

## Background

Fragmentation in early childhood services creates substantial set-backs for specific populations to attain adequate care. As a result, children and families are not screened appropriately and, if there are issues, there are significant delays in getting into appropriate services. Using the Help Me Grow (HMG) model, the Indiana (IN) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program aimed to strengthen and improve the delivery of MIECHV-funded home visiting programs through the coordination of community resources and early childhood systems such as child health, behavioral health and human services.

This project aimed to demonstrate improvement in the following priority area(s):

- Priority #3: Coordination of MIECHV-funded home visiting programs with community resources and supports.

### Resources

[IN MIECHV Program](#)  
[Help Me Grow Model](#)  
[MIECHV Innovation Awards](#)

## Project Activities and Highlights

IN MIECHV chose to maximize the continuum of services for women of child-bearing age and families with young children by expanding the services provided by the existing MCH MOMS Helpline and implementing HMG in unique coordination with another HRSA grant ([The Early Childhood Comprehensive Services Impact Grant](#)). This integration created a centralized telephone access point that connects children ages 0-8 and their families to care coordination services, child health care providers, and community outreach services that support early detection and intervention.

### Project Activities

- Multi-day site visits were held in January of 2018 and February 2019 with the HGM National team, and included the input of more than 200 stakeholders across various community meetings.
- 138 families connected to referrals via HMG Care Coordinators received necessary services.
- Created an Organizational Network Analysis of the Help Me Grow Network: Indiana, using the PARTNER Tool by Visible Networks Labs.

### Lessons Learned

- Aligned goals and practices across partners resulted in enhanced collaboration within IN's early childhood system.
- An established culture of consistent communication, shared language and teamwork across stakeholders contributed to the implementation of HMG.



## Evaluation Summary

### Evaluation Findings

- During the MIECHV Innovation grant timeline, 96% of implementation tasks included in Indiana's Roadmap to HMG System Replication toolkit (a list of steps identified by the HMG National Center to guide local implementation) were completed. This was the fastest HMG rollout to date.
- Through the project, Indiana-specific fidelity criteria were identified to support replication and implementation quality. Of the 284 operationalized fidelity criteria identified from a literature review and interview responses, HMG experts were able to identify and refine to 25 final fidelity criteria for HMG implementation.

### Sustainability

- As of 2019, the HMG team maintains state agency partnerships and has received dedicated support to expand.

### Recommendations for the Home Visiting Field

- As refinements to the HMG model are made and expansion is considered, fidelity criteria should be reviewed and incorporated into state policies and procedures.
- Consider targeted outreach, identification of local champions, and utilization of existing systems and resources when looking to engage with home visitors.