HMG-LI Grows to Meet Family Needs During COVID and Beyond
Overview

Help Me Grow – Long Island (HMG-LI) is a free service connecting families and providers to community resources and child development information in Nassau and Suffolk counties, with the mission of promoting optimal development of Long Island’s young children. HMG-LI provides ongoing support to families by phone, text, and email to meet the needs of their young children, and trains providers (both health care providers and child care providers) to use developmental screens with the families they serve.

This report demonstrates how Help Me Grow – Long Island addresses the unique and unmet needs of families with children ages 0-5. The pandemic has exacerbated these needs and highlighted the importance of strengthening the support network for families. This report includes data collected as part of HMG-LI over 12 months from October 1, 2019 - September 30, 2020, the year following our 1st Annual HMG-LI Report. Nearly half of the annual data was directly affected by the COVID-19 pandemic that started in March 2020. Data highlights demonstrate that HMG-LI in its second year:

- Doubled the number of families and children served.
- Nimbly responded to the overwhelming impact of the COVID pandemic on Long Island by pivoting to meet more social needs as compared to developmental needs.
- Further developed our role as a trusted partner to both community organizations and families, who during the pandemic found HMG-LI through friends and neighbors rather than formal referrals, as they had pre-pandemic.
- Expanded our reach across Long Island, serving families in 36 more towns than in the prior year.
- Helped families meet basic needs while continuing to emphasize developmental promotion through innovations like Bright by Text and building the capacity of child care providers with developmental screening training.

The Need on Long Island

There are an estimated 165,000 children aged 5 or younger living on Long Island, 12,000 of which are living at or below the poverty line; for a family of 3, that is an annual income of $21,960 in 2021. Furthermore, the United Way estimates that a third of all Long Island households struggle with the high cost of living – which could mean that 55,000 young children are affected. Often an overlooked factor in supporting a child’s development, a family’s socioeconomic status can cause extra stress, which both impacts the children directly and makes it harder for caregivers to attend to their children’s developmental needs.

HMG-LI Data: Telling the story of families’ experiences on Long Island

Building a stronger Long Island for young children and their families post-COVID means understanding Long Island families’ experiences before, during and after the pandemic. Utilizing data to tell the story of families with young children is a key component of the HMG-LI system. Data not only describes the situation but helps our community identify services that can be improved through policy and practice change. But families have their stories to tell too. Follow along through the sections of this report with Gloria’s family to experience their HMG-LI journey – plugging into existing services and finding out that services are not always easily accessible.

Help Me Grow – Long Island’s Vision

- Section 1: Expanding Across Long Island as a Trusted Resource for Families
- Section 2: Pivoting to Basic Needs to Promote Development
- Section 3: Connecting Families to the Grid of Services
- Moving Forward Together: Strengthening the Grid to Power Up Families

This report is the first in a series of 3 reports in 2021 that will push the advocacy agenda for Long Island’s young children and their families towards quality and equity for all. Our goals include fully leveraging the opportunities through the American Rescue Plan and other post pandemic initiatives to build the infrastructure grid that Long Island’s families need.
HMG-LI Relies on its Partners in the Grid to Help Power Up Families

HMG-LI is a collective impact model, a partnership among early childhood stakeholders on Long Island. In 2017, prior to HMG-LI implementation, a social network mapping tool was used to assess the current state of the early childhood system on Long Island. This tool was re-administered in the fall of 2020.

The pre- and post- HMG-LI network mapping results illustrate major system-level improvement in the overall dynamics and working relationships among early childhood partners since the launch of Help Me Grow - Long Island.

Partners are now working more closely, are more aligned in their work, and successfully building a cross-sector, more integrated early childhood system than before the implementation of Help Me Grow - Long Island.

Findings include:

- Increased cooperative working relationships (15% in 2017 -> 41% in 2020).
- 74% of respondents said the most important outcome of this work has been advanced collaboration and collective impact among partners (up from 2% in 2017).
- 60% of partners said that the system has thus far been moderately or very successful at meeting the needs of families.

Community resources are like a power grid: when the grid functions well, families can plug in wherever they are to get the help they need. Yet, the grid is not always set up in a way that allows these resources to run equitably throughout a community:

- For some families, the grid functions well – these families can plug in and the resources flow consistently and reliably so they get what they need to succeed.

- For others, the grid is patchy – the resource flow is weak and unreliable; families either do not know where to go to find help, can’t plug in, or when they do, they don’t get what they need.

- In some places, the grid is not fully interconnected, which may be due to gaps in the network of resources and can pose a challenge to families attempting to access multiple resources.

An unreliable or patchy flow of resources to the grid can result in long-lasting consequences on children’s health and well-being.

HMG-LI strengthens the resource grid by connecting service providers to each other to create a reliable, interconnected, and equitable system that best serves families.
SECTION 1

Expanding Across Long Island as a Trusted Resource for Families

"Thank you so much for your help. If it wasn’t for you, I don’t know what I would do!"

HMG-LI Parent

A HMG-LI FAMILY STORY

Part 1: Finding Help in a Time of Need

Gloria*, a Spanish-speaking mom, recently moved to Elmont, Nassau County from Queens with her two young children, a 4-month old and a 3-year old. She had recently registered at her local WIC (Women, Infant, and Children) program. She received a mailer from them about HMG-LI services and decided to make the call!

*name has been changed to protect confidentiality
The data in this report focuses on families connecting to HMG-LI primarily through its Centralized Access Point, the care coordination arm of HMG-LI that is staffed by 2 Family Resource Specialists – with additional part-time support staff added in the summer of 2020 – and accessible via phone, website, fax and email.

In this reporting period (October 2019-September 2020), we served over 900 children, more than double the number served in the previous year. As our intake numbers grew, so did the number of towns we served across Long Island. The COVID-19 pandemic led to a geographic shift in families with needs on Long Island: in the first 3 months of the pandemic, families from 36 new towns contacted HMG-LI for assistance.

A total of 2,049 screens were completed during the same time period across the Centralized Access Point and the many providers that participate in our screening initiative.

77% of children served by the Centralized Access Point were under the age of 3 years (36 months) and of those, 6% were calls from expecting parents. Research shows that early identification and receipt of assistance in the first 3 years of life results in better long-term outcomes for families.

The overall demographics of the HMG-LI population is more diverse than the demographics of the general population of Long Island. Of those with known race/ethnicity, 90% of children served by the Centralized Access Point are children of color.

Long Island is rapidly diversifying. More than half of our families speak a language other than English, Spanish being most common, followed by Haitian Creole, the two additional languages spoken by HMG-LI staff. A phone translation service is utilized to ensure the best communication possible with languages not spoken by our team.

For HMG-LI, an “intake” is a family that is receiving care coordination; it excludes families that completed a screen through one of HMG-LI’s partners, or callers that are just seeking information. In the current reporting period, there was a significant increase in intakes once New York State went on “PAUSE” in the latter half of March, and a massive and sustained influx during the first few months of the pandemic. Although cases began to level off after a few months, they remain at a higher average rate than they had in the prior year, indicating that new entry methods – such as new referring partners and word of mouth – have had a sustained impact.
Help Me Grow – Long Island takes a “targeted universalism” approach: we are available for all families that have a young child in Nassau or Suffolk, but focus outreach efforts in the communities with families most likely to benefit from our services. It is important to note that families who are low-income and “at risk” are located across Long Island and are sometimes “hidden” in community-level data of wealthier towns.

In total, 36 new communities (as defined by zip code) were served in this reporting period; in 55 existing communities, the number of intakes doubled since the previous year.

During this time period, the following towns had the most families served by HMG-LI (in order of frequency): Hempstead, Brentwood, Bay Shore, Central Islip, Freeport, Riverhead, Roosevelt, Westbury, Great Neck, Uniondale.

SPOTLIGHT ON
Bright by Text

“[Bright by Text] was a lot of support because I was able to receive alerts and messages in regards to the development of my child.”

In April, Docs for Tots became a national Bright By Text partner on behalf of HMG-LI. Bright By Text is an evidence-based text-messaging platform that encourages healthy development and resilience in families with positive parenting tips and fun games. In addition to expert content from PBS, Vroom, Sesame Street, and the CDC, Bright by Text enables us to distribute links to development screens, and messages with information and resources specific to the Long Island community, like digital library resources, food pantries, and preschool open enrollment dates. HMG-LI has access to over 1000 families with more joining with every new connection!
Since the last reporting period, there was a drastic shift in how families found us: those that heard about us from family or friends tripled, while health care provider referrals fell by more than half. This is attributable to the pandemic: as people were successfully connected to basic needs services, they told their friends and family to contact us for help. This may be a proxy indicator for family satisfaction, as families that were unsatisfied with their HMG experience would be unlikely to encourage others to call. Healthcare referrals were reduced because many families did not attend primary care well-child visits, and therefore were not being identified for referral.

Another notable change: WIC sites sent twice as many referrals as the previous year. WIC – Women, Infant, and Children – is a social service program that provides food to low-income pregnant women and children aged 0-5 years, making the population ideally suited to HMG’s services. With support from Help Me Grow National, we strengthened our relationship with the Stony Brook Hospital Women, Infant, and Children (WIC) sites, resulting in a marked and sustained increase in referrals. We are looking to deepen this relationship through the inclusion of developmental milestones checklists during WIC visits, and replication of this successful intervention with other WIC sites across the region.

Despite the massive influx of new intakes, the age breakdown remained consistent from our previous data report, with a slight increase in the share of children 0-1 years old. Three quarters of children served were under age 3.

This highlights HMG-LI’s unique ability to reach families who are often not served by other programs. Very young children are typically not found in any one system, like education or child care. For example, school districts offered free meals during the COVID-19 shutdown, but often only to school-aged children. HMG-LI acts as a resource grid for those outside these traditional systems, and therefore provided a critical resource for an especially vulnerable population during a time of crisis.
Gloria was primarily interested in getting information about obtaining food for her family. While helping with that, we wondered if she was having difficulty affording other things too. We asked if there were other resources we could help her with obtaining, and discovered that she was also having a hard time affording diapers. Poverty impacts child development, so when assisting a family that is struggling to keep up with basic needs and other demands we ask additional questions about developmental promotion and developmental monitoring.

We discussed other resources to help Gloria and her children, like home visiting and Bright By Text. Gloria was interested in receiving home visiting services, and also completed a developmental screen for her infant son. It turned out that the screen showed developmental concerns across all domains.
The top concern reported by parents shifted significantly from the previous report, from “developmental concerns” to “basic need.” This was due to the COVID-19 pandemic, during which a majority of families contacting HMG-LI needed items for their young children such as diapers, food and clothing. Time and again since March, basic needs were noted as the top concern, even from families that also had concerns about their child’s development.

The top referrals were to agencies that served basic needs, addressed developmental concerns (like early intervention and preschool special education evaluations), and provided family supports like home visiting programs.

Despite many programs closing or changing their accessibility at the beginning of the pandemic, HMG-LI was able to rely on its existing partnerships to meet the needs of families. For example, we reached out to the Sid Jacobson Jewish Community Center for help with food; through their community needs bank, the JCC was able to put together boxes with two weeks of non-perishable foods and deliver them to 25 families that HMG-LI identified as being food insecure but who could not travel to food pantries. Additionally, through United Way’s Born United initiative we were able to provide gift cards directly to families to purchase items like diapers.

**families that connect with HMG-LI can have more than one concern

### Spotlight on

**Basic Needs Project during COVID**

As a key strategy to optimize child development, HMG-LI helps families access resources to meet basic needs, such as food, housing, clothing and diapers. Often an overlooked factor in supporting a child’s development, a family’s unmet basic needs can cause extra stress, impacting the children directly and making it harder for caregivers to attend to their children’s developmental needs.

The pandemic brought this into sharp focus: families asking for help meeting basic needs nearly doubled during the reporting period because of the economic fallout of COVID-19. HMG-LI quickly pivoted to meet these needs. Although many of our typical referral agencies for these items were closed at the start of the pandemic, HMG-LI was able to lean on existing partners to connect families to the help they needed. Then, thanks to funding from The JPB Foundation via Connecticut Children’s Medical Center, we were able to help families by:

- Providing 800 families with necessities like diapers, wipes and baby food through partner agencies across Long Island
- Disseminating nearly 300,000 diapers and 70,000 wipes to families in need with help from our friends at the Allied Foundation’s Long Island Diaper Bank!
- Distributing over 100 pounds of formula and baby food
- Providing basic needs assistance to families included “developmental promotion bags” containing baby books and information on developmental screening

We are grateful to these partners for distributing items to families: Baby Essentials of Long Island, Branches of Long Island, BOCES ParentChild+, Choice for All, Family & Children’s Association, Healthy Families, LIFQHC WIC, Long Island Head Start, Nurse Family Partnership, Setalcott Nation, Shinnecock Nation, Stony Brook WIC, Suffolk MICH
PROMOTING CHILD DEVELOPMENT

Developmental & Social Emotional Screening

Screening for general and social emotional development is a way to celebrate milestones and identify children at risk for developmental delay. One in 7 children experience developmental delays, yet only 30-40% of these delays are detected before school. This means 60-70% of children are arriving at school not ready to learn, which impacts their future educational, economic, and even health outcomes. For children at greater risk for developmental delays, such as those from families that constitute the “suburban poor” on Long Island, the risk is even greater – yet the detection and connection to resources is even less likely.

Identifying and intervening in early childhood is the most efficient use of resources and provides the best results for families. Screening, as recommended by the American Academy of Pediatrics, involves the use of a valid screening tool at the ages of 9, 12, 18, and 30 months and whenever there is provider or parental concern. However, New York State consistently ranks as one of the lowest in the country for screening rates.

This is why Help Me Grow – Long Island makes developmental and social emotional screening free and universally accessible by:

- Offering free screening for parents online
- Hosting community screening events
- Providing free training, screening, and ongoing support to service providers that want to implement screening at their own sites

Most of HMG-LI’s screens come through new and existing partner sites, such as early care and learning settings. Despite the pandemic, screening implementation remained consistent from the previous year, with more than 2,000 screens conducted from October 2019-September 2020. The largest age interval screened is 4-year-olds because of the two universal pre-K sites that screen through HMG-LI. Despite this, nearly half of children screened were under age 3, in accordance with guidelines from the American Academy of Pediatrics. Of over 2,000 screens completed in this time period, 22% scored below cutoff, suggesting that further evaluation is needed to determine whether there is a developmental delay.

In September 2019, HMG-LI collaborated with the Child Care Council of Nassau, the Child Care Council of Suffolk, and QUALITYstarsNY to host a learning collaborative model for early care and learning providers around developmental and social emotional screening. Over the past year, with funding from the NYS Office of Children and Family Services and additional support from UnitedHealthcare, we’ve jointly graduated three cohorts, training 22 child care sites to engage parents in their child’s development, provide screens, and make referrals as needed. A fourth cohort is currently underway, consisting of 8 new child care providers across Nassau and Suffolk Counties.
SECTION 3

Connecting Families to the Grid of Services

“Help Me Grow is such a valuable resource with great potential to continue bringing community partners together to enhance coordination even more so than it already has.”

Community Partner

A HMG-LI FAMILY STORY
Part 3: Plugging into the Power Grid: Connections made, gaps identified

We addressed Gloria’s most pressing concern first by connecting her to local food pantries and food benefits for her family. Then, HMG-LI submitted a referral to a home visiting program, following up with the agency and Gloria after a delayed response.

When developmental concerns arose in the screen Gloria completed for her infant, we facilitated a referral to Early Intervention (EI) with Gloria’s approval. She connected to them right away; however, through ongoing communication with her we learned her complicated housing situation had caused a delay in receiving the necessary paperwork to proceed with an evaluation. HMG-LI then arranged a call with Gloria and her assigned Service Coordinator to help the family finish the process of getting evaluated for services.

The family since tested positive for COVID which has delayed receipt of evaluation, but HMG-LI connected them to a program that provides emergency drop-offs of baby items like diapers to ensure that their immediate needs were still met.
HMG-LI Families
Connected to Services*
*This chart includes known outcomes; outcomes are known for 85% of families in this period.

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
<td>Connected</td>
<td>90%</td>
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<tr>
<td>Not Connected</td>
<td>7%</td>
</tr>
<tr>
<td>Pending</td>
<td>3%</td>
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Connection rates are a key indicator for HMG-LI. They demonstrate whether the families we worked with through our Centralized Access Point actually linked to one of the resources to which we referred them. Families may be considered “not connected” if the agency did not or could not provide the service (i.e. if they did not have the capacity or the family was ineligible), or if the family decided not to use the referral (i.e. their concern was resolved, or they did not want to pursue due to time, effort, etc.). Some services, like developmental evaluations, can take months, which is reflected in the pending status.

Since last year, our connection rate went from 84% to 90% with fewer cases “not connected.” This is likely due to the change in nature of referrals, as well as improved processes to ensure connection. For example, a large majority of HMG-LI’s families struggled to afford diapers and could not leave their home to get them from an agency, either due to transportation or to fear of COVID-19. HMG-LI partnered with Baby Essentials of Long Island (BELI) to make emergency deliveries of baby items to families’ homes. Our partnership resulted in a 99% connection rate for these families.

Connection rates can vary widely depending on the type of referral being made. For example, basic needs referrals had a 97.5% connection rate, while referrals to things like developmental supports had a 72.5% connection rate.

We have an 85% retention rate, meaning that the vast majority of families continue to respond to follow-up communications. The families that we are not able to follow-up with have similar characteristics to those that do.

Top 5 Family Reported Barriers to Services: 2019 vs. 2020*
* Based on the 253 barriers documented during the time period; not every caller reported a barrier, and some reported multiple barriers to services.

The top barrier for families remained “Did not meet eligibility criteria”; however, this encompasses several different categories, which shifted from the previous report. During the previous reporting period, most eligibility criteria was related to special needs services (early intervention or preschool special education), whereas this year it was more related to geographic or income criteria for programs that were assisting families during COVID. A new category was also added: “issue with service provision”, which most often had to do with mis-sized diapers or incorrect formula being provided.
This summary illustrates how reported concerns, and how those concerns are met, differ by age group.

- For newborns, the most pressing concern that families identify has remained needing basic items like diapers, formula, and clothing. While the number of families needing these items expanded this year, several did not meet program eligibility requirements, or faced issues receiving the right items.
- Connection rates for 0-2 year olds went up because basic needs connection rates are often higher, whereas the 3-5 year old connection rate went down slightly because it was more challenging to get services for developmental concerns during the pandemic.
- Starting at the age of 3, families need to go through the school district to receive a developmental evaluation, which is a long process made even more so by the pandemic, and served as a barrier for many families.

### Summary

This report covered the first six months of the COVID-19 crisis, which had a major impact on HMG-LI.

- The number of families utilizing HMG-LI more than doubled and expanded to 36 new Long Island communities.
- The top concern of families became basic needs, a shift away from developmental concerns.
- Despite the surge of new families and context change, 90% of families were successfully connected to programs that could address their concerns.

HMG-LI is an important Centralized Access Point for families to access resources – but also serves as a Centralized Access Point for resources to get to families.

- HMG-LI was able to activate its partner network to help 800 families across Long Island receive diapers and other necessities; over 300,000 diapers were distributed over a short period of time.
- Bright By Text allowed us to reach more than 1,000 families (and counting!) with positive parenting tips, developmental promotion activities, and local resources.

HMG-LI is fulfilling its vision of ensuring that the “power grid” of community resources is accessible to all, so that families can plug in where they are to get what they need when they need it.
Strengthening the Grid to Power Up Families

Last year, we set the following goals for 2020: receive and utilize feedback from families to improve services, increase the number of families served, and provide support to families affected by COVID-19. We are proud to have met these goals.

While Help Me Grow – Long Island remains committed to meeting the needs of families on Long Island, we need the help of policymakers and community members to strengthen the grid to power up families in the following ways:

Remember Long Island’s youngest children: they have unique and unmet needs

The region needs to address un- and under-identified children during the recovery from COVID impacts. Many families identified the need for essential baby items during COVID, like diapers, which aren’t covered by existing safety-net programs. We also noted a significant drop-off in referrals to Early Intervention for the 0-3 population, a trend that is supported by similar data from across the state. What does this mean? It may mean a burst of “catch up” in 2021 where systems might be overwhelmed, or it might mean that children in the “COVID 19” cohort arrive less ready for kindergarten. We do know that the existing system of preschool special education was difficult for families to navigate prior to the pandemic, families had an even harder time utilizing it during the pandemic, and it is likely to be under strain from increased volumes post-pandemic.

HMG-LI will continue to provide developmental screens and help families access services for their children, but unless system-level action is taken across Long Island to explore identified gaps and barriers, many young children with developmental delays will be denied access to educational services that they both need and have a legal right to.

HMG-LI will be releasing a specific report in summer 2021 to address the data that we have on this issue and provide further recommendations on working towards equity in the preschool special education evaluation process.
Encourage regional cross-system collaboration

Basic needs are developmental needs. Long Island had a high cost of living pre-pandemic, made even more so with the increased demand for suburban housing pushing up the cost of housing, the disruption to transportation, and changes to income. If a family is struggling to afford things like diapers, it’s harder for them to be playing, singing, and talking with their toddler in a way that promotes brain development and learning. We have learned in the past year – especially during the pandemic – that service providers of all kinds need to have accommodations that ensure vulnerable infants, toddlers and families can meet their basic needs.

HMG-LI’s success is built upon the concept that no one agency or system (health, education, social services) can support families. Even if they are not traditional early childhood providers, community-based organizations that reach families are an integral part of the “grid” supporting early childhood development. As demonstrated in our report, vulnerable infants and toddlers are often not connected to any other “system”, and a universally available access point like HMG-LI can effectively engage families. State- and community-level initiatives can be incentivized to collaborate to promote child development and link families to HMG-LI for a “no wrong door” approach to identifying opportunities and challenges to support young families. Additionally, community coalitions must have access and connections to state agencies to share work and findings that can be scaled and spread. Help Me Grow has demonstrated impact on Long Island and in other regions in the state, and momentum is building to explore expansion in new communities across the state. Help Me Grow – Long Island is poised to assist new communities in understanding the unique role that the HMG model can fill to improve outcomes for families.

Invest in the early childhood “grid”

We need better infrastructure for young children and their families. COVID-19 has proven how critical it is for services to be coordinated into a connected grid to swiftly and efficiently link families to services supporting the most vulnerable families. When services are not coordinated into an interconnected grid, families can “slip through the cracks” in the system and fail to benefit from supports that exist in the community. Further, the pandemic shined a bright light on the fact that effective infrastructure for young children must be designed and carried out differently than infrastructure for school aged children and youth. Data is a critical part of that infrastructure. Without real time data, HMG-LI would not have been able to respond to the new basic needs of families or identify the decline in developmental supports.

In today’s world of interconnectedness, it is imperative that we use data to support young families in better accessing services that exist and identifying services that are needed. HMG-LI is able to aggregate data with New York’s other HMG communities to better understand how children across the state are doing, and how comprehensive systems like HMG are helping. Many opportunities, including the American Rescue Plan, will arise during 2021 when we as a state, region and community can make choices to build upon HMG’s infrastructure with investments that will pay off in the long run. HMG-LI is currently supported through leveraging state funding and private philanthropy. However, to build a true infrastructure that is sustainable, investments at all levels of government – community, county, and state – are needed.

HMG-LI will follow-up this report with a separate analysis of the costs, benefits, and return on investment of HMG in our community later in 2021.
Foundations and individuals interested in promoting solutions that build cognitive, emotional and social capacities of young children can invest in the growth of the HMG-LI collective impact partnership of agencies that serves as a safety-net for vulnerable children. Contact Melissa Passarelli, Director of Programs at Docs for Tots, for more information about funding and partnering opportunities: melissa@docsfortots.org

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Quotes have been edited for clarity and names have been changed where applicable.