



SFY2023

Annual Report

EARLY CHILDHOOD CENTRAL INTAKE AND REFERRAL SYSTEM

July 2022 – June 2023

About



Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities. These services are provided through Early Intervention and Home Visiting.



Early Intervention supports families with children birth to age 3 who have developmental delays or disabilities so that they have the best possible start in life. This program is administered by the Ohio Department of Developmental Disabilities.



Home Visiting is a voluntary, evidence-based family support program for pregnant women or new parents that promotes healthy growth and development for babies and young children. This program is is administered by the Ohio Department of Health.



As the statewide contractor for Help Me Grow Central Intake & Referral, Bright Beginnings works with regional partners to connect families to Home Visiting and Early Intervention; conduct communications and outreach to families and professionals; and increase public awareness about the Help Me Grow system of supports.

Year in Review

In SFY23, Bright Beginnings and its regional partners completed their fifth year as Central Intake & Referral (CIR) for Ohio's Help Me Grow (HMG) system of supports.

We received and processed more than 50,000 system referrals for Home Visiting (HV) and more than 45,000 system referrals for Early Intervention (EI). This is an increase from SFY22 of 17% and 4% respectively. You can see more data in the subsequent pages of this report.

The CIR team is committed to helping Ohio families connect with both Home Visiting and Early Intervention services. We continue to provide public awareness materials for local outreach to EI providers. This year we were able to connect with HV providers at the Help Me Grow Home Visiting Conference hosted by the Ohio Department of Health (see more in box below).

CIR also represented Help Me Grow at the 2022 Ohio State Fair, bringing awareness about Help Me Grow to families and professionals across the state.



Members of the CIR team at the Help Me Grow booth at the 2022 Ohio State Fair.

You can read more about these activities and accomplishments in this annual report. As the contracted provider for Help Me Grow Central Intake & Referral Services, Bright Beginnings remains, as always, committed to putting service to Ohio families at the center of all we do.

More than 400 home visiting providers gathered in Columbus on April 26, 2023 for the Help Me Grow Home Visiting Conference. CIR hosted a table with information and, in collaboration with ODH, recorded powerful testimonials from providers about the impact they've seen home visiting have on families. These recordings will be shared on multiple platforms, including the Help Me Grow website, to encourage participation in home visiting as well as to recruit potential home visitors to the profession.







MARKETING AND OUTREACH

In SFY23, CIR began to more intentionally focus outreach efforts by developing Monthly Missions. These missions are based on data, time of year, and outreach team input. They seek to help outreach specialists direct their efforts.

One successful Monthly Mission in SFY23 focused on food pantries. The outreach team was tasked with reaching out to food pantries during the holiday season to ensure that families were made aware of Help Me Grow's system of supports when they picked up their holiday food packages.

Another mission had outreach teams visit hospital birthing units, where they spoke with nurses and social workers to fortify collaboration with these referral sources. Referrals made by birthing hospitals during the second half of SFY23 increased by 15% over the same period in SFY22.

CIR plans to build upon these successes with future missions that produce meaningful and measurable results that connect families to Help Me Grow services.

MIECHV Outreach

CIR implemented specific strategies to enhance awareness in counties targeted by the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program. These included:

- Distribution of pregnancy kits to 20 OBGYN providers in seven MIECHV counties. Designed for physicians to distribute to patients, the kits raised awareness about Home Visiting. For example, in one office practice in Akron (Summa Health Women's Center) average monthly referrals increased substantially, by 450%.
- Employment of two navigators in southern Ohio to conduct "boots on the ground" efforts to increase Home Visiting referrals of pregnant women. These workers targeted Adams, Highland, Jackson, and Vinton Counties, utilizing non-traditional efforts to connect with families.
- Targeted advertising in MIECHV counties, including a campaign offering an incentive for families to refer-a-friend.
- Enhancements to the community resource directory to make families aware of resources available to them.











MARKETING AND OUTREACH

SFY23 Home Visiting Advertising included:

- Audio ads on public transportation.
- Ads on hand and cart sanitizing units.
- LaMega and LaNota advertising for Spanishspeaking families.
- NPR radio spots and PBS television spots.
- Print and digital parent/family magazine ads.
- Pharmacy bag ad placement.
- Social media ads.
- Digital display ads.
- Shopping cart ads.
- Billboards.
- Yard signs.











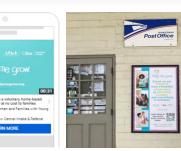
















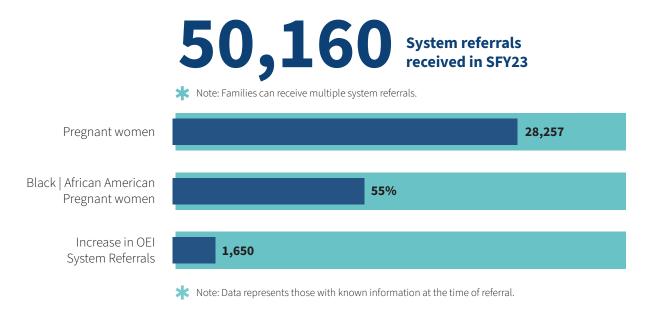
Help me grow.

to the the Ohio Department of Health

DATA

System Referrals

Central Intake and Referral (CIR) received a total of 50,160 system referrals in SFY23, which is up 17% from SFY22. Of those referrals, 56% were for pregnant women, and of those pregnant women, 55% identified as Black/African American. Additionally, CIR conducted targeted outreach in Ohio Equity Initiative (OEI) counties to increase referrals in areas of high infant mortality. CIR saw an increase of more than 1,650 system referrals in these counties compared to SFY22.



CIR also monitors the gestational ages of pregnant women referred to Home Visiting with an objective to increase the number of referrals received from women in their first and second trimesters. CIR saw an increase of 11% in system referrals for pregnant women in their first and second trimesters compared to SFY22. In SFY23, the average gestational age of a pregnant mother at time of referral was 24.3 weeks.

Pregnant women referred in their 1st or 2nd trimester

up 11%

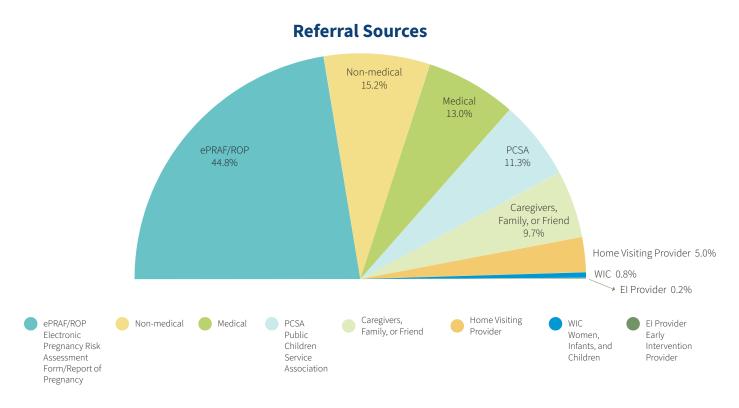
Average Gestational Age



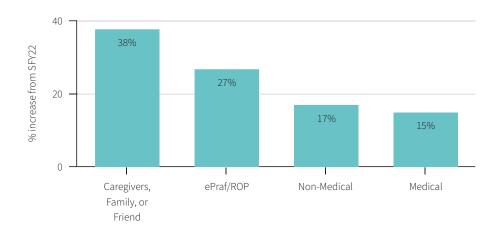
DATA

System Referral Sources

The chart below provides a proportional breakdown of the 50,160 system referrals by their source.



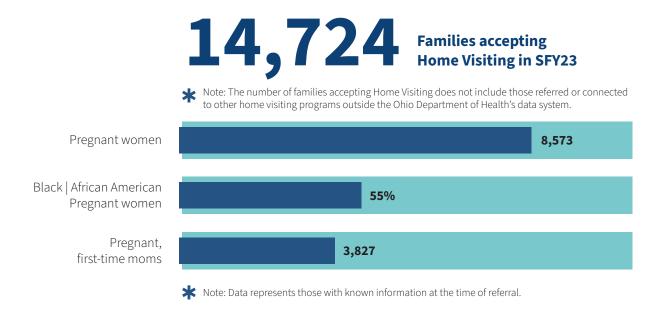
CIR also looks to identify and develop new strategies to increase referrals from specific sources. The top four referral sources that showed an increase from SFY22 were:



DATA

Program Referrals Accepted

A total of 14,724 families accepted a Home Visiting program in SFY23, up 11% from SFY22. Of those referrals, 58% were for pregnant women, and of those pregnant women, 55% identified as Black/African American.



Similar to system referrals, CIR monitors the gestational ages of pregnant women who accept program referrals to Home Visiting as well as those who are first time moms. CIR saw an increase of 7% in program referrals accepted for women pregnant with their first child compared to SFY22. In SFY23, the average gestational age of a pregnant mother at time of program referral accepted was 23.5 weeks.

First-time pregnant moms accepting a program referral **up 7%**

Average Gestational Age

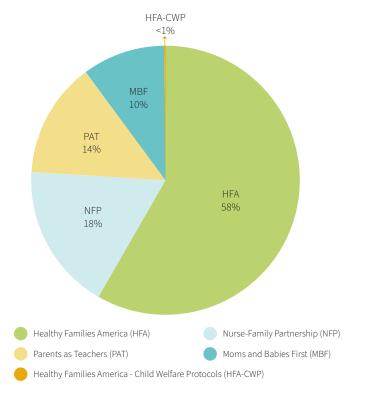


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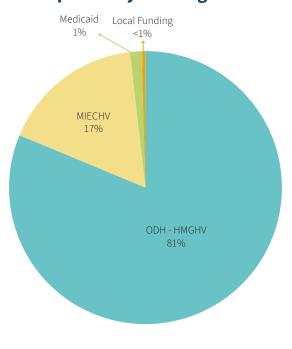
Program Referrals Accepted Models and Funding Streams

Central Intake and Referral (CIR) reviews the model and funding streams for the program referrals accepted each year. This allows CIR to examine trends and shifts in models and funding sources to make any necessary changes to current outreach strategies as well as implement new targeted strategies.

Acceptance by Home Visiting Model



Acceptance by Funding Stream



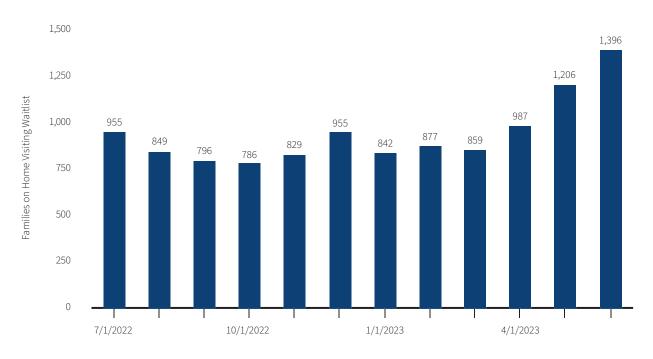
One notable change in program referrals accepted by model is the increase in proportion for Parents as Teachers from 8% in SFY22 to 14% in SFY23, which aligns with the proportional increase of this model.

DATA

Home Visiting Waitlist

Some families who accept a program referral cannot be assigned to a program immediately due to a lack of capacity and/or family choice. These families are placed on a Home Visiting waitlist and contact is maintained to provide status updates, confirm continued interest, and offer additional community resources. The monthly average of families on the waitlist was down from 963 in SFY22 to 945 in SFY23.

While the average number of families on the waitlist was down from SFY22, Home Visiting programs saw a strong increase in the fourth quarter of SFY23. There were an average of 1,196 families on the waitlist in the quarter, which is higher than any quarter in the past two fiscal years.



Central Intake & Referral continues to monitor the Home Visiting waitlist each month to analyze significant trends and provide guidance to our staff for program assignment.

PARTNERSHIPS

Connections to Community Resources

Pathways Community HUBs

Building upon a partnership established in SFY22, CIR continued in SFY23 to offer families a referral to the Pathways Community HUBs (pending availability and eligibility) when they were not eligible or interested in Home Visiting or were placed on a waitlist. In SFY23, 1,262 families received a referral to a Pathways Community HUB.

WIC Referrals

When processing ePRAF/ROP referrals, CIR inquires about whether the family is receiving WIC benefits. In SFY23, 48% of these families were already receiving WIC services. CIR referred an additional 33% of these referred families who accepted an HV program referral to WIC. In total, 81% of the families referred from ePRAF/ROP who accepted an HV program referral had access to WIC.

Referrals to Pathway HUBs

1,262 Families

HV program referrals accepted from ePRAF/ROP with access to WIC

81%



OUTREACH AND PUBLIC AWARENESS

In SFY23, CIR supported Early Intervention outreach efforts with the following public awareness campaigns:

ASQ Online	The ASQ Online Campaign offered the two sided ASQ/Community Resource Directory flyer to families, medical providers, and childcare professionals. A bookmark was also developed and distributed at local libraries. CIR used social media and digital advertising to get the word out about the ASQ Online service.
Specific Delays	The Specific Delays campaign provided professionals and parent groups Specific Delays flyers that offer plain language about specific, yet common developmental delays, detailing how EI can help address the family's concerns. CIR also had the developmental wheel translated into six foreign languages.
Childcare Campaign	The Childcare Campaign focused on providing marketing materials, including a How to Talk to Families about Early Intervention tip card, and CEU opportunities to childcare locations that are not rated or have one or two Step Up to Quality stars.

CIR outreach also focused on working with referral sources who serve populations experiencing homelessness, food insecurity, drug dependency, and domestic violence. This campaign started in a select group of counties and will be phased in to serve all counties.

In addition, the outreach staff continued to provide Early Intervention family referral cards, professional guidance flyers, posters, brochures, and promotional items to the local Early Intervention providers as orders were submitted via the online order form at helpmegrow.org.

Early Intervention was represented on a state level at professional conferences for the Ohio chapters of the American Academy of Pediatrics and the National Association of Social Workers as well as the Ohio Association of School Nurses; Ohio Rural Health Conference; Ohio Hospital Association; Ohio Association for the Education of Young Children; Ohio Association of Community Health Centers; Ohio State Medical Association; Tan Latina Como Tu; and Milestones Autism Virtual Conference.

Advertising included:

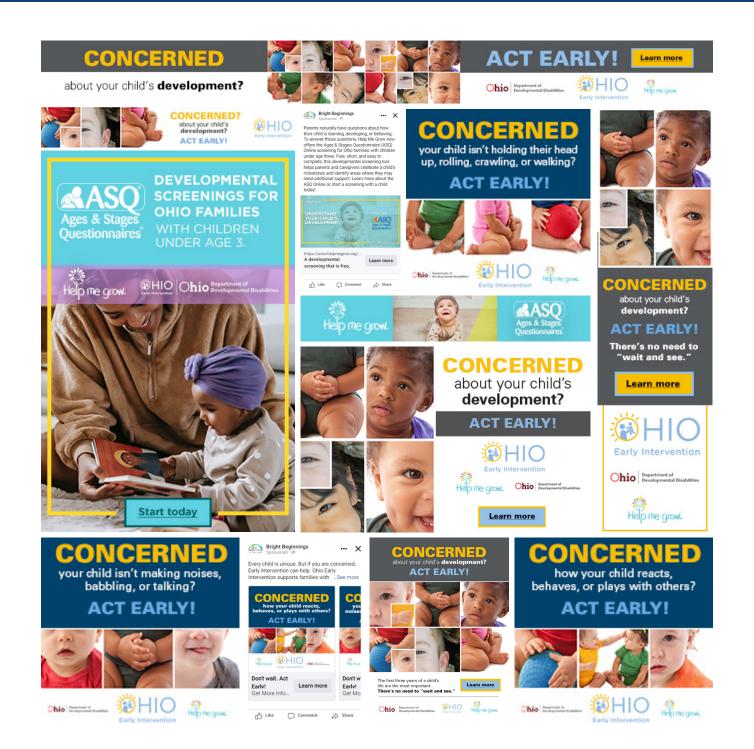
- Display and digital advertising.
- Parent and city magazines.
- Social Media.
- PBS TV and NPR radio advertising.

Additional collaboration and support was made available to hospital-based child find specialists across the state with meetings and shared materials.



CIR team members from Northwestern region at the Ohio Association for the Education of Young Children conference at Kalahari in Sandusky in April 2023

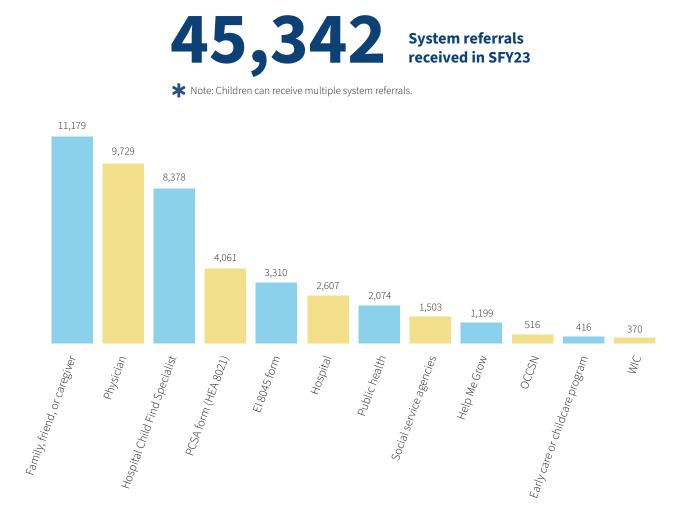
OUTREACH AND PUBLIC AWARENESS



DATA

System Referrals

Central Intake & Referral (CIR) received a total of 45,342 system referrals in SFY23, which is up 4% from SFY22. CIR monitors the referral source from which each referral is received in order to identify areas of growth and need. The chart below provides the breakdown of all system referrals in SFY23 by referral source.

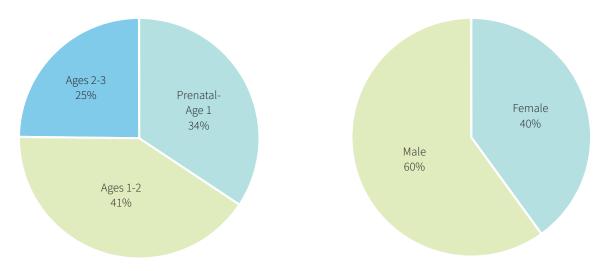


Referrals from family, friends, and caregivers increased by 14% in SFY23 compared to SFY22. Referrals from physicians were up by 8% compared to SFY22.

DATA

Program Referrals Assigned

A total of 32,560 children were assigned to an Early Intervention service coordinator in SFY23, up 3% from SFY22. CIR tracks demographic information of each assigned program referral to identify areas of growth and ensure children are being referred for Early Intervention services at critical ages. The below charts provide a proportional look at age and sex of children assigned to a program in SFY23.



X Note: Children assigned are deduplicated for children who may have received multiple referrals during the year.

As shown above, 75% of assignments to an Early Intervention program occurred before the age of 2.



Neonatal Abstinence Syndrome and Elevated Blood Lead Levels

Early Intervention for young children with elevated blood lead levels (EBLL) continues to be a priority in Ohio. An agreement between the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Health (ODH) allows information for children diagnosed with EBLL to be provided to CIR to engage families in Early Intervention. In SFY23, 1,761 children in 85 counties with EBLL were referred for EI services, an average of 148 referrals per month.

Children diagnosed with Neonatal Abstinence Syndrome (NAS) are also automatically eligible for Early Intervention. In SFY23, 244 children in 32 counties with NAS were referred for EI services.

EBLL Referral Outcomes

Assigned or already receiving services	733	41.6%
Declined	418	23.7%
Attempts to contact unsuccessful	582	33.1%
Not eligible due to age at time of referral	28	1.6%

NAS Referral Outcomes

Assigned or already receiving services	91	37.3%
Declined	48	19.7%
Attempts to contact unsuccessful	103	42.2%
Not eligible due to age at time of referral	2	0.8%





Early Intervention Needs Assessment for Outreach and Public Awareness







CIR conducted a statewide needs assessment in order to inform outreach and public awareness for Ohio Early Intervention. This assessment includes an analysis of select referral data, including comparisons to relevant secondary data. Referrals made in the first halves of both SFY21 and SFY22 were used to inform this assessment.

CIR works to maintain strong relationships with professionals who refer children to Early Intervention. The assessment revealed a need to regularly educate these referral sources—including child care programs, Public Children Service Associations (PCSAs), and hospital child find specialists to ensure the quality of system referrals. Emphasizing quality system referrals increases the likelihood that these referrals will move to a completed Individualized Family Service Plan (IFSP).

The assessment also revealed a need to ensure children who receive Early Intervention services represent the population demographics that exist in the community. To assess whether system referrals reflect the race of the population in the community, CIR compared referrals to data from the American Community Survey of the Census (Census, 2020). Overall, referrals accurately reflected a community's diversity, but additional outreach could help reduce disparities in some communities.

CIR will look to develop strategies to address these need areas in SFY24.

ASQ Online Service

In SFY23, CIR processed a total of 500 screenings as part of the ASQ Online Service. Of those 500 screenings, 286 were completed for children under 3 residing in Ohio. Developmental concerns were exhibited in 40.6% of these screenings completed and another 26.9% exhibited a score in the monitoring zone.



Over 38% were assigned to Early Intervention and/or Home Visiting services, while another 17% were already referred and/or receiving services at the time the screening was completed.

CIR Outreach continued to raise awareness of this new ASO Online Service throughout the fiscal year. Help Me Grow CIR created a new video to help explain to families how to use the ASQ Online service.



HelpMeGrow.org Website

CIR continued the maintenance and enhancement of the HelpMeGrow.org website throughout SFY23. During SFY23, the website received 242,680 views across 132,165 visitors.

Site updates included adding the upgraded Userway accessibility widget, which included screen reader and translation options—two features vital for families navigating the website to learn about services and starting the referral process.

A family testimonials section was added to the homepage, along with the Home Visiting and Early Intervention pages.





A navigation button for the Community Resource Directories was also added to the website banner so visitors can more easily access the tool.

Page additions included Hearing Loss content under Early Intervention, and a webpage dedicated exclusively to the Early Intervention service provider promotional materials order form.



Community Resource Directories

All sections of the Community Resource Directories are updated each fiscal year in both its interactive digital and print versions so resources, services, and contact information is current and correct. SFY23 directory additions included:

Ohio Buckles Buckeyes (OBB)	Baby and Me Tobacco Free Moms Quit for Two	Cribs for Kids based on awardee lists provided by the Ohio Department of Health
Early Head Start Centers	Moms of Preschoolers [MOPs] groups across the state	Medication Assisted Treatment (MAT) service providers aligning with NAS/NOWS eligibility for Early Intervention

Home Visiting program information is also reviewed and updated quarterly.

To increase awareness of the directories statewide, CIR began advertising the tool on Facebook, Instagram, and LinkedIn for the first time during SFY23.

In an effort to increase understanding of the directories' current usability, CIR contracted with a market research firm to conduct qualitative and quantitative research. This included four focus groups, two of which were with professionals listed as service providers already in the directories. The other focus groups and quantitative research (conducted with an online survey) were done exclusively with parents who had children who met Help Me Grow program eligibility.

CIR then started working with a database developer to make updates to the directory's online interface based on the research findings.

Improvements will include:

- Enhanced geocoding of listed providers.
- A questionnaire that will result in a generated list of providers available based on user needs.
- Improved ease of use on desktop and mobile.
- Integration of the Home Visiting grids into the interactive directory.
- Analytics tracking to measure use of the directories.
- Expandable and collapsible views in search results.
- A self-update function for providers/agencies already listed in the directory.
- Text and email share options.
- Improved search functions.

An updated directory interface will be made available during SFY24.





Professional Development & Quality Assurance

Bright Beginnings hosted two virtual training sessions for CIR staff focusing on communication skills and emotional intelligence in SFY23.

Bright Beginnings also hosted a "How to Talk About Home Visiting and the Specific Models" virtual training. This statewide training included a description of home visiting models from each model's home visiting staff and three call recordings to highlight best practices in speaking with families.

The Quality Assurance Coordinator conducted quarterly site visits with all eight regional centers, which included a variety of topics from reviewing successes and challenges in referring families to services, discussing relationships with providers and referral sources, answering any questions related to policies and procedures and/or the data systems, and discussing staffing/professional development opportunities.

During SFY23, a random sample of referrals and calls was reviewed to determine the quality of services provided by the Statewide CIR team. The team exceeded expectations (95% or greater) in all five compliance areas.

Budget Summary

The Ohio Department of Health provided \$3,441,375 and the Ohio Department of Developmental Disabilities provided \$2,292,525 to fund Bright Beginnings and its regional partners' core work of operating Help Me Grow Central Intake & Referral statewide for SFY23. Regional partners contracted through Bright Beginnings include:

- Action for Children.
- Butler County Educational Service Center.
- Educational Service Center of Eastern Ohio.
- Help Me Grow Brighter Futures.
- Lucas County Family Council.
- Noble County Health District.
- Pike County Board of Developmental Disabilities.



Thank you!

Bright Beginnings and its subcontracted regional partners want to thank the providers, stakeholders, and families involved with the Help Me Grow system of supports for another successful year.

We continue to provide a coordinated system to ensure that Ohio's young children and their families are connected to supports and services that help achieve their best outcomes.







