Health Line
- Qualistar Colorado
- University of Colorado Denver, JFK Partners
- University of Colorado Denver, School of Medicine

The project was presented to the Early Childhood Leadership Commission on June 27, 2011.

Colorado Needs Assessment Data

State and community stakeholders across Colorado embrace the overarching and unifying vision within the *Early Childhood Colorado Framework* to promote cross-sector efforts to ensure that

Colorado's roughly 700,000 children from zero to nine are valued, healthy, and thriving.² As interagency partners begin to strategize how to address a key outcome within the *Framework* – “Increased availability and family use of high quality parenting/child development information, services and supports” – they recognized that Colorado had many resources and networks in place to identify and assist with connecting young children and their families to supports and services, but had not yet integrated them into a coordinated and effective system. The opportunity to participate in the HMG Replication Project provides the platform for interagency partners to identify new opportunities for integration and efficiencies.

Many children in Colorado are either at risk for poverty, abuse or neglect or have other critical needs. As reported by the annual social and economic supplement of the 2010 Current Population Survey calculated from the 2009 American community Survey in Colorado, 36% of children live in low-income families (compared to 42% nationally), defined as income below 200% of the federal poverty level. Of these children, 23% are white, 53% are black, and 63% are Hispanic.³

Approximately 26,000 Colorado children receive federal assistance through the Temporary Aid to Needy Families program, while 202,000 participate in the free and reduced lunch program. Roughly 12,000 children are abused and/or neglected and almost 8,000 are in the foster care system.⁴

Having health insurance, a medical home, or consistent early learning or educational services does not guarantee access to all needed supports and services; 25% of all children in Colorado who have access to medical care still find it difficult to get a referral to the services they need as reported by the National Survey of Children Health in 2007. Even if children are identified as having a need, many find it difficult to obtain the services and supports they need. This is true whether or not the child has a special health care need. When asked if children with special health care needs have any unmet needs, 12.5% had one unmet need for physical medical services and 7.5% had delayed or not received care for medical, dental or mental health or other services in the past 12 months.

National surveys show that 12.5% of Colorado's children have special health care needs.⁵ This equates to approximately 150,000 children at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children the same age. Once a need is identified it is important to connect that child and family to the services they need; 37.8% of children in Colorado two to 17 years of age have two or more emotional, behavioral, or developmental conditions (ADD/ADHD, anxiety, depression, ODD/conduct disorder, autism spectrum disorders, developmental delay, and Tourette Syndrome).⁶

² <http://dola.colorado.gov/dlg/demog/2010censusdata.html>, accessed August 14, 2011.

³ (http://www.nccp.org/profiles/CO_profile_6.html), accessed August 14, 2011.

⁴ Compiled from the most up-to-date data available as of January 2011. www.childrensdefense.org/cits, accessed August 14, 2011.

⁵ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

⁶ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

CO HMG Data Collection

A survey was conducted in August 2009 to determine characteristics of existing call centers in Colorado that aim to help families or health care providers get information around children's health and/or development. Nine call centers were originally identified and two others were added later for individual interviews, for a total of eleven call centers identified in the state (there are likely others). A wide range of organizations and agencies including private companies, non-profit organizations, state and local jurisdiction and national organizations operate the call centers in Colorado.

In Colorado, the existing call centers provide information and referrals to families, children with or without special health care needs, health care providers, child care providers, those who need health insurance, women and case workers. Depending on the call centers the following issues are addressed:

- Information about parent resources (listserv, other organizations, mentors)
- Educational support services
- Monetary support services
- Health insurance options
- Community resources for specific diseases or issues (mental health, behavioral health, dental health)
- Training for families
- Providers currently taking Medicaid
- Child care

Most of the call centers provide information in English and Spanish, and several use language line services to provide any needed language. For most call centers, calls are taken during regular business hours and if received outside of regular business hours the call is returned. Resources and information provided to callers are documented through internal office processes and mostly rely on the knowledge and expertise of the person answering the phone. Internal documentation of community resources is updated regularly, but the lag time could be anywhere between weekly and annually.

All call centers provide services at the state level even if they have regional or county offices. While federal or state law mandates the provision of specific services or programs to serve specific populations for two of the agencies/organizations, there isn't anything that specifies these goals have to be achieved through a call center; thus there is flexibility in meeting these needs.

Funding includes both sustainable and non-sustainable sources.

Colorado Help Me Grow Progress to Date

Core Team meetings resulted in the following conclusions:

- **March 15, 2009** – Core Team agreed to incorporate families, providers and programs into the Help Me Grow foundation.

- **October 15, 2010** – The Core Team agreed to develop a proposal to build Help Me Grow Colorado, including an action plan or operational definition. Also agreed that Help Me Grow wouldn't be limited to a "call center" – but could include statewide resources, referral and outreach systems through networks, alliances and collaboratives.
- **March 24, 2011** – Core Team refined mission/vision and discussed current resource map of services while reviewing a potential future state that would benefit Colorado families.
- **April 25, 2011** – The Core Team agreed to propose a program to serve all children under 21, including prenatal. They determined that the two most important things that must happen for success include having all partners at the table and respecting the characteristics, standards, and services of each individual agency.
- **June 6, 2011** – Core Team discussed specific language for a proposal to state officials to support HMG CO, and determined that the recommendation should include current needs assessment and technical assessment data. The proposal should also request support for a dedicated project manager to systematically move the project towards implementation, complete a full business systems and cost analysis, develop a long-term technology plan and develop a multi-year, sustainable budget.
- **August 24, 2011** – Core Team discussed refinement/acceptance of recommendation.

Meeting minutes are included as Attachment C.

Colorado Help Me Grow Mission and Vision

The Core Team spent several months articulating the following vision and mission statements:

Vision

All Colorado families can quickly and easily connect to resources that best meet their child's health, educational and developmental needs.

Mission

Help Me Grow will create an integrated identification, resource, and referral system for families, providers, and programs that will:

- *Support access to health, educational and developmental resources*
- *Improve efficiencies*
- *Leverage existing resources*
- *Identify and address gaps for a coordinated system*

Current Children's Resources in Colorado (Resource Map)

The organizations listed in Table 1 represent the wide variety of organizations in Colorado that provide part of the assistance that is currently available.

Table 1: Existing Colorado Children’s Resources Call Center

Contact Center Name	Serving	Logistics
Colorado 2-1-1	Families Health care providers All	Statewide (6 centers in CO) English, Spanish, any Available 24/7
Department of Health Care Policy and Financing Customer Service	Clients People who need insurance	Statewide English, Spanish, any (language line available) Normal business hours
Early Intervention Colorado Division for Developmental Disabilities, CDHS	Children birth through two years of age who have special developmental needs and their families	Statewide English, Spanish Normal business hours
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Medicaid enrolled children ages 20 and under and all pregnant women	Statewide English, Spanish Normal business hours
Families First – Family Support Line and Consejos Para Familias	Families Professionals Public	Statewide English, Spanish 10 to 10 daily
Family Health Line Colorado Department of Public Health and Environment	Families Children up to 18 Women	Statewide English, Spanish Normal business hours
Family Resource Center Association	Low income families	Local (23 in CO) English, Spanish, other based on need Normal business hours
Health Care Program for Children with Special Needs Colorado Department of Public Health and Environment	Children birth to 21	Statewide English, Spanish Normal business hours
Parent to Parent of Colorado	Families	Statewide Toll-free English Available to leave message 24/7 3 part time staff
Provider Resource Helpline CCHAP and Family Voices	Health care providers	Statewide Toll-free English, Spanish, any Normal business hours
Qualistar Colorado Child Care Resource and Referral	Families looking for childcare	Statewide Toll-free English Normal business hours

Recommendation

The Colorado Help Me Grow Core Team respectfully recommends that Help Me Grow be implemented in Colorado. Key to the success of this initiative is identifying a home for project management and development that is considered neutral and exemplifies interagency collaboration. The newly recommended CDHS structure complete with its Office of Early Childhood, to be advised by a governor-appointed public-private advisory board, will fulfill these requirements. While the department is under consideration and until its approval, concurrent critical steps include:

- 1) Establish a contact center

The “Contact Center” (larger scope than a “Call Center”) will accept calls, texts, emails, and tweets, and will direct families where to receive walk up service as well. Contacts will be both inbound and outbound. HMG CO will be proactive in reaching out to clients.

- 2) Create a single point of access (“no wrong door”)

Optimize current resources by having a single contact center for families to access for any needs relating to children’s health, development, and education will mean less confusion for the public. Although HMG CO may partner with and share separate lines through separate agencies, callers will simply be helped by the best agency for their needs, location, and demographics.

- 3) Provide tiers or levels of care

The HMG CO Core Team recognizes that for some clients, having access to websites or other internet information will meet their needs, and for other clients, there is a need for personal contact and care coordination -- walking clients through the process and staying with them until their needs are resolved. This will require “warm transfer” of calls to other agencies, or having a care manager or coordinator make calls on behalf of the client.

In addition, the contact protocol will ask screeners to pose questions about all of the family’s potential needs, for example, if anyone has a disability, is the parent able to drive, can they get to service, and additional barriers. HMG CO will also follow-up and track if clients received the services they called for and additional services offered.

- 4) Use most efficient technology infrastructure

Based on an initial meeting with a technology provider, it is clear that the HMG CO staff does not have to be co-located and can, in fact, be in individual offices in various geographical areas of Colorado. Beyond this basic understanding of technology solutions, Help Me Grow Colorado clearly needs a contractor with telephony and web expertise to map out the next steps toward implementation that will create the best long-term solution for the state. We assume this solution will include Interactive Voice Response (IVR) to allow initial routing of calls and an internet-based referral database

for both case coordinator and public use. Such databases are currently in use or under development by several HMG CO partners, including the National Technical Assistance Team. A showcase of these databases was held on August 15, 2011. Meeting notes are included as Attachment D. This information will be a starting point for the Precentralization Current State Assessment described under “Next Steps.”

5) Utilize regional experts

While HMG CO intends to create a statewide referral database and contact center, the intention is that it will be used by regional experts as well as Denver-based staff. Because the database will be internet-based, local EPSDT or other staff can access it to assist families with finding resources. At the same time, callers from remote areas of the state can receive assistance even if there is no local expert. Local experts will be critical in keeping local resources up to date in the database.

Resources Needed

State agencies that have existing budgets to support children’s contact centers should provide resource supports, including fiscal where able, in addition to private funding to finalize the planning for Help Me Grow and see it become a sustainable service. These agencies should determine minimum standards for a Help Me Grow Colorado Contact Center and contract with one of Colorado’s HMG partners to provide contact center functions.

Initially, however, Colorado’s HMG Core Team requests start up costs to cover an additional year of planning:

- 1) Funding for a project manager - \$60,000 per year plus benefits for a total of \$75,000
 - 2) Funding for technology consultation - \$50,000
 - 3) Funding for cost analysis - \$25,000
 - 4) Administrative costs - \$10,000
- Total: \$160,000

To date, funds have already been committed by at least one state agency.

The total request to move from conceptualization to having an implementation plan for HMG CO is \$160,000, through June 2012.

For the long term, annual budgets from Connecticut and other replication states range from \$421,081 (South Carolina 2012) to \$754,171 (Connecticut FY 2010) and \$755,406 (Orange County FY 2010). Populations for these states are provided as a comparison to Colorado’s 2010 population of 5,029,196.

Detailed budgets for HMG replication states are included as Attachment E.

Table 2 – HMG State Budgets

<i>State</i>	<i>Connecticut</i>	<i>South Carolina</i>	<i>Utah</i>	<i>Orange County, Calif</i>
Population 2010	3,574,097	4,625,364	2,763,885	3,010,232
<u>Year</u>	<u>SFY 2010</u>	<u>2012</u>	<u>2012</u>	<u>SFY 2011</u>
Salaries		\$281,061	\$193,450	\$478,118
Training		\$6,600	\$6,000	\$0
Media		\$14,000	\$23,900	\$22,000
Office Space		\$17,000	\$7,290	\$38,752
<u>Other</u>		<u>\$102,420</u>	<u>\$59,730</u>	<u>\$216,536</u>
TOTAL	\$754,170	\$421,081	\$290,370	\$755,406

Next Steps

If HMG Colorado receives approval to move forward, the next steps include:

1. Determine the agencies that wish to be considered as initial partners and create memoranda of understanding.
2. Secure a dedicated project manager.
3. Hire an expert contractor to perform a Precentralization Current State Assessment, to review the technology currently in use by existing call centers as well as tools under development by the CT National Replication team, and determine if there are existing databases upon which to build HMG CO.
 - a. Information and Referral Database
 - b. Call Tracking Database
 - c. Telephony
 - d. Website Development
4. Develop a technology integration/upgrade plan.
5. Develop a Communication Plan that identifies additional partner agencies and others who can inform the development work for Colorado Help Me Grow and then promote it after implementation.
6. Research and plan for the use of regional coordinators and other local experts.
7. Consider evaluation needs for both short term and long term performance monitoring and quality assurance.
8. Plan for a bi annual update to Colorado's resource map to add agencies / organizations to the existing infrastructure to strengthen and broaden the scope as appropriate.

Acknowledgement

Colorado's Help Me Grow Core Team extends its sincere appreciation to all of our colleagues at the National Replication Center and affiliated states for generously sharing information and ideas.

Attachments

A – CT HMG Background

B - HMG National Replication Team Report, December 2, 2009

C – HMG CO Core Team Minutes

D – Database Webinar Notes, August 15, 2011

E - HMG Replication State Budgets