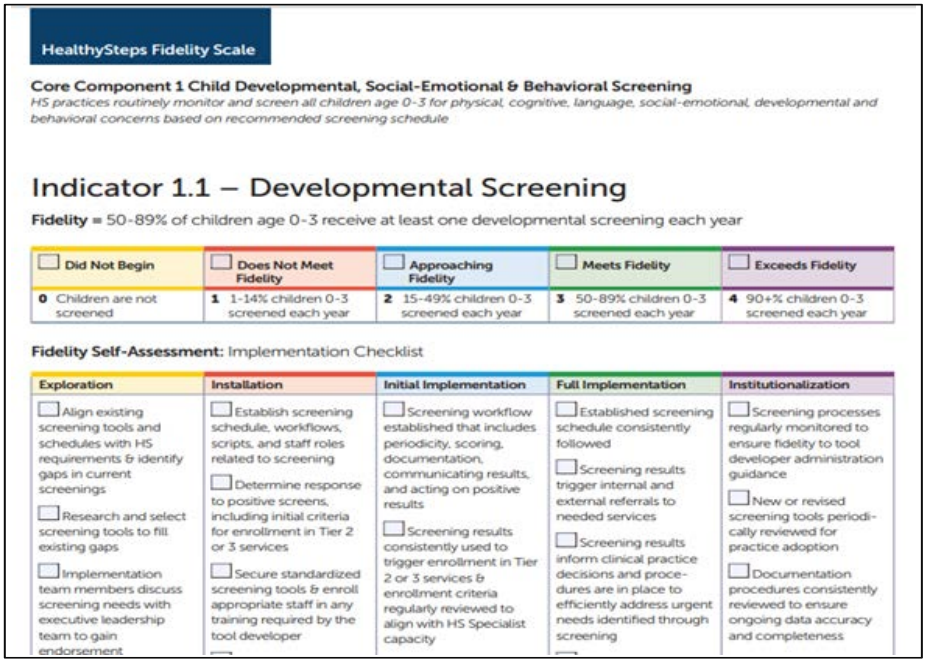
Fidelity Scales

October 2022

Overview

The HealthySteps (HS) Fidelity Scales are a tool to assess a HealthySteps sites' implementation of the evidence-based HealthySteps model in relation to the HS fidelity requirements. There are 12 fidelity scales, each representing a fidelity indicator associated with one of the 8 Core Components of the model. Each fidelity scale is comprised of three sections:

- **Core Component Description** – Brief description of the Core Component assessed in the fidelity scale, as well as the associated fidelity indicator number and name.
- **Fidelity Indicator & Scale** – Numeric ratings (on a scale from 0 to 4) for the fidelity indicator, with a rating of 3 representing attainment of "Meets Fidelity." Whereas some Core Components only have one associated fidelity indicator, others have multiple associated indicators.
- **Fidelity Self-Assessment Implementation Checklist** – Bulleted checklist of key activities that lead to successful implementation of the Core Component, grounded in the stages of implementation science. The checklist does not affect a site's fidelity rating but is instead intended for diagnostic purposes, allowing sites to determine why their rating is high/low and to guide action planning to address fidelity shortfalls. The *HealthySteps Implementation Guide* and the *Core Component e-learnings* provide more detailed information on the implementation of each Core Component.



HealthySteps Fidelity Scale

Core Component 1 Child Developmental, Social-Emotional & Behavioral Screening

HS practices routinely monitor and screen all children age 0-3 for physical, cognitive, language, social-emotional, developmental and behavioral concerns based on recommended screening schedule

Indicator 1.1 – Developmental Screening

Fidelity = 50-89% of children age 0-3 receive at least one developmental screening each year

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children are not screened	**1** 1-14% children 0-3 screened each year	**2** 15-49% children 0-3 screened each year	**3** 50-89% children 0-3 screened each year	**4** 90+% children 0-3 screened each year

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance
☐ Research and select screening tools to fill existing gaps	☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity	☐ Screening results trigger internal and external referrals to needed services	☐ New or revised screening tools periodically reviewed for practice adoption
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer		☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness

Core Component Description

Fidelity Indicator & Scale

Fidelity Self-Assessment Implementation Checklist

**Please note within the fidelity scales the Core Component numbers are adjusted to make the fidelity scoring among tiers easier to visualize and calculate, the Core Component numbering does not reflect the numbering found in other non-fidelity related HS resources.*

Instructions

Please follow these instructions to complete the first portion of the fidelity self-assessment:

- ☐ Review the fidelity scale for indicator 1.1 and select the rating that best reflects your site's current status. These ratings should be based on actual data rather than best guess estimates to ensure that documentation accurately reflects service delivery.
- ☐ Complete the implementation checklist for indicator 1.1 by checking off each item that your site has completed to date, beginning with the "Exploration" stage and continuing through the "Institutionalization" stage. If you are unsure which items have been completed, it may be helpful to consult with other members of your HealthySteps team to determine your site's current status.

  Please note, that the items in the checklist are not directly linked to the fidelity indicator rating. Rather, they represent activities that are closely associated with achievement of a particular rating. For example, your site may achieve a rating of 2 (Approaching Fidelity) on the indicator but find that some key activities in the second stage of implementation (Installation) were never completed – in this case, completing those activities may help your site achieve a rating of 3 (Meets Fidelity) on a subsequent assessment. Similarly, your site may achieve a rating of 3 (Meets Fidelity) but wish to increase to 4 (Exceeds Fidelity) – in this case, the checklist for the final stage of implementation (Institutionalization) can guide action steps to reach a status of Exceeds Fidelity.
- ☐ Repeat the three steps above for the other 11 fidelity scales.
- ☐ Record your selected fidelity rating for each of the 12 indicators in the Fidelity Scoring Table Worksheet on the next page. Having all your ratings in one place will make it easier to **transfer them into your Fidelity Scorecard** to yield fidelity scores at the Core Component, tier, and overall model levels in the next step.
- ☐ Move on to the second portion of the fidelity self-assessment, the Fidelity Scorecard!

Fidelity Scoring Table Worksheet

(worksheet only - transfer scores to Fidelity Scorecard)

HealthySteps Core Components & Associated Fidelity Indicators	Rating
Tier 1 – Universal Services	
1. Child Developmental, Social-Emotional & Behavioral Screening	
1.1 Developmental screening	0
1.2 Social-emotional/behavioral screening	0
1.3. Autism screening	0
2. Family Needs Screening	
2.1. Maternal depression screening	0
2.2 Family needs screening *(If you are using the HS Family Needs Questionnaire [FNQ], indicate one score in row 2.2. If your practice is not using the HS FNQ, indicate scores for each and place the score of your most frequently administered screening in row 2.2. [Your fidelity level will be based on your most frequently administered screening])*	0
2.2.a Food insecurity	0
2.2.b Housing instability or homelessness	0
2.2.c Utility needs	0
2.2.d Transportation needs	0
2.2.e Interpersonal safety	0
2.2.f Substance misuse	0
2.2.g Tobacco use	0
3. Family Support Line	
3.1 Family support line response time	0
Tier 2 – Short-Term Supports	
4. Child Development & Behavior Consults	
4.1 Tier 2 consult within 3 months of referral	0
Tier 3 – Comprehensive Services	
5. Ongoing, Preventive Team-Based Well-Child Visits (WCV)	
5.1 Tier 3 team-based WCVs children age 0-3	0
6. Care Coordination & Systems Navigation*	
6.1 Tier 3 child early intervention referral status updated	0
6.2 Tier 3 maternal depression referral status updated	0
7. Positive Parenting Guidance & Information*	
7.1 Positive parenting guidance in Tier 3 WCVs	0
8. Early Learning Resources*	
8.1 Early learning resources in Tier 3 WCVs	0

** Although these services are also provided to Tier 2 families, the HealthySteps National Office only requires sites to report on provision of these services to Tier 3 families to reduce data collection burden.*

HealthySteps Fidelity Scales

The following pages contain the 12 fidelity scales tied to the 8 Core Components of the HealthySteps model:

1.1 Developmental screening
1.2 Social-emotional/behavioral screening
1.3 Autism screening

2.1 Maternal depression screening
2.2 Family needs screening

3.1 Family support line response time

4.1 Tier 2 consult within 3 months of referral

5.1 Tier 3 team-based WCVs for children age 0-3

6.1 Tier 3 child early intervention referral status updated
6.2 Tier 3 maternal depression referral status updated

7.1 Positive parenting guidance in Tier 3 WCVs

8.1 Early learning resources in Tier 3 WCVs

Core Component 1 Child Developmental, Social-Emotional & Behavioral Screening

HS practices routinely monitor and screen all children age 0-3 for physical, cognitive, language, social-emotional, developmental and behavioral concerns based on recommended screening schedule

Indicator 1.1 – Developmental Screening

Fidelity = 50-89% of children age 0-3 receive at least one developmental screening each year

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children are not screened	**1** 1-14% children 0-3 screened each year	**2** 15-49% children 0-3 screened each year	**3** 50-89% children 0-3 screened each year	**4** 90+% children 0-3 screened each year

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance
☐ Research and select screening tools to fill existing gaps	☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity	☐ Screening results trigger internal and external referrals to needed services	☐ New or revised screening tools periodically reviewed for practice adoption
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer	☐ CQI processes routinely used to refine workflow and documentation processes to ensure completeness, accuracy, and efficiency	☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness
☐ Outline documentation needs & identify gaps in existing data collection processes and system(s)	☐ Train appropriate staff on screening tool administration, scoring and documentation	☐ Screening data fields are defined and included within the established data collection system	☐ Screening data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting	
☐ Explore screening reimbursement (including allowable screens, frequency, provider type)	☐ Engage data/IT specialists to plan for data collection needs	☐ Documentation and reimbursement processes established for coding/billing all screenings	☐ Screenings are reimbursed to the extent permissible under state or payer guidelines	
☐ Develop plan to scale new screenings across <u>all</u> children 0-3 in the practice	☐ Engage coding/billing specialists to plan for documentation and coding/billing needs			
	☐ Identify referral resources, including potential connection to existing local resource and referral system			

Core Component 1 Child Developmental, Social-Emotional & Behavioral Screening

HS practices routinely monitor and screen all children age 0-3 for physical, cognitive, language, social-emotional, developmental and behavioral concerns based on recommended screening schedule

Indicator 1.2 – Social-Emotional/Behavioral Screening

Fidelity = 50-74% of children age 0-3 receive at least one social-emotional/behavioral screening each year

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children are not screened	**1** 1-14% children 0-3 screened each year	**2** 15-49% children 0-3 screened each year	**3** 50-74% children 0-3 screened each year	**4** 75+% children 0-3 screened each year

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance
☐ Research and select screening tools to fill existing gaps	☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity	☐ Screening results trigger internal and external referrals to needed services	☐ New or revised screening tools periodically reviewed for practice adoption
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer	☐ CQI processes routinely used to refine workflow and documentation processes to ensure completeness, accuracy, and efficiency	☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness
☐ Outline documentation needs & identify gaps in existing data collection processes and system(s)	☐ Train appropriate staff on screening tool administration, scoring and documentation	☐ Screening data fields are defined and included within the established data collection system	☐ Screening data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting	
☐ Explore screening reimbursement (including allowable screens, frequency, provider type)	☐ Engage data/IT specialists to plan for data collection needs	☐ Documentation and reimbursement processes established for coding/billing all screenings	☐ Screenings are reimbursed to the extent permissible under state or payer guidelines	
☐ Develop plan to scale new screenings across <u>all</u> children 0-3 in the practice	☐ Engage coding/billing specialists to plan for documentation and coding/billing needs			
	☐ Identify referral resources, including potential connection to existing local resource and referral system			

Core Component 1 Child Developmental, Social-Emotional & Behavioral Screening

HS practices routinely monitor and screen all children age 0-3 for physical, cognitive, language, social-emotional, developmental and behavioral concerns based on recommended screening schedule

Indicator 1.3 – Autism Screening

Fidelity = 50-89% of children are screened for autism at least once by their 24-month visit

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children are not screened	**1** 1-14% children 0-3 screened by 24m WCV	**2** 15-49% children 0-3 screened by 24m WCV	**3** 50-89% children 0-3 screened by 24m WCV	**4** 90+% children 0-3 screened by 24m WCV

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance
☐ Research and select screening tools to fill existing gaps	☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity	☐ Screening results trigger internal and external referrals to needed services	☐ New or revised screening tools periodically reviewed for practice adoption
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer	☐ CQI processes routinely used to refine workflow and documentation processes to ensure completeness, accuracy, and efficiency	☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness
☐ Outline documentation needs & identify gaps in existing data collection processes and system(s)	☐ Train appropriate staff on screening tool administration, scoring and documentation	☐ Screening data fields are defined and included within the established data collection system	☐ Screening data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting	
☐ Explore screening reimbursement (including allowable screens, frequency, provider type)	☐ Engage data/IT specialists to plan for data collection needs	☐ Documentation and reimbursement processes established for coding/billing all screenings	☐ Screenings are reimbursed to the extent permissible under state or payer guidelines	
☐ Develop plan to scale new screenings across <u>all</u> children 0-3 in the practice	☐ Engage coding/billing specialists to plan for documentation and coding/billing needs			
	☐ Identify referral resources, including potential connection to existing local resource and referral system			

Core Component 2 Screening for Family Needs

HS practices routinely monitor and screen all families with children ages 0 -3 for important family needs based on a recommended screening schedule

Indicator 2.1 – Maternal Depression Screening

Fidelity = 50-89% of children age 0- 3 have their mothers screened at least once for maternal depression by their child's 6-month visit

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children's mothers are not screened	**1** 1-14% mothers screened by 6m visit	**2** 15-49% mothers screened by 6m visit	**3** 50-89% mothers screened by 6m visit	**4** 90+% mothers screened by 6m visit

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance
☐ Research and select screening tools to fill existing gaps	☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity	☐ Screening results trigger internal and external referrals to needed services	☐ New or revised screening tools periodically reviewed for practice adoption
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer	☐ CQI processes routinely used to refine workflow and documentation processes to ensure completeness, accuracy, and efficiency	☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness
☐ Outline documentation needs & identify gaps in existing data collection processes and system(s)	☐ Train appropriate staff on screening tool administration, scoring and documentation	☐ Screening data fields are defined and included within the established data collection system	☐ Screening data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting	
☐ Explore screening reimbursement (including allowable screens, frequency, provider type)	☐ Engage data/IT specialists to plan for data collection needs	☐ Documentation and reimbursement processes established for coding/billing all screenings	☐ Screenings are reimbursed to the extent permissible under state or payer guidelines	
☐ Develop plan to scale new screenings across <u>all</u> children 0-3 in the practice	☐ Engage coding/billing specialists to plan for documentation and coding/billing needs			
	☐ Identify referral resources, including potential connection to existing local resource and referral system			

Core Component 2 Screening for Family Needs

HS practices routinely monitor and screen all families with children ages 0-3 for important family needs based on a recommended screening schedule

Indicator 2.2 – Family Needs Screening

Fidelity = 50-74% of children age 0–3 have at least one family member screened for at least one key family need each year (see indicator 2.2 sub-scales below)

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Families are not screened	**1** 1-14% families screened each year	**2** 15-49% families screened each year	**3** 50-74% families screened each year	**4** 75+% families screened each year

If your practice is using the HS Family Needs Questionnaire that includes all 7 key needs listed below, you may indicate one score above. If your practice is not using the HS FNQ, please indicate scores for each need below – your fidelity level will be based on your most frequently administered screening.

Indicator 2.2 Sub-scales	Families are not screened	1-14% families screened	15-49% families screened	50-74% families screened	75+% families screened
a. Food insecurity	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
b. Housing instability or homelessness	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
c. Utility needs	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
d. Transportation needs	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
e. Interpersonal safety	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
f. Substance misuse	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐
g. Tobacco use	**0** ☐	**1** ☐	**2** ☐	**3** ☐	**4** ☐

Fidelity Self-Assessment: Implementation Checklist

If using more than 1 screening tool to assess the 7 key family needs, you may want to copy this checklist to use for each screening tool

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Align existing screening tools and schedules with HS requirements & identify gaps in current screenings ☐ Research and select screening tools to fill existing gaps	☐ Establish screening schedule, workflows, scripts, and staff roles related to screening ☐ Determine response to positive screens, including initial criteria for enrollment in Tier 2 or 3 services	☐ Screening workflow established that includes periodicity, scoring, documentation, communicating results, and acting on positive results	☐ Established screening schedule consistently followed ☐ Screening results trigger internal and external referrals to needed services	☐ Screening processes regularly monitored to ensure fidelity to tool developer administration guidance ☐ New or revised screening tools periodically reviewed for practice adoption

Indicator 2.2 – Family needs screening

Fidelity Self-Assessment: Implementation Checklist, continued

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Implementation team members discuss screening needs with executive leadership team to gain endorsement ☐ Outline documentation needs & identify gaps in existing data collection processes and system(s) ☐ Explore screening reimbursement (including allowable screens, frequency, provider type) ☐ Develop plan to scale new screenings across all children 0-3 in the practice	☐ Secure standardized screening tools & enroll appropriate staff in any training required by the tool developer ☐ Train appropriate staff on screening tool administration, scoring and documentation ☐ Engage data/IT specialists to plan for data collection needs ☐ Engage coding/billing specialists to plan for documentation and coding/billing needs ☐ Identify referral resources, including potential connection to existing local resource and referral system	☐ Screening results consistently used to trigger enrollment in Tier 2 or 3 services & enrollment criteria regularly reviewed to align with HS Specialist capacity ☐ CQI processes routinely used to refine workflow and documentation processes to ensure completeness, accuracy, and efficiency ☐ Screening data fields are defined and included within the established data collection system ☐ Documentation and reimbursement processes established for coding/billing all screenings	☐ Screening results inform clinical practice decisions and procedures are in place to efficiently address urgent needs identified through screening ☐ Screening data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting ☐ Screenings are reimbursed to the extent permissible under state or payer guidelines	☐ Documentation procedures consistently reviewed to ensure ongoing data accuracy and completeness

Core Component 3 Family Support Line

All parents with children age 0-3 in HS practices are offered access to the HS Specialist to address non-urgent, non-medical questions on a variety of topics such as child development, parenting, and behavior through a Family Support Line

Indicator 3.1 – Family Support Line response time

Fidelity = The HS Specialist (or other designated practice staff) is able to respond to Family Support Line inquiries from families with children age 0–3 within the timeframe specified by institutional guidelines (or within 3 business days if no guidelines exist) at least 50% of the time (based on estimate)

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 No support line established	**1** Support line established but still working on response procedures/protocols	**2** Able to follow response protocol <50% of the time (based on estimate)	**3** Able to follow response process >50% of the time (based on estimate)	**4** Able to follow response process >50% of the time (based on time-limited data collection)

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Identify any existing child development/ family support lines within the practice	☐ Identify at least one mechanism for support line (e.g., phone, text, video chat)	☐ Support line established and guidance consistently followed	☐ Support line operational & all guidance/ protocols consistently followed	☐ Support line processes regularly monitored to ensure fidelity
☐ Begin preparing for support line responses, including compiling evidence-based resources relevant to common topics and needs	☐ Develop support line guidance including, scope of inquiries (i.e., non-medical needs only), confidentiality, hours of operation, response time, referral/ follow up procedures, and messaging to families	☐ Support line differentiated from medical inquires line & standard message on support line includes information to route medical inquires to other line or 911	☐ Support line regularly promoted to all families with children age 0-3 in the practice	☐ The need for more than one communication mode is evaluated (e.g., phone, text, video chat) to ensure all families with children age 0-3 in the practice have access to support line
☐ Identify prevalent cultures and languages of families	☐ Determine support line workflow, staff roles (including back up plan for staff absences), oversight, and documentation	☐ Responses to support line inquiries reflect prevalent cultures and languages of families	☐ Resources used to support Tier 2 and 3 families (e.g., community resource list, positive parenting guidance, early learning resources) leveraged to address support line inquiries	☐ Regular monitoring of support line volume response time, and family satisfaction
☐ Outline documentation needs & identify gaps in existing data collection processes and system(s)	☐ Establish processes to communicate concerns to primary care provider and identify follow up needs	☐ Support line usage regularly monitored to address challenges and ensure timely response to inquiries	☐ Data collection protocol for support line consistently followed	☐ Annual time-limited data collection (e.g., 2 weeks) established and used to refine guidance and complete HS Annual Site Reporting
☐ Identify and budget for technology needed for dedicated support line separate from medical inquiries line	☐ Train HS Specialists on support line technology and documentation	☐ Documentation needs for support line established and data collection protocol developed	☐ Support line guidance/protocols regularly reviewed and updated, as needed, to address challenges	

Core Component 4 Tier 2 - Child Development & Behavior Consults

All parents with children age 0-3 in HS practices are offered access to the HS Specialist to address non-urgent, non-medical questions on a variety of topics – such as child development, parenting, and behavior – that can be addressed in approximately 1-3 in-person consultations with the HS Specialist

Indicator 4.1 – Tier 2 Consults within 3 months of referral

(if Tier 3 services provided to all children 0-3 in the practice, then fidelity rating will be the same as the indicator 5.1 rating)

Fidelity = 50-74% of children age 0-3 identified as needing Tier 2 services receive a Consult with the HS Specialist within 3 months of the identification of need

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children not receiving consults	**1** 1-14% children 0-3 had consult w/in 3m	**2** 15-49% children 0-3 had consult w/in 3m	**3** 50-74% children 0-3 had consult w/in 3m	**4** 75+% children 0-3 had consult w/in 3 m

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Ensure available office space for HS Specialist to meet in person with families for Tier 2 consults	☐ Train and provide oversight to HS Specialist re: Tier 2 consults to ensure services remain in scope and are consistently delivered across the practice	☐ Tier 2 consults are promoted to practice staff and families & Tier 2 referrals to HS Specialists from within the practice include "warm hand offs"	☐ Tier 2 consults are regularly provided to families and service guidance is consistently followed	☐ HS Specialists regularly discuss Tier 2 service delivery challenges, common consult topics, and any gaps in capacity to address topics, during ongoing reflective supervision
☐ Define scope of Tier 2 consults (i.e., topics covered) as distinct from Tier 1 Child Development Support Line and Tier 3 ongoing, team-based well-child visits	☐ Establish service guidance for Tier 2 consults, including written enrollment criteria, service request response times, cap on number and length of consults, and criteria for discontinuing Tier 2 consults or moving to Tier 3 services	☐ Tier 2 consults address non-medical, non-urgent family concerns in approx. 1-3 sessions and include provision of parenting guidance, early learning resources & referral to needed services	☐ Tier 2 consult caseload is appropriate in relation to Tier 3 caseload and overall demand on HS Specialist	☐ Service guidance for Tier 2 consults regularly revisited to ensure consistent service delivery and a balanced caseload
☐ Determine steps needed to integrate Tier 2 consults into existing practice policies and workflow (including the ability to schedule Tier 2 consults)	☐ Establish workflow for Tier 2 consults & feedback loops ensuring continuity of care with primary care team	☐ Tier 2 consults consistently tracked to ensure manageable caseload for HS Specialist and scheduling within designated response time	☐ Tier 2 consults consistently occur within designated response time	☐ Considers demand and supply issues and potential need to increase number of HS Specialists
☐ Outline documentation needs for Tier 2 consults & identify gaps in existing data collection processes and system(s)	☐ Engage data/IT specialists to identify data collection system, and plan for data collection based on documentation needs	☐ Tier 2 consults consistently occur within designated response time & eligibility criteria regularly reviewed to ensure manageable caseload	☐ Tier 2 data required for reporting to the HS National Office are consistently collected, extracted, analyzed, and used for CQI and reporting	☐ Documentation procedures consistently followed to ensure data accuracy and completeness
☐ Explore Tier 2 consult reimbursement (including allowable services for consults, frequency, provider type)	☐ Engage coding/billing specialists to establish coding & billing for Tier 2 services (including sharing Tier 2 consult service examples with coding/billing specialists)	☐ Tier 2 consult data fields are defined and included within established data collection system	☐ Services provided during Tier 2 consults are reimbursed to the extent permissible under state or payer guidelines	☐ Billing for reimbursable services provided during Tier 2 consults are fully embedded in the HS sites data collection and billing system(s)
		☐ Coding/billing and reimbursement processes established		

Core Component 5 Ongoing, Preventive Team-Based Well-Child Visits

For families identified with significant risk factors, the HS Specialist provides support in the exam room prior to, during, and/or following a baby's routine health care maintenance visits

Indicator 5.1 – Tier 3 Team-Based WCVs children age 0-3

Fidelity = 50-89% of children age 0-3 receiving Tier 3 services received at least two ongoing, preventive Team-Based Well-Child visits including a HealthySteps Specialist during the year.

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Children age 0-3 do not receive at least 2 team-based WCVs including a HealthySteps Specialist	**1** 1-14% of children age 0-3 received at least 2 team-based WCVs during the year	**2** 15-49% of children age 0-3 received at least 2 team-based WCVs during the year	**3** 50-89% of children age 0-3 received at least 2 team-based WCVs during the year	**4** 90+% of children age 0-3 received at least 2 team-based WCVs during the year

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Ensure available office space for HS Specialist to meet in person with Tier 3 families	☐ Train HS Specialist in Tier 3 team-based WCVs and establish process for ongoing supervision/ oversight	☐ Scheduling system established to coordinate tracking, scheduling (if needed) and notifying HS Specialist of Tier 3 WCVs	☐ Tier 3 families identified regularly in advance of appoint-ments to ensure that families are not missed	☐ HS Specialists regularly receive ongoing high-quality reflective supervision
☐ Define standard criteria for families to receive Tier 3 services (e.g., all children 0-3, all newborns, families experiencing certain challenges, thresholds based on screening results)	☐ Establish service guidance for Tier 3 WCVs, including written enrollment criteria, referral processes, required level of services provided each year & criteria for discontinuing Tier 3 families or moving to less comprehensive care	☐ HS Specialist joins providers and Tier 3 families during team-based WCVs and provides relevant handouts, screenings, referrals and responses to family concerns	☐ HS Specialist routinely joins the provider for a portion of the WCV & all guidance/ protocols for Tier 3 WCVs are consistently followed	☐ Service guidance for Tier 3 WCVs regularly revisited to ensure consistent service delivery and a balanced caseload
☐ Determine steps needed to integrate Tier 3 team-based WCVs into existing practice policies and workflow (including ability to schedule Tier 3 visits with HS Specialist outside of WCVs)	☐ Establish workflow for Tier 3 WCVs & create feedback loops to identify, track, and schedule Tier 3 WCVs to ensure continuity of care with care team	☐ Tier 3 WCVs consis-tently tracked to ensure Tier 3 families are provided comprehensive services that include at least 2 team-based WCVs per year	☐ Policies/procedures for offering and discon-tinuing Tier 3 services consistently followed and reviewed annually	☐ Documentation procedures consistently followed to ensure data accuracy and complete-ness & to inform CQI efforts
☐ Outline documenta-tion needs for Tier 3 WCVs & identify gaps in existing data collection processes and system(s)	☐ Engage data/IT specialists to identify data collection system, and plan for data collection based on documentation needs	☐ Tier 3 eligibility criteria regularly reviewed to establish baseline HS Specialist caseload	☐ HS Specialist Tier 3 caseload size is estab-lished (4-8 team-based WCVs daily) & increased staffing is considered if caseload is too high	☐ Billing for separately reimbursable Tier 3 HS Specialist services fully embedded in the practice data collection and billing system(s)
☐ Explore service billing/coding needs for Tier 3 services, including identifying provider type & allowable services that are separately reimburs-able from WCVs	☐ Engage coding/ billing specialists to establish coding & billing for Tier 3 services (including sharing Tier 3 WCV service examples)	☐ Tier 3 WCV data fields defined and included within estab-lished data collection system	☐ Tier 3 data required for reporting to the HS National Office consis-tently collected, extracted, analyzed, and used for CQI to ensure consistent receipt of Tier 3 WCVs	
		☐ Billing/coding and reimbursement pro-cesses established	☐ Tier 3 HS Specialist services are separately reimbursed from WCVs to the extent permissible under state or payer guidelines	

Core Component 6 Care Coordination & Systems Navigation

HS Specialists refer patients, parents, and families to both in-house and community resources based on identified needs. HS Specialists partner with community resource providers and families to help parents coordinate and navigate complex systems, offering close follow-up and support when barriers occur

Indicator 6.1 – Tier 3 child early intervention referral status updated

Fidelity = 50-74% of children age 0–3 receiving Tier 3 services who were referred to early intervention services for which a referral status was updated within 45 days of referral.

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Referral status not updated	**1** 1-14% of children had referral status updated within 45 days	**2** 15-49% of children had referral status updated within 45 days	**3** 50-74% of children had referral status updated within 45 days	**4** 75+% of children had referral status updated within 45 days

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Identify and coordinate with any existing internal resource and referral programs or staff	☐ Use the resource directory to develop a list of the most commonly needed community resources	☐ Referral, care coordination, and systems navigation workflows and policies/ procedures established, helping to ensure consistent follow up on referrals	☐ Established workflows and policies/ procedures related to referrals, care coordination, and systems navigation consistently followed	☐ Referrals, referral status updates, and referral outcomes consistently documented & data regularly used for CQI
☐ Explore potential connection to any existing external community resource and referral systems	☐ Build relationships with any existing community resource and referral agencies	☐ Resource directory routinely used to direct families to appropriate services & process for updating the directory at least annually established	☐ Resource directory and family resource list of the most commonly needed community resources updated at least annually	☐ Update of resource directory includes review of referral outcome data to identify and problem solve around issues with access to services and/or to advocate for community needs
☐ Develop or obtain a community resource directory & identify potential referral sources for each type of screening	☐ Identify team roles, responsibilities, and workflows related to referrals, care coordination, and systems navigation & ensure staff have access to resource directory and list of commonly needed resources	☐ Referral connections ensured by following up with families and referral agencies	☐ Relationships with community resource/ service providers well established & a plan to transition relationships due to staff turnover developed	☐ Barriers to communication and information sharing addressed through convening with local community resource stakeholders
☐ Identify and align existing practice policies/ procedures related to referrals, care coordination, and systems navigation	☐ Coordinate with internal systems (social workers, community health workers) related to referrals, care coordination, and systems navigation	☐ Documentation needs for referrals, referral status updates, and referral outcomes established & data collection procedures in place	☐ Data collection procedures for referrals, referral status updates, and referral outcomes consistently followed & data regularly reviewed to ensure documented updates occur at least every 45 days	☐ Documentation procedures consistently followed to ensure data accuracy and completeness
☐ Outline referral, referral status and outcome documentation needs & identify gaps in existing data collection processes and system(s)	☐ Engage data/IT specialists to plan for data collection needs & ensure referral and referral status and outcome data fields are defined and included within established data collection system(s)	☐ CQI activities routinely used to refine workflow and documentation processes to ensure efficiency, completeness, and accuracy	☐ Referral, referral status updates, and referral outcome data embedded in data systems & consistently collected, extracted, analyzed, and used for CQI and HS reporting	☐ Potential opportunities explored for innovative-alternative payment methods to cover these services

Core Component 6 Care Coordination & Systems Navigation

HS Specialists refer patients, parents, and families to both in-house and community resources based on identified needs. HS Specialists partner with community resource providers and families to help parents coordinate and navigate complex systems, offering close follow-up and support when barriers occur

Indicator 6.2 – Tier 3 maternal depression referral status updated

Fidelity = 50-74% of mothers with children 0-3 receiving Tier 3 services who were referred to maternal depression services for which a referral status was updated within 45 days of referral.

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Referral status not updated	**1** 1-14% of mothers had referral status updated within 45 days	**2** 15-49% of mothers had referral status updated within 45 days	**3** 50-74% of mothers had referral status updated within 45 days	**4** 75+% of mothers had referral status updated within 45 days

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Identify and coordinate with any existing internal resource and referral programs or staff ☐ Explore potential connection to any existing external community resource and referral systems ☐ Develop or obtain a community resource directory & identify potential referral sources for each type of screening ☐ Identify and align existing practice policies/procedures related to referrals, care coordination, and systems navigation ☐ Outline referral, referral status and outcome documentation needs & identify gaps in existing data collection processes and system(s)	☐ Use the resource directory to develop a list of the most commonly requested community resources ☐ Build relationships with any existing community resource and referral agencies ☐ Identify team roles, responsibilities, and workflows related to referrals, care coordination, and systems navigation & ensure staff have access to resource directory and list of commonly requested resources ☐ Coordinate with internal systems (social workers, community health workers) related to referrals, care coordination, and systems navigation ☐ Engage data/IT specialists to plan for data collection needs & ensure referral and referral status and outcome data fields are defined and included within established data collection system(s)	☐ Referral, care coordination, and systems navigation workflows and policies/procedures established, helping to ensure consistent follow up on referrals ☐ Resource directory routinely used to direct families to appropriate services & a process for updating the directory at least annually is established ☐ Referral connections are ensured by following up with families and the referral agencies ☐ Documentation needs for referrals, referral status updates, and referral outcomes established & data collection procedures in place ☐ CQI activities routinely used to refine workflow and documentation processes to ensure efficiency, completeness, and accuracy	☐ Established workflows and policies/procedures related to referrals, care coordination, and systems navigation consistently followed ☐ Resource directory and family resource list of the most commonly requested community resources updated at least annually ☐ Relationships with community resource/service providers well established & a plan to transition relationships due to staff turnover developed ☐ Data collection procedures for referrals, referral status updates, and referral outcomes consistently followed & data regularly reviewed to ensure documented updates occur at least every 45 days ☐ Referral, referral status updates, and referral outcome data embedded in data systems & consistently collected, extracted, analyzed, and used for CQI and HS reporting	☐ Referrals, referral status updates, and referral outcomes are consistently documented & data regularly used for CQI ☐ Update of resource directory includes review of referral outcome data to identify and problem solve around issues with access to services and/or to advocate for community needs ☐ Barriers to communication and information sharing addressed through convening with local community resource stakeholders ☐ Documentation procedures consistently followed to ensure data accuracy and completeness ☐ Potential opportunities explored for innovative-alternative payment methods to cover these services

Core Component 7 Positive Parenting Guidance & Information

HS Specialists provide parents with guidance, education, information, and resources that help them support their children through the different stages of development

Indicator 7.1 – Positive Parenting Guidance in Tier 3 well-child visits

Fidelity = During ongoing, preventive team-based well-child visits, the HS Specialist provides evidence-based positive parenting guidance and information to Tier 3 families at least 50% of the time (based on estimate)

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Evidence-based positive parenting resources not yet selected or available to families	**1** Evidence-based positive parenting resources selected, but not yet made available to families	**2** Evidence-based positive parenting guidance and information provided to Tier 3 families less than 50% of the time (based on estimate)	**3** Evidence-based positive parenting guidance and information provided to Tier 3 families at least 50% of the time (based on estimate)	**4** Evidence-based positive parenting guidance and information provided to Tier 3 families at least 50% of the time (based on time-limited data collection)

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Explore evidence-based positive parenting resources for selection, including any practice requirements to use specific parenting resources ☐ Review any required parenting resources alongside the HS positive parenting resources to determine whether the former are evidence-based and cover key topics ☐ Identify prevalent cultures and languages of families ☐ Determine resource formats (i.e., paper, electronic) & explore practical ways to ensure resources are organized and readily available to practice staff ☐ Outline documentation needs for parenting resources provided to Tier 3 families & identify gaps in existing data collection processes and system(s)	☐ Select resources that include a variety of common parenting concerns and important child health, social-emotional, behavioral, and developmental issues ☐ Make selected resources available in the most common languages spoken by families ☐ Establish workflow for distributing resources & ensure selected resources are available to all practice staff ☐ Establish procedure to review resources with families and follow up on their questions ☐ Engage data/IT specialists to identify data collection system and plan for data collection needs	☐ Evidence-based positive parenting resources consistently provided to Tier 3 families ☐ Additional positive parenting resources and guidance provided verbally to families to supplement resources & follow up on prior guidance discussed in follow up visits/calls ☐ Feedback on utility and acceptability of resources informally garnered from families to inform revisions and/or identify gaps ☐ Challenges to parenting resource distribution, use, follow up, and documentation are problem solved ☐ Parenting resource and guidance data fields are defined & included within the established data collection system	☐ Family feedback on utility and acceptability of resources gathered through time-limited process (e.g., 2-3 standard questions verbally posed to families) to inform revisions and/or identify gaps ☐ Resources updated and/or new resources developed based on emerging best practices and/or family feedback ☐ An established data system used to document provision of positive parenting resources and data collection protocols consistently followed	☐ Family feedback on utility and acceptability of resources are regularly gathered through more formal process (e.g., time-limited feedback survey) to inform revisions and/or identify gaps ☐ Process for regular updates to positive parenting resources embedded as standard task in practice routines ☐ Periods of time-limited data collection on provision of positive parenting resources and guidance established & results used for CQI

Core Component 8 Early Learning Resources

HS practices offer caregivers and families concrete strategies, activities, and tools designed to support their child's early learning

Indicator 8.1 – Early Learning Resources in Tier 3 well-child visits

Fidelity = During ongoing, preventive team-based well-child visits, the HS Specialist provides evidence-based Early Learning Resources to Tier 3 families at least 50% of the time (based on estimate)

☐ Did Not Begin	☐ Does Not Meet Fidelity	☐ Approaching Fidelity	☐ Meets Fidelity	☐ Exceeds Fidelity
0 Early learning resources not yet selected or available to families	**1** Early learning resources selected, but not yet made available to families	**2** Early learning resources provided to Tier 3 families less than 50% of the time (based on estimate)	**3** Early learning resources provided to Tier 3 families at least 50% of the time (based on estimate)	**4** Early learning resources provided to Tier 3 families at least 50% of the time (based on time-limited data collection)

Fidelity Self-Assessment: Implementation Checklist

Exploration	Installation	Initial Implementation	Full Implementation	Institutionalization
☐ Explore early learning resources for selection, including any practice requirements to use specific learning resources ☐ Review any required early learning resources alongside the HS early learning resources to determine whether the former are evi-dence-based and cover key topics ☐ Identify prevalent cultures and languages of families ☐ Determine resource formats (i.e. paper, electronic) & explore practical ways to ensure resources are organized and readily available to practice staff ☐ Outline documenta-tion needs for early learning resources provided to Tier 3 families & identify gaps in existing data collection processes and system(s)	☐ Select resources that cover a wide array of early learning subjects, address how and when children develop different learning skills, and provide practical activities families can do at home for early learning at every age ☐ Make selected resources available in the most common lan-guages spoken by families ☐ Establish workflow for distributing resources & ensure selected resources are available to all practice staff ☐ Establish procedure to review resources with families and follow up on their questions ☐ Engage data/IT specialists to identify data collection system and plan for data collection needs	☐ Early learning resources consistently provided to Tier 3 families ☐ Additional early learning information and guidance provided verbally to families to supplement resources & follow up on prior guidance discussed in follow up visits/calls ☐ Feedback on utility and acceptability of resources informally garnered from families to inform revisions and/or identify gaps ☐ Challenges to early learning resource distribution, use, follow up, and documentation are problem solved ☐ Early learning resource and guidance data fields are defined & included within the established data collection system	☐ Family feedback on utility and acceptability of resources gathered through time-limited process (e.g., 2-3 standard questions verbally posed to families) to inform revisions and/or identify gaps ☐ Resources updated and/or new resources developed based on emerging best practices and/or family feedback ☐ An established data system used to docu-ment, provision of early learning resources and data collection protocols consistently followed	☐ Family feedback on utility and acceptability of resources regularly gathered through more formal process (e.g., time-limited feedback survey) to inform revisions and/or identify gaps ☐ Process for regular updates to early learning resources embedded as standard task in practice routines ☐ Periods of time-limited data collection on provision of early learning resources and guidance established & results used for CQI