BUILDING CONNECTION - MEASURING IMPACT

2022 Help Me Grow Long Island
4th Annual Report
Overview

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

Help Me Grow Long Island goals are to:

- Make developmental and social emotional screening universally available across Long Island
- Offer ongoing support for families to successfully navigate systems to access services they need to support their child’s development
- Promote families’ knowledge of child development, resilience in times of need, and ability to be their child’s best advocate
- Build a more efficient and effective system of early childhood support so that at-risk children do not fall through the cracks.

Utilizing data to tell the story of families with young children is a key component of the Help Me Grow Long Island system. Data not only describes the situation but helps our community identify services that can be improved through policy and practice change. This report demonstrates how Help Me Grow Long Island addressed the unique needs of families with young children ages prenatal to 5 from January 1st, 2022 to December 31st, 2022.

This report marks HMGLI’s 5th Birthday. Launched in 2018, HMGLI continues to expand the number of families served and the geographic reach; and leverages the data collected to understand the status of young children and their families on Long Island. The past five years have obviously been marked by particular challenges for young children and their families, most notably the financial and societal impact of the COVID19 pandemic. In 2022 that manifested itself as staffing issues both within HMGLI and with partners and service providers across Long Island. Staffing vacancies and turnover within Help Me Grow Long Island, early intervention, childcare, and health care settings impacted the availability of services for young children.

HMGLI represents the commitment of community partners across Long Island to come together and work towards building a better system for families with young children.

HMGLI:

Strengthening the power grid to support families with young children!

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 access resources that 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 can’t gain access to what they need.
- In some places, the grid is not fully interconnected; there may be gaps in the network of resources and this can pose challenges to families attempting to access multiple resources.

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

HMGLI 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:

Who are the families and young children that Help Me Grow Long Island helped in 2022?

Help Me Grow Long Island serves an eclectic group of families from across Long Island. Geographically spread across the island, most of the families have children under 36 months of age, are low income, and are children of color. HMGLI also offers Family Resource Specialist services in 3 languages – English, Spanish, and Haitian Creole. A language line is used for any other translation needs on a case-by-case basis.

In 2022 the total number of children served increased at a slower rate than previously, with a total of 983 children served through the centralized access point.
Geographic Description

Using zip codes as a guide, data shows that HMGLI families live in highly diverse neighborhoods where population density is higher, and income is lower, than on other parts of the island. Figure 1 demonstrates the reach of Help Me Grow Long Island, from Elmont to the East End.

The top ten towns or communities where HMGLI families were from in 2022 listed in order:

1) Hempstead
2) Brentwood
3) Central Islip
4) Westbury
5) Bay Shore
6) Uniondale
7) Freeport
8) Roosevelt
9) Riverhead
10) Wyandanch

Over the past 4 years the top ten towns shift order from year to year, but otherwise remain constant. Beyond the top ten, Help Me Grow Long Island continues to expand its reach, serving a total of 138 zip codes from 116 towns in 2022. The diversity of communities reached by Help Me Grow Long Island over the past 5 years is impressive. During that time HMGLI has served families from 75% of the 481 zip codes on Long Island.

Families with Young Children

HMGLI continued its unique role of disproportionately serving children under 36 months. The trend of reaching a significant number of expecting parents also continued. The combined numbers for infants, toddlers, and expecting parents comprised 82% of all those reached in 2022. This percentage has continued to increase every year, starting at 75% in our first report. The fact that most families have infants, toddlers, or are expecting aligns with expectations; first-time parents are less likely to be knowledgeable about community resources and are “finding their way.” HMGLI helps them plug into the resource grid.

Health Insurance Status and Income Proxy

In 2022, HMGLI began collecting health insurance data for the first time. With one full quarter of data, we estimate that 92% of the children served by HMGLI are on Medicaid. The top two managed care organizations that HMGLI parents report are: Fidelis and Health First. The collection of Medicaid data will allow us to better track low-income families. We were previously relying on zip code information, which, given the nature of suburban poverty on Long Island, was likely an underestimation. In 2023 we will have a full year of Medicaid status data to report for all children served through the Help Me Grow Long Island Centralized Access Point.

Children of Color

Over the past 5 years we have worked to improve the collection of race and ethnicity data. We were first able to report on it in 2021 and the results of 2022 are very similar. Overall, children of color accounted for 81% of the population served by HMGLI. The breakdown is 61% Hispanic/Latino, 16% Black, 12% White, and 4% Asian. The population reached by HMGLI continues to be significantly more diverse than the population of Long Island as a whole, and of the Long Island 0-5 population. There remains a significant percentage of “unknown/prefer not to answer” (7%) based on family preference, and therefore not likely to change over time.

We did see a slight increase in the number of Black families served in 2022. We recognized that the 2021 data indicated stagnation in the total number of Black families participating over the past 4 years, while the number of Hispanic families had continued to grow. Therefore, we increased outreach to Black communities. This is an example of how HMGLI uses data in a continuous manner with targeted universalism to work towards equitable access to services for families on Long Island.
Language Access for Diverse Families

About 51% of families preferred to speak Spanish during their interactions with Help Me Grow Long Island Family Resource Specialists, compared to 45% who preferred English. Families that preferred to speak Haitian Creole during their interactions increased to 4% in 2022 from 1%. HMGLI is committed to meeting the language needs of a diversifying Long Island. Language and culture are critical to parent engagement and empowerment. This is supported by the fact that while only 17% of the population of Long Island is Hispanic, HMGLI continues to serve a disproportionately large segment of Latino families with young children.
SECTION 2: Making Connections for Long Island Families

How do families learn about HMGLI and how does HMGLI learn about families in need?

When HMGLI first launched in 2018, a common question was “how will families find HMGLI?” A pattern has emerged since then. Roughly half of families find out about HMGLI from partners and are referred via a “universal referral form”, the other half find us organically from friend/family, our website, or social media. This fits HMGLI’s goal of supporting a resource grid – working with partners to strengthen relationships so that families “flow” between resources, and also creating a place for families to “plug” in – find resources for the first time and learn about what is available to support their family and young children.

Learning About HMGLI 2022

Prior to the pandemic, most families learned about HMGLI through referrals from health care and community partners. Then, during 2020, most families heard about HMGLI through contacts with friends or family members. The balance has never completely reversed, with family and friends remaining a strong second even as health care referral regained the top place in 2021 and 2022.

Other notable changes to how families learned about HMGLI last year include:

- 2-1-1 referrals increased to almost pre-pandemic levels compared to a drop off in 2021.
- “Previous callers” increased which may be the result of internal quality improvement efforts to increase the number of families that complete a repeat developmental screen at the next appropriate age interval. (See screening section of this report for details.)
- Friends and family members outnumbered community or social service providers in a reversal from 2021.
- Surprisingly, social media referrals decreased, despite the use of social media advertising in 2022. Finding the best methods of social media usage continues to be a challenge. However, our Instagram efforts appear to be gaining momentum with increased parent engagement, if not direct referrals, as a result.
Regardless of how families find HMGLI, a common experience for families is feeling listened to. In the words of a parent who connected with HMGLI,

“One of my social workers from school recommended me different programs to call to ask questions... none of them would talk to me... but then I called Help Me Grow and they... answered all my questions... guided me through the whole process... Help Me Grow will send you texts asking how are you, what do you need... with Help Me Grow I felt safe, it really helped me grow.”

The human connection and warm handoff to resources, rather than an impersonal electronic referral, remain unique and important parts of the support that HMGLI provides families. There are many ways referrals can fail to connect – HMGLI believes that the best way to make a referral system function better is to empower parents.

It is not uncommon for families to have difficulty remembering why their health care provider referred them to HMGLI. This is expected. It is known that only about 50% of what people are told during a health care interaction is remembered (and that isn’t when you have a crying baby or toddler tantrum in the exam room)

1. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0191940#abstract0
Focus on Family Goals

In 2022 HMGLI began participating in the HMG National sponsored effort to explore the application of Goal Concordant Care within the HMG Model. One of 12 HMG systems from across the nation to be selected, HMGLI is exploring how Family Resource Specialists can support Goal Concordant Care with families. Goal Concordant Care has its roots in geriatric and end of life health care, but for the purposes of HMG it is defined as a strength-based approach to eliciting families’ goals for their child’s well-being that ensures families’ goals drive the processes of developmental promotion, early identification of concern and need, referral, and linkage.

As part of the initiative, all HMGLI Family Resource Specialists have received training in Motivational Interviewing from The University of Buffalo Motivational Interviewing Institute. The results of this innovative effort will be available in next year’s annual report.
SECTION 3: Meeting the Needs of Long Island Families

HMGLI supports the needs of families in 3 main ways:

- Connection to resources to address social determinants of health and early access to developmental support services
- Supporting universal developmental screening
- Promoting strong family protective factors

In reviewing 2022 data we will address each of these topics separately, acknowledging that the sum is greater than the parts: it is the occurrence of all components simultaneously for families that is a key factor in the HMG model.

Connection to Resources

Families are referred to HMGLI to meet a need – sometimes a known concrete need, sometimes a need that is less defined and takes exploration between the Family Resource Specialists and the family to better define and name. Figure 5 demonstrates the Reason for families contacting HMGLI in 2022. The role of the Family Resource Specialist is to provide a family information about local resources that can meet their needs. Success is defined as the family connecting to a resource and using the services/resources provided by that community partner.

Needs are categorized into general categories for reporting, but each need is assessed and discussed with the family by the Family Resource Specialist as a unique issue. Basic needs, a category including everything from diapers to food supports, remained the top reason for the 3rd year in a row. However, the proportion of families reporting developmental concerns (concerns about cognition, communication, gross motor skills, and general developmental concerns) increased by over 15% from 2021. This may be a result of the continued rebound in well child visits post-pandemic or a reflection on the ongoing issues with Early Intervention and Preschool Special Education services in New York post-pandemic. The paucity of providers and long waits for services, as documented in a recent report from the NY State Comptroller, may be contributing to more families seeking HMGLI assistance in navigating the system².

Of the developmental concerns the most common concern is communication. Given the language diversity of families served by HMGLI many parents inquire about the practice of speaking a non-English language at home or speaking two languages in the home and how it might affect a child’s communication development. The evidence is quite clear that dual language learning is a net positive for children’s lifelong learning and development. However, with the scarcity of speech supports in multiple languages, mixed messages that parents receive across the health and education disciplines, and confusing (at times inaccurate) messages that parents get from resources on the internet, it is no wonder that parents have many unanswered questions on how to best support communications development when 2 languages are spoken at home. In 2023 HMGLI is working to secure funding to gather and develop accurate, accessible, and culturally appropriate resources for parents from HMGLI on dual language learning in early childhood. It is anticipated that these materials will be available in 2024.

². https://www.osc.state.ny.us/state-agencies/audits/2023/02/28/oversight-early-intervention-program
Once a need is identified, referrals are provided to families. The Family Resources Specialist then follows up with families until a connection is made, the family decides not to continue, or services are deemed not available. HMGLI’s overall connection rate (at least one successful connection per child) in 2022 was 84%. This does not include the approximately 8% that decide a referral is not desired now. HMGLI supports parents’ prerogative to choose when and how to access services for their children.

There are sometimes difficulties with connections to resources. At times, the appropriate agency is unable to provide services, or families encounter a delay in service which may be due to agency needs and schedules, or those of the family. There are also occasions when the caregiver does not contact the agency or determines that the referral is inappropriate for them.

Those served by HMGLI are more likely than the general population to have moved/relocated, or to have had service interruptions that make it difficult to contact them. In 2022, HMGLI saw approximately 15% of clients lost to follow-up, a consistent number over the past 5 years. These families are excluded from the connection rate calculation.

Universal Developmental Screening

The most intensive work of HMGLI is through the Centralized Access Point (CAP) as discussed above; however, the reach of HMGLI is larger through the partners across the Island that collaborate to work towards universal developmental screening. HMGLI wants each child to have 3 valid developmental screenings completed before the age of 3. We are continuing to work together to partner community-wide to meet this goal, but 2022 posed unique challenges in community based developmental screening.
Early Care and Education Screening

The number of screens completed by our partners in 2022 decreased, with only 1342 screens compared to 1771 in 2021. This is the second year in a row that the total number of screens completed decreased. This is the result of both internal and external capacity issues.

Help Me Grow Long Island Capacity

Help Me Grow Long Island experienced significant staff turnover in 2022 with only one veteran staff member remaining on the team by the end of 2022. This turnover negatively affected the relationships with partners that had been so critical to maintaining community-based screening initiatives that previously made up a large percentage of our overall screening numbers. Happily, we started 2023 fully staffed, trained, and forging new relationships.

Partner Capacity

Childcare in New York state remains in a state of crisis post-pandemic. In 2022 childcare centers on Long Island were closing their doors because they were unable to hire staff to maintain their business. For those that remained in business much of their time was spent hiring and training new staff, applying for newly available state support, and making ends meet. This unfortunately meant that the cohort of Help Me Grow Long Island childcare screening partners found it challenging to continue. Reasons included the loss of staff previously trained to screen, and partners so short-staffed that screening, among other additional activities, was not feasible.

We did onboard ten new facilities with a revised curriculum in the spring of 2022. However, by fall it was clear that the challenges were going to make it difficult to implement the screening itself.

New Approach

Starting in the latter half of 2022 and continuing into 2023 we have revamped the approach to supporting screening in childcare. Due to the unique needs of childcare in the current environment we are offering: one to one support for individual childcare providers, ongoing support to existing partners, and parent education – all while managing expectations of what is possible under the current conditions of childcare crisis.

Centralized Access Point Screening

A bright spot in screening efforts was the effort to have families that had participated in screening as part of the Help Me Grow Long Island Centralized Access Point activities complete screening for their child’s next age interval (repeat screening). Of the families that were sent repeat screening reminders 67% successfully completed the screening for the next age interval. This provided an opportunity for parents to continue gaining knowledge about their child’s developmental progress and celebrate new skill development.

In the fourth quarter of 2022 we initiated additional efforts to encourage families to call about basic needs to also complete a developmental screen. This has proven highly effective. A recent anecdote demonstrates this impact. A mom with twin boys called requesting basic need support in affording diapers for her twins. The twins were 20 months old, but born 3 months early, and had been screened and evaluated for early intervention services at 12 months and found ineligible. Mom had thought that nothing further was required and initially didn’t want to bother screening when the Family Resource Specialist offered it as an option. After talking with the Family Resources Specialist, mom decided to complete an ASQ for both boys, adjusted for their prematurity. Both boys were found below cut off in all 5 areas of development.

They are now working with the Family Resource Specialist to reconnect with Early Intervention and complete a full evaluation.

Screening Results ASQ-3

Developmental Screen

- No Concerns Indicated: 48%
- Monitor for Possible Concerns: 23%
- Possible Concern Indicated: 29%

Screening Results ASQ-SE

Social Emotional Screen

- No Concerns Indicated: 68%
- Monitor for Possible Concerns: 17%
- Possible Concern Indicated: 15%
**Promoting Strong Families Protective Factors**

An overarching goal of Help Me Grow Long Island is primary prevention – that is, helping families thrive by promoting child development monitoring prior to issues arising. This includes both providing support to families in multiple ways and promoting their knowledge and abilities to successfully guide their young children as they grow. HMGLI uses the “Strengthening Families” framework from the Center for the Study of Social Policy as a “call to action.” The five components can be found in figure 9.

Throughout this report, we have seen how HMGLI provides concrete support to families to connect them to the resources they need. HMGLI Family Resource Specialists also work with families during this time to build resilience through coaching, empowering choices, and with the Goal Concordant Care initiative, integrating Motivational Interviewing into their conversations with families.

This report has also demonstrated the use of developmental screening to enhance parental knowledge of child development. In addition to developmental screening, social emotional screens were completed to identify the social emotional competence of children and linkages to services if a concern was identified.

To further enhance knowledge of child development for parents, HMGLI encourages families to sign up for “Bright By Text” (BBT), a service which sends periodic text messages to caregivers, highlighting ways in which they can learn, understand, and promote healthy development for their children. BBT is available in English and Spanish. In 2022 over 463 families signed up for BBT through HMGLI, an increase of over 700%. Our total reach of families on Long Island through HMG BBT is over 1000 families. Families consistently report enjoying the service in a 30-day post-signup survey, with 80% reporting that they felt BBT helped them know more about what their child should be doing at their age and that they felt BBT helped them build a stronger bond with their child.

“I already signed up for Bright By Text & I signed my husband up too! He came to me one day about one of the message topics & we talked about it! Great service.”

— MOM OF 3-MONTH-OLD FROM SUFFOLK COUNTY

In addition to developmental messages through Bright By Text, community activities were promoted to specific zip codes and age groups. In 2022, 45 community messages were sent with an average of 10% of families clicking on links to find out more about the activities. By promoting local community activities, social connections for families with young children can increase.
Summary and Next Steps

As Help Me Grow Long Island celebrates its fifth birthday, we review the year 2022 and reflect on the growth of our initiatives since 2018.

HMGLI is meeting our 5-year-old milestones!

- Continues to grow each year
- Maintains quality services through challenging times – from COVID19 pandemic to staffing shortages
- Serves families from over 75% of Long Island zip codes with targeted universalism approach
- Strengthens family protective factors by increasing knowledge of child development, providing concrete support in a time of need, strengthening parent resilience, identifying social emotional needs of young children, and building social connections

Forging ahead through in 2023:

Reinvigorate Community Promotion of Child Development

- Initiate Parent Ambassador Program where community parents are trained and empowered to encourage other parents to complete developmental screens, sign up for Bright By Text and become involved in their community
- Host Books, Balls, and Blocks events at libraries to connect parents socially and facilitate family engaged developmental monitoring
- Increase number of community event messages sent to families via Bright By Text

Expand Partner outreach efforts

- Host ASQ Nassau and Suffolk County parent information sessions for child care programs participating in developmental screening
- Create a Medical Director position to enhance engagement with Long Island health care providers
- Invite medical residents to Help Me Grow Long Island case conferences to build Physician in training knowledge of community resources and developmental promotion

Continue to deliver high quality Centralized Access Point service for families

- Continue call satisfaction surveys after every case is closed
- Continue using the Motivational Interviewing techniques learned in Goal Concordant Care Training
- Continue to expand the network of partners that we connect families to on Long Island
Acknowledgments

HMGLI Family Resource Specialists Fabella Decema, Katherine Fuentes, Cesar Bahamonde, and Rose Marie Azanero, who have worked tirelessly to help families with young children thrive

Kathryn Tarner, Docs for Tots Manager of Quality Improvement Initiatives, for leading the HMGLI team and reviewing the 2022 report

Pelumi Soyemi, Docs for Tots Implementation Specialist, for compiling and verifying data

Mildred Savidge, Toluvianne Consulting, for overseeing the qualitative and quantitative research cited in this report

HMGLI’s Leadership Team who helped shape this report

Hofstra University GIS Department, Nicholas Dante Lucchetto and Craig Dalton, for their work on mapping the distribution of the families served by the HMGLI Centralized Access Point

Thank you to the other individuals who also reviewed this report prior to publication.

Leadership Team Members

Child Care Council of Nassau - Child Care Council of Suffolk - Children’s Medical Center at NYU Winthrop Hospital - Choice for All - Cohen Children’s Medical Center - Docs for Tots - Family and Community Engagement at LIU - Family Place Libraries - Family Support Long Island at Molloy College - Health and Welfare Council of Long Island - Healthy Steps Program at Nassau University Medical Center - Hofstra University Department of Health Professions - Institute for Parenting at Adelphi University - Long Island Federally Qualified Health Centers - Long Island FQHC WIC Program - Long Island Pre-K Initiative - Nassau BOCES - Nassau County Department of Health Division of Maternal Child Health - Nassau Library System - Northwell Health - Northwell Health Visits - Family Connects Long Island - NYS Council on Children and Families - Postpartum Resource Center of New York - QUALITYstarsNY - Reach Out and Read - St. Mary’s Health Care System for Children - Stony Brook Children’s Hospital - Stony Brook WIC - Suffolk County Department of Health Early Intervention - Suffolk County Executive - Sun River Healthcare

Our Funders

The Mother Cabrini Health Foundation
The Rauch Foundation
The FAR Fund
Pritchard Charitable Trust
NYS Office of Children and Family Services

This work was supported in part by the Early Childhood Comprehensive Systems (ECCS) Impact grant awarded to the New York State Council on Children and Families by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,122,300 over five years (from 2016 to 2021). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA HHS or the U.S. Government.

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