



Strengthening Connections: State Approaches to Connecting Families to Services

Overview



ZERO to THREE
Early connections last a lifetime

INTRODUCTION

Families with young children face significant barriers in finding and accessing services to meet their needs. A complex array of services exists across health, early care and education, economic assistance, and family supports. However, services and supports are rarely coordinated and are too frequently divided by where families live or how much income they have. There is limited help for families attempting to navigate a complex system.

Families are often not aware of available resources or where to find reliable information. They may need assistance in understanding what services they need and locating them. Families may need help in determining whether they qualify for programs and enrolling in those for which they are eligible. Other barriers such as language and cultural differences, lack of access to technology, and concern about stigma can make it even more difficult for families to get the help they need. And more families are struggling to meet basic needs since the beginning of the COVID pandemic.

Benefits of improving families' access to supports to meet their needs include:

- increasing families' knowledge of young children's development
- expanding families' understanding of programs available in their community
- simplifying and streamlining screening, eligibility, and enrollment processes
- ensuring that families are connected to services in a timely way
- strengthening partnerships and linkages across programs and services
- using data to illuminate gaps in services when there is not enough capacity to meet families' needs
- identifying and addressing disparities in access to or use of services
- alleviating families' stress by creating a system that is more efficient, less cumbersome for families, and more successful in appropriately meeting the needs of families

Functions of a System to Connect Families to Services

- develop services that meet families' stated needs
- increase families' awareness of services
- assess families' strengths and needs
- refer families to services
- assist families in determining eligibility and enrolling in services
- close the feedback loop with referral sources
- follow up with families to ensure they are receiving needed services

State partners can be leaders in developing approaches to better connect families to services, but there is no one-size-fits-all solution. Some states have developed centralized, single point of entry mechanisms such as call centers, online directories of services, and developmental screening and referral data systems. Other states have supported local implementation efforts, often through coalitions with lead organizations. States may choose to have multiple approaches at both the statewide and community levels.

While not a comprehensive list, the state profiles included in this series—Louisiana, Michigan, Tennessee, Vermont, and Washington—illustrate how states have used policy levers to

strengthen families' connections to services. In addition, ZERO TO THREE previously highlighted New Jersey's central intake hubs in [Cross-System Collaboration to Better Support Babies in New Jersey: Providing Families with a Single Point of Entry for Accessing Services](#).

This companion brief to the state profiles describes approaches being taken by the five

states at both the statewide and community levels. It highlights innovative partnerships with existing programs and initiatives to maximize linkages and assist families in accessing resources to meet their needs. Finally, the brief offers some questions for states to consider as they design and implement strategies to strengthen families' connections to services and supports.

State Profiles

Louisiana: Coordinated Enrollment Process

Michigan: Coordinated Eligibility and Enrollment Practices

Tennessee: Care Coordination Model

Vermont: Help Me Grow Resource Hub

Washington: Help Me Grow Coordinated Access Point

STATEWIDE APPROACHES

State agencies are well-positioned to develop statewide approaches to connecting families to services, either directly or through contracting with a nonprofit organization. A statewide model is often referred to as a single point of entry or centralized access point. States profiled in this series are using mechanisms such as statewide call centers, online directories of services, and developmental screening and referral data systems.

Call Centers

The **Vermont** Department of Health is a state-wide affiliate of the national Help Me Grow model. [Help Me Grow Vermont's](#) centralized access point, called the Resource Hub, is operated in partnership with Vermont 2-1-1, a program of the United Ways of Vermont. Families can reach out directly to the Resource Hub—through calling Vermont 2-1-1, texting HMGVT to 898211, or e-mailing info@helpmegrowvt.org—or may be referred through a provider. Help Me Grow Vermont child development specialists assess

families' needs, make referrals to appropriate services and supports, and follow up with both families and referral sources.

WithinReach is a statewide nonprofit and serves as the organizing entity that administers [Help Me Grow Washington](#). It operates the statewide coordinated access point for families seeking support and maintains an online database of more than 6,000 resources. Families can access resources by contacting the statewide hotline by phone. When families contact the call center, family resource navigators assess their needs using a customized screening tool that has been developed over time. Family resource navigators refer families to appropriate services and help them understand eligibility guidelines and complete applications. During scheduled follow-up calls, navigators inquire about previous referrals and any additional concerns of the family.

The **Tennessee** Department of Health administers a statewide model of care coordination, [Community Health Access and Navigation in Tennessee](#) (CHANT). CHANT assists families with children in coordinating medical and social

service needs, with the goal of reaching families as soon as possible prenatally or after birth. The statewide CHANT call center is staffed by 21 Department of Health employees. Birth certificate data are stratified using a risk algorithm for poor health outcomes, and call center staff make phone calls to identified families. Staff conduct a screening and assessment of family needs, and a tracking system sends referrals to the appropriate local CHANT team.

Online Directories of Services

In addition to offering a statewide hotline that families can access by phone, [Help Me Grow Washington](#) offers an option for families who do not need one-on-one assistance. Within-Reach provides an online database, [Parent Help 123](#). Families can learn about a variety of services and supports and search for resources in their community.

[KidCentral TN](#) is **Tennessee's** state-funded repository of information and services available for families. Families can search the website to find the appropriate services to meet their needs. KidCentral TN is operated by the Tennessee Commission on Children and Youth and is funded jointly by several state agencies.

In **Louisiana**, every publicly funded early childhood program—including public and nonpublic pre-K, subsidized child care, and Head Start/Early Head Start—participates in Louisiana's unified rating system and receives a performance profile based on CLASS® observations. Sites' performance profiles are published on the [Louisiana School and Center Finder](#), an interactive website designed for families to browse and learn about care and education options.

Developmental Screening and Referral Data Systems

Help Me Grow **Vermont** hosts a statewide developmental screening platform, the [Ages and Stages Questionnaires Enterprise Online System](#), where families can use the online screening tools. Parents who contact the Resource Hub centralized access point are offered the opportunity to complete developmental screening questionnaires online or on paper. Help Me Grow child development specialists follow up with parents about the results and connect them to any needed services. Vermont is currently working on a bridge between the online Ages and Stages Questionnaires and the Department of Health's Universal Developmental Screening Registry. This integration will allow screening results and referral information to be securely shared between medical homes, early care and education, and other community service providers to improve communication and networking across providers and thus avoid duplicate screenings.

Similarly, Help Me Grow **Washington** hosts the Ages and Stages Questionnaires Enterprise Online System on the [Parent Help 123](#) web portal. Families with young children are made aware of developmental screening through family resource navigators and the Parent Help 123 website. If families are interested in having a developmental screen on their child, they can either complete it online or they can call the hotline and receive a link by e-mail. A specialized team follows up by phone to discuss the results with the family and make any needed referrals. Screening information is entered into the Department of Health's Universal Developmental Screening database, which reduces duplication across screening settings.

Statewide Approaches at a Glance

- call centers (Tennessee, Vermont, Washington)
- online directories of services (Louisiana, Tennessee, Washington)
- developmental screening and referral data systems (Vermont, Washington)

COMMUNITY APPROACHES SUPPORTED BY STATES

In addition to statewide strategies to improve families' access to services, states can support communities in implementing locally designed approaches. Families are more likely to start the search for assistance in their own community, and local coalitions are best suited to respond to community needs. The state has a role to play in providing oversight, guidance, funding, and infrastructure to support communities as they build capacity to connect families with young children to services and supports. Strategies vary, as illustrated by the states profiled in this series.

Community Hubs in Elementary Schools for Children Beginning at Birth

The **Michigan** Department of Education, Office of Great Start (OGS) is piloting the [First 10](#) initiative developed by Education Development Center to bring together services for children from birth through 10 years old. First 10 combines innovative, high-impact practices to address the effects of poverty on educational outcomes. Community hubs within elementary schools integrate comprehensive services for children birth through 5 and serve as access points for families to be connected to services and for children to be supported through educational transitions. OGS is planning to pilot the concept with several communities.

Coordinated Eligibility and Enrollment Processes Through Community Coalitions

The **Louisiana** Department of Education houses all early care and education programs and funds 66 early childhood care and education community networks. Coordinated enrollment is one of the responsibilities of the community networks. On an annual basis, community partners conduct an information campaign, hold enrollment events to determine eligibility, use a unified application form to identify families' preferences,



and match children to programs. The coordinated enrollment process encompasses publicly funded early care and education programs—Head Start/Early Head Start, child care centers that accept subsidies and are part of the unified quality rating system, public pre-K, and private preschools that are publicly funded. Family child care providers will be able to opt in to the unified quality rating system starting in the 2022–2023 school year. The goal is for parents to have clear information and easy access to early childhood programs for which their children are eligible.

The **Michigan** Coordinated Eligibility and Enrollment Project is a partnership between OGS and School Readiness Consulting to support local communities in implementing coordinated eligibility and enrollment practices. School Readiness Consulting developed the [Michigan Coordinated Eligibility and Enrollment Landscape](#), which highlights current efforts and promising practices in Michigan and around the country. A webinar series, guidebook, and community of practice are being rolled out to assist communities in strengthening their practices around eligibility and enrollment. Strategies, tools, and lessons learned from the communities will be disseminated through OGS to other communities across the state.

Care Coordination Teams in Local Health Departments

[Tennessee's CHANT](#) care coordination teams are located in health departments in each of the 95 Tennessee counties in either county or metro areas. County/metro leads receive referrals, triage them by risk, and assign families to care coordinators. There are approximately 250 care coordinators on local CHANT teams, whose role is to screen and assess families' needs if this has not yet been done, provide ongoing care coordination to meet those needs, and conduct community outreach and engagement activities. The assessment tool used in the CHANT process triggers care coordination pathways, based on families' identified needs, using a model from the Agency for Healthcare Research and Quality. The care coordinator contacts the family to discuss their needs, then uses the pathways information as the basis for service planning, following the family until each identified pathway has a final outcome.

Trusted Advisors in Local Parent Coalitions

Building on **Michigan's** statewide system of Great Start Collaboratives, which are local networks coordinating early childhood services, OGS supports Trusted Advisor grants to [Great Start Parent](#)

[Coalitions](#). These grants improve local connections with families to engage them in early learning opportunities and related community supports. To reach populations that are not well connected with the service system, each coalition recruits Trusted Advisors to create relationships with families and may conduct initiatives targeted to a particular population such as fathers, grandparents, or underserved racial/ethnic groups. Trusted Advisor grants build on Michigan's strong parent partnership work and aim to increase linkages to families with children birth through 5 who are most in need of supports.

Help Me Grow Expansion Through Sub-Affiliates

In **Washington**, WithinReach has agreements with four sub-affiliates through local lead organizations. Communities that become sub-affiliates can choose one of three models:

- conduct outreach for the statewide coordinated access point
- develop a local coordinated access point
- use a hybrid approach—the community-based satellite coordinated access point

The current four sub-affiliates are piloting different approaches to the coordinated access point.



Community Approaches at a Glance

- community hubs in elementary schools for children beginning at birth
- coordinated eligibility and enrollment processes through community coalitions
- care coordination teams in local health departments
- trusted advisors in local parent coalitions
- Help Me Grow expansion through sub-affiliates

INNOVATIVE PARTNERSHIPS

The states profiled in this series have developed robust partnerships to strengthen linkages between services and supports for families with young children. These collaborations improve families' access to resources and use funding more efficiently. Examples of innovative partnerships in the five states are described in the following sections.

2-1-1

2-1-1 is a three-digit phone number designated by the Federal Communications Commission for information about local resources and services. Help Me Grow **Vermont's** Resource Hub is managed in partnership with Vermont 2-1-1, which is administered by the United Ways of Vermont. Advantages of the affiliation include:

- use of the 2-1-1 technology—telephone line, computer programs, texting platform, and technology support
- a dedicated resource team to collect and update resources
- regional 2-1-1 outreach staff who promote Help Me Grow Vermont as well as 2-1-1
- the ability to pull data and reports from the 2-1-1 database

This partnership ensures that Help Me Grow can plug families and communities into a comprehensive resource grid with accurate information about community services.

Birth Certificate Data

The **Tennessee** Department of Health captures all births through their vital statistics and newborn screening divisions. This information is used in CHANT and the Department's Evidence-Based Home Visiting program. Through an automated process, birth certificate data are stratified using a risk algorithm, which helps identify children who are at medium or high risk for poor health

outcomes. Call center staff make phone calls each week to families identified by the risk algorithm to screen and assess family needs.

Home Visiting

In **Tennessee**, the initial outreach to families is a [Welcome Baby](#) booklet mailed to all parents of newborns. Welcome Baby provides resources for new parents on a variety of topics, including child development, immunizations, safe sleep, parenting, and how to access the CHANT and Evidence-Based Home Visiting programs. Each week the call center staff send referrals of eligible families identified by the risk algorithm to local home visiting programs based on the program's number of openings. With these referrals, the home visiting program connects with families to offer home visiting services. If families are not interested in home visiting services, the family is asked whether they want the local health department to help meet their needs and, if so, they are referred to the CHANT team that covers their community.

Hospitals for Plan of Safe Care

Help Me Grow **Washington** is working with the Plan of Safe Care supported by Child Abuse Prevention and Treatment Act funds. If an infant is born exposed to substances and there are no safety concerns determined by the hospital staff, the family is referred to Help Me Grow Washington for a Plan of Safe Care, which diverts families from entering the Child Protective Services system. Family resource navigators help families learn about and apply for community supports. An online portal, which launched in December 2021, serves as a direct referral pathway.

Paid Family and Medical Leave

Help Me Grow **Washington** is connecting with the state's new paid family and medical leave program. Families entering the service system through Help Me Grow are referred to the paid leave benefit when relevant and, if applying for paid family leave, are referred to Help Me Grow.

CONCLUSION

Families with young children often find it difficult to locate and access appropriate and adequate supports to meet their needs. States have a role to play in developing approaches that ensure families can make timely connections to services that optimize their well-being. Some states have created centralized statewide mechanisms, others have supported community implementation efforts, and some are using a combination of approaches. The states profiled in this series are a sample of the states that are intentionally working to create a system that is less cumbersome for families and better at connecting them to needed services. The continued focus on this area of work during the COVID pandemic is testament to states' commitment to simplifying processes for families.

While Louisiana, Michigan, Tennessee, Vermont, and Washington have different contexts and approaches, these profiles are meant to inspire and offer lessons learned for other states. Their examples demonstrate that states can use the policy levers available to them to better coordinate and connect families with young children to services and supports.

Questions to Consider

- What challenges does your state face in connecting families with young children to services that meet their needs?
- What approach is your state using or could it use to connect families to services—a centralized statewide mechanism, support of communities' locally designed approaches, or a combination?
- What are the key components of your state's approach?
- What outreach mechanisms are needed to reach families with young children who are most in need of supports?
- What funding sources, initiatives, and partners can be leveraged to improve families' access to services?
- What are communities doing well that might be brought to scale?
- How is your state working toward development of a shared data system to track children's healthy development and families' access to services?
- How can your state determine the impact of its efforts on families with young children?

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For other case studies in this series, see [here](#).