



HOW AFFILIATES FUND HELP ME GROW

FUNDING THE INFRASTRUCTURE FOR
EARLY CHILDHOOD SUCCESS



About the Help Me Grow National Center

The Help Me Grow National Center is a national organization working to help states and communities across the country implement the Help Me Grow Model.™

We work to provide support, resources, and tools to our National Affiliate Network in order to advance equitable, comprehensive, integrated cross-sector systems that work for and with families.

Dedicated to ensuring that early childhood systems maximize the potential of all young children, the Help Me Grow National Center is a program of the Office for Community Child Health at Connecticut Children's in Hartford, Connecticut. Connecticut Children's is a 501(c)(3) not-for-profit organization.

Help Me Grow is a Model that works to promote collaboration across child-serving sectors in order to build a more efficient and effective system that promotes the optimal healthy development of young children. When all of the organizations working on behalf of young children work together, we can better prevent or reduce the impact that stress or adversity may have on children and families and increase protective factors that can maximize the well-being of children and families.



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Help Me Grow: Funding the Infrastructure for Early Childhood Success

Help Me Grow (HMG) is a nationally recognized model that strengthens early childhood systems so families can more easily connect to the services they need to support their child's development, health, and well-being (Dworkin et al., 2016; O'Connor & Harper Browne, 2023). HMG isn't a stand-alone program—it's the infrastructure that makes existing programs work better. By improving coordination, closing gaps, and reducing duplication, HMG ensures families don't have to navigate a confusing system in order to access the resources and services they want (Dworkin et al., 2020; King et al., 2021).

Through its four Core Components—Centralized Access Point, Family & Community Outreach, Child Health Care Provider Outreach, and Data Collection & Analysis—HMG connects families to resources, supports providers with referral pathways, and uses real-time data to strengthen the entire system (Dworkin et al., 2016; Help Me Grow National Center, 2025). The result: children get help earlier, families feel supported, and communities maximize the impact of the resources they already have (McKay et al., 2006; Robinson et al., 2017).

This brief profiles how HMG affiliates across the country fund this infrastructure—offering a clear picture of the funding landscape and the diverse strategies that sustain HMG systems at the state and local-levels. By sharing these trends, we aim to spark ideas for diversifying funding, aligning with state priorities, and building sustainable infrastructure.



Background

Diverse funding sources and types help to power HMG implementation across the National Affiliate Network, a cross-sector movement focused on creating organized, equitable, well-coordinated early childhood systems that ensure all children and families can thrive (Dworkin et al., 2016; O'Connor & Harper Browne, 2023). Together, the Network represents a dynamic coalition of more than 30 states and over 140 local communities across the U.S., unified by implementation of the nationally recognized HMG Model.

To understand how HMG is funded, it is essential to understand how it is structured. Approximately 75% of the National HMG Network is implemented in a single-system structure, meaning the entire state is organized around a single HMG Centralized Access Point. The remainder of the Network implements the Model using a multi-system structure, where multiple HMG Centralized Access Points serve a particular geography within the state. In multi-system states, the HMG Model may be implemented by both the state-level affiliate and local community systems, or exclusively at the local-level, depending on state context (Walchenbach et al., 2022).


The findings in this brief are based on data collected in spring 2025 from HMG representatives at both the state and local levels and reflect the funding sources used to support implementation during calendar year 2024. Of the 143 systems surveyed, 92.6% reported at least one funding source from a provided list of 32 options, which also included an opportunity to write in additional sources.

Systems were asked, “Which of these funding source(s) fund your HMG annual budget?” and invited to select all that applied. The tables in this brief display the percentage frequency with which each funding source was reported, offering a snapshot of how HMG is currently being financed across the National Affiliate Network.

Top Funding Types Across the HMG National Affiliate Network

Table 1 highlights the four funding types most frequently cited across the National Affiliate Network, illustrating the diverse mix of resources that support HMG systems at both the state and local-levels.

Table 1. Top Funding Types Across the HMG National Affiliate Network			
#	Funding Type	Description	% of Systems (total n=143)
1	State and Local	Funding from state and local government agencies, often tied to early childhood, public health, or education initiatives.	73.4%
2	Federal	Federal funding aligns HMG systems with national priorities in early childhood development and family support.	49.0%
3	Private Funding & Foundations	Philanthropic contributions and foundation grants play an important role in piloting innovative strategies, filling gaps, and strengthening system capacity.	32.9%
4	Payer, Earned Income and Other Sources	A smaller but growing category, this includes funding from healthcare payers, fee-for-service arrangements, and other creative revenue streams that enhance sustainability.	9.1%



Together, these funding sources underscore HMG’s role as shared infrastructure that bridges health, early education, and family support—helping states braid resources, reduce duplication, and maximize return on investment.

There is one notable variation in these top funding types when we look at the data by HMG affiliation structure (**Table 2**). In single-system states, Federal Funding was reported as the most common source to implement and sustain HMG, followed by State and Local Funding. In contrast, respondents from multi-system states reported State and Local Funding as their primary source, with Federal Funding coming second.

Differences between single- and multi-system states likely reflect both funding flows and reporting perspective. For example, a local system may view a funding stream as state-level support, while the state affiliate recognizes it as originating from federal funds.

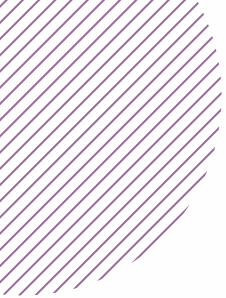
Table 2. Top HMG Funding Types by Affiliation Structure

#	Single-System State	Multi-System State
1	Federal	State and Local
2	State and Local	Federal
3	Private Funding & Foundations	Private Funding & Foundations
4	Payer, Earned Income & Other Sources	Payer, Earned Income & Other Sources

Top State & Local Funding Sources Across the HMG National Affiliate Network

Table 3 below highlights the State and Local Funding sources that had the highest percentages in supporting HMG systems across the National Affiliate Network. As with all other tables in this brief, the data reflect responses from both state-level and local-level HMG systems, offering a comprehensive view of how affiliates fund implementation at different levels of governance.

Table 3. Top State and Local Funding Sources Across the HMG National Affiliate Network		
#	Source	Description
1	State Government or Department Line Item	HMG is explicitly named and funded as a line item in a state department or state government budget.
2	State Grant	Competitive funding awarded by the state as a grant to HMG.
3	First 5/Prop 10 (California)	State of California voter-approved fund that designates revenue sources from tobacco tax (First 5 California, 2025).
4	County/Local-Government or Department Line Item	HMG is explicitly named and funded as a line item in a county department budget or through a local government budget.
5	Public Act 120 of 2024 Section 32p and 32p(6)	State of Michigan public act that establishes designated funding allocations through State School Aid funding (MiLEAP, 2024).



Some of the top-reported sources reflect strong participation from local systems in multi-system states. For example, California's First 5/Proposition 10 and Michigan's Public Act 120 Section 32p funding ranked among the top five. These are state-specific revenue streams that support local-level early childhood infrastructure and are leveraged heavily by HMG systems within those states. Their prominence in the data highlights how locally-administered or state-designated investments—particularly those aligned with cross-sector coordination—can play a central role in sustaining HMG.

State and local policy contexts significantly influence whether and how HMG systems are able to access these funding sources. As systems explore strategies to diversify their funding portfolios, it is essential to consider the opportunities and mechanisms unique to their own state or locality. For instance, California's use of ballot propositions enables voters to directly approve funding measures like First 5/Proposition 10, which has, for years, sustained revenue for early childhood through a tobacco tax. However, this particular approach is not universally available—only about half the country currently permits citizen-initiated ballot measures (Kleinfeld, 2021).

Notably, the State and Local Funding sources included in this brief are based on limited response options and open-ended comments provided by affiliates. Because not all possible sources were listed or defined during data collection, it is likely that additional State and Local Funding streams are being used but not reflected here.

Regardless of the funding mechanisms available, these findings demonstrate that many HMG systems are successfully leveraging state and local resources to invest in coordinated, family-centered early childhood infrastructure. Understanding and navigating the specific funding pathways within each state or community context will be critical for sustaining and expanding the reach of HMG.

Top Federal Funding Sources Across the HMG National Affiliate Network

HMG state affiliates and local systems draw on a mix of federal and state-administered funding streams to strengthen early childhood systems and ensure families get the support they need. **Table 4** presents the top federal sources, ranked by the percent frequency with which they were reported by HMG systems across the National Network.

Table 4. Top Federal Funding Sources Across the HMG National Affiliate Network

#	Source	Funding Agency	Description
1	Preschool Development Grant Birth through Five (PDG B-5)	U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF).	Provides flexible funding for states to build and strengthen early childhood systems, making it a natural fit for HMG's cross-sector infrastructure.
2	Child Care Development Block Grant (CCDBG)	U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF).	Supports child care access and quality improvement, with many affiliates leveraging HMG to coordinate referrals and maximize the impact of child care investments.
3	Title V Maternal and Child Health (MCH) Services Block Grant	U.S. Department of Health and Human Services (HHS), Maternal and Child Health Bureau (MCHB)	Funds initiatives that promote the health and well-being of mothers and young children, aligning closely with HMG's focus on prevention and early connection to services.

Table 4. Top Federal Funding Sources Across the HMG Network Continued

#	Source	Funding Agency	Description
4	IDEA Part C	U.S. Department of Education (DOE), Office of Special Education and Rehabilitative Services (OSERS)	Helps identify and support infants and toddlers with developmental delays, with HMG serving as a key referral and coordination partner for state early intervention systems.
5	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)	Supports evidence-based home visiting programs, with affiliates often using HMG to connect families to home visiting and other early childhood supports.


These funding sources reflect HMG's role as a shared infrastructure that bridges health, early education, and family support, allowing states and communities to braid resources, reduce duplication, and maximize their return on investment.

While HMG affiliates effectively braid and align diverse federal and state-administered funding streams, this reliance on short-term or competitive grants creates instability. Sustained impact requires stable, dedicated investments. Policymakers have an opportunity to strengthen early childhood systems by establishing HMG as a budget line-item, ensuring that its proven infrastructure can consistently maximize the return on federal funds like PDG B-5, CCDBG, Title V, IDEA Part C, and MIECHV. With stable state-level funding, HMG not only sustains coordination across health, education, and family support, but also reduces duplication, strengthens accountability, and ensures families receive timely, effective services.

There is significant and interesting variation in these top funding sources when we look at the data by HMG affiliation structure ([Table 5](#)).

Table 5. Top Federal Funding Sources by HMG Affiliation Structure		
#	Single-System State	Multi-System State
1	Title V Maternal and Child Health (MCH) Services Block Grant	Preschool Development Grant Birth through Five (PDG B-5)
2	Preschool Development Grant Birth through Five (PDG B-5)	Child Care Development Block Grant (CCDBG)
3	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	IDEA Part C
4	Child Care Development Block Grant (CCDBG)	Title V Maternal and Child Health (MCH) Services Block Grant
5	IDEA Part C	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

The variation in top funding sources between single-system and multi-system states offers valuable insight into how affiliation structure shapes access to and use of early childhood funding streams. Single-system states, which report exclusively from a state-level perspective, more frequently cited broad-based federal block grants like Title V and MIECHV that are typically administered centrally. In contrast, multi-system states—where data reflect both state- and local-level HMG implementations—more often identified funding streams that are commonly distributed at the local level, such as IDEA Part C and CCDBG.



This distinction may reflect differences in how funding flows through state versus local channels. In many multi-system states, local affiliates are embedded within decentralized or “home rule” systems, where counties or municipalities administer public health and early intervention services. This may make certain funding sources, especially those managed by local departments of health or education, more accessible or visible to community-based HMG leads. Conversely, affiliates in single-system states may be less directly connected to these local mechanisms and more reliant on centrally administered funds.

These findings suggest that funding strategies—and the funding streams affiliates are best positioned to access—are shaped not only by state context, but also by the structure of HMG implementation. Understanding these dynamics can help both state and local leaders identify additional opportunities for alignment and resource braiding within their own systems.

Staying Ahead of Federal Shifts

With the current federal administration re-examining long-standing early childhood funding strategies, affiliates must remain responsive and proactive. The most successful HMG systems will be those that actively monitor policy changes, diversify funding, and align their work with emerging state and federal priorities. HMG’s cross-sector infrastructure is uniquely positioned to adapt, but doing so will require intentional planning and shared learning across the Network.

Strategy Snapshot

Positioning Help Me Grow Within the Maternal and Child Health Block Grant Portfolio

As states face increasing pressure to allocate limited Maternal and Child Health (MCH) Block Grant funds toward their highest-impact strategies, it is critical for affiliates to consider how HMG aligns with and advances core priorities within their state's Title V MCH Block Grant plan.

Affiliates are encouraged to proactively engage with Title V leaders and demonstrate how HMG is not a standalone program, but rather a strategic, cross-sector system-building approach that supports multiple MCH priorities, including but not limited to:

- Developmental screening and early identification
- Care coordination
- Family engagement
- Equity in access to services
- Cross-system integration of early childhood services

By making the case that HMG is a foundational strategy for achieving measurable improvements in maternal and child health outcomes, affiliates position themselves as essential partners in states' efforts to align funding with impact.

As states revisit how they allocate their block grant resources, HMG must be visible and understood as a priority investment that bridges public health and early childhood systems



Conclusion

The funding landscape across the HMG National Affiliate Network reflects both the complexity and the strength of the Model. By drawing from a mix of federal, state, and local funding—as well as private philanthropy and emerging payer-based strategies not deeply explored in this brief—affiliates demonstrate that HMG is not dependent on a single revenue stream but instead thrives on a braided, cross-sector approach.

However, with the federal administration signaling changes to decades-old early childhood funding strategies, affiliates will need to stay nimble. Sustaining HMG will require not only continued collaboration across sectors but also proactive monitoring of policy shifts, creative diversification of funding, and strong advocacy to ensure early childhood system infrastructure remains a priority.

Ultimately, this brief underscores a powerful truth: HMG is more than a program—it is durable infrastructure that maximizes every dollar invested in early childhood. By continuing to braid funding streams and share lessons learned, affiliates, partners, and policymakers can ensure that all families have access to the coordinated, connected systems they deserve.



References

Dworkin, P. H., Honigfeld, L., & Meyers, J. (2016). Promoting optimal child development: The Help Me Grow model. *Academic Pediatrics*, 16(3), S112–S117.

Dworkin, P. H., Sood, A. B., Mautone, J. A., & Kelly, S. M. (2020). Connecting the dots: Leveraging partnerships for a population-based approach to early childhood system building. *NAM Perspectives*. <https://doi.org/10.31478/202010c>

First 5 California. (2025). California Children and Families Act (Proposition 10). https://www.ccfc.ca.gov/about/prop_10.html. Accessed August 20, 2025.

Help Me Grow National Center. (2025). What is Help Me Grow? <https://helpmegrownational.org/>. Accessed August 20, 2025.

First 5 California. (n.d.). California Children and Families Act (Proposition 10). https://www.ccfc.ca.gov/about/prop_10.html

Help Me Grow National Center. (n.d.). What is Help Me Grow? <https://helpmegrownational.org/>

King, T. M., Brimeyer, M., Garcia, S., et al. (2021). Help Me Grow – Longitudinal impact on developmental screening and linkage. *Maternal and Child Health Journal*, 25, 1426–1433. <https://doi.org/10.1007/s10995-021-03146-2>

Kleinfeld, R. (2021, October 5). A case for responsibly expanding citizen-led policymaking in the United States. New America.
<https://www.newamerica.org/political-reform/briefs/a-case-for-responsibly-expanding-citizen-led-policymaking-in-the-united-states/>

McKay, K., Shannon, A., Vater, S., & Dworkin, P. H. (2006). ChildServ: Lessons learned from the design and implementation of a community-based developmental surveillance program. *Infants & Young Children*, 19(4), 371–377.

Michigan Department of Lifelong Education, Advancement, and Potential. (2024, August 1). FY25 32p and 32p(6) allocations memo [PDF].
<https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/32p-32p4/FY25-32p-and-32p6-Allocations-Memo-Final-81924.pdf?rev=f1acb42cbb2a428690594f96954b724f>

O'Connor, C., & Harper Browne, C. (2023). Help Me Grow: Strengthening families and supporting caregiver goals. Center for the Study of Social Policy.
<https://cssp.org/resource/help-me-grow-strengthening-families-supporting-caregiver-goals>

Robinson, L. R., Holbrook, J. R., Bitsko, R. H., et al. (2017). CDC Grand Rounds: Addressing health disparities in early childhood. *Morbidity and Mortality Weekly Report*, 66(46), 1211–1213. <https://doi.org/10.15585/mmwr.mm6646a1>

Walchenbach, S., Zucker, S., Reiss, M., & Therriault, C. (2022). Leading Help Me Grow at the state level: An exploration of roles, responsibilities, strategies & approaches. Help Me Grow National Center. <https://helpmegrownational.org/wp-content/uploads/2022/12/Leading-Help-Me-Grow-at-the-State-Level-An-Exploration-of-Roles-Responsibilities-Strategies-Approaches.pdf>



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