



# ABCD III: Key findings from Help Me Grow interviews

*Coordination between local Help Me Grow  
partners and pilot clinics at baseline*

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# Executive summary

## *Project background*

The Assuring Better Child Health and Development (ABCD) III initiative is supported through a three-year grant from the National Academy for State Health Policy, administering the grant for The Commonwealth Fund to the Minnesota Department of Human Services (DHS), awarded in 2009. The goal of this initiative is to support four pilot sites (in Anoka, Olmsted, Ramsey, and Saint Louis Counties) in developing a system that assures efficient linkages between primary care, other medical providers, and Early Intervention/Help Me Grow programs. More specifically, the pilot sites will develop and test sustainable models for improving care coordination, referrals, and screenings between pediatric primary care, other medical providers, and child and family service providers offering developmental and mental health services to children ages birth to 5 years.

This report summarizes the results of a series of key informant interviews conducted with a total of nine representatives from the Interagency Early Intervention Committees (IEICs), also referred to as local Help Me Grow programs, involved with the initiative at each pilot site. The key informants included Help Me Grow intake staff, school district representatives, and other organizations/agencies that comprise the early intervention team (i.e., Head Start, Public Health department). These interviews were conducted to learn about referral, communication, and coordination practices between the local Help Me Grow program, clinic, and school district when the initiative began. These key informant interviews will be repeated annually to identify changes in referral patterns, communication, and coordination that result from participation in this initiative.

## *Baseline status*

There are four pilot sites involved in the ABCD III initiative: Anoka County, Saint Louis County, Olmsted County, and Ramsey County. More than one local Help Me Grow team is involved in the project at some pilot sites. During the interview, Help Me Grow representatives were asked to describe their referral and communication practices prior to involvement in the initiative, and many also discussed their early work to improve their referral, communication, and coordination processes during the first few months of the initiative. The involvement of the early intervention teams and current level of coordination with each clinic is briefly described in the following section, with a more detailed description of the current intake, referral, and communication practices at each site included in the full report.

### **Anoka Area Help Me Grow**

There are strong existing relationships between the local Help Me Grow office, Head Start, and Anoka County Public Health Department, and growing communication with the Fridley Child & Teen Clinic. However, participation of the North Metro Pediatrics clinic and Spring Lake Park School District has been limited. Despite this, a shared communication form has been developed in the early months of the project to relay referral information across partners. The project partners are interested in continuing their work to simplify their release of information forms and consider ways to better coordinate screening activities across multiple partners.

### **Duluth Help Me Grow**

Because of the work done prior to the ABCD III initiative, Duluth Help Me Grow and St. Luke's clinic have already made enhancements to their referral and communication processes. Some of these changes have included a shift to using the State online Help Me Grow referral format, use of a common informed consent form to all for information sharing, and development of a referral follow-up sheet to share IFSP results and next steps. As a result of their increased communication and improved relationship, the Help Me Grow representative felt the providers had a better understanding of when to refer, and were helping families become comfortable with the referral to Help Me Grow. The partners hope to continue to improve their communication processes and increase referrals to early intervention services (i.e., Help Me Grow).

### **Rochester/Zumbro Help Me Grow**

According to the Help Me Grow representatives interviewed, communication and coordination with the Mayo Clinic has started to improve as a result of the initiative. For example, one representative felt more likely to call a referring provider with questions or follow-up information because they had started to establish a better relationship through participation in various planning meetings. Enhancements to the referral process have been made, but additional work is needed to develop common data sharing and communication processes that meet the requirements of all partners.

### **Ramsey County Help Me Grow**

The interviews for this site were completed just as the White Bear Lake Health Partners clinic replaced the East Side Family Clinic as the primary care partner for this initiative. As anticipated, because the Ramsey County Help Me Grow office was so early into its partnership with the new clinic, the informants could say very little about their specific involvement with providers from the partner clinic. At the time the interviews were

conducted, the site was in its early planning stages with the new clinic partner to develop enhanced referral and communication strategies.

## ***Lessons learned***

Although each local Help Me Grow office shares similar goals to provide coordinated and timely early intervention services to young children and their families, the processes used to assess and refer youth and communicate information to the referring agency varies. These differences, and the impact they have on implementation of the project at each site, will be explored further in future reports. While it is important to consider the key findings from the Help Me Grow interviews at the pilot site level, some overarching themes and common lessons learned emerged when information was reviewed across all pilot sites. These broader themes illustrate common concerns and areas of interest among Help Me Grow representatives.

- **The level of coordination between each local Help Me Grow office and their partnering clinic(s) varied considerably at baseline.** There were differences in the relationships established between each Help Me Grow site and pilot clinics prior to the initiative, and varying levels of involvement and coordination. Because of existing relationships between local early intervention staff and the clinic, some pilot sites may be better positioned at baseline to make changes to their referral, communication, and coordination processes; however, other factors, such as buy-in of key stakeholders and flexibility/adaptability of current processes, are likely to also play a major role in the development and implementation of new practices.
- **The State online Help Me Grow referral system is being used by most, but not all, pilot sites.** Prior to the State developing a centralized online referral system, referrals were typically made to each local Help Me Grow office by phone or fax. The Help Me Grow representatives had different opinions about the helpfulness of the online system. The State online referral system is used exclusively for this pilot by one site, used in conjunction with a faxed form at another site, and is seen as an unnecessary additional step by another local Help Me Grow office. The final site was too early in their work with the partner clinic to report how most providers make referrals.
- **All local Help Me Grow offices are interested in developing common data sharing forms and communication processes through the initiative that can be used by other clinics.** At baseline, all local Help Me Grow offices were working to develop or had developed shared release of information forms to use at the time of referral, as well as forms that can be used to communicate assessment and referral information back to the clinic. Because the Help Me Grow staff work with multiple clinics and across a variety of school districts, greater consistency in paperwork or protocols could be very

helpful. Some representatives felt it could be helpful to continue working with the State to develop user-friendly templates that could be modified by each site. However, the Help Me Grow representatives note providers want different levels of information within and across clinics. This may make it difficult to create a single form that can be completed efficiently by Help Me Grow staff to meet the needs of all providers, particularly as efforts are made to extend these models into new clinics over time. Some State-level guidelines may help create shared communication expectations among referral agencies/providers and local Help Me Grow offices.

- **Another common initiative goal among local Help Me Grow representatives is to receive an increased number of timely and appropriate referrals.** Some of the representatives interviewed felt that, in general, medical providers needed more information about when to refer young children for early intervention services and encouragement to refer earlier, rather than monitoring the child's development. Some representatives noted that some providers had already learned new information about criteria that could lead to early intervention referrals (e.g., low birth weight) during the course of planning meetings, but acknowledged it can be challenging to find the time and resources necessary to inform community providers about the benefits of early intervention services.
- **Each site also identified broader system gaps in their community.** This pilot project is looking specifically at a population of children who are insured through Medicaid and have comprehensive coverage for most medical and mental health services. Some Help Me Grow representatives reported that the availability of low-cost early preschool services were limited for families whose child was not eligible for Part B/C services, while others identified limited options available for families living in rural communities.
- **Changes proposed by the Minnesota Department of Education to the Help Me Grow infrastructure may have an impact at the project level.** The interviews conducted with the local Help Me Grow representatives did not ask specifically about the planned shift towards a regional early intervention infrastructure, but this was identified as a concern by one representative. It may be helpful to explore this topic further in future interviews, to determine whether these changes will impact the individual relationships that each local Help Me Grow office builds with the pilot clinics.
- **Local Help Me Grow representatives requested clarity for future training events, but had no specific technical assistance needs.** Each representative was also asked about their technical assistance needs. Those who commented on the training webinars found the format to be helpful, but thought much of the information provided to date had been geared primarily towards the clinics. A number of



representatives felt it would be helpful to have greater clarity about who should attend each training.

## ***Recommendations***

Based on the information gathered through this baseline set of key informant interviews with Help Me Grow representatives, Wilder Research developed the following recommendations for DHS to consider as they continue their ongoing work with each partner throughout the initiative:

- Continue to work towards developing template forms and communication guidelines that the teams can use as models to share referral and assessment information.
- Consider adding additional questions around the restructuring of the early intervention system in future key informant interviews.
- Consider whether group discussions with each local Help Me Grow team, rather than individual interviews, may yield richer discussion at follow-up.

# Project background

The Assuring Better Child Health and Development (ABCD) III initiative is supported through a three year grant from the Board of the Commonwealth Fund to the Minnesota Department of Human Services (DHS), awarded in 2009. The purpose of the initiative is to develop and test sustainable models for improving care coordination, referrals, and screenings between pediatric primary care, other medical providers, and child and family service providers offering developmental and mental health services to children ages birth to 5 years. The goal is to support four pilot sites (in Anoka, Olmsted, Ramsey, and Saint Louis Counties) in developing a system that assures efficient linkages between primary care, other medical providers, and child and family service providers. A variety of strategies will be used to enhance care coordination, such as creating processes to systematically screen and assess young children and establishing or strengthening linkages between primary care clinics and community-based medical specialists and mental health service providers. If successful, the initiative will result in benefits, such as increased rates of screening and referral, timely access to services for children with potential developmental and/or social-emotional concerns, and improved care coordination.

Wilder Research has been contracted to evaluate the initiative. This report summarizes the results of a series of key informant interviews conducted with representatives from the Help Me Grow offices involved with the initiative at each pilot site. These interviews were conducted to learn about referral, communication, and coordination practices between Help Me Grow, the medical clinic, and school district when the initiative began. These key informant interviews will be repeated annually to identify changes in referral patterns, communication, and coordination that result from participation in this initiative.

## *Minnesota's Help Me Grow early intervention system*

The Department of Education (MDE) and local counties are responsible for identifying young children who face significant developmental and mental health challenges and their families and are eligible for additional services. Under Minnesota Statute, Interagency Early Intervention Committees (IEICs) are responsible for creating a local infrastructure to support the complex needs of these children and their families, by ensuring processes are in place to identify, screen, assess, and refer these children to appropriate services.

There are currently 94 IEICs across the State comprised of individuals representing school districts, social service agencies, early childhood organizations, and parents. This network of IEICs, called Help Me Grow, is Minnesota's early intervention system for

Infant and Toddler Intervention Services (IDEA Part C services for children ages 0-2) and Preschool Special Education (IDEA Part B services for children ages 3-5).

### **Eligibility and services**

Help Me Grow eligibility is based on certain diagnosed physical or mental conditions or disorders, demonstrated delays as measured by assessment and evaluation procedures in cognitive, physical, communication, social or emotional and adaptive development areas and/or a high probability of a delay resulting from a physical or mental condition, regardless of whether the child is currently demonstrating a need or delay. Once referred to Help Me Grow, a family will be contacted by staff from their local community to get more information regarding the concerns. Members of a team of trained early childhood specialists will arrange for a developmental screening or schedule a comprehensive evaluation to determine eligibility for Help Me Grow: Infant and Toddler Intervention Services or Preschool Special Education Services.

An Individualized Family Services Plan (IFSP) for ages 0-2 or an Individualized Education Program (IEP) for ages 3-5 is created for children who meet the program requirements. This written plan provides a clear outline of priorities, services, and outcomes for early intervention services and preschool special education services. A service coordinator is assigned to help families of children ages 0-2 access services and resources, convene IFSP meetings and periodic reviews, and change the service plan as needed. Children ages 3-5 receiving services through an IEP will be assigned as IEP Case Manager.

### **Planned changes to Help Me Grow network**

In summer 2011, MDE is planning to restructure the current early intervention system to a more regionalized network comprised of 13 Help Me Grow offices located throughout the State. This announcement was made after most of the key informant interviews were completed for this baseline summary, and questions about the potential implications of this large system change were not included in the interview guide. To reflect this upcoming transition, the IEICs are referred to as local Help Me Grow offices in this report, with staff referred to as early intervention specialists or Help Me Grow representatives.

## ***Evaluation***

Semi-structured key informant interviews were conducted with Help Me Grow representatives from each project site, identified by Department of Human Services (DHS) staff. A total of 15 representatives were identified as key informants by DHS, and 9 interviews were completed. One identified key informant had retired and could not be contacted, while others did not feel they had enough involvement with the initiative to participate in an interview (N=3) or did not respond to multiple attempts to schedule an interview (N=2). A more detailed description of the key informants who participated at each site, and roles of individuals who did not participate in the baseline interview are included within each site-specific summary. Most interviews were conducted in December 2010 and January 2011, while one representative was interviewed in March 2011.

This report summarizes key findings from the first series of interviews, describing Help Me Grow activities at the beginning of the initiative for each pilot site. During the interview, Help Me Grow representatives were asked to describe their referral and communication practices prior to involvement in the initiative, and many also discussed their early work to improve their referral, communication, and coordination processes during the first few months of the initiative. When relevant, key themes common across all Help Me Grow offices are highlighted. Key informant interviews with the Help Me Grow representatives will be conducted three times over the course of the initiative to assess changes over time. Changes will be reported at a site-specific level, but shared experiences and common challenges across the pilot sites will also be highlighted.

### **ABCD III objectives and related research questions**

The key informant interview questions were designed to answer key research questions that fell under four objectives identified by DHS as part of their ABCD III proposal and implementation plan. Evaluation of progress toward each objective is measured through several data sources. For each of the four objectives, evaluators identified research questions that would be addressed in the key informant interviews with Help Me Grow representatives from each pilot site:

**Objective 1:** Early intervention services in the pilot communities will receive increased referrals of children (closer to the expected rate) and the referrals will be earlier (based on child's age) than had previously occurred.

- To what extent do early intervention agencies receive increased referrals of children and referrals that occur earlier than what occurred previously? (measures 1.2, 1.3 from the *Minnesota ABCD III Objectives and Draft Evaluation Measures* submitted by the Department of Human Services in March 2010)

- To what extent do children and families receive an appropriate and timely array of assessments and services? (measures 1.3, 1.4)
- How many of the children referred qualified for services? What kind of services did they receive? (measure 1.5)

**Objective 2:** Clinics will know when to refer children based on screening results and to whom children should be referred. Each community agency and clinic will have a good working relationship with the other. Necessary information will flow well between primary care providers and community agencies and service providers. Providers will feel more comfortable with referrals made and know what happened as a result.

- To what extent does each clinic have a close working relationship with local child and family service providers? (measures 2.8e, 2.9a)
- What changes did community providers make in terms of staffing to support coordinated care? (measures 2.8g, 2.9d)
- To what extent do clinics and community programs work together to coordinate care for the child/family? (measure 2.9b)
- Do community agencies feel as though they are receiving appropriate and timely referrals? (measure 2.9c)

**Objective 3:** Participating clinics will have a systematic process in place for screening, referring, and managing services for young patients and their families that will include communication between providers and the family. Pilot communities will have standard communication mechanisms in place to provide timely referrals and feedback between clinics and providers and agencies where children are referred.

- Are standard referral forms and other methods of communicating between clinic and community agencies in place and in regular use for sharing information? (measure 3.1)
- Do community partners and clinics hold and attend regular meetings for network and building on collaborative efforts? (measure 3.3)

**Objective 4:** Families will experience more coordinated care, feel more comfortable about referrals, diagnosis, or lack thereof, and usefulness of anticipatory guidance given and comprehensiveness of well-visit will improve.

This objective is being evaluated using other data sources. However, data from the follow-up Help Me Grow staff interviews may also provide insight about the experiences of families.

While these interviews focused primarily on strategies used at baseline and planned changes in practice, the Help Me Grow representatives will be better positioned to provide feedback to the impact of the initiative on their work at follow-up. In addition, each Help Me Grow office is now starting to track all of the referrals made by the clinic, allowing Wilder Research to incorporate quantitative data demonstrating the actual length of time between referral and assessment, consistency of communication with the clinic, the percentage of youth referred and determined eligible for Help Me Grow services, and the types of referrals made by Help Me Grow staff for youth who do not meet eligibility criteria.

# Site-specific findings

## *Baseline summary*

At the time of the first round of baseline interviews with the Help Me Grow representatives, the projects were at very different places in terms of planning and implementing ways to enhance their referral and coordination practices. While some Help Me Grow offices had strong existing relationships with their clinic partners, others were working to develop these partnerships.

All projects had completed, or were working on, common referral and consent forms to increase efficiency and reduce paperwork burden for families. However, this was not an easy task for all sites. Three of the projects were moving towards consistent use of the State Help Me Grow online system for all referrals, while one preferred receiving faxed referral forms.

In-depth descriptions of each projects current referral practices, coordination with the clinic, early challenges, and areas of accomplishment follow. In future reports, changes over time will be assessed for each individual site, and the degree to which there are similarities and differences between the practices of each Help Me Grow office will be summarized.

## *Anoka Area Help Me Grow*

The Anoka Area Help Me Grow is an interagency group of seven school districts, serving children and families in Anoka County, northeastern Hennepin County (who attend Anoka-Hennepin School District #11), and a portion of White Bear Lake. However, this pilot project focuses on a smaller geographic area, children in the Spring Lake Park School District. Four Anoka Area Help Me Grow representatives were interviewed for this baseline report: the Help Me Grow office supervisor, Anoka County Family Health Public Health Nursing Supervisor, and two representatives of Head Start who are Help Me Grow early intervention specialists. This partnership involves two clinics, Fridley Child & Teen Clinic and North Metro Pediatrics.

There are strong existing relationships between Help Me Grow, Head Start, and the Anoka County Public Health Department, and growing communication with the Fridley Child & Teen Clinic. However, participation of the North Metro Pediatrics clinic and Spring Lake Park School District has been limited. Despite this, a shared communication form has been developed to relay referral information across partners during the first few months of the initiative. The project partners are interested in continuing their work to

simplify their release of information forms and consider ways to better coordinate screening activities across multiple partners.

## **Involvement of project partners**

### **Head Start**

Head Start is one of the community partners involved in Anoka Area Help Me Grow. Not only do they play an important role in meeting the needs of children with development concerns and their families, but they are also the source of many referrals to Help Me Grow. Head Start plays an important role in screening children for potential mental health concerns using the Ages and Stages Questionnaire: Social Emotional version (ASQ:SE) and referring children with elevated scores to the school district. The school district uses the information they receive to determine whether an evaluation is needed. If so, a meeting is held after the evaluation to share the results and discuss next steps.

### **Anoka County Public Health**

The County public health department is also a Help Me Grow partner, and one of the family health nurses provides services at the Anoka Area Help Me Grow office. Referrals to the family health nurse often come through the Public Health Central Intake office or neonatal intensive care units (NICUs) from local hospitals and clinics. When referrals come through the public health department, the family health nurse arranges a visit with the child and family, then refers the child to Help Me Grow, when appropriate.

## **Current referral practices**

**Referrals come to the Anoka Area Help Me Grow office by phone, fax, or through the State online system.** Typically, when a phone call comes into the office, the initial intake interview takes approximately 30 minutes. During that time, the intake staff member gathers contact information, demographic information, and background about the concerns leading to the referral. An initial visit with the family is planned with a local Help Me Grow staff person and representative from the school district. Most often, referral information from the Fridley clinic is faxed to the local Help Me Grow office using a form developed for this initiative. Because the clinic has a relationship with Help Me Grow staff, using the state online system is seen as adding an unnecessary step to the process. Overall, the local Help Me Grow representative has felt the information they receive through online referrals is adequate, but does not have the level of detail they receive from the Fridley clinic.



**Both Head Start and the Anoka County Public Health Department have a strong history coordinating with the local Help Me Grow office, but have had less direct involvement with the clinic.** Head Start conducts developmental and social-emotional screening for all children within 30 days of intake and refers children to Help Me Grow, when appropriate. Referrals to Help Me Grow may also occur when a family is referred from another source. Through their involvement with the Fridley clinic, the Head Start representatives hope providers will learn more about their program and when to refer families. The Public Health Department is also a Help Me Grow partner. As referrals come into their department, they will coordinate with the local Help Me Grow office, when appropriate. The public health department does not receive any referrals directly from the Fridley clinic.

### **Clinic communication and coordination**

**A common form is being used to share information between the clinic, school district, and Anoka Area Help Me Grow.** When recommendations for services or other steps are made by local Help Me Grow intervention specialists or school district staff, this information is communicated with the clinic on a brief form developed during this initiative. Help Me Grow staff and clinic team is currently working to involve Anoka County Public Health more in these communication and coordination activities.

### **Early accomplishments**

**At this point in the initiative, the partners have implemented a communication tool and are considering other ways to better coordinate care.** The development of the common referral form has helped improve communication between the school district, Anoka Area Help Me Grow office, and clinic. In addition, there is interest among some partners in all moving toward using the ASQ and ASQ:SE as screening instruments. To help avoid duplication of screening efforts, the team plans to explore opportunities to share screening results between the Follow Along program and partner clinics.

### **Challenges/barriers**

**Participation of some project partners has been minimal.** When the interviews were conducted, there was not regular participation of school district staff or the North Metro Pediatric clinic in team meetings. Limited staff time may be one reason there hasn't been full participation. Despite this, the project team has moved forward to work on enhancing their referral and communication efforts.

**Release of information forms or processes may need to be enhanced.** One partner noted that updated consent forms are needed in order to allow agencies to coordinate

services. Some agencies require a signed release of information form to be updated annually. Partners who do not have a process to update this paperwork from families on an annual basis may need to address this potential barrier.

**Families served through multiple systems can face duplication in screening and other paperwork.** There is interest among team members in making sure screening, assessment, and diagnostic information is shared when possible so that families are not overburdened by paperwork. For example, in addition to the local Help Me Grow office receiving any developmental screening results from the clinic, it could be useful to also send Anoka Area Help Me Grow the child’s immunization and health history. As mentioned previously, there may be opportunities to share screening results across agencies so that parents are not asked to complete the same instrument multiple times.

**Other system-level capacity and funding issues may also impact the assessment or referral process.** Interpreter services are particularly important when meeting with the child and family in order to help the Help Me Grow intervention specialist determine whether concerns are a result of a cognitive or language delay. Although there does not seem to be a shortage of trained interpreters in the community, the cost of providing this service was perceived as a barrier. Greater coordination across agencies could be used to develop strategies to reduce overall costs for all. Although a mental health professional provides on-site services once a week at Head Start, one Help Me Grow representative felt there were few other resources available in the area. While there are more mental health providers in Hennepin County, travel can be prohibitive for some families.

One representative also felt the time and resource expectations for grantees are too high, particularly given the size of the grant reward. Full-day training sessions were perceived as challenging for the team to accommodate, particularly clinic partners.

## **Project goals**

The partners interviewed hoped their involvement in the initiative would help families receive better services in a more efficient manner. There was also hope that the initiative would result in more referrals coming to Anoka Area Help Me Grow from the participating clinics and improved communication between the school district and providers.

“My goal is always to help families access systems in a less intimidating, more efficient way. That’s not their responsibility – that’s our responsibility.”

## **Other key findings**

**Overall, the Help Me Grow representative felt medical providers and school staff across Anoka County need more information about when to refer children.** While the Help Me Grow representative was clear to say that the providers from their partner clinic in Fridley were referring children in a timely manner, there were examples of children seen by other providers who should have been referred much earlier for services. The representative also felt some providers are not aware of all conditions, such as low birth weight, that make a child eligible for early intervention services. There were also examples of some school districts referring students later than necessary for services.

**There was some concern about how changes to the State Help Me Grow system will impact local processes.** Although the interview did not focus directly on how anticipated changes to the State's Help Me Grow network would impact local work, there was concern that a regionalized approach will make it more difficult to have close relationships with schools and clinics. The new model may have more structured components to ensure consistent referral and coordination practices, but there was some concern that these changes will lead schools to focus primarily on providing services through the education system, rather than promoting collaboration across disciplines and addressing all needs of the child and family.

### ***Duluth Help Me Grow (St. Louis County)***

There are two local Help Me Grow offices that are likely to serve youth seen by St. Luke's Pediatric Clinic in Duluth, Duluth Help Me Grow, which includes the Duluth School District, and Northern Lights Special Education Cooperative Help Me Grow, which includes many of the smaller school districts that surround Duluth. The Help Me Grow coordinator for Duluth, who also serves as its chair, participated in an interview. Representatives from Head Start were also contacted for this baseline assessment, but did not participate in an interview. Northern Lights Help Me Grow is not currently involved as a formal partner in the initiative.

Because of work done prior to the ABCD III initiative, Duluth Help Me Grow and St. Luke's clinic have a strong partnership in place and have explored ways to work together more effectively. They have built upon their previous work to make enhancements to their referral and communication processes for this initiative, such as development of common paperwork.

## **Current referral practices**

**Thus far, Help Me Grow staff have found referring children through the state online system to be an improvement in practice.** Overall, the Duluth Help Me Grow coordinator estimated 75 percent of all referrals (including, but not limited to referrals from the partner clinic) come directly from parents, while doctors refer 20 percent and 5 percent of referrals come through other sources. Local Help Me Grow intervention specialists begin working on a referral within one week of the information arriving at their office. Initially, the clinic providers called the local Help Me Grow office directly to make a referral. They recently began submitting referrals online through the State Help Me Grow website, and have found that option to work better. It offers providers more flexibility in when they take time to make the referral and avoid the back and forth voice mails that sometimes occurred when telephone referrals were used. The online option has advantages for the clinic, which is trying to incorporate these referral and communication documents into their electronic medical records system.

When the local Help Me Grow office determines the child is eligible for services, a service coordinator is assigned to lead the team of service providers who work with the child through the school. For young children, the service coordinator is typically the early childhood special education teacher or speech therapist, though other providers (e.g., physical therapists) may also be involved in the team. The IFSP may mention the involvement of other services the child receives outside of the school system, but there is less documentation of the frequency of these services. Duluth Help Me Grow tends to refer children to Head Start or other community providers if behavioral concerns are identified.

## **Clinic communication and coordination**

**The St. Luke's Pediatric Clinic and Duluth Help Me Grow had been working on enhancing their referral processes prior to the ABCD III initiative.** The clinic had started using the Ages and Stages Questionnaire (ASQ) and learned that Duluth Help Me Grow also uses those as screening instruments. By sharing their scores when referring to Help Me Grow, the clinic was able to help families avoid another screen and move directly into an evaluation of the child's needs.

**Efforts are currently underway to develop improved communication processes and related paperwork.** Duluth Help Me Grow is working with the clinic to enhance communication in three different ways: referring children using the state Help Me Grow online system, using a common release of information form, and ensuring information is shared with the clinic after the referral. A challenge for the clinic and local Help Me Grow office has been the development of a release of information form that can be used to share information across multiple partners. They are currently using the release form used by the school district, as that form was considered the most simple to complete and best able to

meet the needs of parents. The Help Me Grow coordinator stated that prior to the initiative, she had assumed that the provider always received a copy of the final IFSP from the child's service coordinator. However, that wasn't always happening, so a "response to referral" form has been developed to ensure information is consistently shared with the referring clinician. This simple, one-page form summarizes the plan, as providers had stated the full IFSP was too long to read, given their time constraints. However, the coordinator hadn't received feedback from clinic providers to know how well the referral sheet was meeting their needs.

### **Early accomplishments**

**Communication between the local Help Me Grow office and clinic has become more open and efficient.** When referrals were called into the Help Me Grow office, follow-up phone calls were often needed to clarify information. However, the Help Me Grow representative was often put on hold until the provider was available or left a voicemail message for the provider. The local Help Me Grow office is receiving the appropriate information through the online referral system, leading to a more efficient referral process. The Help Me Grow representative also felt that the clinic providers and care coordinators also have a better sense of the type of information they needed for early intervention referrals, making it easier to provide that information initially or after a request. Communication between Help Me Grow and the clinic has also become more open. Initially, the clinic didn't feel comfortable leaving detailed voicemail messages for the early intervention specialist when additional information was requested. Now that there is a relationship, there is more sharing of information. In addition, because stronger relationships have been developed, both the local Help Me Grow staff and clinic feel comfortable calling one another to ask questions.

**Clinic staff are more aware of when and how to refer children to Help Me Grow.** As the relationship between the local Help Me Grow staff and clinic providers was strengthened, the Help Me Grow representative felt that health care providers had become better informed about when and how to refer children. Clinic providers have started to recognize that children can be referred to the local Help Me Grow office for a variety of concerns beyond an elevated ASQ score, including maternal drug use during pregnancy or low birth weight. In addition, they have a better understanding that the screening process is different for children age 3 or older (compared to children ages birth to two) and are better able to help parents get started on the appropriate next steps. Duluth Help Me Grow also gets fewer inappropriate referrals for children who reside in surrounding communities who should be referred to the Northern Lights Special Education Cooperative.

Clinic staff are better able to explain the purpose of Help Me Grow to parents. The local Help Me Grow representative felt it was very important for the referring provider to discuss the program with the parent in order to make sure they feel comfortable with the referral and increase buy-in. From the perspective of the Help Me Grow representative, it seems that providers are doing a better job introducing the program to parents so that the initial phone call from the early intervention specialist is expected and well-received by families.

### **Challenges/barriers**

**Audiology appointments can be difficult to schedule in a timely manner.** When a child is referred to Duluth Help Me Grow for speech concerns, hearing is always tested first. Although there are audiologists in the community who work well with young children, there can be delays in scheduling appointments. During the past year, one audiologist has set aside some appointments each week to see young children. This has helped address the system capacity issue somewhat, but timely scheduling of appointments can still be difficult.

**Some providers are interested in receiving follow-up information as soon as possible.** Under Part C, all local Help Me Grow offices are required to complete an evaluation and IFSP if appropriate within 45 days of receiving a referral. However, some providers would like to receive information earlier. Duluth Help Me Grow is considering ways to accelerate their assessment process or provide ongoing communication throughout the 6-week window for providers who want to receive more timely updates.

### **Project goals**

**Duluth Help Me Grow hopes that through this initiative, the referral process with St. Luke's Pediatric Clinic will be refined and communication will be improved.** Ultimately, they hope to develop an effective model that they can share with other clinics and replicate. They would also like to see more referral sources use the State's online referral system and an overall increase in the number of referrals that come to the local Help Me Grow office from the clinic.

### **Other key findings**

**Opportunities to share lessons learned from this initiative and the work of another clinic to implement a medical home model could be pursued.** Duluth Help Me Grow is working with a different clinic system as they move toward adopting a medical home approach to care. While there are similarities with both initiatives in their efforts to coordinate care, the local Help Me Grow representative felt the school districts are much more involved with the ABCD III initiative than the medical home model used by the

other clinic. While there may be barriers to the two competing clinic systems working collaboratively, the Help Me Grow representative felt greater coordination across the community would be helpful.

### **Summary of coordination between Duluth Help Me Grow and clinic at baseline**

**Because of the work done prior to the ABCD III initiative, Duluth Help Me Grow and St. Luke's clinic have already made enhancements to their referral and communication processes.** Some of these changes have included a shift to using the online Help Me Grow referral format, use of a common informed consent form to all for information sharing, and development of a referral follow-up sheet to share IFSP results and next steps. As a result of their increased communication and improved relationship, the Help Me Grow representative felt the providers had a better understanding of when to refer, and were helping families become comfortable with the referral to Help Me Grow.

### ***Ramsey County Help Me Grow***

Ramsey County Help Me Grow covers all school districts in the County, including Saint Paul and northern suburbs. Two representatives of the initiative, both from the Ramsey County Help Me Grow Central Office, were interviewed for this baseline assessment. Attempts were made to contact a Head Start representative, but no interview could be scheduled.

The interviews were completed in November, just as the White Bear Lake Health Partners clinic replaced the East Side Family Clinic as the primary care partner for this initiative. As anticipated, because the Ramsey County Help Me Grow office was so early into its partnership with the new clinic, the informants could say very little about their specific involvement with providers from the partner clinic. At the time the interviews were conducted, the site was in its early planning stages with the new clinic partner to develop enhanced referral and communication strategies.

### **Current referral practices**

Ramsey County Help Me Grow is the central point of contact when there is a concern about a young child's development. The local Help Me Grow office has connections to public health nursing, school staff, and social workers through their office. Although referrals can come from any concerned individual (i.e., parent, relative, public health nurse, clinic staff), the Help Me Grow office requires the family to have been informed that a referral has been made before they begin the intake and evaluation process. Prior to the initiative, a majority of referrals that came to the local Help Me Grow office were

made by parents who may have seen information in preschools or Early Childhood Family Education (ECFE) classes. Other common referrals sources included preschools, clinics, hospitals, and public health nurses.

**One intake staff member is coordinating all referrals for this pilot project.** When a referral typically comes into Ramsey County Help Me Grow, information about the child is entered into an internal database and the case is assigned to the intake staff person assigned that day. That person is responsible for contacting the family, completing the intake, and referring the family to school district or other community programs, as appropriate. Protocols are in place that establish how many times a call is attempted with the family before the case is closed and when the case is passed to the school district. For this initiative, as new practices and protocols are developed, one staff person is handling all referrals from the clinic.

**There is regular communication between the school district and Help Me Grow to share eligibility determination and assessment results.** When a referral is made, the early intervention specialist contacts the family and speaks to them about the process, then asks for permission for them to follow up with the school district for an assessment. A release of information is signed for Help Me Grow and an interagency release is signed to give permission for the early intervention specialist to speak with and coordinate other specialists. After the assessment is completed by the school district, an outcome sheet is returned to the local Help Me Grow office that specifies whether the child was considered eligible for Part B/C services and the level of care the child will receive from the school district (i.e., home-based programs, preschool, self-contained classroom).

**Sharing of referral information between the Ramsey County Help Me Grow office and referral source has been less consistent.** One challenge has been that different providers or referring individuals are interested in feedback in varying level of detail. For example, the initial provider champion from the first partner clinic wanted a copy of the IFSP, progress notes, and six-month reviews, while other providers and clinics were interested in receiving a very brief one-time update.

### **Clinic communication and coordination**

**The State's online Help Me Grow referral system was rarely used at baseline.** Most referrals to the Ramsey County Help Me Grow office arrive via phone call or fax, but there is growing use of the online referral system. Because multiple referral processes and modes are being used, the referral information received by the local Help Me Grow office varies in terms of content and level of detail. One representative felt phone calls were helpful, as it gave the intake coordinator an opportunity to ask the referring individual more information about the child. In contrast, referrals faxed to Ramsey



County Help Me Grow were sometimes too general to be useful to intake staff. There is hope that, through this initiative, common paperwork will be developed and a more consistent referral process will be implemented.

**Consistent release of information forms, referral forms, and processes for follow-up communication are all needed.** The local Help Me Grow office had worked with the first clinic partner to create common referral, informed consent, and follow-up forms, but had not begun the same work with the new partner clinic at the time of the interview. The Help Me Grow representatives were interested in receiving referral forms that included both the child's screening results and information about the services the child was already receiving, and simplifying the Interagency Referral Communication Form. It was too early in the agency's partnership with the White Bear Lake Clinic to discuss the adequacy of referral information sent to Ramsey County Help Me Grow by their providers.

Ramsey County Help Me Grow did have a process in place to provide consistent follow-up to the referring source a number of years ago, but increased referral volume led to less consistent communication after the assessment was completed. Local Help Me Grow staff hope to develop consistent data sharing forms and communication processes through this initiative. A challenge will be developing a system that will work broadly across all providers who may be interested in receiving different levels of communication.

### **Early accomplishments**

The interviews with the Ramsey County Help Me Grow representatives were conducted just as they were starting to work with a new clinic partner on this initiative. As a result, it is too early to identify any accomplishments that occurred as a result of greater collaboration among partners.

### **Challenges/barriers**

**Insurance coverage and system capacity can be barriers to referrals.** Ramsey County Help Me Grow is well-connected to a variety of County and community programs, including the County Developmental Disabilities unit, County Public Health department, Early Head Start/Head Start, mental health agencies, advocacy organizations, and food shelves. However, for families who do not meet the income eligibility requirements for Head Start, there are few affordable preschool programs available for children who do not meet special education eligibility. Insurance coverage can also be a barrier for families who are not eligible for Part B/C services. Some families referred to Help Me Grow don't have insurance coverage, and others have plans with high deductibles or limited coverage. For example, in-home parenting or behavioral management interventions for parents of young children is rarely covered, unless the family is insured through Medical Assistance. There are also larger system-level issues that impact the availability of services. Due to the limited

number of openings available, not all families are able to get into Head Start. In addition, not all families understand that 2 year old children are not eligible for formal preschool unless the child meets the criteria for early childhood special education. The location of programs in the community can also impact the family's ability to access services.

**Language barriers and difficult contacting the family can make it difficult to complete the intake process in a timely manner.** The Ramsey County Help Me Grow office does have four bilingual staff, but must rely on the school district to conduct the intake if the local Help Me Grow office does not have the staff capacity to work with the family in their primary language. It can also be difficult to get permission from the family to conduct an assessment if the family moves frequently or is not fully comfortable with the referral.

### **Project goals**

**The Ramsey County Help Me Grow representatives hoped their involvement in this initiative would ultimately lead to children being screened and referred at earlier ages.** They felt it was critical to work with children who are at risk to determine whether there are significant underlying concerns that need to be addressed, rather than waiting for a developmental delay or behavioral concern to become more significant. They saw this project as an opportunity to not only enhance coordination with the partner clinic, but to develop approaches that can be used more broadly with clinics across the County. From the perspectives of the local Help Me Grow representatives, the project will be successful if it leads to the development of more effective referral and communication protocols, use of a common release of information form, and a greater number of appropriate referrals.

### **Other key findings**

**The Help Me Grow representatives felt there was growing willingness among providers in Ramsey County to make referrals earlier.** According to one Help Me Grow representative, when thinking broadly about referrals that come from clinic providers across the County, very little formal screening had been taking place and providers often seemed to prefer monitoring the child over making a referral to Help Me Grow. Over time, providers have received more information about the services available to very young children and the representative felt the appropriateness and timeliness of referrals has improved over time. From the perspective of this representative, if the parent has a concern, there isn't a downside to making a referral so that these concerns can be examined more closely. Parents are delighted if their child is assessed and reassured that everything is okay, and if something is wrong, it allows services to be provided at an earlier age. This philosophy about referrals isn't shared by all providers, but a more preventive approach is encouraged by Child Find and the Help Me Grow partners.

## ***Rochester, Zumbro Help Me Grow***

The Mayo Clinic serves children and families from Rochester and surrounding communities. Two Help Me Grow representatives were interviewed for the baseline assessment who have roles with the Rochester Public School District and Zumbro Education District, which covers seven school districts. Attempts were also made to interview a second representative of the Zumbro Education District, but no interview could be scheduled.

According to the local Help Me Grow representatives interviewed, communication and coordination with the Mayo Clinic has started to improve as a result of the initiative. For example, one representative felt more likely to call a referring provider with questions or follow-up information because they had started to establish a better relationship through participation in various planning meetings. Enhancements to the referral process have been made, but additional work is needed to develop common data sharing and communication processes that meet the requirements of all partners.

### **Current referral practices**

**The use of the State online Help Me Grow referral system is increasing.** Both local Help Me Grow representatives noted that most referrals from the partner clinic were coming through the state online referral system. The clinic also faxes a consent form that allows the provider to release additional information to Help Me Grow staff and alerts them that a referral has been made. One representative stated they typically request the child's medical record when they receive the referral, while the other felt it would be helpful to receive more detailed information about the areas of concern that led to the referral on the initial online referral form. Overall, the information received from the clinic was considered adequate, but communication at the time of referral could be further refined.

**The intake process used by Rochester Help Me Grow has recently changed.** To expedite the intake and assessment process, all intake meetings are now being done by early childhood teachers, rather than any of five representatives of a cross-disciplinary team. Although this change is likely to improve the timeliness of the assessment process, it was a difficult transition for other members of the cross-disciplinary team who found interactions with families to be rewarding.

### **Clinic communication and coordination**

**Work has been done to develop a shared communication form.** There is interest among team members in having a form that can be used to easily share all assessment and referral information back to the clinic. However, at the time of the interview, the form

had not been completed. Prior to the initiative, one of the local Help Me Grow offices occasionally communicated results back to the referring clinic, but this was not a consistent part of practice.

**It has been difficult to develop a common release of information form.** The team has discussed sharing a common release of information form to minimize paperwork burden for families. However, at the time of the interviews with Help Me Grow representatives, parents were being asked to sign separate release forms for each agency.

### **Early accomplishments**

**Participation in team meetings to discuss enhancements to the referral, communication, and coordination processes has increased familiarity among agency staff.** The representatives found it helpful to contact the clinic care coordinator to ask questions about a referral that was made or to share other information. Prior to the initiative, it was difficult to identify who to contact when questions arose.

### **Challenges/barriers**

**Although there are many services available to parents in Rochester, fewer resources are available to families who live in surrounding areas.** The Zumbro Help Me Grow representative noted there was a need for more parenting classes in the area, as well as children's mental health services. Options can be limited for families who are not eligible for services and have poor health insurance coverage (i.e., high deductible plans).

### **Project goals**

**The Help Me Grow representatives would consider the initiative successful if it resulted in an increased number of appropriate referrals and improved communication between the clinic and Help Me Grow.** However, one representative stated the team had discussed goals as large as having a shared database with varying levels of access. Ongoing relationship-building and additional communication and referral improvements are needed before a larger coordination effort would be feasible.

### **Other key findings**

**There was some interest in learning whether children with elevated screening scores were ultimately found to be in need of, and eligible for, services.** The Rochester Help Me Grow representative noted their district is falling below the state target rate in identifying children in need of Part B/C services. While there is a need to improve their ability to identify youth eligible for service, the representative did have some concerns, as

has the clinic, that not all referrals that result from elevated screening scores may be appropriate.

**Coordination with a variety of service is needed to fully address the needs of the child and family.** The Rochester Help Me Grow representative noted situations occur when the child is not eligible for services, but the assessment indicates the parent has a developmental delay or abuse/violence has occurred in the home. Relationships with a range of agencies and organizations beyond the school district and key child-serving agencies may be needed to fully meet the needs of the child and family.

# Lessons learned

Although each local Help Me Grow office shares similar goals to provide coordinated and timely early intervention services to young children and their families, the processes used to assess and refer youth and communicate information to the referring agency varies. These differences, and the impact they have on implementation of the project at each site, will be explored further in future reports. While it is important to consider the key findings from the interviews with representatives of Help Me Grow offices at the pilot site level, some overarching themes and common lessons learned emerged when information was reviewed across all pilot sites. These broader themes illustrate common concerns and areas of interest among local Help Me Grow representatives. When appropriate, the information shared by different Help Me Grow offices are compared and contrasted in this section of the report.

- **The level of coordination between each local Help Me Grow office and their partnering clinic(s) varied considerably at baseline.** There were differences in the relationships established between the local Help Me Grow offices and pilot clinics prior to the initiative, and varying levels of involvement and coordination at baseline for the initiative. For example, Duluth Help Me Grow and St. Luke's clinic had been working to improve coordination and communication prior to the ABCD III initiative, while Ramsey County Help Me Grow was just beginning their work with the White Bear Lake clinic. Similarly, Rochester Help Me Grow seemed to have a stronger existing relationship with the Mayo Clinic at baseline than Zumbro Help Me Grow, which was just beginning to have direct communication with the clinic through the team planning meetings. Because of existing relationships between the local Help Me Grow offices and clinic, some pilot sites may be better positioned at baseline to initiate or make changes to their referral, communication, and coordination processes; however, other factors, such as buy-in of key stakeholders and flexibility/adaptability of current processes, are likely to also play a major role in the development and implementation of new practices.
- **The State online Help Me Grow referral system was being used by most, but not all, pilot sites.** Prior to the State developing a centralized online referral system, referrals to all local offices were made by phone or fax. At the Duluth site, the Help Me Grow representatives found the online system to be very efficient and helpful and the team was using online referrals exclusively to make referrals. It was also used consistently by Mayo providers, in conjunction with a faxed release of information form that was sent to providers. In contrast, the Anoka team felt the use of the online system added an extra unnecessary step to the referral process and were planning to fax

all clinic referrals to the local Help Me Grow office. The referral practices of providers from the White Bear Lake clinic were unknown.

- **All local Help Me Grow offices are interested in developing common data sharing forms and communication processes through the initiative that can be used by other clinics.** At baseline, all local Help Me Grow offices were working to develop or had developed shared release of information forms to use at the time of referral, as well as forms that can be used to communicate assessment and referral information back to the clinic. Because the Help Me Grow staff work with multiple clinics and across a variety of school districts, greater consistency in paperwork or protocols could be very helpful. Some representatives felt it could be helpful to continue working with the State to develop user-friendly templates that could be modified by each site. However, the Help Me Grow representatives note providers want different levels of information within and across clinics. This may make it difficult to create a single form that can be completed efficiently by Help Me Grow staff to meet the needs of all providers, particularly as efforts are made to extend these models into new clinics over time. Some State-level guidelines may help create shared communication expectations between referral agencies/providers and local Help Me Grow offices.
  
- **Another common initiative goal among local Help Me Grow representatives is to receive an increased number of timely and appropriate referrals.** Some of the representatives interviewed felt that, in general, medical providers needed more information about when to refer young children for early intervention services and encouragement to refer earlier, rather than monitoring the child's development. The recommendations made by providers are very influential, and medical providers play an important role in encouraging families to participate in the assessment process to further explore the concerns they have about their child. While the Rochester team has some concerns that increased child screening may lead to inappropriate referrals for early intervention services (i.e., the screening score is elevated but the assessment does not identify any concerns necessitating additional services), the message of Ramsey County Help Me Grow to providers is that a referral should be made whenever a concern is raised by the parents. Although some children referred will not need additional services, they felt parents were reassured if their concerns were explored through an assessment and no developmental problems were identified. Some Help Me Grow representatives noted that some providers had already learned new information about criteria that could lead to referrals for early intervention services (e.g., low birth weight) during the course of planning meetings, but acknowledged it can be challenging to find the time and resources necessary to inform providers within the community about the benefits of early intervention services.

- **Each site also identified broader system gaps in their community.** Although this pilot project is looking specifically at a population of children who are insured through Medicaid and have comprehensive coverage for most medical and mental health services, some representatives did report low-cost early preschool services were limited for families whose child was not eligible for Part B/C services or Head Start. In Anoka County, the representative felt children’s mental health services were limited, while a shortage of audiologists able to work with young children was identified as a system gap in the Duluth area. The Help Me Grow representatives from Olmsted County noted that while there are many resources available to families in Rochester, these services, particularly parent education and mental health services, are limited in surrounding rural communities.
  
- **Changes proposed by the Minnesota Department of Education to the Help Me Grow infrastructure may have an impact at the project level.** The interviews conducted with the local Help Me Grow representatives did not ask specifically about the planned shift towards a regional early intervention infrastructure, but this was identified as a concern. It may be helpful to explore this topic further in future interviews, to determine whether these changes do have an impact on the individual relationships the local Help Me Grow offices build with the pilot clinics.
  
- **Help Me Grow representatives requested clarity for future training events, but had no specific technical assistance needs.** All Help Me Grow representatives were also asked about their technical assistance needs. Those who commented on the training webinars found the format to be helpful, but thought much of the information provided to date had been geared primarily towards the clinics. Some of the representatives participated in their interview after a full-day training was held in December 2010. Those who attended the event felt the detailed discussions with their team were helpful, though some noted not all partners participated. A number of representatives felt it would be helpful to have greater clarity about who should attend each training.



# Recommendations

Based on the information gathered through this baseline set of key informant interviews with Help Me Grow representatives, Wilder Research developed the following recommendations for DHS to consider as they continue their ongoing work with each partner throughout the initiative:

- **Continue to work towards developing template forms and communication guidelines that the teams can use as models to share referral and assessment information.** All sites were working to develop common forms to share information efficiently between the local Help Me Grow office, school district, and clinic. While forms developed by DHS have been used as a model, some sites have worked to simplify or otherwise modify these forms. As site-specific paperwork is finalized, it may be helpful for DHS staff to use these final materials to review and revise their initial templates. Standard forms and template documents may be particularly helpful if these initiatives serve as models for other Help Me Grow sites to use, as they can help DHS establish expectations around communication and sharing of information.
- **Consider including additional questions around the restructuring of the early intervention system in future key informant interviews.** Two large system-level infrastructure changes may impact how local Help Me Grow offices coordinate services with the pilot clinics: the use of the online referral system, and restructuring of the early intervention system to a regional model. One key informant was concerned about how these restructuring changes may impact how they provide services, and so it may be useful to ask directly about this topic in future interviews.
- **Consider whether group discussions with each Help Me Grow team, rather than individual interviews, may yield richer discussion at follow-up.** At baseline, individual interviews were conducted with representatives who were involved in, but had different roles with, each Help Me Grow office. The key informants provided thoughtful feedback to the questions, but occasionally suggested Wilder staff speak to someone else from the early intervention team, if the question focused on a topic the individual was less familiar with. While there is value in hearing the perspectives of individuals who represent the Help Me Grow intake staff, schools, and partner agencies/organizations (i.e., Head Start, Public Health departments), a group discussion involving all key players may lead to a more in-depth discussion of the impact of this initiative in their referral, communication, and care coordination practices. While scheduling these group discussions may be difficult, this change in methodology could provide richer data when local Help Me Grow teams have the opportunity to hear and expand on the opinions shared by others.