

Help Me Grow (HMG) Maine

Maine's Statewide Family Support Resource

Performance period 10/2023–4/2026

Community-based approaches that help families navigate early childhood services are a critical component of system building, particularly for families who face barriers to accessing traditional service systems. Trusted organizations that support navigation, early identification of needs, and connections across health, education, and social services can strengthen family engagement and promote more coordinated, responsive systems for young children and their families.

Help Me Grow (HMG) Maine is a national model that builds coordinated community-based resources for early detection and intervention for developmental and behavioral concerns in children from birth through age eight. Through the PDG-R, Maine invested in expanding HMG Maine statewide by strengthening centralized access points, increasing outreach to families and organizations, and improving referral pathways across pediatric providers, early care and education programs, public schools, and community service providers.

Because HMG Maine operates as a systems initiative—connecting families to existing services rather than delivering them directly, its impact is visible at two levels: the families it serves and the systems it strengthens. The sections that follow examine how HMG Maine was implemented, what it achieved for families, and how its data, partnerships, and practice contributed to changes in Maine's early childhood service landscape.

This report presents **findings from outcome-focused assessment activities** conducted in fall 2025 as part of Maine's Preschool Development Grant–Renewal (PDG-R) program. Drawing on diverse data,¹ the report examines the Help Me Grow Maine initiative with respect to the following PDG-R outcome areas:

- **Impact**, including families reached, developmental screenings conducted, service connections made, and early evidence of family navigation outcomes.
- **Communication and cross-sector coordination**, including partnerships with state agencies and community organizations that extended the initiative's reach.
- **System building**, including contributions to cultural and linguistically responsive service infrastructure.
- **Supports and access**, including multilingual services, cultural brokering, and strategies for reducing barriers to family engagement.

¹Data sources for this report include a qualitative focus group with HMG Maine initiative staff, service descriptive statistics, data dashboards, and annual reports provided by HMG Maine.

The Maine Department of Health and Human Services' Office of Child and Family Services (OCFS) launched Help Me Grow Maine in November 2022 as a centralized access point connecting families of children from birth through age eight, as well as expecting parents, to developmental screening, service navigation, and community resources. Operating in partnership with 211 Maine, HMG Maine can be reached by phone, web referral, fax, or through community outreach events. The initiative uses the STAR (System for Tracking Access to Referrals) database for care coordination and data collection.

HMG Maine offers two tiers of support based on family preference. Inquiry cases provide information and resource connections without ongoing follow-up. Intake cases involve care coordination from a Family Support Specialist, with structured follow-up at 5, 25, and 60 days after initial contact. The initiative was fully staffed for the first time in 2024, with a Program Manager, Outreach Specialist, Developmental Screening Specialist, Program Specialist responsible for data and policy, and five Family Support Specialists including two cultural brokers who provide navigation, interpretation, and direct support to families who speak languages other than English.

Core activities included developmental screening using the ASQ-3 and ASQ-SE¹, service referral and care coordination, "closed-loop" communication with referring providers, and community outreach. Outreach took multiple forms: Build & Bloom family engagement events combining literacy activities, developmental screenings, and resource distribution; Stories and Screenings events at libraries statewide; screening trainings at early childhood education programs; and resource tables at health fairs, professional conferences, and community events. HMG Maine also sent

KEY FEATURES OF HELP ME GROW MAINE

Launched in November 2022 by OCFS in partnership with 211 Maine as a centralized access point for families of children from birth to eight and expecting parents

Two service tiers: inquiry (information only) and intake (care coordination with follow-up at 5, 25, and 60 days)

Developmental screening using the **ASQ-3 and ASQ-SE¹** with "closed-loop" communication back to referring providers

Family Support Specialists, including two cultural brokers serving families in multiple languages

Community Leader Taskforce comprising 20 representatives from 12 ethnic communities; produced informational videos in 10 languages

Car seat safety certification and statewide distribution through partnership with **Maine Child Passenger Safety Program**

RUBI pilot and Reach My Teach multilingual communication platform use developed in response to family needs identified through program data

¹The ASQ-3 (Ages and Stages Questionnaires, Third Edition) and ASQ-SE (Ages and Stages Questionnaires: Social-Emotional) are standardized parent-completed screening tools for developmental and social-emotional concerns.

information and materials about the resource to every library, food pantry, and early care and education provider in the state.

Over the course of the grant period, HMG Maine developed additional activities in response to needs identified through its work with families. The Community Leader Taskforce—comprising 20 trusted leaders, agency representatives, and community health workers from 12 ethnic communities—was convened to bridge communication between immigrant families and service systems. The task force produced informational videos on prenatal care, postnatal care, and child development in 10 languages and worked with providers to identify effective outreach locations and communication channels. Through a partnership with the Maine Child Passenger Safety Program, five HMG Maine staff members became certified car seat safety technicians and began distributing car seats statewide. HMG Maine also initiated a Research Units in Behavioral Intervention² (RUBI) pilot that provides evidence-based parenting support for families of children with autism, intellectual disability, and developmental delay, and implemented Reach My Teach. This communication platform enables staff to connect with families through WhatsApp and other tools in the languages they use daily.

What was the impact of Help Me Grow?

Understanding the impact of PDG-R–supported initiatives requires assessing whether investments advanced their intended purposes. Help Me Grow Maine was designed as a statewide system expansion, building a coordinated, community-based infrastructure to connect families to screening, services, and support. Unlike time-limited professional development initiatives, HMG Maine operated as a continuous service, with impact documented through program data collected across two full calendar years (2023 and 2024) and into 2025.

HMG Maine's intended outcomes were to:

- Provide **ongoing navigation support so families** can access services needed to support their children's development.
- Make **developmental screening universally available** across Maine.
- Strengthen **families' knowledge of child development** and ability to advocate for their children.

The findings below are organized around these intended outcomes.

Family Navigation and Service Connection

Families contacted HMG Maine regarding developmental milestones, behavioral concerns, basic needs such as food, housing, and car seats, child care access, and caregiver support—often presenting with multiple needs simultaneously. Throughout the grant period, both the scale/spread of the resource and the successful connections with families to meet their needs showed improvement.

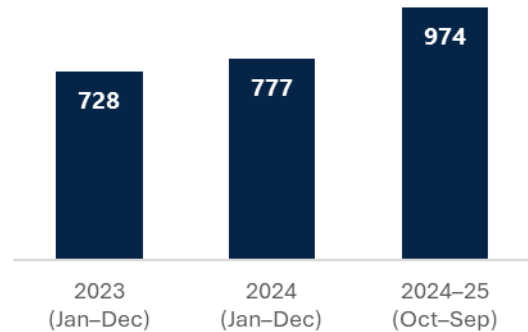
Approximately four out of five families were successfully connected to at least one service in each reporting period, with the highest rate (84%) in 2024. At the same time, documented barriers to

²Research Units in Behavioral Intervention (RUBI) is an evidence-based parent training program for caregivers of children with autism, intellectual disability, and developmental delay.

service access—including eligibility requirements, waitlists, and access to services—declined from 13% of cases to 4%. Even among families who faced barriers, more than half remained connected to services. These shifts indicate not only expanded reach but also more consistent navigation success as the initiative matured.

Families increasingly selected ongoing care coordination rather than one-time information (54%–74%), with intake cases remaining open for an average of 66 days—reflecting sustained engagement rather than one-time contact. This increase occurred alongside growth in overall service volume, indicating that HMG Maine maintained the quality of engagement even as demand expanded. One caregiver described the experience:

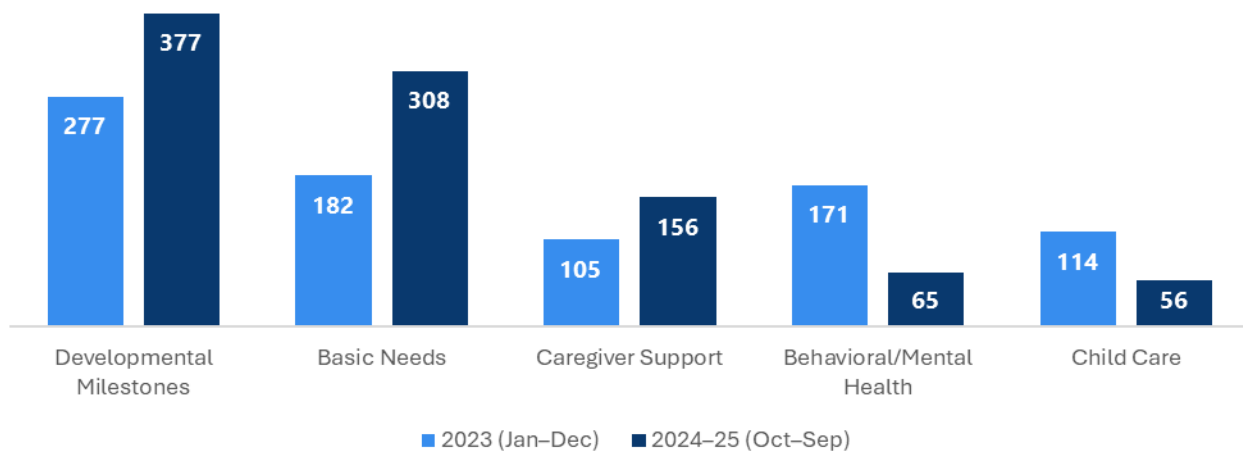
Unique Children Served



"It wasn't until working with our Family Support Specialist that I felt that finding support for my daughter would actually happen." (Family Satisfaction Survey, 2024)

Patterns of need also evolved during the grant period:

Cases by Concern

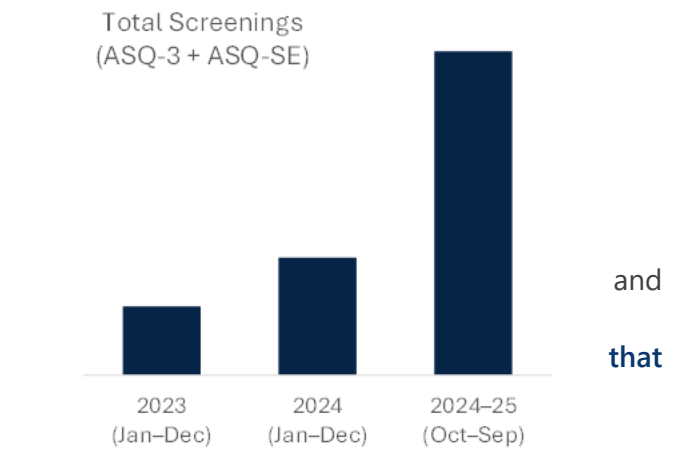


Basic needs referrals nearly doubled from 2023 to 2024, particularly among families of infants and toddlers. This trend reflects HMG Maine's role as an entry point for a broad range of family supports, extending beyond developmental screening alone.

Developmental Screening and Early Identification

This increase reflects both direct screening and expanded screening capacity through partner systems. When screenings identified concerns—over half of ASQ-3 screenings and roughly one-quarter of ASQ-SE screenings—families received follow-up and referral support. The introduction of screening through additional access points—including the newborn bundle box³ distribution partner-administered screenings—further broadened reach. **Together, these trends indicate screening has become more accessible and more embedded in family touchpoints across the state.**

Screening volume expanded significantly during the grant period:



Family Knowledge and Advocacy

At Build & Bloom events, **100% of attending parents reported increased awareness of community resources**, and 89% reported improved understanding of how play supports development (HMG Maine 2023 Annual Report, parent interview). Families' growing preference for ongoing navigation support, along with declining barriers and increased service connection rates, suggests improvements not only in service access but in families' ability to engage effectively with providers. **The closed-loop communication model—in which screening and referral outcomes were shared with referring providers in 85% of consented cases—reduced duplication and supported continuity across systems.**

How did Help Me Grow contribute to building a stronger early childhood service system?

For most PDG-R initiatives, collaborations and system building are distinct topics—partnerships support the work, and system-level changes emerge from it. For Help Me Grow, they are inseparable. Because HMG Maine connects families to existing services rather than delivering them directly, its partnerships are not supplementary; they are the mechanism by which the initiative operates and systems change. A collaboration with the Women, Infants, and Children (WIC) nutrition program—serving low-income families with young children—functions at once as a referral relationship, a screening strategy, and a structural change in how developmental monitoring reaches families statewide. This section, therefore, presents HMG Maine's collaborations and system-building contributions together, reflecting how the initiative functioned in practice.

³Bundle boxes are packages of Help Me Grow informational materials—including Maine Access Guides, developmental milestone resources, and information about HMG services—assembled for distribution to families of newborns through partner organizations.

Over the grant period, HMG Maine built partnerships that strengthened referral pathways, expanded access to screening, and generated data to inform policy and funding decisions. The table below summarizes how needs identified through HMG Maine's work with families led to coordinated partnerships and system-level responses.

Table 1. HMG Partnerships and System-Level Results

What HMG Identified	Partner	What Changed
Screening access is limited in community benefit settings.	WIC	Statewide text-based ASQ invitations in all available languages; 221 screenings in one quarter; recurring twice-yearly mechanism for future collaboration
Screening capacity was concentrated within the HMG Maine staff.	6 early care and education centers	ASQ training and screening kits provided; providers now screening independently
Developmental screening and follow-up is not embedded consistently in the healthcare workflow.	HealthReach / Federally Qualified Health Centers (FQHCs)	Collaboration with HealthReach, ASQ training, and workflow/policy support for all providers in the network
Car seat safety is a significant basic need.	Bureau of Highway Safety	5 HMG Maine staff certified Child Passenger Safety Technicians; 150 car seats distributed statewide
Communication gaps exist between families and providers.	Community Leader Taskforce	20 representatives from 12 communities; videos about targeted topics created and posted on YouTube in 10 languages; outreach strategy advising
Delays and documentation barriers in referral pathways are a concern.	Child Development Services / Child Care Affordability Program /HeadStart	Streamlined workflows; reduced waitlist delays
Diapers are a top unmet basic need.	Maine Community Action Partnership	\$1M diaper distribution grant
Families are unaware of HMG Maine at birth.	United Way	1,417 newborns reached through Bundle box distribution
Behavioral health waitlists are a significant barrier for families.	MaineCare/RUBI	RUBI pilot initiated; continued advocacy for early intervention policy development
There is a need for provider coordination.	Healthcare providers	3,779 provider contacts; 85% closed-loop communication rate with referring providers
There is a need for data-informed decision-making.	Children's Cabinet/ Maine Centers for Disease Control (CDC)/Behavioral Health	Data shared with Children's Cabinet, Maine CDC, and community partners statewide to support local needs assessment

These examples illustrate how real-time data-informed policy, funding, and infrastructure decisions extend beyond direct service delivery. In addition, day-to-day coordination between HMG Maine and partner agencies addressed practical access barriers; for example, collaboration with the Childcare Affordability Program resolved a documentation gap that had kept a family on a waitlist (Staff Focus Group, 2025).

Cross-Sector Coordination and Communication. HMG Maine’s position as a centralized access point created communication pathways between systems that had not previously been connected. The closed-loop model formalized information sharing between HMG Maine and healthcare providers. Staff developed direct workflows with Child Development Services (CDS), the Child Care Affordability Program, and Head Start to streamline referrals and reduce the number of steps families needed to navigate independently. The Community Leader Taskforce created a two-way channel between community leaders and service providers, providing advice on communication strategies and increasing community awareness of available supports. In this role, HMG Maine functioned as a connector not only for families but also between the systems that serve them.

Data as a system-building tool. The Maine Legislature required HMG Maine to report on trends and barriers, positioning program data as evidence for state-level decision-making. In January 2025, HMG Maine presented data to the Maine Children’s Cabinet. Program data contributed to policy and resource development beyond the initiative itself, including:

- Development of a statewide RUBI behavioral health pilot in response to waitlist data
- A \$1 million diaper distribution grant secured by Maine Community Action Partnership
- Ongoing Medicaid early intervention policy development for children who do not meet diagnostic thresholds but demonstrate developmental delays—expanding access during a period of significant early brain plasticity.

Together, these shifts moved developmental screening from an HMG Maine-centered activity toward infrastructure embedded across multiple systems.

National recognition and quality infrastructure. In 2024, Help Me Grow Maine achieved full implementation status within the HMG National Network. Maine served on the 2025 National Affiliate Advisory Board and presented its work nationally. HMG Maine also renewed its STAR database contract and initiated a Plan-Do-Study-Act cycle to strengthen WIC linkage and reinforce continuous quality improvement practices.

Internal Collaboration. Qualitative data indicates that HMG Maine’s external partnerships were supported by strong internal coordination. Staff described routinely drawing on one another’s expertise in program management, data and policy analysis, community engagement, and direct family support. As one staff member reflected, “I think our team in general, we are doers. We don’t sit around and wait...we work together and find a solution that is possible” (Staff Focus Group, 2025). This internal collaboration enabled the initiative to translate data into coordinated system responses.

Together, these partnerships and data-driven responses indicate that HMG Maine functioned not only as a family navigation service but as a contributor to structural change within Maine’s early childhood system.

In what ways did Help Me Grow support accessibility and participation for families?

Help Me Grow Maine was designed to be accessible to all families of children from birth to eight across the state. Over the grant period, the initiative expanded both the strategies it used and the populations it reached.

Access

HMG Maine invested in multiple strategies to reduce barriers and meet families where they are. These included staff who provided direct accompaniment to appointments and assistance with paperwork and applications; the Reach My Teach communication platform, enabling staff to connect with families through multiple channels; informational videos and print materials designed to be accessible across a range of needs; and outreach through trusted community settings such as libraries, child care centers, shelters, and family events. As one staff member described:

“You know, families are calling us to get help in overcoming the barriers and getting connected every day. They use us, and we go the extra mile. I’ll scroll after hours and make sure they have been connected. This is something that we try to do, and we’ve been successful in closing many cases this way.”

Geographic Reach

Families connected with HMG Maine from all 16 Maine counties, and over half of the counties saw increases in children served from 2023 to 2024. Build & Bloom events were held in Waterville (2023), Presque Isle (2024), and Wiscasset (2025), expanding the geographic footprint of family engagement. Bundle boxes with HMG Maine materials were distributed to 1,417 newborns in five predominantly rural counties. The initiative planned a 2025 outreach focused on rural and underserved areas, using data to identify specific locations. (HMG Maine Annual Reports; HMG Maine 2025 PDG Poster; Monthly Implementation Logs).

Documented barriers to service access declined substantially during the grant period. When barriers were present, staff connected families to alternate services or identified issues that could be resolved. The car seat initiative addressed a basic safety need that families could not easily access through other channels—150 car seats were distributed statewide, with child development packets tailored by age group included with each seat (HMG Maine Annual Reports; HMG 2025 Data Dashboard; Monthly Implementation Logs).

Entry points. HMG Maine maintained multiple pathways for families to connect, including direct parent/caregiver contact, healthcare provider referral, 211 transfer, community provider referral, Child Development Services referral, online ASQ completion, and community outreach events. The top three ways families heard about HMG Maine in 2024 were outreach events (24%), healthcare providers (22%), and Child Development Services (17%), suggesting that both community-based and system-based referral pathways were functioning (HMG Maine 2024 Annual Report).

Sustainability

Several elements of Help Me Grow's design position components of the work to continue beyond the grant period. Screening capacity built within early childhood programs, healthcare providers, and WIC operates independently of direct HMG Maine staffing. The Legislature's requirement that HMG Maine report on statewide trends, along with achievement of full implementation status within the national HMG network, provides institutional anchors that support continued investment and oversight.

At the same time, the sustainability of staffing and dedicated coordination remains dependent on funding decisions. Exploration of alignment with Community Action Programs reflects ongoing efforts to identify shared service models that may strengthen long-term viability.

Lessons Learned

- **Flexibility to respond to emerging needs was a defining strength of HMG Maine's implementation.** The initiative's most impactful activities—the Community Leader Taskforce, the WIC screening partnership—were not part of the original implementation plan. They emerged because staff had internal communication and institutional support to act on what they were learning from families. Initiatives that build in room for adaptive response may achieve outcomes beyond their original design.
- **Ongoing data collection enabled system-level advocacy, not just program management.** HMG's use of the STAR system to track trends and barriers in real time drove the RUBI pilot, the Maine Community Action Partnership diaper grant, and the Medicaid early intervention policy work. Programs that collect and use data continuously can function as early warning systems for the broader service landscape.
- **Building capacity in partner systems proved more scalable than expanding direct service.** Training early care and education centers, Federally Qualified Health Centers and WIC to administer screenings and connect families independently created an infrastructure that persists regardless of HMG Maine's grant status. Investing in partner capacity extends reach without requiring proportional growth in staffing.
- **Families' needs were broader than developmental screening alone.** The growth in basic needs and caregiver support contacts underscores the importance of centralized access points that connect families across multiple service domains, not just child development.
- **Strong internal teamwork was foundational to every external success.** Staff with diverse expertise drew on each other's knowledge daily, solving problems in the moment rather than through formal channels. As one staff member reflected: "I hope that this work shows the value of this kind of staffing, and that funders can see that accessibility is so much more improved with their help" (Staff Focus Group, 2025).

Summary

Help Me Grow Maine grew from a newly launched centralized access point in 2022 to a fully implemented, nationally recognized system serving nearly 1,000 children per year across all 16 counties. During the PDG-R period, the initiative increased the number of families served, improved service connection rates, reduced documented barriers from 13% to 4%, and more than quadrupled developmental screening volume. Families increasingly engaged in ongoing care coordination, and screening became accessible across multiple community entry points—early care and education centers, Federally Qualified Health Centers, and WIC.

Beyond direct service outcomes, HMG Maine's data and partnerships drove concrete changes in the broader system—contributing to: a potential Medicaid early intervention policy, a \$1 million diaper-distribution grant, and a behavioral health pilot. The initiative's responsiveness—adapting its activities based on what families actually needed—was a defining feature of its implementation and a key contributor to its results. Elements of this work, particularly the screening infrastructure embedded in other systems and the data reporting mandate from the Legislature, are positioned to continue beyond the PDG-R grant period.

