

**WithinReach – DOH Contract N19468-1**  
**Task 3: Final Report**  
**September 30, 2012 – February 28, 2014**

**Project Summary**

The purpose of the Help Me Grow Washington (HMGW) program is to provide phone and online access to the Ages and Stages developmental screening questionnaire (ASQ) and connection to local support and child development services for families throughout Washington State. The primary goals of the pilot are to:

1. Increase the number of children under age five who receive early developmental screening services.
2. Ensure that children who are identified with potential concerns as a result of screening are referred to appropriate services in the community.

On August 13, 2012, WithinReach launched the HMGW pilot as follows:

- Family Health Hotline and Apple Health for Kids Hotline callers with children ages 0-5 are asked if they are interested in developmental screening. Interested callers receive the ASQ via an electronic link sent in an email for online completion, or a hard copy of the ASQ via mail, according to their preference (callers may request both).
- Participating families have the option to submit their completed screens online or by mail.
- One follow-up email or phone call is made (based on the family's communication preference) to encourage completion of screens and to see if there are any questions.
- Returned screens are scored using the online Brookes system (submitted paper screens are hand entered into the online system).
- For all families submitting a screen, HMGW staff provide screening results, suggested activities to support development, and referrals (if applicable) by phone and by mail. Mailed documents include a letter summarizing results and recommendations, as well as anything else discussed during the phone call (parent concerns, questions about next steps, etc).
- Participating families are tracked so that appropriate follow-up screens can be sent in the future, typically every 4-6 months.

The following tables provide an overview of program enrollment, ASQ return rates, ASQ results, and referrals provided since the pilot launched August 13, 2012 for English-speaking families. Data for Spanish families begins April 1, 2013 when the Spanish pilot launched.

**Table 1. Program Enrollment and Response of New Caregivers through the WithinReach Hotlines (August 13, 2012 – February 28, 2014)**

	English N (%)	Spanish N (%)	Total N (%)
Caregivers Offered ASQ <sup>1</sup>	Not Available	Not Available	Not Available
Caregivers Accepted ASQ	1574	44	1618
Caregivers Who Returned 1+ ASQs	245 (15.6%)	12 (27.3%)	257 (15.9%)
Caregivers Submitting Online <sup>2</sup>	143	4	147
Caregivers Returning by Mail	101	8	109

1. Due to enhancements to the database, the number of families offered screening is not currently available. Data are available through March 31, 2013.
2. The “online” category now includes those who followed the link provided by hotline staff and those who completed it directly through ParentHelp123.org.

Caregivers may opt to receive the ASQ online or by mail. English-speaking clients preferred electronic, 59% to 41%. Spanish-speaking clients favored postal mail 67% to 33%. Some clients request to receive the ASQ both by mail and online. This request is infrequent and for data tracking purposes, these clients are counted as having requested the tool by mail.

**Table 2. Children Gaining Access to a Screen (August 13, 2012 – February 28, 2014)**

	English N (%)	Spanish N (%)	Total N (%)
Children with Access to 1 + ASQs <sup>1</sup>	1955	59	2014
Via Online Portal	1225 (62.7%)	17 (28.8%)	1242 (61.7%)
Via Postal Mail	730 (37.3%)	42 (71.2%)	772 (38.3%)

1. Not all callers provide information about their children or about all their children. This figure underreports the number of children for whom a screen was made available online. This is increasingly true now that families can access the ASQ directly on ParentHelp123.org without speaking with a WithinReach hotline representative; only those who complete and submit a screen are known and counted.

**Table 3. Number of Initial Screens, Subsequent Screens, and Total Screens with Return Rates, by Language (August 13, 2012 – February 28, 2014)**

	English	Spanish	Total
Initial Screens			
Sent	1955	59	2014
Returned	270	18	288
Return Rate	13.8%	30.5%	14.3%
Subsequent Screens <sup>1</sup>			

Sent	253	28	281
Returned	128	10	138
Return Rate <sup>2</sup>	50.6%	35.7%	49.1%
<b>Total Screens</b>			
Sent	2208	87	2295
Returned	398	28	426
Return Rate	18.0%	32.2%	18.6%

1. Subsequent screens are all screens provided to families who have already completed an initial screen with the pilot. Children who are referred for further evaluation after their initial screen do not receive subsequent screens.
2. The difference in return rates between initial screens and subsequent screens suggest these two groups of caregivers are fundamentally different, perhaps in motivation or comfort with the screening process.

**Table 4. Outcome of Returned Screens (August 13, 2012 – February 28, 2014)**

	English	Spanish	Total
<b>Screens Returned</b>	<b>398</b>	<b>28</b>	<b>426</b>
No Concern <sup>1</sup>	198 (49.7%)	17 (60.7%)	215 (50.5%)
Low Concern <sup>2</sup>	72 (18.1%)	6 (21.4%)	78 (18.3%)
High Concern <sup>3</sup>	124 (31.2%)	5 (17.9%)	129 (30.3%)
Insufficient Information <sup>4</sup>	4 (1.0%)	0 (0.0%)	4 (0.9%)

1. “No concern” applies to cases where ASQ scores, qualitative data and information obtained through conversation with the parents do not indicate further evaluation or closer monitoring. A subsequent routine screen is issued every 4-6 months.
2. “Low concern” applies to cases where ASQ scores, qualitative data and information obtained through conversation with the parents indicates the child is borderline in one or two areas. In this case a subsequent screen is issued in 1-2 months.
3. “High concern” applies to cases in which the ASQ scores are below cutoff in at least one area or in which a parent voices a significant concern. A referral for further evaluation is recommended. If the parent prefers to continue monitoring, the referral attempt is documented in the child’s chart but the screen outcome is tallied as “low concern.”
4. If a screen is returned and one or more sections are too incomplete to score, two attempts are made to reach the family. Screens that are not completed are tallied as “insufficient information.”

**Table 5. Referrals for Further Evaluation (resulting from “high concern” screening result), all languages (August 13, 2012 – February 28, 2014)**

All Languages	Further Evaluation Recommended	Referral Outcome		
		Connection Confirmed (%)	Caregiver Did Not Pursue <sup>1</sup> (%)	Connection Not Confirmed (%)
Birth to Three (Part C Services)	99	64 (64.6%)	9 (9.1%)	26 (26.3%)
Over Three (Part B Services)	26	19 (73.1%)	6 (23.1%)	1 (3.8%)
Private Providers <sup>2</sup>	4	4 (100.0%)	0 (0.0%)	0 (0.0%)

1. If a family is not ready to pursue further evaluation, further monitoring is recommended.
2. If a family had already scheduled or pursued a specialist referral through their physician, they were informed about the free assessment and support available to them through the early intervention and school district system.

**Table 6. Referrals to Resources for Behavior, Medical Concerns<sup>1</sup>, and Parent Support (August 13, 2012 – February 28, 2014)**

	English	Spanish	Total
Children with Special Health Care Needs	18	2	20
Medical Providers <sup>2</sup>	25	3	28
Parent Resources <sup>3</sup>	62	2	64

1. All participating caregivers are encouraged to share the ASQ results with their primary care provider and any other relevant child health professionals. The medical referrals described in this table pertain to cases where a visit to a specialist or a non-routine visit to their primary care provider was recommended.
2. Medical providers include pediatricians, audiologists, and optometrists.
3. Examples of parent resources include PAVE, Parent to Parent, and the Parent Help Line.

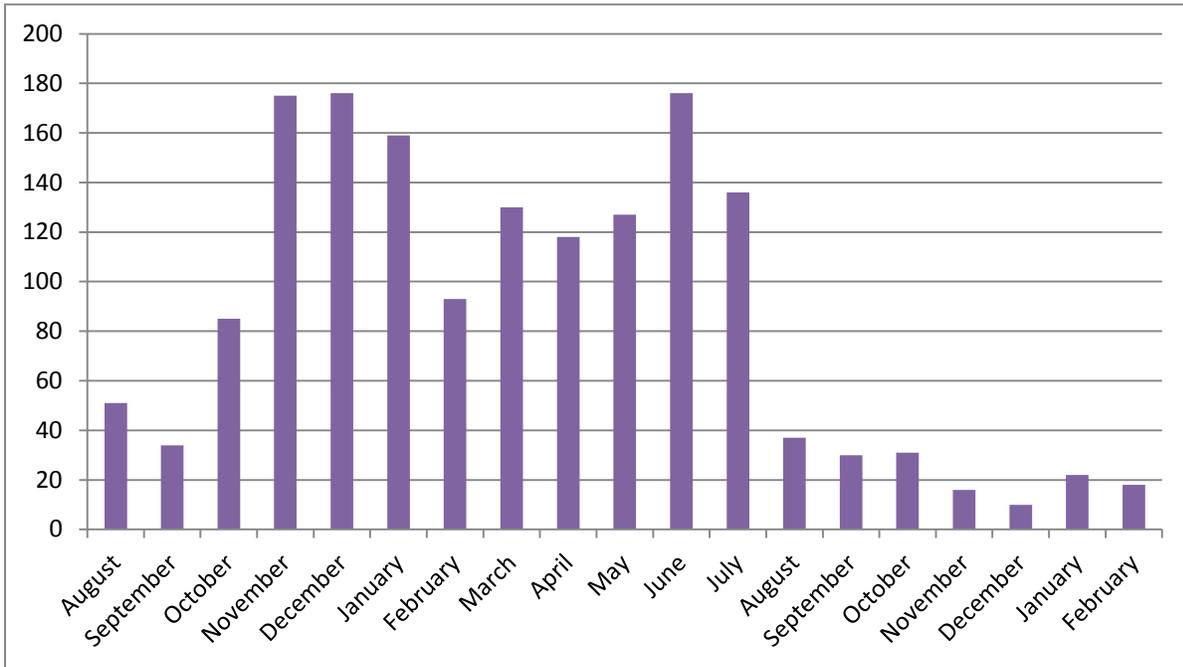
**Table 7. Screening Information by County: Number of Clients Who Receive One or More Screens, Number of Clients Returning Screens, and Total Number of Screens Returned Including Subsequent Screens (August 13, 2012 – February 28, 2014)**

County	Clients Accessing Screening <sup>1</sup>	Clients Returning 1+ Screens	Total Screens Returned
Adams	7	0	0
Asotin	2	0	0
Benton	47	9	14
Chelan	10	3	5
Clallam	20	3	4
Clark	146	19	33
Columbia	1	1	1
Cowlitz	33	2	5
Douglas	10	1	4
Ferry	3	0	0
Franklin	27	1	2
Garfield	0	0	0
Grant	18	1	2
Grays Harbor	15	3	3
Island	20	6	11
Jefferson	2	0	0
King	422	70	105
Kitsap	42	6	8
Kittitas	2	0	0

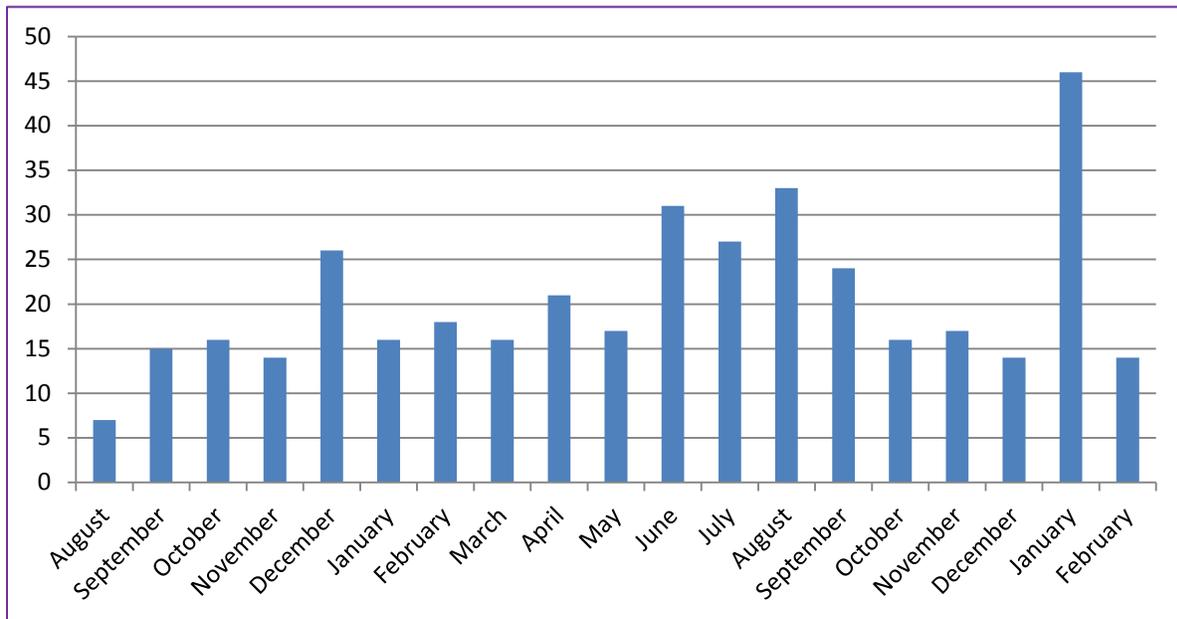
Klickitat	2	0	0
Lewis	12	5	8
Lincoln	1	0	0
Mason	7	3	5
Okanogan	5	2	2
Pacific	6	0	0
Pend Oreille	4	0	0
Pierce	228	42	60
San Juan	0	0	0
Skagit	20	1	1
Skamania	1	0	0
Snohomish	182	40	80
Spokane	130	20	36
Stevens	8	3	4
Thurston	87	7	12
Wahkiakum	4	1	1
Walla Walla	13	3	5
Whatcom	38	3	5
Whitman	7	0	0
Yakima	37	2	2
1. This count includes hotline callers who were given the ASQ and clients who completed the ASQ directly through the online link on <a href="http://www.ParentHelp123.org">www.ParentHelp123.org</a> .			

Enrollment in HMGW was markedly lower in August, 2013 – February, 2014. The Family Health Hotline, the primary mechanism by which HMGW clients are enrolled, has been heavily involved in providing support to callers interested in benefits of the Affordable Care Act. As a result, the new focus of the calls makes it more challenging for staff to pitch HMGW effectively. Despite fewer new clients, the number of returned screens and overall return rate remained strong.

**Figure 1. New Client Count by Month**



**Figure 2. Number of Screens Returned by Month**



## Successes

The HMGW program has had many successes, which are described below.

Service delivery :

- The HMGW Program Coordinator has made great progress in helping clients to understand and navigate the early intervention system. By speaking directly with regional early intervention contacts, the HMGW Program Coordinator was able to introduce our work, discuss how each region functions, and lessen the barriers that families experience in trying to connect to further evaluation.
  - The Program Coordinator has also participated in several presentations and meetings with early intervention providers and HMGW has been well received. Evidence of our accomplishments in helping families navigate this system is seen in our high rates of successful connection to evaluation (see Table 5).
- HMGW launched services in Spanish in April, 2013. HMGW works closely with various Spanish speaking members of the WithinReach Healthy Connections team to deliver program services. Program materials and web content were also translated into Spanish. HMGW has received funding for a bilingual/bicultural Spanish speaking HMGW Program Specialist to serve Spanish speaking clients, and WithinReach will begin recruiting for this position in Spring 2014.
- Access to the online version of the ASQ was made public in December, 2013. Before this, families who wanted to complete an ASQ needed to call a WithinReach hotline to receive the private electronic link. A duplicate version of the campaign page typically emailed to interested families was made public, meaning that anyone browsing ParentHelp123.org can access the page. Between December 5, 2013 and Feb 28, 2014, the [English public ASQ link](#) received 719 page views, and the [Spanish version](#) received 35 page views.

Outreach and Expansion:

- Since the program's launch, the HMGW team has had numerous opportunities to develop communications and increase outreach:
  - Web content was developed for HMGW and Child Development specific web pages on [parenthelp123.org](#), [withinreachwa.org](#) and [washingtonteenthelp.org](#).
  - Mail and email versions of HMGW welcome materials were refined.
  - Outreach materials were developed, including a flyer (3,891 distributed), a double sided English/Spanish counter card (12,625 distributed), and promotional items.
  - A client [video](#) was developed and shared with partners, including the Help Me Grow National Center. The National Center has promoted the video on their website and has shared it with other state affiliates and funders, including the Kellogg Foundation. The video has received 984 views.
  - HMGW was featured at the 2013 WithinReach Healthy Connections Luncheon. Our client video was shown and the featured parent, Ginelle Nault, was interviewed on stage. The event generated over \$11,000 for HMGW.

- Following a nomination from HMGW, Ginelle Nault received an Unsung Hero Award from the Department of Early Learning - Strengthening Families Washington for her commitment to strengthening her family and her community.
  - HMGW has increased our presence on WithinReach's [blog](#), [Facebook](#) and [Pinterest](#) pages.
  - HMGW has had various opportunities for in person presentations and family outreach, including, presentations at the Universal Developmental Screening Partnership Meeting, the Medical Home Leadership Network's Summit, and the Infant and Early Childhood Conference. Outreach opportunities are being explored with the King County YMCA, PEPS programs, libraries and KidsQuest Museum.
- HMGW was granted two AmeriCorps members for 2013-2014. One direct service member supports the HMGW Program Coordinator in processing screens, providing basic needs and other wrap-around services and referrals to families, and by attending community events. A VISTA member provided by United Way King County is enhancing our outreach and family engagement model.
    - With the increased capacity for outreach provided by the AmeriCorps members, HMGW is in the process of strengthening valuable partnerships with child care and early learning providers, including Bothell Family Co-op Preschool, Lynnwood Library, Shoreline Community College and PEPS.
    - The VISTA member has created several new [videos](#) of parents completing the ASQ with their child and sharing their thoughts on the tool. The videos have been used to promote HMGW among parents using social media channels. Collectively, they have received over 225 views since launching in late January, 2014.

Statewide Interest and Funding: Due to strong interest across the state, HMGW has been awarded several contracts for projects promoting developmental screening and connections to statewide resources:

- As part of a Department of Early Learning contract, HMGW partnered with Early Learning Regional Coalitions (ELRC) in the spring and summer of 2013. Key goals were to gain a mutual understanding of each other's work, to add local family support and child development resources to the WithinReach database, and to develop targeted and effective outreach materials that could be distributed by the ELRC. With input from the coalitions, approximately 40 new resource were added to the WithinReach database and new outreach materials were created, including double sided English-Spanish counter cards, branded beach balls and branded color-in puzzles.
- In July, 2013 HMGW, in partnership with the Department of Health, the Office of Superintendent of Public Instruction, and the Attorney General's Office, was awarded funding as part of a federal "Expectant and Parenting Teens, Women, Fathers and Their Families" grant project. The project aims to improve education and health outcomes for teen parents and their children, particularly Spanish-speaking families. Help Me Grow serves as an evidence-based program providing developmental screening services, culturally and linguistically appropriate outreach, and connections to local parenting resources. While the grant project is focused on a

four county region of eastern Washington, our increased expertise and capacity to work with Spanish speaking and teen populations will be applicable across the state.

- HMGW is collaborating with the Department of Health Great MINDS project to increase developmental screening and strengthen the connection between WithinReach, primary care providers, and families. HMGW is developing a medical provider linkage pilot with University of Washington Neighborhood Kent Des Moines Clinic. HMGW will increase the clinic's capacity to support their patients by providing connections to hard-to-access services that promote family health and child development. Examples include basic needs, family support and early intervention resources. HMGW will loop back to clinic providers with information about referrals, and clinic staff will share results of developmental screening completed at the clinic.
- As part of a contract awarded by the Department of Early Learning, HMGW is building relationships with local community-based home visiting programs to understand their eligibility requirements and desired referral processes. Home Visiting programs are an effective, but underutilized, strategy for promoting child development and parenting skills in high risk families. WithinReach will incorporate home visiting programs into our resource and referral database and train hotline staff on home visiting programs throughout the state.

### **Challenges and Barriers**

Data Tracking: As HMGW grows we are working to streamline our data tracking procedure:

- Our services have expanded, and more staff are participating in HMGW client management: bilingual hotline staff assist the Program Coordinator in communicating ASQ results and referrals to Spanish speaking clients, and an AmeriCorps member handles ASQ related administrative tasks. Given the complexity involved in documenting and tracking client interactions, developing clear training, systems and division of work is a priority.
- Our workflow and client tracking system is built around clients enrolling through the Hotlines. Due to recently launched and upcoming projects, clients may enroll through new channels. Finding a unified process for serving these clients, while tracking how they entered the program, is an ongoing challenge.

Cross-Agency Process: The WithinReach Outreach and Enrollment Specialists that directly serve agency clients online, in person and on our hotlines, have expertise and resource knowledge that could support HMGW's service delivery, however processes and training need to be refined to share work efficiently.

- As HMGW expands to provide parent support, early learning and basic needs resource referrals, developing a regular process for making and tracking new referrals across the agency is key. HMGW is working to solve this issue by defining what types of resources are appropriate for HMGW to provide, enhancing our processes for effectively triaging clients across the agency, and cross training client-facing staff.

Ongoing Funding: While HMGW has received several contracts primarily funding specific projects, continued funding to truly support all components of the Help Me Grow model remains an ongoing effort. WithinReach continues to identify and submit funding proposals for HMGW.

### **Lessons Learned**

- The level of support and case management the HMGW Coordinator provides to families is greater than originally anticipated. There appears to be a great need to provide families with support and guidance during the early intervention referral process.
- There is strong interest in partnering with HMGW among provider groups who serve families with young children. Providers have expressed interest in developmental screening as a value add to their clients. Other providers who have their own developmental screening programs see value in HMGW providing their clients with community resource referrals and coordinating early intervention referrals.
- The term “developmental screening” is not accessible to many families. Because the ASQ return rate is dramatically higher for families returning subsequent ASQs than it is for initial ASQs (see Table 3), we can infer that families who already participated in HMGW found the experience to be valuable. This suggests that we need to reframe the pitch used by Hotline staff to better reflect our value to all families.
- Return rates for ASQs have increased since we began placing reminder calls to families as part of our regular process.
- Offering HMGW services exclusively through the WithinReach hotlines is a barrier for some families. Public access to the online ASQ has led to increased participation and more passing screens. This may indicate that parents without significant concerns about their child are less motivated to complete an ASQ and are less likely to call the hotline to request one. Refining methods of promoting the public link will be an ongoing priority.
- Spanish speaking clients demonstrate a strong preference for completing the ASQ by mail and are also more likely to return an initial ASQ than English speakers.

### **Next Steps**

- Effective December 5, 2013 Kirsten Leng stepped down as HMGW Program Manager, acknowledging that the program has grown to the point where it requires a full time manager to drive the work forward. Since Kelly Smith joined HMGW as the new Program Manager in mid January, the team has been in transition, redefining team roles and priorities to better reflect our increased capacity.

- HMGW is in the process of streamlining internal data systems, process and procedures, and preparing for program growth. Priorities include connecting ASQ results back to providers and more accurately tracking early intervention referral outcomes.
- We are continuing to grow our work around Great MINDS and the Expectant and Parenting Teens, Women, Fathers and Their Families (EPTWFF) projects. Through these innovative projects, we will be refining and evaluating our process for looping back to providers, and will explore models for partnering with GRADS child care centers.
- We are looking at expanding partnerships with child care providers, community colleges, and possibly organizations serving homeless families. Increased capacity provided by a bilingual Program Specialist will allow us to increase outreach to Spanish speaking families.
- HMGW will attend the Help Me Grow National Forum in Miami, FL. HMGW was recognized as one of four innovative programs in the country for our work utilizing the HMG model to improve education and health outcomes for teen parents and their children as a partner in the EPTWFF project.
- We know that HMGW plays a key role in a statewide system around ensuring children have access to developmental screening. Important next steps include building partnerships and refining our role around ensuring families gain access to early intervention services, as well as strong parent support resources.