1. Project Objectives & Guiding Principles
2. Analysis & Listening Session Approach
3. Listening Sessions – list of interviewees & takeaways
4. Purpose & Vision
5. Plan on a Page
6. Strategic Focus Areas (6) – an organizing framework
7. Strategic Initiatives (9) – summary & timeline
8. Governance Structure
9. System Maps

Appendix:
• Details for each of the 9 Strategic Initiatives
• Gaps & needs for Stewardship Council
• Existing communication tools & methods
• Interview log
• Bibliography
While Help Me Grow Washington (HMG WA) has been in place since 2010, the system has experienced rapid growth, thanks in part to the Preschool Development Grant received in 2019. With Help Me Grow identified as a strategic initiative, the grant invested in the HMG WA system as a whole – in both the state affiliate’s capacity as well as in community capacity to develop local Help Me Grow systems. As the HMG WA system deepens and strengthens throughout the state, we embarked on an 8-month strategic planning process (Sept 2022 to June 2023) to examine and co-design strategy and structure while articulating a shared vision for the network’s growth for the next five years. Funded by the Preschool Development Grant, the strategic planning process will be shepherded by Camber Collective, a consulting firm selected through the formal procurement process at the Washington Department of Children, Youth and Families (DCYF).

1. Equitable Project Design: Applying a human-centered design (HCD) with racial equity and social justice principles: centering on those most impacted by policies and solutions we are designing for, acknowledging power dynamics (between those who design policies and programs and those impacted by these designs), dismantling the status quo around norms, behaviors, and outcomes, and acknowledging the historical imbalance of power leading to systemic & structural inequities.

2. Targeted Universalism: from a policy design perspective, we see the value of setting a simple and universal success outcome (e.g., all children ages 0-5 are safe and health in WA) while creating targeted programs and initiatives with more specific outcome metrics by subgroups (e.g., BIPOC, low income, rural, undocumented, etc..) which inherently acknowledges the racial and social inequities that exist in the system.

3. The Delphi Approach: a participatory leadership method with an iterative engagement model that often has multiple rounds of surveys, consolidation of feedback, down selection through voting, reporting out, and building consensus. The iterative multi-round review structure allows for a diversity of perspectives across a large group of stakeholders, with anonymous input/feedback allowing for a more equitable and democratized process that reduces biases for race, gender, accent, and even seniority.

To develop a 5-year strategic plan for Help Me Grow Washington rooted in a systems-approach, racial equity and social justice that places those most impacted at the center of the system.
Analysis & Listening Session Approach [Oct – Dec 2022]

Deployed a combination of research & analysis of existing reports and data trends combined with a series of listening sessions across multi-level stakeholder groups to identify current gaps & opportunities

### INPUTS

- 2020 Statewide Needs Assessment
- 2020 Child Trends report on HMG WA
- 2021 HMG Data Brief/Accomplishments
- 2021 PDG Evaluative Brief
- 2021 ZerotoThree Strengthening Connections
- State of the Children reports
- Various HMG National resources (2020 strategic growth plan, reporting guidelines, and 2022 State-level Analysis)
- Michigan’s 2022 HMG Strategic Plan
- WIR’s TA, CAP essential services, sub-affiliate agreement templates and executed agreements

### OUTPUTS

- WIR internal team members (FRNs/FSS, statewide CAT, etc.)
- Current and prospective sub-affiliates
- State agencies (DCYF, DOH, DSHS, HCA, ESD)
- Regional & County level leads (WCFC county & regional leads)
- Cross-referrals (211, CCA, Parent Trust, Perinatal Support)
- County level orgs (LHJ, ACH, FRCs, ECEAP, HVAC)
- Health care providers
- Direct service providers

*Full bibliography and links in appendix

*Full interview log in appendix
**Listening Sessions Summary (conducted from Oct – Dec 2022)**

- **20 1:1 Interviews**
- **14 Focus Groups**

**EARLY CHILDHOOD COALITIONS, PROVIDERS & PARTNERS**
- WCFC State-wide Learning Networks, county & regional leads
- HVAC members / Start Early
- PCECN Health Provider Action Team

**KEY TOPICS & PERSPECTIVES**
- Local / regional perspectives
- Direct service perspectives
- Family perspectives
- Health care provider perspectives
- Navigator-navigator perspectives
- HMG WA current state
- National and other state HMG models
- Sub-affiliates
- Partnership advocacy
- State-level funding
- Coordinating complementary initiatives

**CROSS-REFERRALS**
- Cross-referral processes
- Partnership / advocacy
- Technology & data systems (e.g., resource directories)

**HMG SYSTEM**
- Local / regional perspectives
- Direct service perspectives
- Family perspectives
- Health care provider perspectives
- Navigator-navigator perspectives
- HMG WA current state
- National and other state HMG models
- Sub-affiliates
- Partnership advocacy
- State-level funding
- Coordinating complementary initiatives

**STATE / REGIONAL AGENCIES & PROGRAMS**
- Washington State Department of Children, Youth & Families
- Washington State Department of Health
- Washington State Employment Security Department
- Washington State Health Care Authority
- Washington State Department of Social & Health Services
- Transforming Lives
- Head Start

**CROSS-REFERRALS**
- 2:1:1 Washington
- Child Care Aware of Washington
- Parent Trust
- Perinatal Support Washington
Key Takeaways from Listening Sessions (Oct 2022 – Dec 2022)

1. The HMG WA system as a **concept serves a unique unmet need for families** with young children in providing support services (e.g., basic needs, child development, health / mental & behavioral, family/caregiver supports, etc.) for the whole family (i.e., parent/caregiver and child)

2. While disparate pieces of the HMG WA model exist elsewhere – such as navigators/coordinators, resource directories, hotlines for social services, referral pathways, and advocacy efforts, there is currently not a comparable **statewide coordinated system** that can support families with young children across Washington state

3. Community leaders, and county and regional early childhood coalition leaders want to be able to **co-design a flexible model that adapts** to the needs of their local communities and its sub-populations; most see significant value in having local resource navigators who work/live in the community

4. Health care providers want to have streamlined / ease of use referral pathways to help connect families to support services, and see significant **value-add in connecting to HMG state and local navigators with a warm handoff**; they do not want to “target” families based on health or social needs, rather prefer to promote HMG a program for all families

5. Current HMG WA partners saw significant value-adds in 1) the national fidelity model frameworks & processes in setting up local and regional planning teams, 2) peer learning networks and sharing of lessons learned across different regions, and 3) statewide data (from call center) on families’ requests and needs

6. Prospective and emerging partners in eastern and western WA (outside of current sub-affiliates) have **diverse support needs** (e.g., direct resources, framework, data to support decision-making, peer networks, resource directory maintenance, etc.)

7. There is a need for the HMG WA system to establish connection points with service (social and health care) **providers to meet the needs of distinct sub-populations** (e.g., specialized health needs, behavioral/mental health, language & culturally appropriate, Tribal Nations, etc.); some locally communities do not have existing specialized services (e.g., peds mental health) to meet local demand

8. Many state and privately funded external initiatives see HMG WA as a strategic partner and envision providing **complementary and coordinated efforts** to serve families in Washington

9. There is excitement and timeliness around the HMG WA strategic planning effort, highlighting the need for **strategic communications, clarity on governance & decision-making, and establishing priorities & success metrics**

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1. FRCs, cross-referrals like 211 / Parent Trust / Perinatal Support / CCA, regional early learning coalitions, HCA's CHW with WA AAP, HCA's UDS pilots with WA AAP, PN3 Coalition, ECCS/DOH, Arcora Foundation’s ABCD program
Purpose & Vision

Help Me Grow Washington’s (HMG WA) purpose is to weave together state and community systems, providers, and resources to offer a full spectrum of supports to all families with young children in Washington state through coordination.

Our vision is that families have access to what they need when they need it, specifically access to essential services (e.g., basic needs, health care, developmental supports, and family supports) in a timely and appropriate manner.

We do this by using a whole family approach where we serve the needs of individuals (parents, caregivers, and children) across generations within a family context. Utilizing an equity-based targeted universalism approach, we aim to create and sustain unique pathways for under-invested and therefore marginalized sub-populations to access public health, health care, early learning, education, and social services, while pursuing a universal goal across all populations of promoting family resiliency, wellbeing, and protective factors.
WHAT IS HELP ME GROW WASHINGTON?
We weave together state and community systems, providers, and resources to offer a full spectrum of supports to all Washington state families with young children through a coordinated network of entry points. We are a growing system of nonprofit organizations, Tribal nations, regional and county level health and social service organizations, providers and provider organizations, and state agencies all working together to serve families in Washington.

WHAT DO WE DO?

With families
- Coordinate access to the essentials (food security, medical care, child development, and family supports)

With communities
- Provide access to funding, data, and resources to connect to other systems and test innovative ideas

With partners and funders
- Build cross referral & specialized pathways, resource directories, and data system connections through partnerships
- Advocate on behalf of families, communities and our partners to build for a better future

WHO DO WE WORK WITH?

Families with young children
First and foremost, we serve all families in Washington and provide them access to support services when they need them

Community & local organizations
Early childhood & learning coalitions, local health care providers, caregivers and social service providers & navigators, and others

Regional & statewide, and Tribal partners
Regional and statewide agencies and initiatives focused on health, child welfare, early learning and development, and family supports1

Advocacy & funders efforts
Coordinate funding requests from regional and local systems; align goals and narratives to reflect localized needs to communicate with funders and legislature

WHAT IS OUR PLAN?

EQUITY-BASED TARGETED UNIVERSALISM
- Based on universal goal that all families in WA have access to what they need when they need it
- Identify targeted populations that experience racial, systemic, or structural barriers to accessing these services

SPECIALIZED REFERRAL PATHWAYS
- Design outreach, navigation, and support services to meet the unique needs of targeted populations
- Develop statewide partnerships to support pathways

COMMUNITY-LED & TRIBAL PARTNERSHIPS
- Build community-level and Tribal community systems to help families access localized essentials
- Coordinate access with connection points to regional and statewide resources, when needed

GOVERNANCE & COMMUNICATIONS
- Build a governance model with community partners, parent and caregiver voices, and state/regional leaders
- Establish two-communication channels, peer learning networks, and deep listening

COORDINATED FUNDING
- Build a process for communities to access catalytic funding, resources, and support to develop local systems (e.g., navigation support, resource directories, outreach efforts)

COORDINATE REQUESTS
- Work with communities to highlight local gaps & needs
- Coordinate a systems wide request for funding based on local, regional, and statewide plans

1. Local health jurisdictions (LHJs), county-level Accountable Communities of Health (ACHs), regional Family Resource Centers (FRCs), and early learning coalitions
Access to Improve Food Security
Local community supports & resources
• Summer meals (referral)
• Food bank (referral)
State benefits, programs, & services
• Basic Food (enrollment)
• WIC (enrollment)

Family Stability Supports
Local community supports & resources
• Infant care supplies (e.g., diaper bank) (referral)
• Breast feeding supplies (referral)
• Transportation assistance (referral)
• Childcare (referral)
• Clothing banks (referral)
• Housing assistance (referral)
• Utilities assistance (referral)
• Crisis & support lines (referral)
• Legal services (referral)
• Financial assistance – free tax preparation & financial planning (referral) (referral)
• Immigrant & refugee services (referral)
• Employment & training (referral)
State benefits, programs, & services
• Paid Family Medical Leave (referral)
• Temporary Assistance for Needy Families (TANF) (referral)
• Childcare assistance (referral)
• WA Div. of Child Support (referral)
• Social Security (referral)

Access to Adult & Pediatric Medical Care
Local community supports & resources
• Medicaid Transportation services (referral)
• Community clinics and immunization clinics (referral)
• Birth & breastfeeding (referral)
• Healthcare – prescription assistance and eye care (referral)
• Dental clinics that accept Apple Health (Medicaid) and offer a sliding fee scale or a reduced rate program (referral)
• Behavioral and mental health (referral)
• Birth control & family planning (referral)
State benefits, programs, & services
• Medicaid and qualified subsidized health plans (enrollment & referral)
• Medicaid/Children’s Health Insurance Plan (CHIP) (enrollment)
• Access to Baby & Child Dentistry (ABCD) (referral)

Access to Child Development Supports
Local community supports & resources
• In-home family & pregnancy services (referral)
• Parenting (referral)
• Play & Learn groups (referral)
• Early learning programs (referral)
• Developmental evaluation (referral)
• Therapeutic services (referral)
• Services and supports for families with children with disabilities and/or developmental delays (referral)
• Resources for families with children with autism (referral)
• School and Medical Autism Review Team (SMART) (referral)
State benefits, programs, & services
• Ages & Stages (ASQ) (screening)
• Early Support for Infants and Toddlers (ESIT) (referral)
• Early intervention (Part C) (referral)
• Preschool Special Education (Part B) (referral)
• Children and Youth with Special Needs (CYSHCNs) (referral)
• Early ECEAP (referral)

HMG Essential Services – Reviewed and approved by HMG Sub-affiliates and partners, August 2022

**ESSENTIAL SERVICES**

**Access to Improve Food Security**

**Local community supports & resources**
- Summer meals (referral)
- Food bank (referral)

**State benefits, programs, & services**
- Basic Food (enrollment)
- WIC (enrollment)

**Family Stability Supports**

**Local community supports & resources**
- Infant care supplies (e.g., diaper bank) (referral)
- Breast feeding supplies (referral)
- Transportation assistance (referral)
- Childcare (referral)
- Clothing banks (referral)
- Housing assistance (referral)
- Utilities assistance (referral)
- Crisis & support lines (referral)
- Legal services (referral)
- Financial assistance – free tax preparation & financial planning (referral) (referral)
- Immigrant & refugee services (referral)
- Employment & training (referral)

**State benefits, programs, & services**
- Paid Family Medical Leave (referral)
- Temporary Assistance for Needy Families (TANF) (referral)
- Childcare assistance (referral)
- WA Div. of Child Support (referral)
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**Access to Adult & Pediatric Medical Care**

**Local community supports & resources**
- Medicaid Transportation services (referral)
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- Healthcare – prescription assistance and eye care (referral)
- Dental clinics that accept Apple Health (Medicaid) and offer a sliding fee scale or a reduced rate program (referral)
- Behavioral and mental health (referral)
- Birth control & family planning (referral)

**State benefits, programs, & services**
- Medicaid and qualified subsidized health plans (enrollment & referral)
- Medicaid/Children’s Health Insurance Plan (CHIP) (enrollment)
- Access to Baby & Child Dentistry (ABCD) (referral)

**Access to Child Development Supports**

**Local community supports & resources**
- In-home family & pregnancy services (referral)
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**State benefits, programs, & services**
- Ages & Stages (ASQ) (screening)
- Early Support for Infants and Toddlers (ESIT) (referral)
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- Preschool Special Education (Part B) (referral)
- Children and Youth with Special Needs (CYSHCNs) (referral)
- Early ECEAP (referral)

**Essential Services are defined as services and support core to HMG Coordinated Access Point (CAP) models in Washington State. The HMG WA network prioritizes these and works together to ensure all families have access to this set of resources and services when engaging with the local and state CAPs. While this list represents the minimum expectations for a HMG WA Coordinated Access Point, local HMG WA affiliates can also enroll and/or refer families to other supports and services in local community.**
## Strategic Focus Areas – an organizing framework

These are the six areas of focus that HMG WA will focus its strategic efforts; at the state and local levels, there will be some level of focus on each of these areas with the state affiliate leading in coordination, sustainability, and support functions and local partners and affiliates leading in local efforts.

<table>
<thead>
<tr>
<th>A. Coordinated Access Points (CAP)</th>
<th>B. Onboarding, Training &amp; Technical Assistance</th>
<th>C. Growth &amp; Coordination (Referral pathways + sub-affiliates + partners)</th>
<th>D. Data Collection &amp; Use</th>
<th>E. Funding &amp; Sustainability (for local communities)</th>
<th>F. Coordinated Advocacy &amp; Policy efforts</th>
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<tbody>
<tr>
<td>• Establish systems to offer <strong>Essential Services</strong> (i.e., food security, medical care, family stability supports, child development supports) direct to families</td>
<td>• Establish processes to conduct warm handoffs based on <strong>cross-referrals and partnerships</strong> with service providers, health care providers, and partners (e.g., 211, ParentTrust, CCA, Perinatal Support, FRNCs)</td>
<td>• Leverage existing state-and-local data repository of information on family needs and services available to support <strong>local asset mapping activities</strong> (e.g., resource directories inputs), collection of <strong>client management data</strong> (e.g., intake/referral), and resource directory / directories with governance on updates/maintenance (i.e., with local system partners and cross-referral partners to share data and maintenance costs)</td>
<td>• Provide county / regional-level resources (e.g., resource navigation, asset mapping for resource directory, technology buildouts, and family outreach)</td>
<td>• Provide catalytic funding to test/prototype ideas for innovation</td>
<td>• Align advocacy and funding efforts to funders based on state and local resource needs</td>
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<td>• Allows for <strong>interconnectivity</strong> (e.g., through a referral pathway process and/or technology) among service providers (e.g., healthcare, childcare)</td>
<td>• Sub-affiliates and partners in <strong>local communities</strong> can setup connection points with service providers (for families to access local HMG systems)</td>
<td>• Establish <strong>interoperability</strong> across new/existing data systems allows for connections to achieve scale</td>
<td>• <strong>Provide a diverse set of funding options</strong> (e.g., direct, passthrough, streamline referral, capacity building)</td>
<td>• <strong>Align narratives and vision/goals, elevate service gaps in communities</strong></td>
<td>• <strong>Centering on equity, advocate for policy changes to further strengthen and increase access to early childhood systems and family services, and directing resources to under-invested sub-populations</strong></td>
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<td>• Offers a <strong>statewide hotline</strong> with navigators specializing in statewide services (e.g., Medicaid, WIC/SNAP, ECEAP), and language/culture capabilities</td>
<td>• Coordination across local partner systems to align on <strong>messaging and outreach efforts</strong></td>
<td>• Create <strong>two-way communication channels</strong> with families, soliciting input to shape future offerings</td>
<td>• Develop continuous quality improvement (CQI) efforts, collect a set of <strong>shared metrics</strong>, and identify areas of opportunity in data and technology</td>
<td>• Empowers / strengthens local HMG systems</td>
<td>• Reduces duplication / inefficiency in the system through collaborative funding requests</td>
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<td>• Enables local communities to offer hotlines and/or <strong>local coordinated access</strong> points (e.g., FRN) and explore multiple ways to engage/support families</td>
<td>• Customized referral pathways &amp; partners to meet the needs of sub-populations while focused on <strong>universal targeted outcomes</strong>; work with local communities to determine which sub-populations</td>
<td>• Develop disaggregated data analysis supports decision-making, identify access and service gaps for sub-populations</td>
<td>• <strong>Provide catalytic funding</strong> to test/prototype ideas for innovation</td>
<td>• <strong>Establish processes to conduct warm handoffs based on cross-referrals and partnerships</strong> with service providers, health care providers, and partners (e.g., 211, ParentTrust, CCA, Perinatal Support, FRNCs)</td>
<td>• <strong>Connects families with local services</strong></td>
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<td>• <strong>Direct service (CAP state hotline)</strong> for families</td>
<td>• <strong>Brand recognition (national model)</strong></td>
<td>• Connects families with local services</td>
<td>• Supports localized decision-making while organizing around a common framework</td>
<td>• Supports feedback loops, learnings from community</td>
<td>• <strong>Increases awareness of importance of early childhood systems</strong></td>
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<td>• <strong>Support/navigate families to access local services</strong></td>
<td>• <strong>Evidence-based sharing and piloting innovative ideas</strong></td>
<td>• Connects service providers to coordinators/navigators, who all serve families</td>
<td>• Connects disparate technology and data systems, without disrupting what already exists, to enable handoffs and large-scale data analysis</td>
<td>• Promotes leadership and innovation at local levels</td>
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### Nine Strategic Initiatives for 2023 – 2028

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
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| 1. Establish governance | - Establish membership, charter, process, resource needs; align to strategic priorities  
- Apply racial equity lens to HMG WA leadership roles (representative of target populations) and create an equity-based approach for decision making |
| 2. Define goals & targets | - Use Targeted Universalism to define a common goal, set targets & performance metrics, and conduct disaggregated data analysis (e.g., racial disparities)  
- Identify target populations and increase access/utilization for specific groups (state-level), support local systems to define its own sub-populations / targets by sharing data to support decision-making |
| 3. Establish new partnerships | - Develop community and state level partnerships (i.e., allow for flexibility in engaging in HMG WA system/network)  
- Clarify the types of resources, funding, and support that partners will receive |
| 4. Specialized referral pathways | - Explore specialized referral pathways key target populations across public health, early learning, education, health care, and social service sectors  
- Connect families to tailored services and supports throughout their communities; bundle complementary services  
- Connect existing navigators and referral partners into the HMG system |
| 5. Strategic communications & conversations | - Establish internal HMG system communications (i.e., with governance group, current partners and affiliates)  
- Create two-way communication channels with partners, local communities, and families  
- Establish peer learning groups, promote cross-sector coordination, highlight innovations |
| 6. Technology & reporting build-out (infrastructure) | - Establish interoperability guidance (i.e., resource directories) across new/existing data systems to achieve scale  
- Strengthen connections & handoffs (i.e., client mgmt. system) to streamline experience for families (e.g., pilot closed loop referrals)  
- Develop cost model to support resourcing & funding of state & local build out of technology and processes  
- Create customized reporting and monitoring capabilities to track performance against goals and targets |
| 7. Analysis & evaluation | - Conduct disaggregated data analysis to support decision-making  
- Identify service gaps for regions and populations  
- Enables performance evaluation and demonstration of success |
| 8. Special projects funding | - Create process for sub-granting / initiative funding where communities can apply for catalytic funding from the state affiliate  
- Leverage cost model to support resource allocation and budgeting |
| 9. Funding & advocacy | - Develop a coordinated funding request based on system infrastructure and community needs  
- Identify / elevate service or funding gaps and opportunities  
- Align narratives and vision/goals, with funders, policymakers, and strategic partners |
Strategic Initiatives – Timeline & Next Steps

1. Governance Model
   (in place by Q4; re-evaluated by Q2 2025)

2. Define Goals & Targets
   (3-4 months)

3. Establish New Partnerships
   (ongoing)

4. Specialized Referral Pathways
   (ongoing)

5. Strategic Communications & Conversations
   (process & resource established by Q4)

6. Technology & Reporting Build-outs
   (ongoing, annual updates)

7. Analysis & Evaluation
   (ongoing, annual updates)

8. Special Projects Funding
   (Execute first round by Q4 2023 – Q1 2024; iterative annually or biannually)

9. Funding & Advocacy
   (ongoing, annually or biannually)

- Continued evaluation and strategic changes
- Ongoing strategic efforts related infrastructure, technology, data/evaluation, advocacy & funding
The near-term proposed governing structure is made up of 1) Stewardship Council, 2) Coordinating Team, and 3) Community Partner Board.

### Stewardship Council

**Main responsibilities are:**
- Provide sector, sub-group, or expertise on specific areas of interest as defined in the strategic priorities
- Strategic plan and equity approach accountability
- High-level oversight of performance and impact measures
- Relationship building, strategic communications, and support strategic partnerships
- Establish working sub-groups, if needed

**Time commitment:**
- Membership will be renewed on an annual basis, ideally asking members to commit to 1–2-year terms at a minimum
- Participation in monthly / quarterly meetings with some ad hoc meetings, if needed.

**Membership:**
- Based on the emerging strategic priorities, our initial thinking is to identify key perspectives from Tribal Nations, healthcare providers, caregivers and/or early education providers, and perspectives from rural communities and black, indigenous and people of color
- In 2–3 years, build out a separate Advisory Council which will involve a facilitated group of parent and caregiver voices

### Community Partner Board

**Main responsibilities are:**
- Represent local and community perspectives, interests, and needs/gaps
- Advise and provide input on strategic priorities to the Coordinating Team
- Request funding and/or propose special projects based on local community interests
- Develop and strengthen local HMG systems to meet the needs of the community

**Time commitment:**
- Members of the Community Partner Board are asked to commit to a minimum of attending meetings (i.e., adapt and build on existing sub-affiliates / peer learning meetings)

**Membership:**
- Membership is made up of those that either currently implementing HMG systems in local communities or are in exploration/emerging stages of implementing the HMG model in Washington
- Initially, all sub-affiliates will be offered the opportunity to participate in the Community Partner Board, with 1 vote per signer on key decisions (e.g., funding allocations or budget approvals) – signed agreement (i.e., partnership or sub-affiliate)

### Coordinating Team

**Main responsibilities are:**
- Guide vision & strategy
- Establish shared measurements
- Support infrastructure investments & offerings
- Build strategic partnerships, communications, peer networks, and coordination
- Advance policy & coordinate funding requests
- Mobilize funding / advance policy & coordinate funding requests

**Time commitment:**
- Members of the Coordinating Team are dedicated and funded roles with capacity to support ongoing coordination and strategic planning efforts for HMG WA

**Membership:**
- Current membership will Sarah Holdener (DCYF), Sharon Silver (WithinReach), and Lark Kesterke (WithinReach)
- Considerations are underway to explore additional Coordinating Team members

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1. Advisory Council is 2-3 years mainly due to the resource needs that we hope to secure in order to facilitate ongoing and meaningful engagement with families and caregiver voices from a wide range of communities across WA. In the short-term we will take the time to assess what existing channels and forms of engagement with these stakeholders already exists and how to build on existing efforts in a meaningful way.
2. Feedback loop and general governance structure will be evaluated in 12-18 months after initial establishment in order to assess for further definition and amendments.
## Strategic Initiative #1 – Establish Governance Model & Structure

<table>
<thead>
<tr>
<th>Initiative Descriptions</th>
<th>Factors for Implementation</th>
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<tbody>
<tr>
<td><strong>HIGH-LEVEL DESCRIPTION</strong></td>
<td><strong>LOCAL LEVEL CONSIDERATIONS</strong></td>
</tr>
</tbody>
</table>
| • Establish membership, charter, process, resource needs; align to strategic priorities  
• Create a governance structure to execute strategic priorities, hold the system and network accountable towards targets and goals; executes on shared decision-making on key issues  
• Apply racial equity lens to HMG WA leadership roles (representative of target populations) and create an equity-based approach for decision making | • At the community level, the CT team will leverage existing resources at WithinReach to continue to facilitate meetings with sub-affiliates and partners to establish the Community Partner Board |
| **KEY ACTIVITIES** | **STATE LEVEL CONSIDERATIONS** |
| • Establish membership for Stewardship Council (SC), Coordinating Team (CT), and Community Partner Board (CPB)  
• Recruit additional members for SC based on complementary expertise and roles that align with target populations  
• Determine resource needs and if there needs to be funding support (i.e., stipends) for participation  
• Develop charter, define cadence of meetings, define decision-making process, and implement the ongoing structure of when all three groups come together | • At the state level, a dedicated resource (i.e., from DCYF) will lead the effort in setting up the governance model, engage with the governance committees and stakeholder groups to execute the governance |
| **DEPENDENCIES** | **TIMEFRAME** |
| • There is light dependency on the key target populations identified in Define goals & targets, in order to help drive membership of key roles in the Stewardship Council  
• It will be concurrently executed while also defining the priorities for Deploy strategic communications & conversations | • Governance is a priority for Q2-Q3 2023  
• Membership across all governance committees identified by August/September 2023 timeframe and a steady cadence of governance meetings established by Q4 2023 |
<p>| <strong>FOCUS AREA ALIGNMENT</strong> | <strong>SECTOR ALIGNMENT</strong> |
| | • Growth &amp; Coordination focus area |
| | • Cross-sector enabling function |</p>
<table>
<thead>
<tr>
<th><strong>Strategic Initiative #2 – Define Goals and Targets</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIATIVE DESCRIPTIONS</strong></td>
</tr>
<tr>
<td><strong>HIGH-LEVEL DESCRIPTION</strong></td>
</tr>
<tr>
<td>• Use Targeted Universalism to define a common goal, set targets &amp; performance metrics, and conduct disaggregated data analysis (e.g., racial disparities)</td>
</tr>
<tr>
<td>• Identify target populations and increase access/utilization for specific groups (state level), support local systems to define its own sub-populations / targets by sharing data to support decision-making</td>
</tr>
<tr>
<td><strong>KEY ACTIVITIES</strong></td>
</tr>
<tr>
<td>• CT collects and analyzes statewide data, metrics, and info (e.g., disaggregated data analysis)</td>
</tr>
<tr>
<td>• CT works with SC to review goals &amp; targets</td>
</tr>
<tr>
<td>• CT works with CPB to conduct similar local level analysis</td>
</tr>
<tr>
<td><strong>DEPENDENCIES</strong></td>
</tr>
<tr>
<td>• Downstream dependencies (strategic partnerships, specialized referral pathways, strategic comms, governance, and funding/advocacy efforts)</td>
</tr>
<tr>
<td><strong>SECTOR ALIGNMENT</strong></td>
</tr>
</tbody>
</table>
Strategic Initiative #3 – Establish New Partnerships

<table>
<thead>
<tr>
<th>INITIATIVE DESCRIPTIONS</th>
<th>FACTORS FOR IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH-LEVEL DESCRIPTION</strong></td>
<td>• At the <strong>community level</strong>, partners will be determined based on regional / county level interest; they may include, but not limited to provider groups, community or regional coalitions, and service providers (caregivers, early education); they can also be the regional or county-level LHJ, ACH, FRC, or ELC</td>
</tr>
<tr>
<td><strong>KEY ACTIVITIES</strong></td>
<td>• At the <strong>state level</strong>, strategic partnerships will be established opportunistically based on alignment of efforts and interest amongst groups, initiatives, and coalitions. The known initiatives to align and coordinate with are local health jurisdictions (LHJs), accountable communities of health (ACHs), family resource centers (FRCs), and early learning coalitions (ELCs)</td>
</tr>
<tr>
<td><strong>DEPENDENCIES</strong></td>
<td>• Define a few (3-5) new types of partners, which may include healthcare provider(s), early childhood coalitions, and childcare providers, and their corresponding partner agreement terms in Q3-Q4 2023</td>
</tr>
<tr>
<td><strong>TIMEFRAME</strong></td>
<td>• New partners will be considered on an ongoing basis</td>
</tr>
<tr>
<td><strong>FOCUS AREA ALIGNMENT</strong></td>
<td>• <strong>Growth &amp; Coordination</strong> focus area</td>
</tr>
<tr>
<td><strong>SECTOR ALIGNMENT</strong></td>
<td>• Healthcare, public health, early learning, and human services i.e., caregivers</td>
</tr>
</tbody>
</table>

- Develop community and state level partnerships (i.e., allow for flexibility in engaging in HMG WA system/network)
- Clarify the types of resources, funding, and support that partners will receive

- CT will clarify the types of agreements that local / community level partners can sign with the state affiliate (e.g., partnership agreement or sub-affiliate agreement)
- Explore new types of community level partners and state level partners
- Conduct outreach, solicit interest, customize partnership agreements
- Work with individual organizations, groups, coalitions to sign an agreement with the state affiliate to connect to the HMG WA network
- The SC will support establishing new partnerships and create awareness in areas of opportunity across state agencies and local partners

- At the state-level, new partnerships should be established based on the state-level targeted outcomes and populations from **Define goals & targets initiative**. Consequently, once state-level partnerships (from **Establish New Partnerships**) are created, there is an opportunity to **Develop Specialized Referral Pathways**.
## Strategic Initiative #4 – Specialized Referral Pathways

<table>
<thead>
<tr>
<th>INTIATIVE DESCRIPTIONS</th>
<th>FACTORS FOR IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH-LEVEL DESCRIPTION</strong></td>
<td><strong>LOCAL LEVEL CONSIDERATIONS</strong></td>
</tr>
<tr>
<td>• Explore specialized referral pathways key target populations across public health, early learning, education, health care, and social service sectors</td>
<td>• At the community level, community partners and sub-affiliates will drive decision making on which specialized pathways need to get developed and the Coordinating Team along with WithinReach’s resources will support accordingly</td>
</tr>
<tr>
<td>• Connect families to tailored services and supports throughout their communities; bundle complementary services</td>
<td></td>
</tr>
<tr>
<td>• Connect existing navigators and referral partners into the HMG system</td>
<td><strong>STATE LEVEL CONSIDERATIONS</strong></td>
</tr>
<tr>
<td><strong>KEY ACTIVITIES</strong></td>
<td><strong>TIMEFRAME</strong></td>
</tr>
<tr>
<td>• Based on target populations identified, determine if there are state level or community level resources and existing navigators that serve this group of people</td>
<td>• The focus of this initiative will be to explore opportunities in building out connection points with interested organizations and based on the needs identified for target populations. The goal is to develop 1-2 new specialized referral pathways in the next two years.</td>
</tr>
<tr>
<td>• Identify any current potential partners or navigator groups that we can create linkages or connection points into the HMG system</td>
<td><strong>FOCUS AREA ALIGNMENT</strong></td>
</tr>
<tr>
<td>• Establish cross-referral and closed loop referral processes as needed</td>
<td>• Growth &amp; Coordination focus area</td>
</tr>
<tr>
<td>• Connect families to a set of bundled or complementary services that are known to be interconnected and related for the target group</td>
<td><strong>SECTOR ALIGNMENT</strong></td>
</tr>
<tr>
<td><strong>DEPENDENCIES</strong></td>
<td>• Healthcare, public health</td>
</tr>
</tbody>
</table>

**Growth & Coordination** focus area
## Strategic Initiative #5 – Strategic Communications & Conversations

### Initiative Descriptions

**High-Level Description**
- Establish internal HMG system communications (i.e., with governance group, current partners and affiliates)
- Create two-way communication channels with partners, local communities, and families
- Establish peer learning groups, promote cross-sector coordination, highlight innovations

**Key Activities**
- The CT will help identify a dedicated resource to establish both Governance structure and internal communications amongst the Governance groups (i.e., Stewardship Council, Community Partner Board, and Coordinating Team) to drive an updated cadence of ongoing written and verbal communications
- Build on existing forms of communication tools & methods to establish a strategic and coordinated set of ongoing engagement opportunities
- Explore more facilitated peer learning groups with community members and community organizations

**Local Level Considerations**
- At the **local level**, ongoing communication and community engagement will take place alongside the Community Partner Board, the Coordinating Team, and emerging/interested partners

**State Level Considerations**
- At the **state level**, a dedicated resource will engage with the governance committees and stakeholder groups to develop a coordinated communication plan, distribution of updates/information/resources, and facilitate ongoing two-way communication

**Dependencies**
- This initiative is lightly dependent on the priorities set in **Define goals & targets** and will be executed in parallel with **Establish governance model and structure**

**Timeframe**
- While establishing Governance is a priority in Q2-Q3 2023, we expect that concurrently, we will be able to develop a strategic communications plan in **Q3 2023** and begin executing the initial communication activities and new channels/peer engagement groups in **Q4 2023**.

**Focus Area Alignment**
- **Growth & Coordination** and **Data Collection & Use**

**Sector Alignment**
- **Cross-sector enabling** function
**Strategic Initiative #6 – Technology & Reporting Build-out (Infrastructure)**

<table>
<thead>
<tr>
<th>Initiative Descriptions</th>
<th>Factors for Implementation</th>
</tr>
</thead>
</table>
| **High-Level Description** | • Establish interoperability guidance (i.e., resource directories) across new/existing data systems to achieve scale  
• Strengthen connections & handoffs (i.e., client mgmt. system) to streamline experience for families (e.g., pilot closed loop referrals)  
• Develop cost model to support resourcing & funding of state & local build out of technology and processes  
• Create customized reporting and monitoring capabilities to track performance against goals and targets |
| **Local Level Considerations** | • At the community level, build out infrastructure and system supports with the state affiliate in order to best serve the needs of the local communities  
• Co-design with local communities to determine how they may build a local system; examples include establishing a process (e.g., maintenance and uploads of resource directories), leveraging the state affiliate infrastructure (e.g., adding on a local hotline), and others. |
| **Key Activities** | • Build on existing projects and technology efforts at the state affiliate level (i.e., cost modeling, existing WithinReach technology roadmap)  
• Develop a detailed plan and incorporate new initiatives into the state affiliate technology roadmap  
• Work with community partners to determine need, gaps, and interest for specific technology, systems, or reporting capabilities  
• Leverage cost model tool to help right size and estimate funding & resource needs; determine if funding is available  
• Execute on planned activities to build out tech solutions  
• Continue to monitor and engage with statewide efforts related to resource directories/exchanges, centralized intake / client mgmt. systems, and other tech. related efforts  
• Explore potential partnerships with key cross-referral partners  
• Leverage existing and new data sources (e.g., resource directory, client mgmt. system, fidelity assmts, etc.) to build customized reporting and tracking tools |
| **State Level Considerations** | • At the state level, explore technology and data system connection points with key cross-referral partners (e.g., WA-211, ParentTrust, Perinatal Support of WA, Childcare Aware, Family Resource Centers, etc.) in order to streamline referral pathways between navigators and define when HMG WA should connect families to partner networks.  
• The state affiliate will explore opportunities such as creating connection points to local systems such that we can aggregate data for reporting and develop customizable solutions to meet community-level needs. |
| **Dependency** | • This initiative is somewhat dependent on the outputs of the ECCS/WCFC regional resource directory pilots  
• Based on the HMG WA cost model activities when determining feasibility and timelines for technology buildouts  
• It is an input into Conduct analysis & evaluation |
<p>| <strong>Timeframe</strong> | • Many of technology and systems related build outs will be ongoing and explored with local communities on an interest and need basis, the goal is to finalize a version of the cost model and share out the high-level types of technology and systems offerings with communities by Q4 2023 and begin exploring community level buildouts in Q1 2024 |
| <strong>Focus Area Alignment</strong> | • This initiative primarily aligns to the Data Collection &amp; Use focus area; a secondary focus area is the Growth &amp; Coordination |
| <strong>Sector Alignment</strong> | • Cross-sector enabling function |</p>
<table>
<thead>
<tr>
<th>Initiative Descriptions</th>
<th>Factors for Implementation</th>
</tr>
</thead>
</table>
| **High-Level Description** | • Conduct disaggregated data analysis to support decision-making  
• Identify service gaps for regions and populations  
• Enables performance evaluation and demonstration of success |
| **Local Level Considerations** | • At the community level, once the build out of infrastructure and system supports are in place, we will have a more comprehensive view of where there are access/utilization gaps and service gaps.  
• We will conduct local system data analysis to help identify target sub-groups and elevate areas of opportunity. |
| **Key Activities** | • Determine existing data sources (e.g., resource directory, client mgmt. system data, and fidelity assessment data, etc.) to include  
• Determine existing tools & methods for qualitative data (e.g., family satisfaction surveys, in the moment surveys on hotline, HMG WA FRNs Roundtable) to include  
• Conduct sub-group and disaggregated data analysis, by sub-groups, behaviors/social needs, socioeconomic/demographic, regional partners, etc.  
• Identify access / utilization gaps, service gaps (by sub-populations)  
• Identify gaps & needs in funding, or outreach / marketing  
• Share analysis framework with Stewardship Council and Community Partner Board; iterate on key processes (CQI) |
| **State Level Considerations** | • At the state level, our goal is to develop a set of data analysis frameworks that can be iterative and improved upon over time as more data becomes available.  
• Starting with the available state-level data, we will conduct disaggregated analysis to identify target sub-populations, access/utilization gaps, and service gaps.  
• Using this framework to share out with local systems, we can identify where we have data gaps / insufficient data. |
| **Dependencies** | • While there is available data today to begin aspects of this initiative in the short term, ultimately, this initiative is highly dependent on the availability of comprehensive data from local systems (Technology and reporting buildout) |
| **Timeframe** | • A priority for HMG WA is to complete a first round of state-level disaggregated analysis by Q3 2023 (it feeds into Define goals & targets) as a baseline analysis that we can build on iteratively  
• HMG WA will then conduct some regional views and analysis based on Community Partner Board interests by Q4 2023  
• The goal should be to conduct a set of analyses on an annual basis |
<p>| <strong>Focus Area Alignment</strong> | • Data Collection &amp; Use focus area; a secondary focus area is the Growth &amp; Coordination |
| <strong>Sector Alignment</strong> | • Cross-sector enabling function |</p>
<table>
<thead>
<tr>
<th><strong>Strategic Initiative #8 – Special Projects Funding</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTIATIVE DESCRIPTIONS</strong></td>
<td><strong>FACTORs FOR IMPLEMENTATION</strong></td>
</tr>
<tr>
<td><strong>HIGH-LEVEL DESCRIPTION</strong></td>
<td>• Create process for sub-granting / initiative funding where communities can apply for catalytic funding from the state affiliate&lt;br&gt;• Leverage cost model to support resource allocation and budgeting</td>
</tr>
<tr>
<td><strong>KEY ACTIVITIES</strong></td>
<td>• At the community level, community partners that are committed to the HMG WA system will be able to submit proposals with budgetary requests to apply for the Special Projects funding on a periodic basis.</td>
</tr>
<tr>
<td><strong>LOCAL LEVEL CONSIDERATIONS</strong></td>
<td>• At the state level, our goal is to offer across the system, specifically at the local levels, a funding pool that can be accessed by community partners. With the Governance committees, we will determine high-level strategic priorities (i.e., resource directories, local navigation support) for the Special Projects funding that gives some parameters and guidelines on what community partners can scope into their proposal.</td>
</tr>
<tr>
<td><strong>STATE LEVEL CONSIDERATIONS</strong></td>
<td>• A priority for HMG WA is to offer and complete a first round of Special Projects funding by Q4 2023 once the Governance committees and processes have been established&lt;br&gt;• The goal should be to conduct a series of Special Projects funding on an annual basis (i.e., twice a year to start)</td>
</tr>
<tr>
<td><strong>DEPENDENCIES</strong></td>
<td>• Funding &amp; Sustainability (for local communities) focus area; a secondary focus area is the Growth &amp; Coordination</td>
</tr>
<tr>
<td><strong>TIMEFRAME</strong></td>
<td>• Cross-sector enabling function</td>
</tr>
<tr>
<td><strong>FOCUS AREA ALIGNMENT</strong></td>
<td></td>
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<tr>
<td><strong>SECTOR ALIGNMENT</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Strategic Initiative #9 – Funding & Advocacy

<table>
<thead>
<tr>
<th>Initiative Descriptions</th>
<th>Factors for Implementation</th>
</tr>
</thead>
</table>
| **High-Level Description** | • Develop a coordinated funding request based on system infrastructure and community needs  
• Identify / elevate service or funding gaps and opportunities  
• Align narratives and vision/goals, with funders, policymakers, and strategic partners |
| **Local Level Considerations** | • At the community level, community partners can utilize the Special Project funding proposal process to elevate key needs and gaps at the community levels. So, if these projects are not fully funded, we can leverage the next funding request to WA legislature to highlight the need for additional funding. |
| **Key Activities** | • Determine what service or funding gaps there are at the community levels, work with CPB to identify local needs  
• Assess what was not fully or adequately funded based on incoming Special Project requests from local communities  
• Determine what coordination and growth initiatives HMG WA would like to pursue, i.e., what are the infrastructure and technology needs are at the state affiliate level  
• Incorporate local community needs into overall HMG WA system funding requests |
| **State Level Considerations** | • At the state level, our goal is to be able to represent systems across the state, and advocate and request funding from WA legislature on behalf of all regions and local communities in the state. At the state level, HMG WA will also coordinate and align narratives with state-level partners and key cross-referral partners. |
| **Dependencies** | • This initiative is dependent on the incoming proposal and what was not fully funded from the Special Projects funding pool |
| **Timeframe** | • Funding requests to WA legislature will continue to be submitted based on the existing cadence, with inputs from community level identified needs and gaps. |
| **Focus Area Alignment** | • Coordinated Advocacy & Policy Efforts |
| **Sector Alignment** | • Cross-sector enabling function |
### Key Gaps & Needs for Implementation

<table>
<thead>
<tr>
<th>Initiative High-level Description</th>
<th>Ask for PAC / Stewardship Council</th>
</tr>
</thead>
</table>
| **1. Establish governance**      | • Participate and promote/steward HMG WA  
• Work on equity approach, charter, establish a cadence/process, etc.  
• Recruit members for SC |
| • Establish membership, charter, process, resource needs  
• Equity-based approach (decision making and leadership selection  
• Hold HMG WA system accountable towards goals & targets |
| **2. Define goals & targets**    | • Connection to PN-3 targeted universalism effort  
• Other known available data, or related efforts in determining target populations |
| • Targeted Universalism; performance metrics, disaggregated data analysis  
• State-level target populations  
• Share approach with communities |
| **3. Establish new partnerships** | • Setting up statewide partnerships – LHJs, ACHs, FRCs, 211, CCA, Parent Trust, Perinatal Support, ELCs, etc.  
• CT will set up partnerships; SC will share awareness, create linkages, support partnerships |
| • Develop community and state level partnerships (flexibility)  
• Clarify the types of resources, funding, and support that partners will receive |
| **4. Specialized referral pathways** | • Help design of a statewide targeted referral pathway for a target population; secure funding, get buy-in, tech/infrastructure pathway, etc. |
| • Establish specialized referral pathways key target populations  
• Connect to existing navigators and referral partners |
| **5. Strategic communications & conversations** | • Cross-promote and leverage existing communication channels to promote HMG WA, and conduct outreach; have a clear handoff (for system partnership to WIR) |
| • Create two-way communication with partners, local communities, and families  
• Establish peer learning groups, promote coordination, highlight innovations |
| **6. Technology & data reporting (infrastructure)** | • Other tech initiatives (CIEs, family-facing portals, etc.) – monitor, alignment or lack of it  
• Create or advise on guidelines on interoperability (what types of info HMG WA should hold in its resource directory) |
| • Establish interoperability guidance (i.e., resource directories)  
• Strengthen handoffs (i.e., client mgmt. system) to have closed loop referrals  
• Cost model to support resourcing estimates (state & local)  
• Customized reporting to track performance against goals and targets |
| **7. Analysis & evaluation**     | • Deciding what to communicate to the public / general comms channels  
• Coordinating with other initiatives (PDG, ECCS, PN3, etc.) that also have program eval – how can we do this better and/or more efficiently?  
• SC/CT/CPB self-reflect to determine if targets/goals (#1) have been achieved, what accomplishments, what improvements? |
| • Conduct disaggregated data analysis to support decision-making  
• Identify service gaps for regions and populations  
• Enables performance evaluation and demonstration of success |
| **8. Special projects funding**  | • Participate in sub-committee to review in-coming proposals from community |
| • Create process for funding communities for special projects  
• Leverage cost model to support resource allocation and budgeting |
| **9. Funding & advocacy**        | • Promote HMG WA to funders, help secure additional funding, advocate, or help identify additional funding opportunities |
| • Coordinated funding request (infrastructure and community needs)  
• Identify / elevate service or funding gaps and opportunities  
• Align narratives and vision/goals, with funders, policymakers, and partners |
Existing Communication Tools & Methods

The currently available communication tools & methods include the following:

- **HMG WA Website** - [https://helpmegrowwa.org/](https://helpmegrowwa.org/)
  - The website will be relaunched with new language and branding in the summer/fall 2023; the site includes a blog feature, which can be used for online public communications

- **HMG Basecamp** –
  - An online project management software, for team collaboration, and includes file sharing, posting real time alerts, and chat features
  - The HQ channel is dedicated to all and any interested parties (will need to register with WithinReach)
  - A Team channel is set up just for HMG System Implementation Partners (sub-affiliates and emerging partners)

- **HMG WA Newsletter** – bi-monthly e-newsletter, audience: for a broad audience (400+ subscribers), with a focus: system updates

- **HMG WA Local Partner Newsletter** – bi-monthly newsletter, audience: sub-affiliates & emerging partners (20+ subscribers), focus: implementation updates & resources

- **HMG WA Parent Newsletter** – quarterly newsletter, audience: families; focus: services and support education and connections

- **HMG FRN Roundtable distribution list** – email distribution list for Family Resource Navigators (FRNs) within the HMG network; this group also meets every other month (professional development and case consultation)

- **HMG materials** – printed materials (will move over to the HMG WA website) [https://withinreachwa.org/order-materials](https://withinreachwa.org/order-materials)

- **Parenthelp123.org** – family/provider focused resource finder and information: [http://www.parenthelp123.org/](http://www.parenthelp123.org/)

- **HMG WA Accomplishments Report** – Annual & mid-year report on the accomplishments of the HMG WA Network > report is shared via the newsletters, posted on the HMG WA website, and distributed by HMG partners
<table>
<thead>
<tr>
<th>#</th>
<th>Type</th>
<th>Organizations</th>
<th>Role</th>
<th>Name(s) of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HMG system</td>
<td>Within Reach</td>
<td>Data systems / insights; HMG model &amp; healthcare provider engagement; FRNs/FSSs; Statewide CAT team; Sub-affiliate partnerships; HMG FRN Roundtable</td>
<td>Sarah Salomon, Katharine Alexander, Jackie Litzau, Camille Schulz, Carina Gonzales, Keri Nguyen, Karina Wiggins, Erica Anderson, Maricruz Sanchez, Chris Gray, Noe Quezada-Miramontes, Lupita Ruelas, Merry Mai, Sharon Silver</td>
</tr>
<tr>
<td>2</td>
<td>HMG system</td>
<td>HMG National</td>
<td>National fidelity model</td>
<td>Melissa Passarelli</td>
</tr>
<tr>
<td>3</td>
<td>Sub-affiliates</td>
<td>United General, Skagit County Yakima Valley Community Foundation</td>
<td>HMG Skagit model/system, HMG Yakima model/system</td>
<td>Lyndie Simmonds Jennifer Sass-Walton, Lindsay Boswell Marina Medrano</td>
</tr>
<tr>
<td>4</td>
<td>Sub-affiliates</td>
<td>Best Start for Kids / King County Public Health</td>
<td>County-level HMG sub-affiliate &amp; partnerships</td>
<td>Marcy Miller, Tiffany Williams</td>
</tr>
<tr>
<td>5</td>
<td>Sub-affiliates</td>
<td>PCECN / First5Fundamentals</td>
<td>HMG Pierce County Program Manager 2018-2021</td>
<td>Kate Ginn</td>
</tr>
<tr>
<td>6</td>
<td>Coalitions / direct service / family &amp; caregiver</td>
<td>WCFC</td>
<td>County Leads focus groups; Regional Leads focus groups; Resource Navigation &amp; Access Network, and Family Voice network breakout sessions</td>
<td>Jodi DeCesari, Shawn Thurman, Kristen Rezabek, Lindsey Boswell, Linden Obel, Debbie Ham, Laurie Bohm, Janelle Bersh, Susan Barbeau, Rachel Hall, Jenny Nakata; Network members</td>
</tr>
<tr>
<td>7</td>
<td>Coalitions / health provider</td>
<td>PCECN Health Provider Outreach Action team</td>
<td>Solicit input; Dec 2022 team meeting</td>
<td>Taylor Caragan; action team members</td>
</tr>
<tr>
<td>8</td>
<td>Coalitions / family &amp; caregiver</td>
<td>WA Fatherhood Council</td>
<td>Input into design; Dec 2022 team meeting</td>
<td>Anne Stone, Dieter Jacobs, and WA Fatherhood Council members</td>
</tr>
<tr>
<td>9</td>
<td>State Agency</td>
<td>DCYF, ECEAP</td>
<td>ECEAP / Head Start engagement, FRC strategy</td>
<td>Kerry Beymer</td>
</tr>
<tr>
<td>10</td>
<td>State Agency</td>
<td>DCYF, DOH, HCA, DSHS, ESD</td>
<td>Early childhood systems; Healthcare provider engagement</td>
<td>Anne Stone, Steven Grilli, Vickie Ybarra, Angie Funaiola, Linda Ramirez, Rachael Brown-Kendall, Monica Burke, Melissa Kenney, Alison Eldridge; Tiffani Buck</td>
</tr>
<tr>
<td>11</td>
<td>State Agency</td>
<td>Start Early, DCYF, DOH, HCA, HVAC members</td>
<td>HVAC team meeting (Dec 2022)</td>
<td>HVAC members, Start Early, DCYF, DOH, HCA</td>
</tr>
<tr>
<td>12</td>
<td>Cross-referrals</td>
<td>211, CCA, Parent Trust, Perinatal Support</td>
<td>State-level partnerships; CCA-regional leads</td>
<td>Tim Sullivan, Linda McDaniel, Mia Edidin; Jan Thoemke, Maria Vasquez, Victor Cardenas, Gary Burrus, Beth Schilling, Elaine Larson</td>
</tr>
<tr>
<td>13</td>
<td>Direct service</td>
<td>Poverty Action Network</td>
<td>Basic Needs Lead</td>
<td>Lianna Kresnin</td>
</tr>
<tr>
<td>14</td>
<td>Health provider</td>
<td>Spokane Regional Health District</td>
<td>Early Childhood Specialist; Medication assisted treatment program</td>
<td>Rummyana Kudeva, April Pinckney</td>
</tr>
<tr>
<td>15</td>
<td>Health provider</td>
<td>Arcora Foundation</td>
<td>Pediatric dentists, referral pathways, ABCD program</td>
<td>Heather Gallagher</td>
</tr>
<tr>
<td>16</td>
<td>Health provider</td>
<td>WA Chapter American Association of Pediatrics (AAP)</td>
<td>Program manager for early childhood support</td>
<td>Kailani Amine</td>
</tr>
<tr>
<td>17</td>
<td>Health provider</td>
<td>Skagit Pediatrics</td>
<td>HMG Skagit, pediatrics provider outreach</td>
<td>Dr. Francie Chalmers</td>
</tr>
<tr>
<td>18</td>
<td>Health provider</td>
<td>Pediatrics Northwest</td>
<td>HMG Pierce, referral pathways</td>
<td>Dr. Mary Ann Woodruff</td>
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<td>Happy Kids Dentistry</td>
<td>ABCD program pediatric dentist in Longview (Cowlitz Count)</td>
<td>Dr. Hani Eid</td>
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<td>Yakima Valley Farm Workers Clinic</td>
<td>Referral pathways, HMG Yakima</td>
<td>Dr. Thatcher Felt</td>
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Bibliography Additional Materials Consulted

- Help Me Grow’s Accomplishment Report 2022 & 2021
- Washington’s Statewide Early Learning Needs Assessment (2020):
- The State of the Children reports prepared by Washington Stem in collaboration with Washington Communities for Children: https://washingtonstem.org/focus_area/stembythenumbers/#SOTCReports
- Various HMG National resources (2020 strategic growth plan, data collection & reporting guidelines, core components, and an embargoed version of State-level Analysis Aug 2022)
- Michigan’s HMG strategic plan
- WIR’s sub-affiliate agreement templates and executed agreements
- Early Learning Coordinated Plan: shared vision
- Washington Fatherhood Council
- WA State FRC Landscape Study
- Other resources, efforts, initiatives, and frameworks reviewed/considered: Prenatal to Three Coalition (WIR), WA Early Childhood Comprehensive Systems (WA ECCS strategic plan), Family Resource Centers (FRC) statewide strategy, ACH – data systems/technology build out, LHJ partnerships, Family Connects WA programs, Governor’s Plan to Dismantle Poverty, Office of Equity PEAR Plan & Playbook