Why R-HOPE is needed

Research shows that a siloed approach to promoting healthy child development—treating sectors of child and family health, social services, child care, and education as independent services—undermines the benefits of each service and results in a costly, ineffective system of care. Consequently, this approach harms children, especially those who are disadvantaged.

How R-HOPE can help

The R-HOPE app will directly connect families to their care team so they can easily communicate with their care providers. R-HOPE will also allow these providers to consistently coordinate communication with each other. The R-HOPE app does the following:

- Creates a “family-enabled” data-sharing system. Families will have complete control over who they can share data with as well as have access to support and services.
- Ensures that families and children have access to critical information about public health initiatives, are informed about preventative and wellness care, and are connected to providers and specialists who can deliver quality services.
- Coordinates comprehensive, two-generation service between support systems for young children and families, which are supported by mobile communication, training, and data-sharing tools.
- Integrates data to create links between support services, give service referrals, and provide a platform for communication between families and service providers.
- Features an interface to allow professionals to monitor results specific to children and families as well as issue referrals for additional medical needs.
- Expediously collects, stores, and analyzes information across platforms, including electronic health records resulting from screenings and referrals while maintaining regulatory and industry-leading security measures.
- Supports data collection and progress monitoring, including the impact of current interventions to determine individual and community health needs.
- Enables effective organizational and governance structures and connects multiple agencies and initiatives through data-sharing and cross-team communication.

Your support can turn the R-HOPE concept into a reality.


## R-HOPE for Children and Families
### Coordinated Care Model

- **Prenatal care providers**
  - OB/GYN/midwives
  - GP (medical/dental)
  - Mental health
  - Birth educators/doulas
  - Hospitals/birth centers

- **Postnatal care providers**
  - OB/GYN/midwives
  - Nurses/Home visits
  - Urgent care
  - GP (medical/dental)
  - Mental health
  - Specialists

- **Family support providers**
  - Social workers
  - Public/private agencies
  - Religious organizations
  - Support providers
  - Legal
  - Extended family

- **Child care providers**
  - Center-based
  - Family care
  - License-exempt (religious-based)
  - Before/after school
  - Informal/family care

- **Education providers**
  - Head Start/PreK (public/private)
  - Public school (PreK-3rd)
  - District specialists
  - Private school/services

- **Specialist providers**
  - Early intervention
  - Special education
  - Related services
  - Therapeutic/private service providers

### Improved child and family outcomes
- Consistent reinforcement of targeted strategies that promote child development recommended during any point of contact the family has with support providers.
- Seamless referral to additional services as needed, reducing complexity and reason for inaction.
- Coordination between all supports a family receives, reducing conflicting services and recommendations.
- Continuous progress monitoring through ongoing collection of multiple points of data around efficacy of strategies.
- Family-centric model where families have access to their support teams for questions and feedback.

Connecting electronic health records reduces paperwork and streamlines communication between medical providers while creating shared data ecosystems between two-gen medical, child care and education, and social services providers. This aligns with the American Academy of Pediatrics’ most recent recommendations on communication of health data.²

Coordination and implementation team works with support agencies (Dept. of Health, Child Services, etc.). The team’s goal is to encourage families to sign up for the R-HOPE app and authorize data sharing. Families will use the app to recommend the best practices for families and children, monitor and update progress, send public health alerts, refer to other services, and communicate with family and cross system team members.

Leverage quality rating improvement systems and licensing requirements around family engagement as an enhancer for child care provider participation. QRIS provides credit to providers who actively adopt the R-HOPE model.

Child care and early education providers are given direct recommendations of practices based on profiles of children in their program, which can ensure their success and bridge the knowledge gaps of medicine to maintain good health. Providers and educators are eligible to receive training and CEUs required for their certifications.