Help Me Grow Orange County, California

3-Year Evaluation Report: 2010-2012

Prepared by:

Carole Mintzer, MPA, Independent Evaluator

Rebecca Hernandez, MS Ed, Program Manager, Help Me Grow Orange County

February, 2014

Help Me Grow Orange County, California

3-Year Evaluation Report: 2010-2012

Table of Contents

Acknowledgements 2
Executive Summary 3
Introduction 7
How much did HMG do? 9
- Total Number of Calls 9
- Who Calls HMG? 9
- Where the Callers Live 10
- Child's Gender 11
- Child's Age 11
- Child's Race/Ethnicity 12
- Child's Primary Language 12
- Most Children Live with Two Parents 13
- Health Insurance 13
- Existing Health and Developmental Conditions 14
- Child's School District 15
- Caller's Concerns 16
- Duration of Concern 19
- Previous Efforts to Seek Help and Medical Provider Responses 20

How well is HMG doing? 21
- Intake Types 22
- Reasons Intakes are Closed 22
- Number of Referrals 23
- Referral Concerns 24
- Tracking Referral Outcomes 25
- Outreach to Providers and the Community 25
- How Callers Heard about HMG 28

Are children and families better off as a result of utilizing HMG? 31
- Service Outcomes 31
- Referral Outcomes 31
- Gaps and Barriers 36

Summary 43
Appendix 45

Help Me Grow Orange County, California

3-Year Evaluation Report: 2010-2012

Acknowledgements

This report is possible thanks to the daily collection and input of data by the Help Me Grow (HMG) Child Development Care Coordinators as they respond to concerned caregivers and help them connect to services. Thanks also go to the HMG Child Development Community Liaisons and Educating Providers in the Community (EPIC) Coordinator who document their outreach efforts throughout the year.

A special thank you to:

Lacey Ginter, Developmental Screening Coordinator, Help Me Grow Orange County, for her efforts in accurately capturing all of the HMG developmental screening results and subsequent care coordination activities. She also supported this data analysis by demonstrating the System for Tracking Access to Referrals (STAR).

Keith Stanislaw, Chief Technology Officer, KJMB Solutions, LLC, for his ongoing contribution to the development of STAR, as well as his efforts in coordinating the data download and answering questions during this data analysis.

Help Me Grow Orange County, California

3-Year Evaluation Report: 2010-2012

Executive Summary

Help Me Grow Orange County (HMG) connects children and their families to developmental services to enhance the development, behavior, and learning of children birth through five years. Parents, caregivers, child care providers, early educators, and health care providers can call the toll free number, 1.866.GROW.025 or use the online link to access information and referrals to developmental services for all young children who live in Orange County. HMG Care Coordinators provide intake, triage, referrals and connection to developmental services and the Community Liaisons develop ongoing relationships with community programs to help maintain an up-to-date inventory of resources.

HMG has developed a database to gather information about the children and families it serves, the referrals it provides, and whether children are connected to service as a result of the referrals. This report presents information from that database on children and families served in 2010, 2011, and 2012. A previous report, *Help Me Grow Orange County 2009 Annual Evaluation Report*, covered the period from January 2007 through September 2009, when a different database was in use.

The report is organized into three sections:

1. How much did Help Me Grow do? (number of calls and description of callers and their children)
2. How well is HMG doing? (how callers heard about HMG, number and type of referrals)
3. Are children and families better off as a result of utilizing HMG? (results of referrals)

The highlights of the report are summarized below by section:

How much did Help Me Grow do?

- Over 12,000 children were the focus of contact to HMG from 2010-2012
- 90% of the contacts were by the child's mother; 6% were by the child's father
- 61% of the children were boys
- 22% of the children lived in Santa Ana, the most populous city in Orange County. Santa Ana accounted for 16% of all births in Orange County in 2011
- 92% of the children were ages 0-5; 22% of the calls were about 1-year-olds, more than any other age group in 2012
- In 2012, 61% of the children were Hispanic; 15% were White; 11% were Asian, and 10% were more than one race/ethnicity
- 70% of the children spoke English as their primary language; 27% had Spanish as their primary language
- 96% of the children had health insurance; 65% of those with insurance had publicly-funded health insurance

- 16% of the contacts expressed concern about a child's communication; 13% had concerns about a child's behavior in 2012. These were the top two reasons HMG was contacted in all three years.
- 80% of contacts for a communication concern regarded children ages 1-3 years; communication concerns were the top reason callers contacted HMG for children ages 1-3 years
- About half of the contacts with a behavior concern were about children ages 3-4 years; behavior concerns were the top reason people contacted HMG for children ages 4-5 years
- Compared to contacts about girls, contacts about boys were more likely to include communication, behavior, or diagnosis concerns
- Contacts about girls were more likely to include concerns about parental support, general development, basic needs, or family issues than calls about boys
- Concerns varied by race/ethnicity. A larger percent of Asian contacts had a concern about communications than was seen among other race/ethnicities; Hispanic contacts were more likely to have a concern about basic needs or family issues than other races/ethnicities
- 40% of the contacts said they had had the concern for a week or less; 15% had been concerned for a year or more before they contacted HMG
- 25% of parents had sought help for the concern before contacting HMG; less than a third of those said they were in the process of receiving help; 25% were denied or had lost eligibility
- 60% of parents who had discussed the concern with their medical care provider were referred to HMG; another 15% said their doctor was not concerned about the problem that led them to call HMG

How well is HMG doing?

- About half of the contacts to HMG involve a full intake, when a comprehensive set of data about the child and family is collected, including follow-up and care coordination information
- In 2012, nearly 80% of those who provided full information during the initial contact agreed to a follow-up phone call for care coordination
- The total number of referrals provided declined over time as the HMG staff became more purposeful and targeted with the referrals they provided
- Mirroring the concerns, more referrals were made for communications (20% of all referrals) and behavior (17%) issues
- From 2010-2012, HMG's Community Liaisons conducted over 1700 visits to local service providers; each year, the Liaisons visited about 250 agencies/programs plus 90 early care and education sites. These visits allow HMG to stay up-to-date on the resources in the community and share information about HMG with service providers
- Over the three-year period, the Community Liaisons made 4000 contacts with service providers and 1700 contacts with family members
- Each year, the Community Liaisons attended over 100 collaborative meetings, participated in about 100 community events, and posted information on a list serve nearly 200 times

- In 2012, the HMG Educating Providers in the Community (EPIC) Coordinator visited 120 physician offices; provided 724 physicians and staff with information about HMG and developmental screening; and trained 138 people on how to perform developmental screening
- Over 60% of contacts in 2012 said they heard about HMG from their health care provider (29%), a community agency (19%), or their child's early care and education provider (14%), all targets of HMG's outreach efforts
- Across the three years, there was an increase in the percentage of contacts who were a previous contacts or had heard about HMG from their early care and education provider or a family member or friend; there was a decrease in the percentage who heard about HMG from a community agency or 2-1-1 Orange County
- Spanish-speaking contacts were more likely than English speakers to say they heard about HMG from a community agency, an early care and education provider, or a school; they were less likely to say they heard about HMG from a health care provider, through HMG outreach or HMG-sponsored developmental screenings, or to be a previous contacts

Are children and families better off as a result of using HMG?

- In 2012, 62% of the time, children were either connected to a service for which they had received a referral or service was pending; this was an improvement from 2010 when children were connected or pending connection 53% of the time
- In looking at individual referrals made in 2012, at the time of follow-up, children were using the service for which they had received the referral over 19% of the time; another 38% of the referrals were not used because the caller was using a different referral they had received from HMG
- For 20% of the referrals in 2012, the caller had either not followed through (12%) or said they would use it later (8%)
- For only 3% of the referrals had the caregiver contacted the agency and been turned down (agency declined intake, agency did not return call, or the child was evaluated and found not eligible for the service)
- Details about the outcomes of referrals by referral category are provided in the full report. One interesting example of what the details show is what happens to referrals to the Regional Center of Orange County (RCOC). Callers were more likely to act upon referrals to RCOC than they were other referrals and were more likely to be receiving services or have an appointment scheduled at the time HMG followed up. Callers were also more likely to have followed up and be in the process of completing referrals to a school district.
- Barriers are reasons the caregiver may not have connected with the service, such as childcare issues, scheduling conflicts, not meeting program requirements for age or diagnosis, or caregiver decisions to not pursue a particular referral.
- Barriers were documented for 32% of all referrals. The most common barrier to completing a referral was that the caregiver did not follow through, which was noted for 24% of all referrals and 75% of all the barriers identified

- Contacts were less likely to follow through on referrals for basic needs and more likely to follow through on referrals to the Regional Center
- The second most common barrier was that the cost of the service was prohibitive, which accounted for less than 3% of the barriers in 2012 (33 out of 1184 barriers identified)
- Gaps refer to the availability of the service– whether it was available at all, through the child's insurance, at an affordable cost, or located near the child
- Gaps were documented on only 1.6% of all referrals; the most common gap was that the service was not available at low or no cost (57% of all gaps from 2010-2012)
- The second most common gap across all three years was that the service was not available, which accounted for 19% of all the gaps
- The full report provides breakouts of the gaps and barriers by referral category. It shows that cost and not meeting income criteria were sizable barriers to completing a child care referral
- Cost and not meeting program criteria were barriers for recreation/after school services
- Cost was often prohibitive to receiving social skills services
- Of 12 referrals for respite care with follow-up results, none had led to a connection, with the caregiver not following through on 11 referrals and the service not being available in the other

The full report provides a detailed picture of the accomplishments of Help Me Grow Orange County from 2010 through 2012.

Help Me Grow Orange County

3-Year Evaluation Report: 2010-2012

Introduction

Help Me Grow Orange County was established in 2005 as one of the Early Developmental Services programs at CHOC Children's and University of California, Irvine Medical Center. It has been continuously funded by the Children and Families Commission of Orange County (CFCOC) and was the first site in the nation to replicate the Help Me Grow model begun in Hartford, Connecticut in 1998. In addition to the CFCOC, HMG has received funding from Orange County United Way, Federal Head Start/Early Head Start via a sub-agreement with Rancho Santiago Community College District, the HMG National Center, the Nicholas Endowment, and Lucile Packard Foundation for Children's Health.

Help Me Grow Orange County (HMG) connects children and their families to developmental services to enhance the development, behavior, and learning of children birth through five years. Parents, caregivers, child care providers, early educators, and health care providers can call the toll free number, 1.866.GROW.025 or use the online link to access information and referrals to developmental services for all young children who live in Orange County. HMG Care Coordinators, who are located at 2-1-1 Orange County, provide intake, triage, referrals and connection to developmental services. HMG's Community Liaisons develop ongoing relationships with community programs to help maintain an up-to-date inventory of resources. Local networking events also help build the developmental services network.

People are encouraged to call HMG if they have questions about a child's development, behavior, or learning; need support to access services; are helping a client, family member or friend get information about developmental services; or want their organization included in HMG's developmental services database. Callers or those who contact HMG speak to a member of the HMG Team, who listens to their concern and helps decide which referrals are right for the needs of their family; finds services that are appropriate and available for referrals; connects the caller and their child to services; and follows up to ensure the child was connected to services.

Another key function of HMG is to promote routine developmental screening of young children, using standardized screening tools, as recommended by the American Academy of Pediatrics. HMG team members educate health professionals about the importance of developmental surveillance and screening and provide training on how to use standard screening tools, such as the Ages and Stages Questionnaire (ASQ), the ASQ: Social Emotional and the Parents Evaluation of Developmental Status (PEDS). Families and caregivers can contact HMG to find out where they can get their child screened in the community or participate in a developmental screening with HMG. In recent years, HMG has partnered with a number of community organizations to promote developmental screening, including Pretend City Children's Museum, Early Head Start, and Children's Home Society.

As part of the service it provides, HMG has developed a database, System for Tracking Access to Referrals (STAR), to gather information about the children and families it serves, the referrals it provides, and whether children are connected to service as a result of the referrals. This report presents information from that database on children and families served in 2010, 2011, and 2012. A previous report, *Help Me Grow Orange County 2009 Annual Evaluation Report*, covered the period from January 2007 through September 2009, when a different database was in use. As with the previous report, this report follows the Results-Based Accountability framework described by Mark Friedman in his book, Trying Hard is Not Good Enough, first published in 2005. Three questions will be addressed in this report:

1. How much did Help Me Grow do? (number of contacts and description of the contacts and their children)
2. How well is HMG doing? (how the contacts heard about HMG, number and type of referrals)
3. Are children and families better off as a result of utilizing HMG? (results of referrals)

Throughout this report callers and contacts are used interchangeably. Originally, the only access to HMG Orange County was through the call center via the toll free number or a transfer from 2-1-1 Orange County. As HMG has expanded, the access to HMG has expanded to include in-person contact with the Early Head Start families and online contact via the website and online portal.

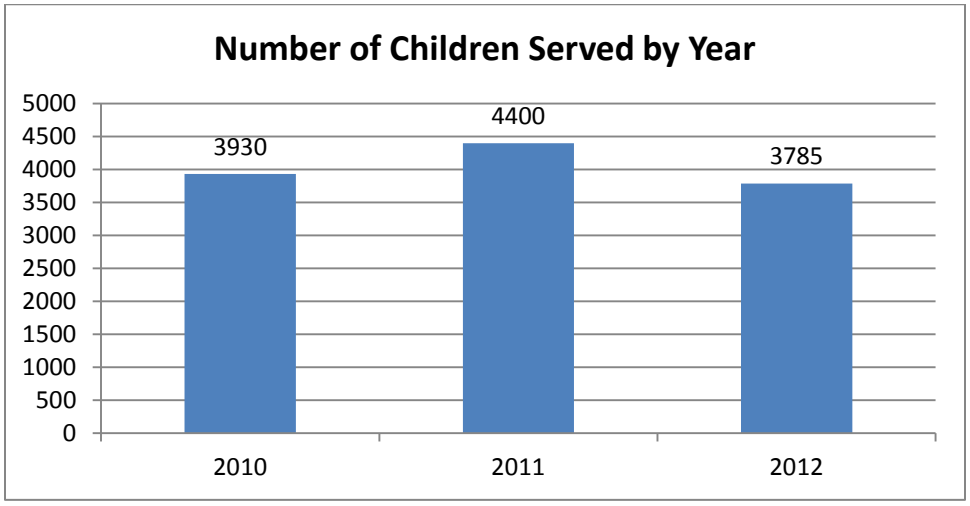
How much did Help Me Grow do?

In the charts that follow, percentages are calculated using only the children for whom there was data available, which varies depending on the type of entry, either an intake or inquiry. A full set of data is collected during an intake when parents agree to provide information about themselves and their family and agree to follow-up care coordination. When parents prefer to remain anonymous, minimal data is collected during the inquiry and there is no follow-up information available. In this report, uncollected data during an inquiry entry are excluded. The sample sizes for each year accompany the charts. In each figure that shows data for 2010, 2011, and 2012, the data is ranked using 2012 data unless otherwise indicated.

Total Number of Contacts

In the three years from 2010 to 2012, HMG provided services to over 12,000 children (unduplicated count). The number of contacts has plateaued after steady increases in the first years of operations. In 2007, HMG had 464 callers and 1298 in 2008. With a change in data systems in mid-2009, comparisons to that year are unavailable.

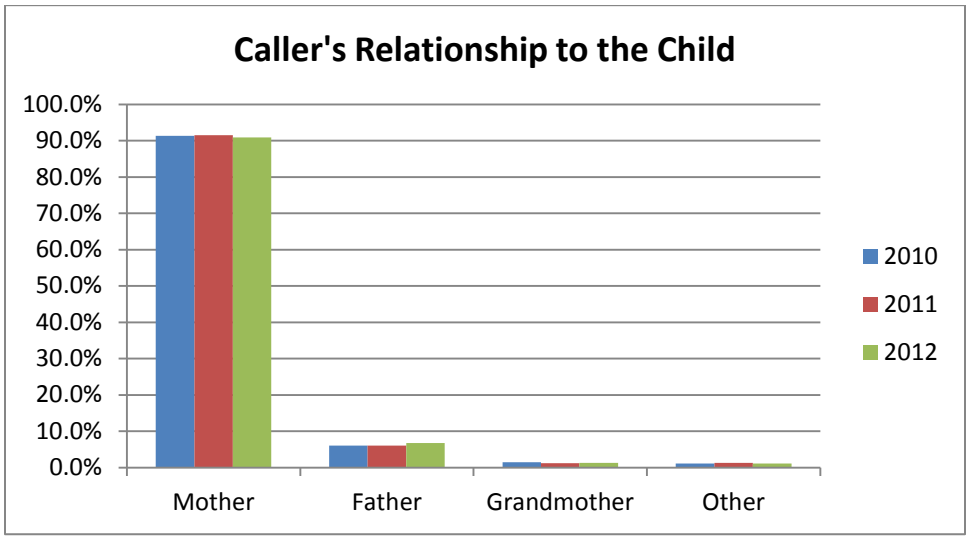
Figure 1. Number of children served by year. Note: each child was counted only once – in the year they first received services from Help Me Grow.



Who Contacts HMG

About 81% of the callers to HMG were a relative or caregiver of the child about whom they were calling. Over 90% of these contacts were the child's mother (Figure 2). Less often, the contact was the child's father (~6%) or the child's grandmother (~1%). Other contacts included step-mothers, aunts, grandfathers, and foster parents.

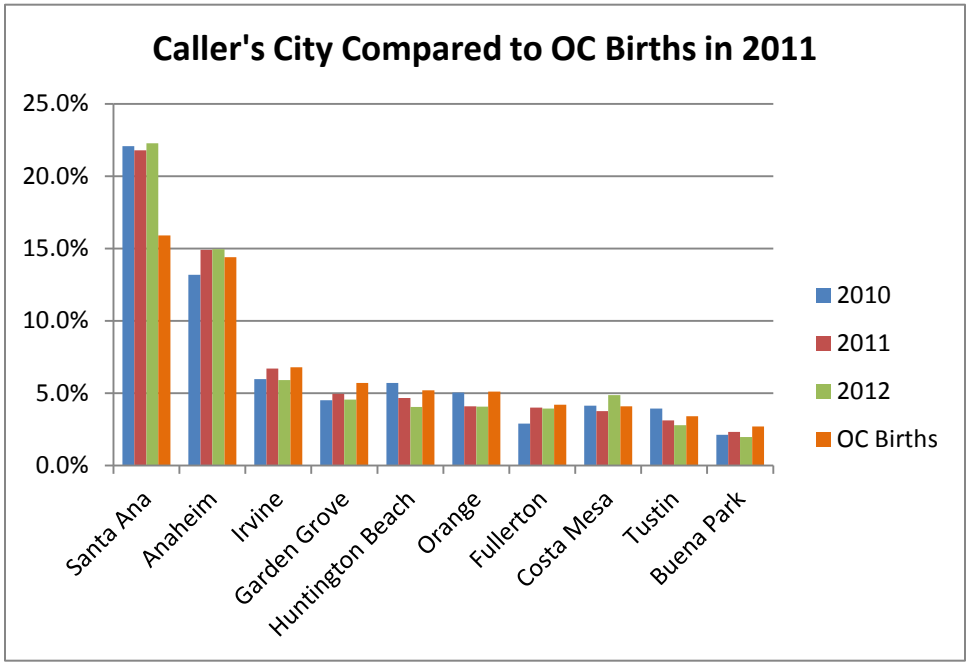
Figure 2. Caller's relationship to the child by year (N=3312 in 2010; 3337 in 2011; and 3136 in 2012)



Where the Callers/Contacts Live

The largest percentage of contacts lived in Santa Ana, the most populated city of Orange County. However, the percentage of callers from Santa Ana was even greater than the percentage of births there. Figure 3 shows the top 10 cities that made up the calls to HMG. The orange columns on the right side of each set show the percentage of Orange County births by city in 2011. The percentages were calculated using the number of calls for Orange County cities. Data for all Orange County cities is in the appendix. HMG also received a significant number of calls from outside Orange County – 5.7% of all callers over the three years; they were from about 100 different cities, mostly in southern California, but also a few outside of CA.

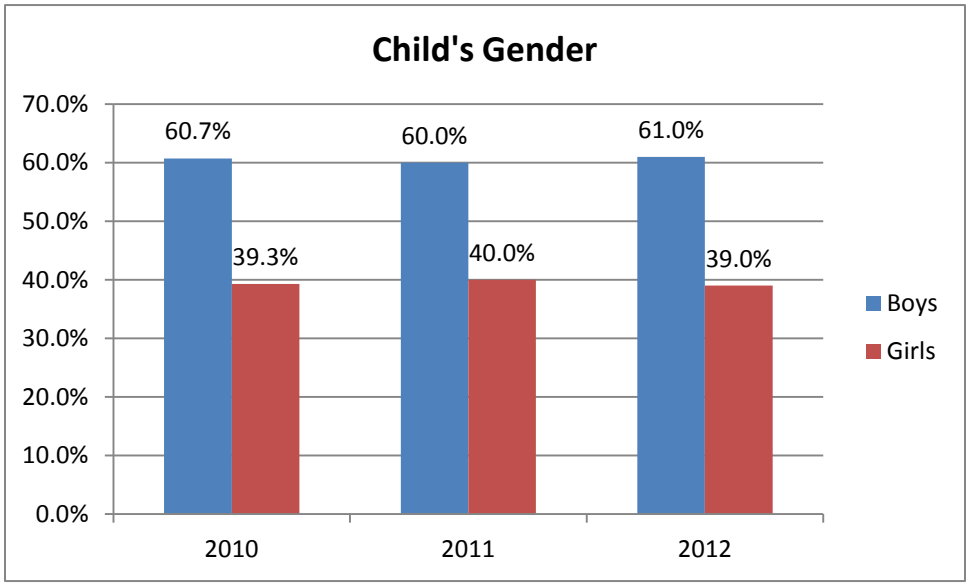
3. Top 10 cities where callers to HMG lived (N=3634 in 2010; 4038 in 2011; and 3797 in 2012)



Child's Gender

Each year, 60-61% of the children served were boys (Figure 4). This is down slightly from the 64% boys served in 2007-2009.

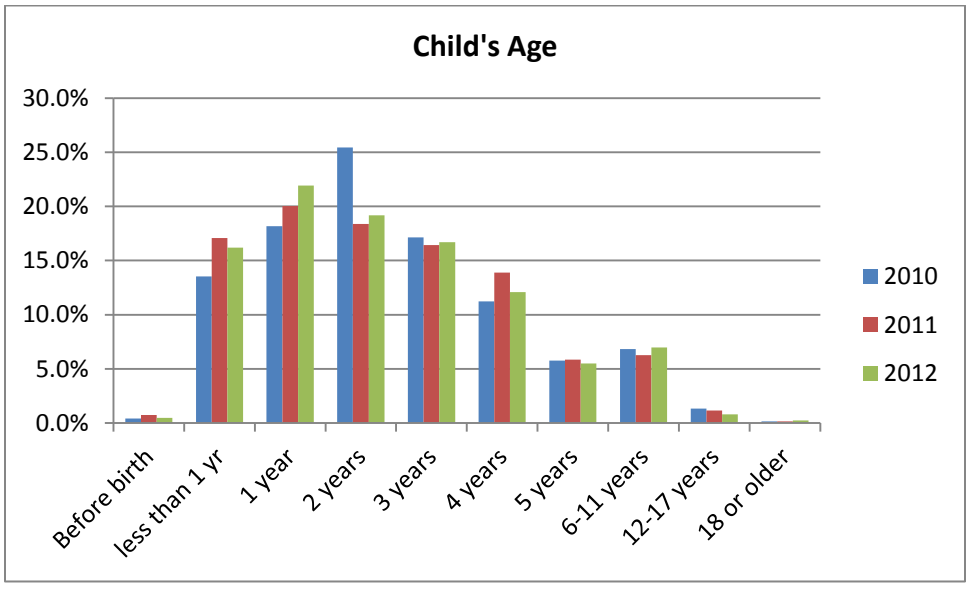
Figure 4. Gender of children served by year (N=3885 in 2010; 4320 in 2011; and 3748 in 2012)



Child's Age

Consistent with the requirements of its primary funding source to serve children ages prenatal through age 5, 92% of the children served by HMG were in this age group (Figure 5). Only 8% were age 6 or older. In 2012, 1-year-olds made up the largest percentage of children about whom HMG received calls.

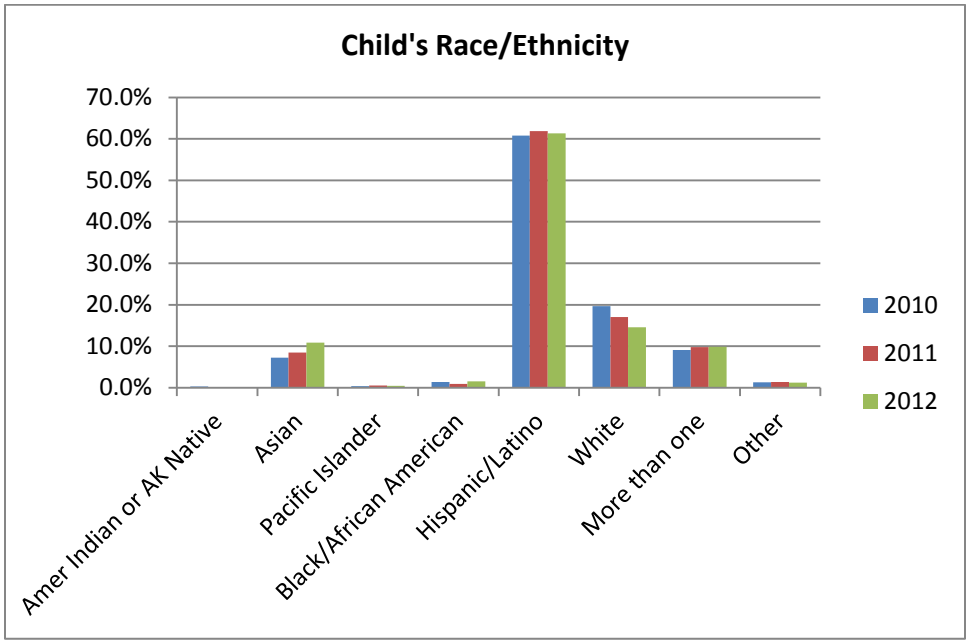
Figure 5. Ages of children by year (N=3433 in 2010; 3596 in 2011; and 2985 in 2012)



Child's Race/Ethnicity

HMG recorded the race/ethnicity on intakes only, when callers agreed to provide a full set of data (about half of all calls). As seen in Figure 6, 61% were Hispanic or Latino, 17% were White, 9% were Asian, 10% were more than one race, and just over 1% were Black. In Orange County, according to the 2010 Census, children ages 0-4 years are 50% Hispanic, 28% White, 15% Asian, 1% Black, and 6% Other. Among older children there are fewer Hispanics and more Whites (47% Hispanic for children ages 0-17 and 32% White). The percentages of other races are the same across all age groups.

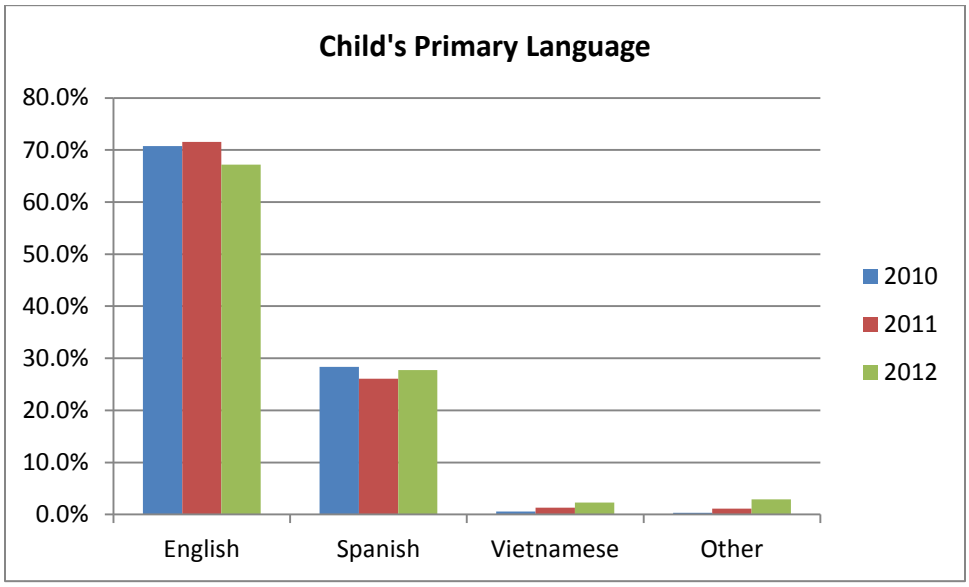
Figure 6. Race/Ethnicity of children by year (N=2416 in 2010; 2023 in 2011; and 1749 in 2012)



Child's Primary Language

HMG knows the child's primary language of nearly all the children it serves. Seventy percent of the children had English as their primary language; 27% spoke primarily Spanish; the remainder spoke Vietnamese or some other language, such as Korean, Farsi, Chinese or Russian (Figure 7). By contrast, the caller's primary language was less likely to be English (64% in 2012) and more likely to be Spanish (34% in 2012)

Figure 7. Primary language of children by year (N=3827 in 2010; 4290 in 2011; and 3718 in 2012)



Most Children Live with Two Parents

Over 70% of the children lived in a family with two parents; about 25% lived in a single-parent family.

Health Insurance

Nearly all children receiving services from Help Me Grow had health insurance (Figure 8). About two-thirds of the children had publicly-funded health insurance (Medi-Cal or Healthy Families) (Figure 9). Just over 30% had private insurance. Very few of the children did not have insurance (60 children (3%) in 2012). The American Community Survey estimated that 8.2% of Orange County children ages 0-17 years were uninsured in 2011.

Figure 8. Health insurance status of the children (N=2456 for 2010; 2106 for 2011; and 1833 for 2012)

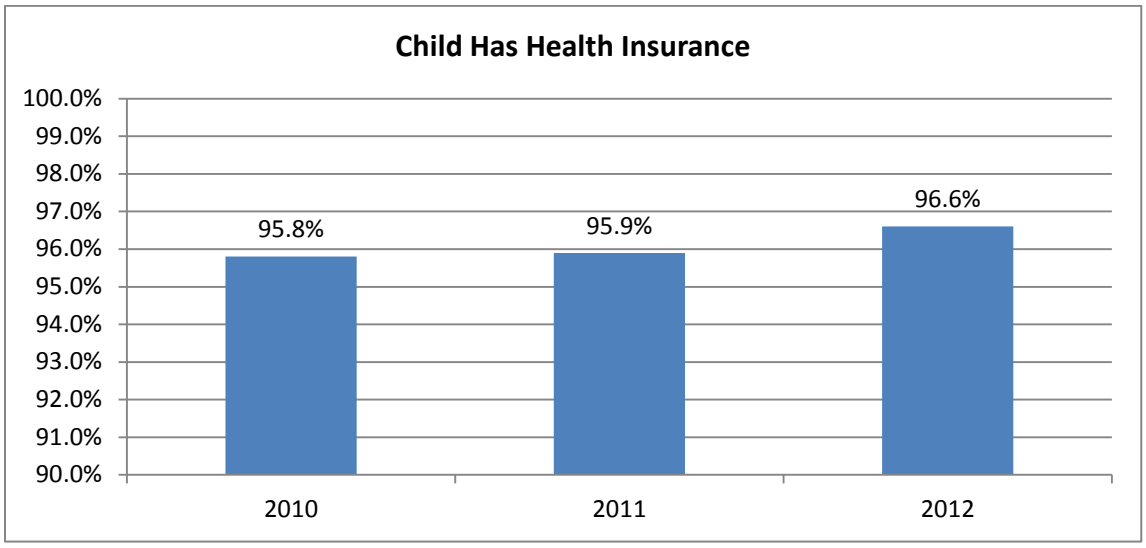
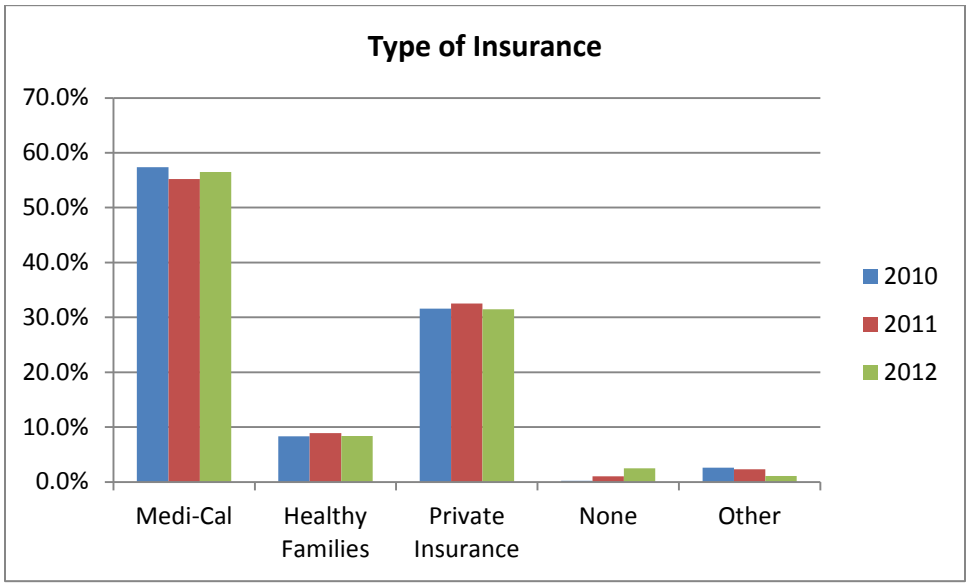


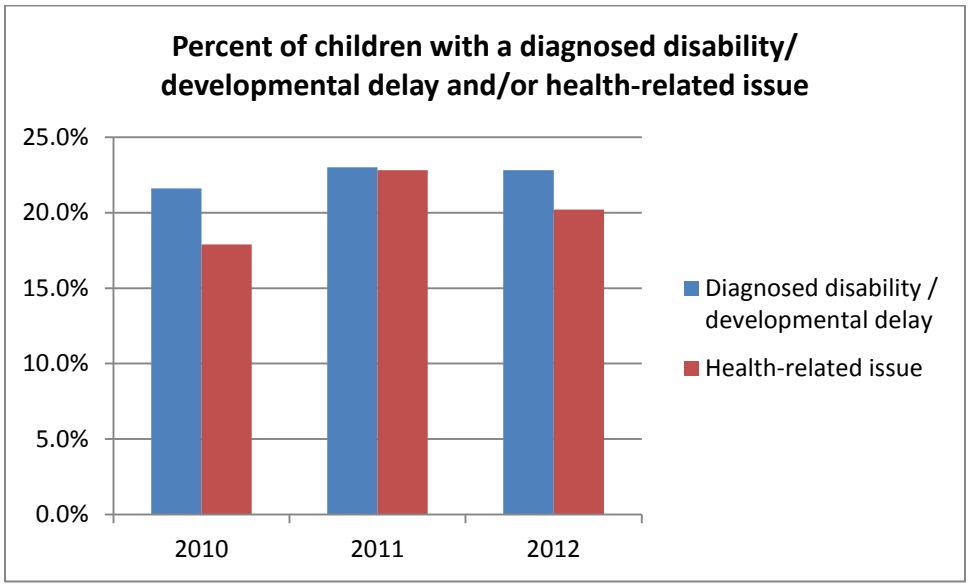
Figure 9. Type of insurance by year



Existing Health and Developmental Conditions

About 22% of the children had a diagnosed disability or known developmental delay at the initial time of contact with HMG (the disabilities/delays could be ADHD, autism, behavioral problems, deaf, visually impaired, Down syndrome, speech/language disorder, etc.) Twenty percent had a health-related issue. Over all three years, only 354 children had both a diagnosed disability/developmental delay AND a health-related issue (122 in 2010; 132 in 2011; and 100 in 2012) (Figure 10).

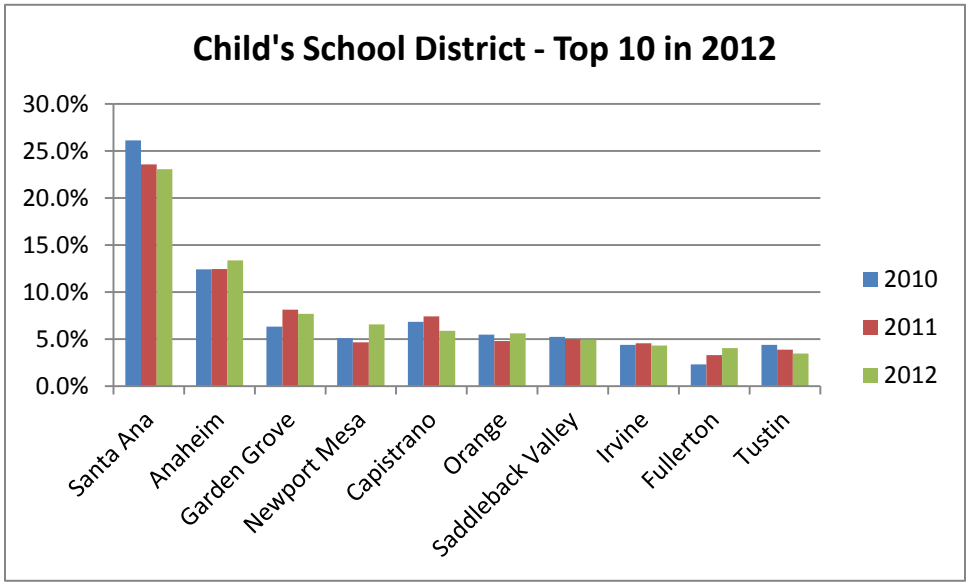
Figure 10. Percent of children with a diagnosed disability (N=2409 in 2010; 2048 in 2011; and 1776 in 2012) and/or a health-related issue (N=2383 in 2010; 2080 in 2011; and 1833 in 2012)



Child's School District

Figure 11 shows the top 10 school districts where the children lived. Nearly one quarter of the children served lived in the Santa Ana Unified School District; another 13% lived in the Anaheim School District (two other school districts also serve Anaheim children – Magnolia and Savanna). About 4% lived in the Tustin School District area. A table showing data for all the Orange County school districts is in the appendix.

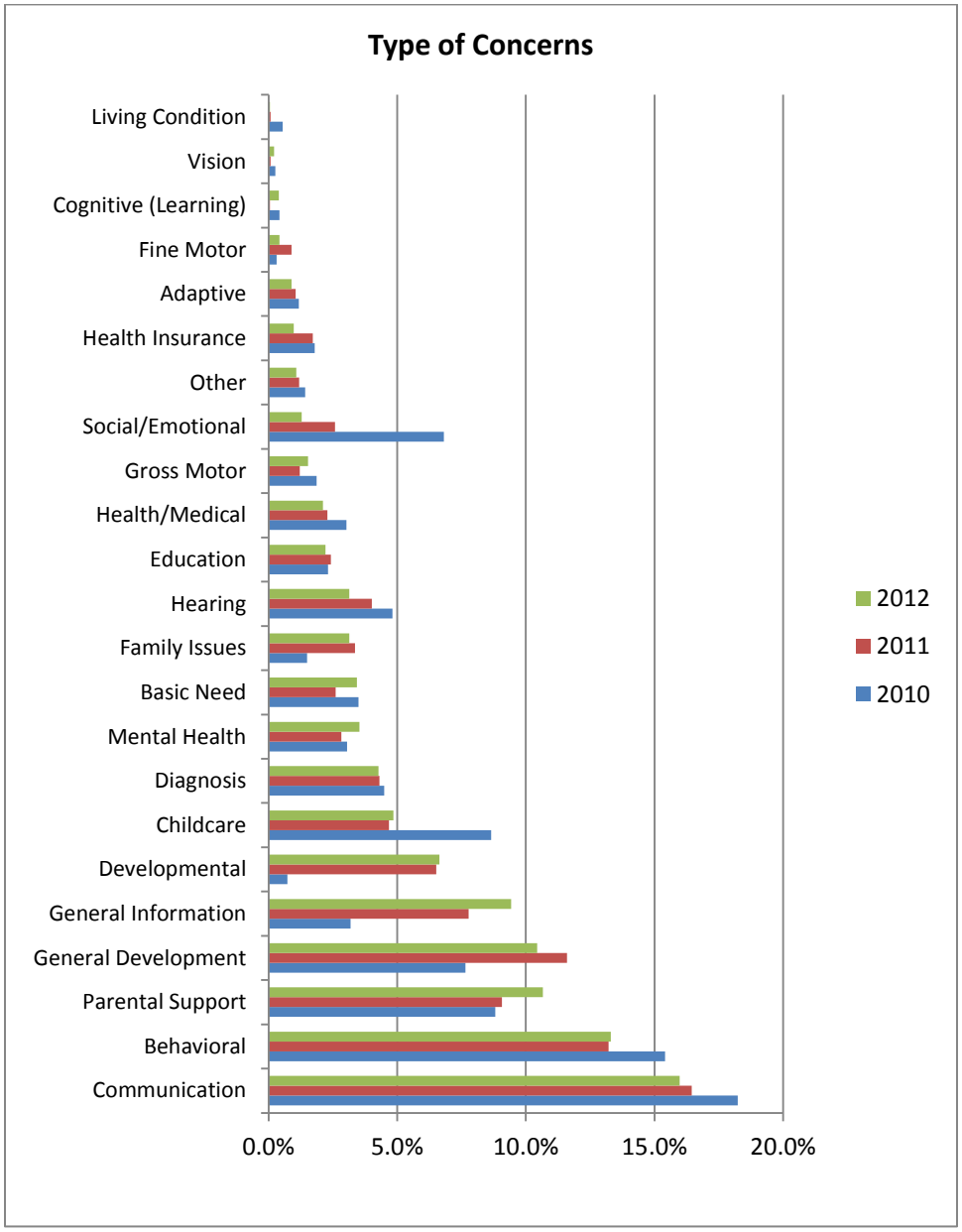
Figure 11. Child's school district by year (Top 10 in 2012)
(N=2424 in 2010; 2063 in 2011; and 1782 in 2012)



Caller's Concerns

Callers were most likely to contact HMG with a concern about a child's communication and second most commonly with a concern about a child's behavior. Figure 12 shows the percentage of contacts for each type of concern (ranked from lowest to highest in 2012).

Figure 12. Type of concerns that led people to contact HMG
(N=3802 in 2010; 3715 in 2011; and 3256 in 2012)



The concern that led to contacting HMG differed depending on the age of the child (Table 1). In 2012, callers were most likely to have a concern about communication if the child was between ages 1 and 3

years (80% of all concerns about communication). Family issues were most common when the child was less than one year old. Hearing was primarily an issue for those with a 1- or 2-year old child (80% of all concerns about hearing). Nearly half of callers with a concern about mental health were calling about a child age 6 or older. Data is presented for the most recent year only to provide the most current picture of calls to HMG. Table 2 shows the most common concerns by age in 2012.

Table 1: Percent of children in each age group with the specified concern (2012 data only). Read the percentages across the rows. For example, 1.2% of all calls about communication were about children less than one year of age, while 26% of calls about communication were about children age 1 year.

Concern*	<1 yr	1 yr	2 yrs	3 yrs	4 yrs	5 yrs	>=6 yrs	N**
Communication	1.2%	25.9%	32.7%	21.4%	12.7%	4.2%	1.7%	401
Behavioral	0.6%	9.7%	18.7%	23.3%	23.6%	13.0%	11.2%	331
Parental Support	8.6%	12.9%	21.6%	14.2%	13.8%	9.1%	19.8%	232
General Development	8.1%	14.4%	22.1%	23.2%	17.7%	5.5%	8.9%	271
Developmental Concern	17.2%	28.0%	17.2%	16.6%	12.1%	5.1%	3.8%	157
Childcare	10.8%	22.5%	18.9%	19.8%	11.7%	9.9%	6.3%	111
Diagnosis	0.0%	3.9%	9.8%	20.6%	20.6%	14.7%	30.4%	102
Mental Health	3.7%	1.2%	9.9%	13.6%	11.1%	13.6%	46.9%	81
Basic Need	22.7%	19.3%	19.3%	10.2%	12.5%	4.5%	11.4%	88
Family Issues	30.7%	19.3%	26.1%	10.2%	6.8%	0.0%	6.8%	88
Hearing	0.0%	41.8%	38.5%	9.9%	8.8%	1.1%	0.0%	91
Total All Concerns***	7.8%	18.1%	21.6%	18.9%	14.1%	7.1%	12.3%	2468

*Includes only those concerns that arose 100 or more times in 2012; the concern "General Information" was not included because there were only 38 instances when a birth date was recorded

**excludes instances when no birth date was recorded

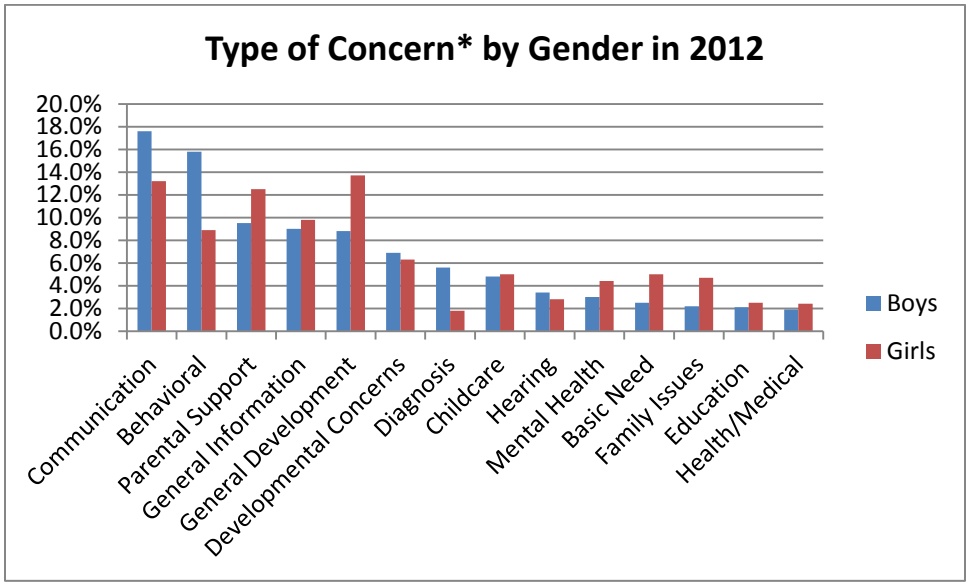
*** includes concerns that are not listed here, such as General Information; Health/Medical; etc.

Table 2: Most frequent concerns by age (2012 data only).

Age	Most common concern	Second most common	Third/fourth most common
< 1 year	Developmental Concerns (15.1%)	Family Issues (14.6%); General Development (14.6%)	Basic Need (10.9%); Gross Motor (10.4%)
1 year	Communication (29.7%)	Developmental Concerns (10.1%)	General Development (9.9%); Hearing (9.7%)
2 years	Communication (29.8%)	Behavioral (12.9%)	General Development (12.0%); Parental Support (10.1%)
3 years	Communication (22.9%)	Behavioral (19.9%)	General Development (15.8%)
4 years	Behavioral (24.7%)	Communication (14.9%); General Development (14.9%)	Parental Support 10.1%
5 years	Behavioral (27.4%)	Parental Support (12.5%)	Communication (10.2%); General Development (9.1%)
Ages 6 - 18	Parental Support (15.8%)	Mental Health (13.4%)	Behavioral (12.4%)

There were differences in the types of concerns between boys and girls (Figure 13). When calling about a boy, the concerns were more likely to be communication (17.6% of calls about boys, compared to 13.2% of calls about girls), behavioral issues (15.8% for boys; 8.9% for girls), or a diagnosis (5.6% boys; 1.8% girls). When calling about a girl, the concerns were more likely to be about parental support (12.5% of calls about girls; 9.5% of calls about boys), general development (13.7% girls; 8.8% boys), basic needs (5.0% girls; 2.5% boys), or family issues (4.7% girls; 2.2% boys).

Figure 13. Percent of concerns by gender in 2012 (N=2089 for boys and 1148 for girls)



*this figure shows only those concerns that had more than 2% of concerns for either boys or girls

Differences in the types of concerns by race/ethnicity are shown in Table 3. Asian callers were much more likely to be concerned about the child's communication than any other race/ethnicity, although it was among the top concerns for all groups. Hispanic callers were more likely to be concerned about family issues and basic needs than other groups. Asian and White callers were more likely to be concerned about a child's hearing.

Table 3. The type of concerns by race/ethnicity in 2012. (the total number is smaller because race/ethnicity data is collected only when the caller agrees to provide a full set of data.)

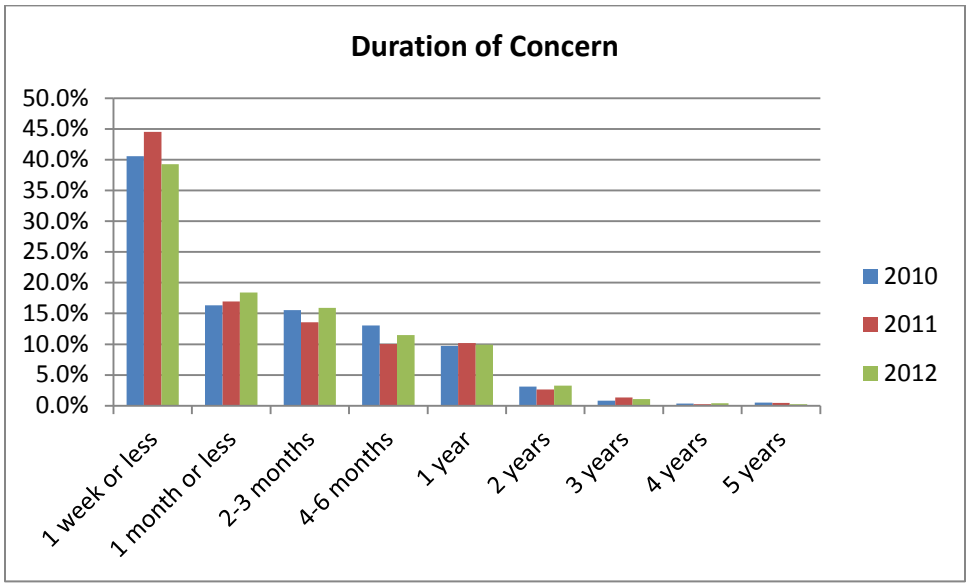
Type of Concern*	Asian	Hispanic	White	More than one race	All Races/ Ethnicities
Communication	30.8%	17.3%	23.1%	17.5%	16.0%
Behavioral	10.4%	15.3%	17.9%	18.0%	13.3%
Parental Support	5.4%	11.1%	7.4%	12.9%	10.7%
General Development	12.9%	13.0%	9.9%	8.8%	10.4%
Developmental Concerns	8.3%	5.3%	9.6%	9.2%	6.6%
Childcare	2.9%	4.7%	5.4%	4.6%	4.9%
Diagnosis	5.0%	3.8%	4.2%	5.5%	4.3%
Basic Need	0.8%	5.4%	0.6%	0.5%	3.4%
Family Issues	0.0%	5.7%	0.0%	0.5%	3.1%
Hearing	6.3%	3.4%	6.1%	4.6%	3.1%
Total Number of Concerns	240	1544	312	217	3256

*this table includes only those concerns that had 5% or more of concerns for any one race ethnicity. "General Information," which accounted for 9.4% of concerns overall, is not included because it arose almost entirely about children for whom the race/ethnicity is not known – inquiries that did not lead to a full collection of data.

Duration of Concern

The concerns raised by callers had emerged relatively recently, with about 40% indicating they had had the concern for a week or less; another 17% said the concern had arisen a month ago or less (Figure 14). About 15% said they had been concerned for a year or more.

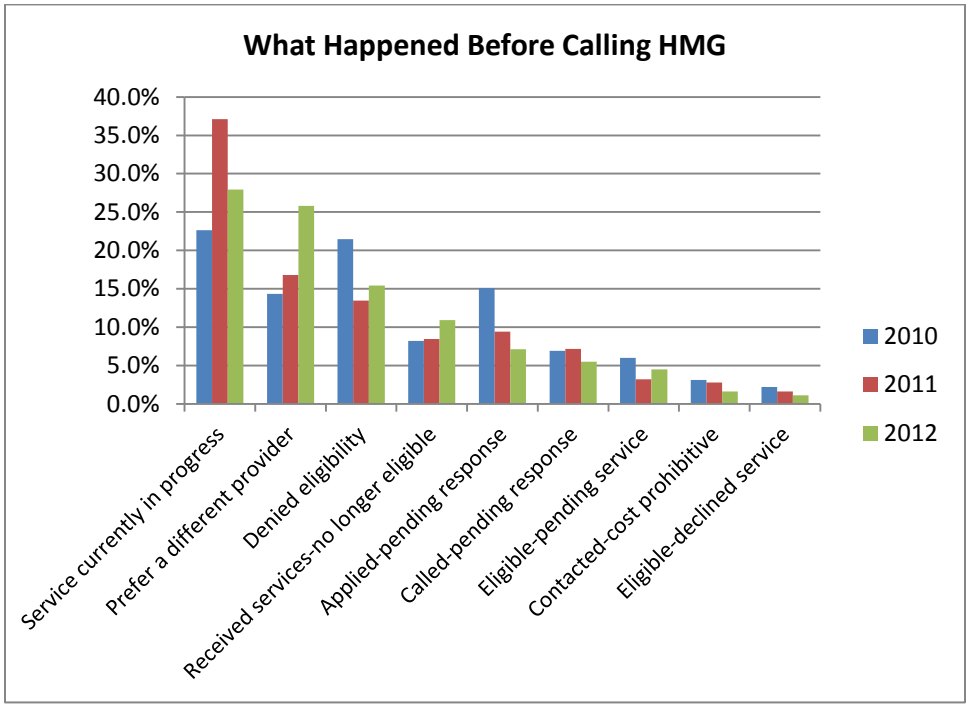
Figure 14. The length of time the caller had had the concern that generated their call to HMG (N=3802 in 2010; 3715 in 2011; and 3259 in 2012)



Previous Efforts to Seek Help and Medical Provider Responses

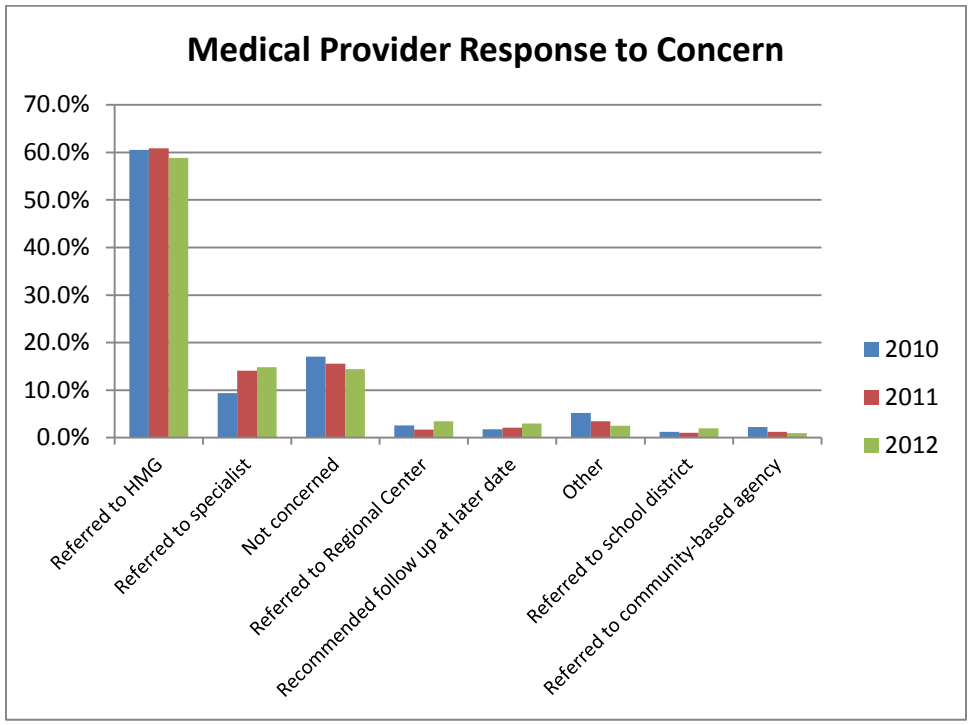
Twenty-five percent of the people contacting HMG said they had sought previous help. Of those who had sought previous help, less than a third said service was currently in progress; over 15% had been denied eligibility; about 10% had received services but lost eligibility (Figure 15).

Figure 15. Result of request for help prior to calling HMG
(N=768 for 2010; 935 for 2011; and 798 for 2012)



When callers had first discussed their concern with their medical provider, most said their doctor had referred them to HMG (60%) (Figure 16). Fifteen to twenty percent of the time the medical provider had made a referral; 14-17% said their medical provider was not concerned about the issue that caused them to contact HMG.

Figure 16. Medical provider's response to the caller's concern
(N=1362 in 2010; 1151 in 2011; and 1241 in 2012)



How well is HMG doing?

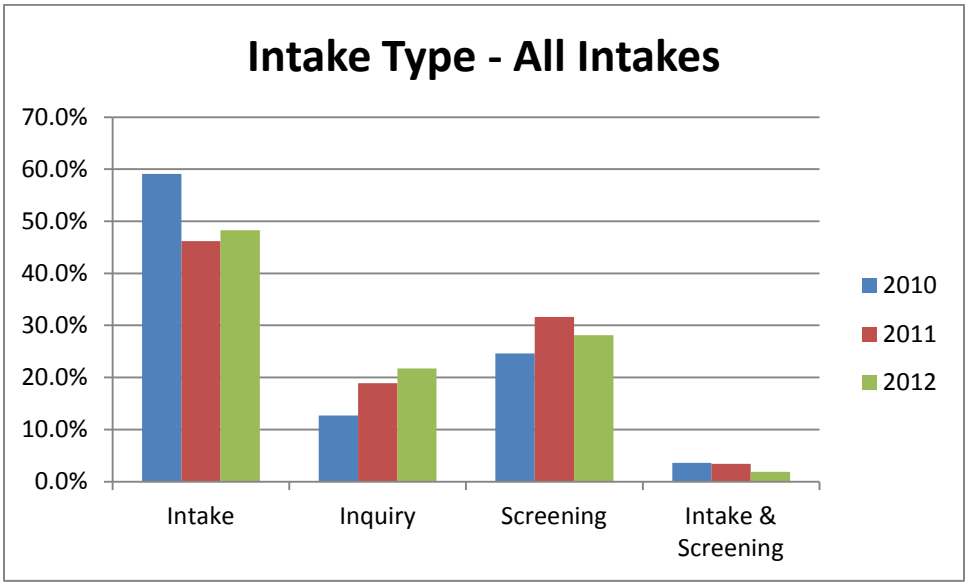
The next set of charts looks at the intakes for each year. Intakes could be one of four types:

- Intake (full set of data is collected on the child, including follow-up information)
- Inquiry (children receive referrals but there is no follow-up, minimal data is collected because parents choose to remain anonymous or provider does not have consent to provide child information)
- Screening (no concern entered; if results indicate typical , no additional information is collected)
- Intake & Screening (full set of data; 95% started out as a screening and then proceeded to full intake when concerns were identified and referrals made; the other 5% started out as an intake and then were screened by HMG)

Intake Types

Figure 17 shows the percentage of intakes by type for each year.

Figure 17. Type of intake by year (N=3897 in 2010; 4341 in 2011; and 3807 in 2012)



Reasons Intakes are Closed

Only Intakes are closed, with a reason for the closure provided. For 63% of the Intakes in 2010, and nearly half in the subsequent years, the case was closed because the caregiver had been contacted and provided information about the status of the referrals (Table 4). In 2012, nearly 80% of the caregivers at initial contact said they were willing to have HMG follow-up with them, up from 8% in 2010.

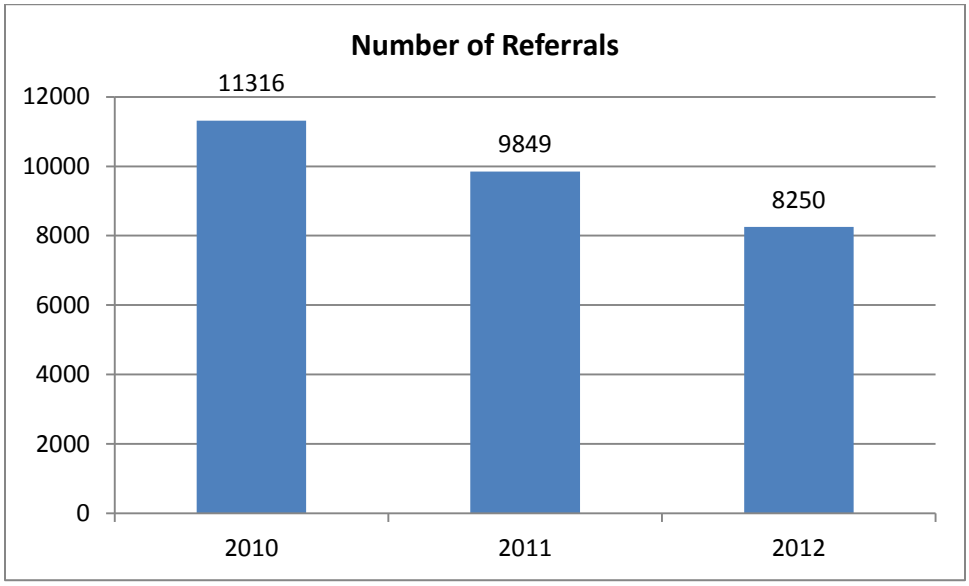
Table 4. Reason intake was closed

Reason Intake was Closed	2010	2011	2012
Reached caregiver-provided information	62.8%	48.8%	45.6%
Unable to reach after multiple messages	17.5%	19.5%	24.0%
Caregiver declined follow up at initial call	8.1%	15.9%	18.6%
Unable to reach-no message on phone line	1.9%	2.3%	3.9%
Reached caregiver-no further follow up available	5.5%	10.1%	3.4%
Phone out of service	3.6%	2.4%	2.2%
Provided info.-no referrals given			1.2%
Agency provided outcome information		0.5%	0.8%
Not available to respond to questions	0.4%	0.4%	0.2%
Child moved	0.1%	0.0%	0.1%
N=	**2313**	**2046**	**1813**

Number of Referrals

The number of referrals has declined each year (Figure 18), even though the number of children served has not. This could be because the staff has become more purposeful with the referrals they make, trying to provide fewer, more targeted referrals.

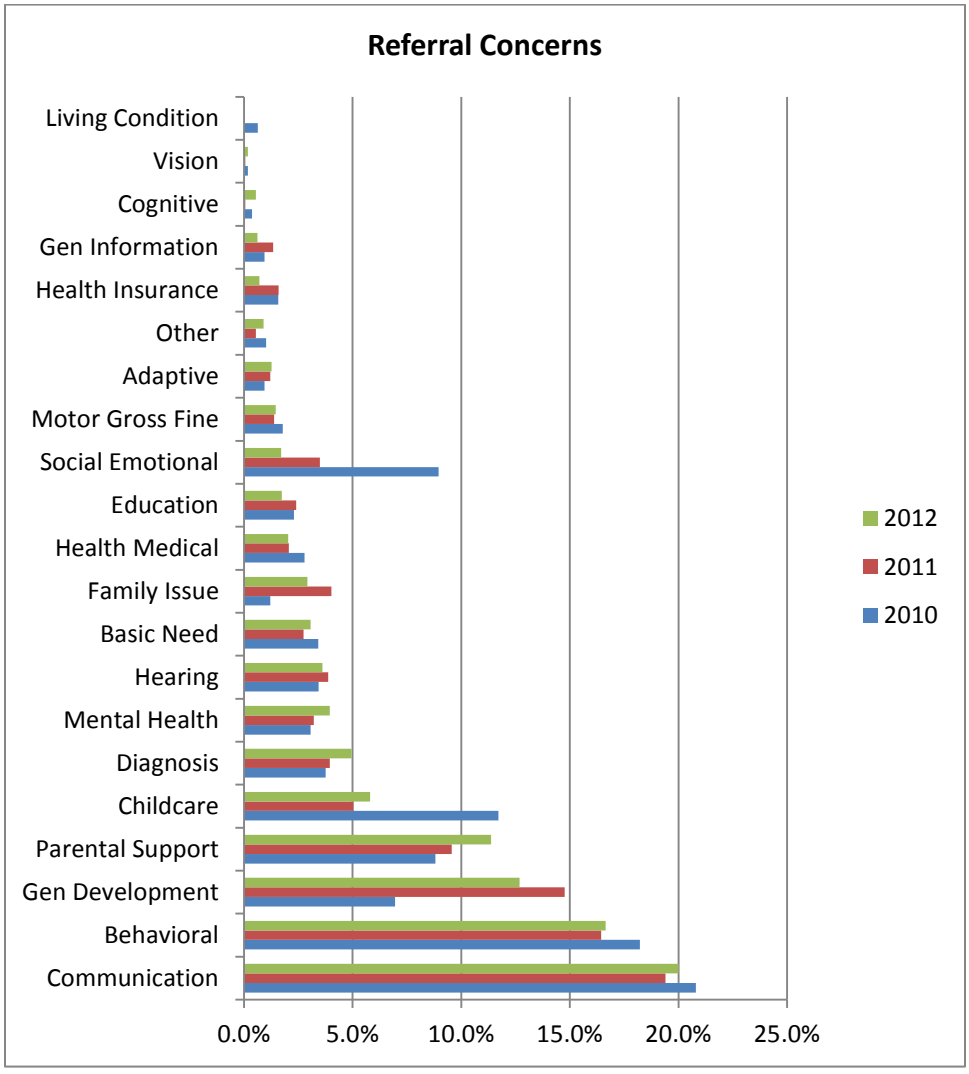
Figure 18. Number of referrals by year



Referral Concerns

Each referral is associated with a concern, and a child could receive more than one referral per concern. Figure 19 shows the percentage of the concerns associated with each referral. Each year, the most common concern was about the child's communication skills (~17%); the second most common concern was about the child's behavior (~14%). Very few concerns dealt with the child's vision or living condition.

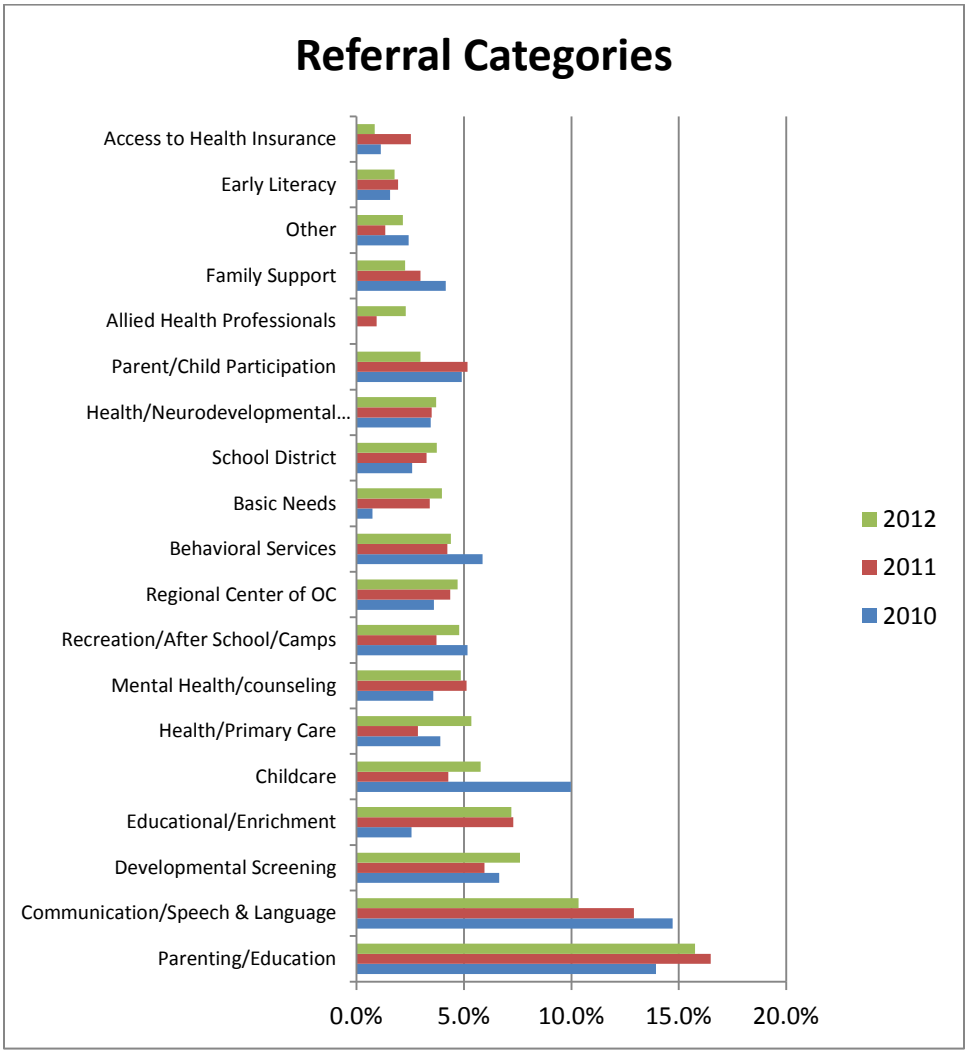
Figure 19. Percentage of concerns associated with each referral
(N=11316 in 2010; 9849 in 2011; and 8250 in 2012)



Tracking Referral Outcomes

During follow-up care coordination, HMG was able to learn the outcome of 60% of the referrals it made from 2010 to 2012, although the percent of referrals tracked declined from 70% in 2010 to 49% in 2012. Figure 20 shows the referral categories of the referrals about which HMG learned the outcome. The referral category more closely aligns to the provider types to which the referral is made.

Figure 20. Referral categories for those referrals about which HMG learned the outcome (N=8022 in 2010; 5776 in 2011; and 4229 in 2012)



Outreach to Providers and the Community

Help Me Grow has three Community Liaisons who develop ongoing relationships with community programs to help maintain the inventory of resources used by the care coordinators. They meet with providers of therapy, early childhood education, and other services to learn about available programs and share information about Help Me Grow. The Community Liaisons also attend trainings, make presentations to providers and family members about HMG and developmental screening, participate in

meetings of local collaboratives, organize HMG's Connection Cafés, and communicate to service providers through a list serve.

In 2010-2012, the Community Liaisons conducted over 1700 visits to local service providers. In Table 5, a breakout of visit by type is provided. An agency/program visit is counted as new when it is visited for the first time during each fiscal year. A separate accounting for faith-based site visits began in July 2011, therefore the total for 2011 covers only a six-month time period while 2012 covers the entire year. The data collection sheet changed in July 2011 to include presentations among the new and repeat visits rather than as a separate category. For the totals presented here, presentations were separated out and are not included in the new or repeat visits in order to be as consistent as possible across all three years.

Table 5. Community outreach activity by HMG Community Liaisons

Community Outreach Activity	2010	2011	2012
New agency/program visits	223	247	266
New childhood education sites (preschool / child care)	96	94	63
New faith-based sites	NA	14*	13
Repeat agency visits	175	158	152
Presentations	52	76	80
TOTAL	**546**	**589**	**574**

*reporting began in July 2011 so this total is for only six months

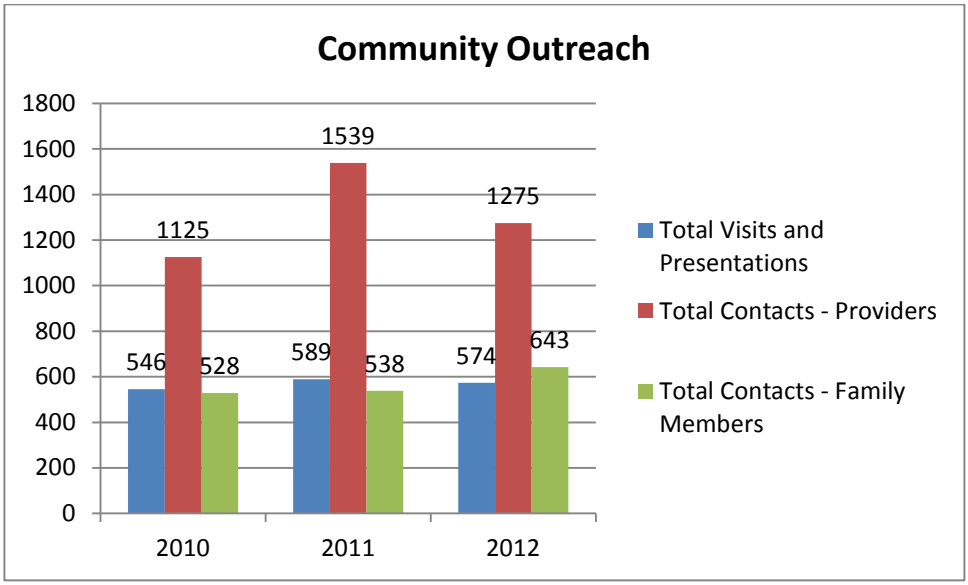
The number of providers and family members who were contacted or received a presentation was captured for each visit type (Table 6). Because a person could have participated in multiple visits or presentations, it is best to think in terms of contacts – over the three-year period, HMG made nearly 4000 contacts with providers and 1700 contacts with family members.

Table 6. Number of providers and family members contacted by HMG Community Liaisons

Visit Type	2010	2011	2012
New agency/program visit - # of providers	301	314	353
New childhood education sites (preschool/child care) – # of providers	133	118	82
New faith-based sites - # of providers	NA	16*	16
Repeat agency visits - # of providers	237	205	180
Presentations - # of providers	454	886	644
TOTAL – Providers	**1125**	**1539**	**1275**
Presentations - # of family members	528	538	643

*reporting began in July 2011 so this total is for only six months

Figure 21. Outreach efforts by HMG – total visits/presentations; total contacts with providers; and total contacts with family members



.

In addition to the visits and presentations, the Community Liaisons attend trainings, participate in collaborative meetings and community events (e.g., health fairs) and post announcements of interest to their constituency on a list serve. Table 7 provides the totals for each of these additional activities for each year. Included among the collaborative meetings are the Connection Cafés, which are organized by the Community Liaisons and provide opportunities for networking and sharing information among community service providers. HMG holds six Connection Cafés each year throughout Orange County. In FY 2011/12, each Connection Café was attended by about 60 people, representing 37 organizations. A full report on the Connection Cafés was prepared in 2012 and can be found on the HMG web site, http://www.helpmegrowoc.org/files/HMG%20Orange%20County,%20CA.%20Connection%20Cafe%20Report.July%202012.pdf

Table 7. Additional activities of the HMG Community Liaisons

Additional Community Liaison Activities	2010	2011	2012
Trainings attended	38	37	39
Collaborative meetings	106	109	140
Community events	72	92	106
Listserve announcements	192	203	164

The HMG Educating Providers in the Community (EPIC) Coordinator trains physicians and other health care providers on how to administer developmental screenings and advises them on how to incorporate developmental screening as a routine part of well-child checkups. The EPIC Coordinator also encourages physician offices to refer families to HMG if there is a concern identified through developmental screening. Because the position was vacant at various points during 2010 and 2011, a full year of data was available only for 2012.

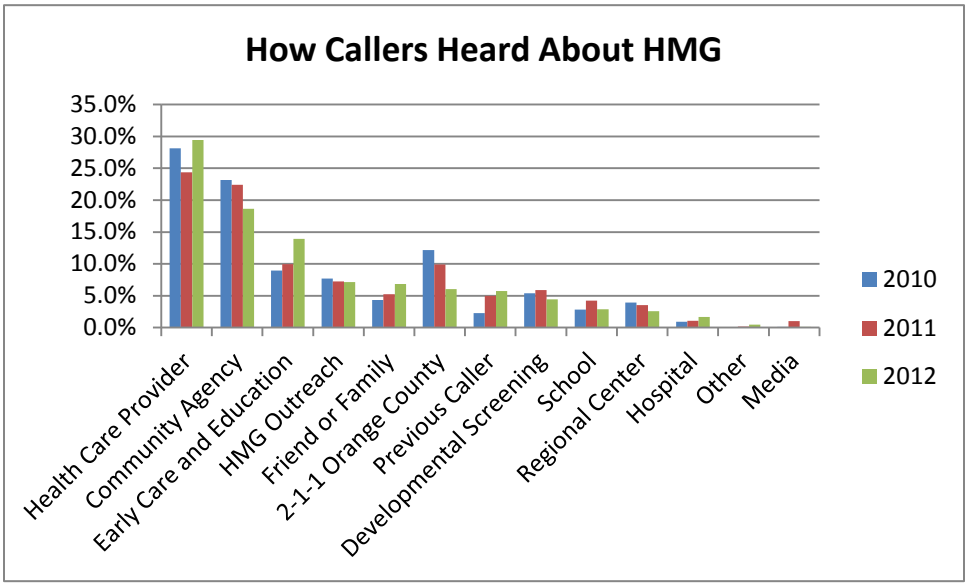
In 2012, the EPIC Coordinator's accomplishments included:

- 120 visits to physician offices of the following practice types (note, some offices had more than one practice type)
    - 91 pediatrics
    - 32 family practice
    - 1 OB/GYN
    - 2 Residents
- 724 physicians and staff received information about HMG
    - 252 physicians, physician assistants, and nurse practitioners
    - 472 physician office staff, including nurses and office assistants
- 138 people trained on how to perform developmental screening
    - 53 on the ASQ-3
    - 57 on the ASQ-SE
    - 28 on the PEDS
- 5 collaborative meetings attended

How Callers/Contacts Heard About HMG

One way to assess the effectiveness of HMG's outreach efforts is to look at how callers heard about HMG. When asked, over 60% of callers in 2012 said they heard about HMG from their health care provider (29%), a community agency (19%), or their child's early care and education provider (14%), all targets of HMG's outreach efforts. For many referral sources, the percentages did not change much over the three years, however, there were steady increases in the percentage of callers who said they heard about HMG from their early care and education provider, a friend or family member, or they were a previous caller. There were steady decreases in the percentage of callers who heard about HMG from a community agency or 2-1-1 Orange County.

Figure 22. How callers heard about Help Me Grow (N=2939 in 2010; 2970 in 2011; and 2735 in 20



Because nearly a third of the callers spoke Spanish as their primary language, it is worthwhile to look for differences in how Spanish-speaking callers learned about HMG compared to English speakers. By looking at all three years combined, it is possible to see significant differences in how callers of different primary languages learned about HMG. As seen in Table 8, English speakers were more likely to have heard about HMG from their health care provider, through HMG outreach or the media, or as a previous caller. They also were more likely to have connected to HMG following a developmental screening sponsored by HMG. In particular, English-speaking callers were more likely to have heard about HMG through a developmental screening service connected to Pretend City Children's Museum (4.8% for English speakers, 1.3% for Spanish speakers) and less likely to have heard about HMG at a developmental screening program in the community (0.2% of English speakers compared to 2.4% of Spanish speakers). On the other hand, Spanish speakers were more likely to have heard about HMG from a community agency, an early care and education provider, or a school.

Table 8. How callers heard about HMG by primary language of the caller

How Heard About	English	Spanish	Significant
Health care provider	32.7%	26.9%	*
Community agency	19.1%	24.4%	*
Early care and education provider	10.3%	15.9%	*
HMG outreach	5.8%	2.4%	*
Friend or family	4.8%	4.7%	
2-1-1 Orange County	7.4%	8.7%	
Previous caller	5.0%	3.1%	*
Developmental screening	6.3%	4.8%	*
School	2.9%	4.4%	*
Regional Center of Orange County	3.8%	3.0%	
Hospital	1.1%	1.3%	
Other	0.3%	0.2%	
Media	2.3%	0.0%	*
N=	**4147**	**2611**	

*Significance was assessed at the 95% confidence level using a two-tailed z-test

From 2010 through 2012, 57 callers spoke Vietnamese as their primary language and provided data on how they heard about HMG. Even though the sample size is small, there were some differences that are notable. Vietnamese speakers were more likely than English or Spanish speakers to have heard about HMG from their health care provider (40.4%), through HMG Outreach (7.0%), from 2-1-1 Orange County (10.6%), or from a school (7.0%). They were less likely to have heard about HMG from a community agency (17.5%), a developmental screening service (3.5%), or an early care and education provider (5.3%). None were previous callers to HMG. Because the total number of Vietnamese callers was so small, significance testing was not performed.

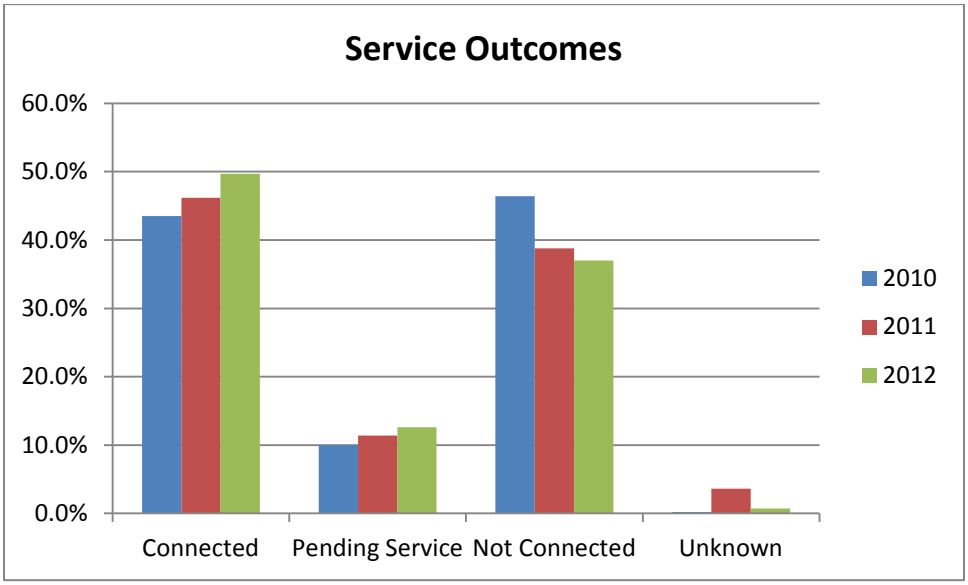
Are children and families better off as a result of using HMG?

HMG tracks whether children are connected to the service for which they received one or more referrals, and also tracks the outcomes of individual referrals.

Service Outcomes

Figure 23 shows the percentage of time the child was connected to the service for which they received referrals; the service was pending; or the child was not connected at the time of the follow-up phone call. The rate at which children were connected or the service was pending improved over the three years, from 53% in 2010 to 62% in 2012.

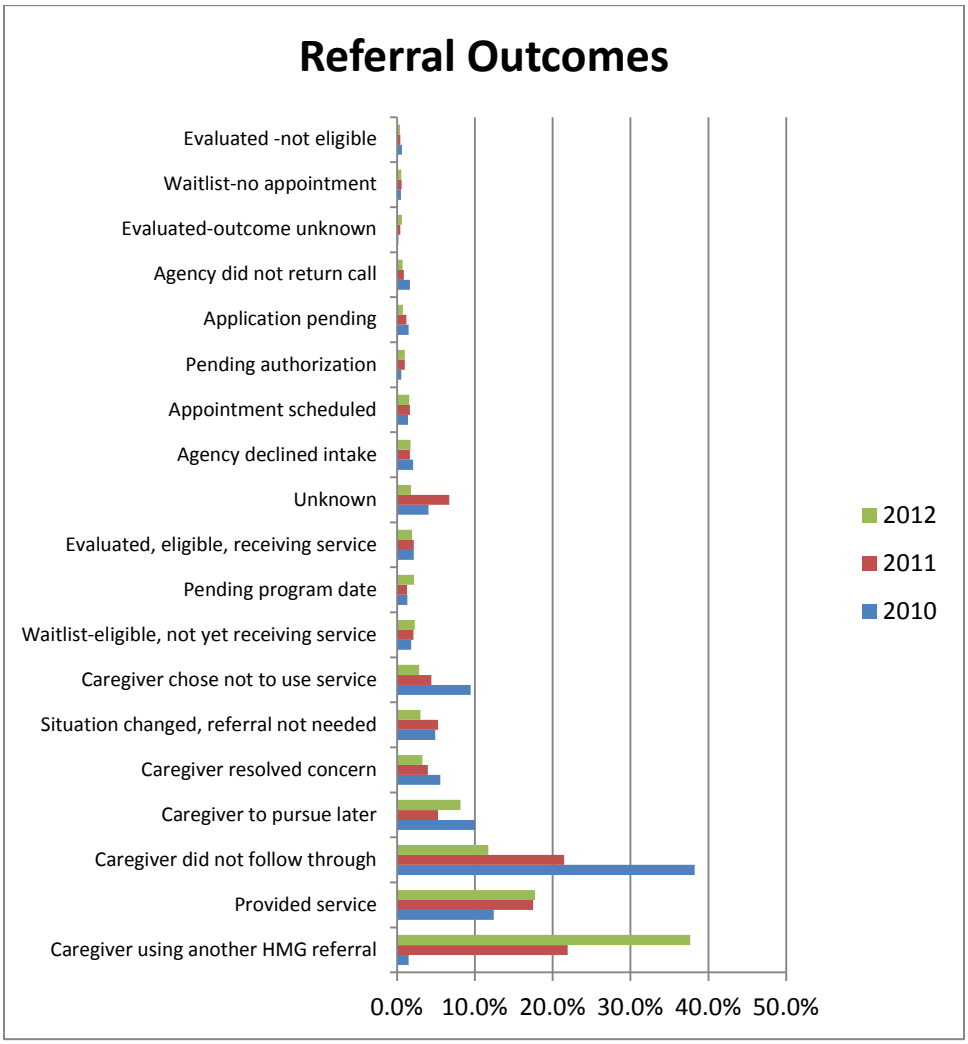
Figure 23. Service outcomes by year (N=2995 in 2010; 2362 in 2011; and 1718 in 2012)



Referral Outcomes

Figure 24 shows the outcome of individual referrals. In 2012, the most common outcome of a referral was that the caregiver chose not to use the referral because they were using another referral from HMG (37.6% of referrals). For over 19% of the referrals, the child was receiving the service for which they were referred (provided service or evaluated, found eligible, and receiving service). For only 3% of the referrals had the caregiver contacted the agency and been turned down (agency declined intake, agency did not return call, or the child was evaluated and found not eligible for the service).

Figure 24. Referral outcomes by year (N=7886 in 2010; 5678 in 2011; and 4024 in 2012)



Most referrals resulted in a connection, were pending connection at the time of follow-up, or the caregiver had chosen to not use the referral. The next three tables look at the referral outcomes by referral category. The referral categories are presented from the greatest percent of referrals to the fewest. Table 9 shows outcomes where a connection was made or pending; Table 10 focuses on caregiver-related reasons for the outcome; Table 11 focuses on reasons associated with problems with the agencies or the availability of the service (e.g. agency did not return call or had a waitlist).

All the numbers are presented as a percentage of the total number of referrals that resulted in the particular outcome. The first data column in each table shows the percentage of referrals made for each referral category about which there is follow-up information. It is then possible then to look for disproportionate results. For example, parenting/education accounted for 15.2% of all referrals about which the outcome is known, but 26.3% of the referrals with a pending program date (perhaps because these services start at a specific, scheduled date rather than on an ongoing basis.) Parenting/education also contributed to a large percentage of those referrals for which the outcome was “being on a

waitlist." It rarely triggered an outcome of "pending authorization" because these programs generally do not require an authorization for their service.

It is important to say a word or two about the results for the Regional Center of Orange County and School Districts. Although they are the two referral categories that were most often documented as the child having been evaluated and found ineligible, (60% and 25%, respectively), they are one of the few referral categories for which children are evaluated to determine eligibility (and this outcome was attributed to only 0.5% of all referrals). They also were referrals that caregivers were more likely to pursue (relatively few caregivers said they did not follow through or decided to use another referral). And they were much more likely to have an outcome of the children receiving services (after being evaluated) or having an appointment scheduled. School district referrals were, however, more likely to have an outcome that the child was on a waitlist with no appointment scheduled.

Table 9: Percent of referrals that were completed or in process by referral category, 2010-2012

2010-2012 Referral Category	Percent of all referrals	Provided/ receiving services	Pending program date	Appointment scheduled	Pending authorization	Application pending
Parenting/ Education	15.2	14.5	26.3	9.2	0.7	6.5
Communication / Speech & Language	13.1	8.1	4.5	10.7	31.0	9.8
Childcare	7.2	3.7	0.4	0.4	1.4	25.6
Developmental Screening	6.7	8.1	6.4	3.0		2.8
Educational Enrichment	5.2	4.3	4.1	3.7	0.7	9.3
Behavioral Services	5.0	3.2	5.6	2.6	5.6	5.6
Recreation / after school / camps	4.6	3.1	14.3	0.7	0.7	
Parent child participation	4.5	4.6	14.3	1.5		1.9
Mental Health/ counseling	4.4	5.4	3.0	4.8	3.5	
Regional Center of OC	4.1	12.1	2.3	13.3	0.7	5.6
Health/Primary Care	3.9	5.7	2.6	5.5	21.1	1.4
Health/neurodevelopmental subspecialists	3.5	2.7		14.0	16.2	0.5
Family support	3.3	3.4	1.5	1.5	3.5	1.4
School district	3.1	4.8	9.8	18.5	1.4	17.7
Basic needs	2.4	2.3	0.8	0.7		1.4
Early literacy	1.7	3.3	2.6			
Access to health insurance	1.5	1.8		0.4	5.6	0.9
Social skills	1.3	0.6	0.4		0.7	1.4
Advocacy	1.1	1.1		1.8	0.7	0.5
Occupational therapy	1.1	0.6		1.1	0.7	1.9
Health/ medical subspecialists	0.9	0.8		2.6	2.8	
Allied health professionals	0.8	1.3		0.8		
Funding	0.7	0.2	0.4			4.2
Home visitation	0.5	1.1	0.4	0.4		0.5
Legal assistance	0.5	0.6		0.7		
Psycho-educational testing	0.5	0.2		0.4		
Equipment	0.3	0.5				
Feeding	0.2	0.2		0.4		
Psychiatry	0.2				0.7	
N	**18,027**	**2685**	**266**	**271**	**1420**	**215**
Percent of all referrals		**14.9%**	**1.5%**	**1.5%**	**7.9%**	**1.2%**

Table 10. Percent of referrals that the caregiver did not use or pursue, by referral category, 2010-2012

		The Caregiver					
2010-2012 Referral Category	**Percent of all referrals**	**Contacted the service, decided not to use**	**Chose to use another referral**	**Resolved concern**	**Said the situation changed – no longer needed**	**Will pursue at a later date**	**Did not follow through**
Parenting/ Education	15.2	13.1	17.8	15.4	12.2	13.3	14.6
Communication / Speech & Language	13.1	6.3	18.7	10.7	19.9	8.2	17.0
Childcare	7.2	20.3	3.6	12.8	6.3	8.5	6.1
Developmental Screening	6.7	1.2	10.0	4.6	6.9	4.4	8.1
Educational Enrichment	5.2	8.5	6.4	5.8	2.0	4.6	4.2
Behavioral Services	5.0	6.5	4.9	5.5	5.6	4.5	5.2
Recreation / after school / camps	4.6	10.6	3.6	5.3	2.2	8.4	5.1
Parent child participation	4.5	5.1	4.5	4.5	2.0	7.1	3.8
Mental Health/ counseling	4.4	3.2	5.5	5.6	5.8	3.7	4.0
Regional Center of OC	4.1	0.9	1.6	0.9	4.4	1.1	1.4
Health/Primary Care	3.9	2.0	3.3	3.5	3.7	2.5	3.7
Health/neurodevelopmental subspecialists	3.5	1.7	3.7	2.6	5.6	4.9	3.1
Family support	3.3	4.0	1.9	4.1	1.7	5.4	3.9
School district	3.1	0.3	1.7	0.8	3.5	1.9	1.7
Basic needs	2.4	1.6	1.7	1.9	3.6	2.7	3.3
Early literacy	1.7	1.2	1.4	1.3	0.2	2.0	1.8
Access to health insurance	1.5	0.7	1.6	2.5	2.6	1.2	1.6
Social skills	1.3	3.9		2.1	2.0	3.0	1.2
Advocacy	1.1	0.8	0.6	1.0	0.9	1.1	1.6
Occupational therapy	1.1	1.7	0.9	1.3	3.1	1.3	0.9
Health/ medical subspecialists	0.9	1.0	0.3	1.6	0.6	0.8	1.5
Allied health professionals	0.8	0.1	1.6	0.3	0.5	1.3	0.6
Funding	0.7	0.5	0.3	0.8	0.6	0.6	1.0
Home visitation	0.5	0.1		0.5		0.4	0.3
Legal assistance	0.5	0.5	0.3	0.3	0.4	0.8	0.5
Psycho-educational testing	0.5	0.5	0.6	0.9	0.7	1.1	0.4
Equipment	0.3	0.4	0.2	1.0		0.2	0.2
Feeding	0.2	0.2	0.5	0.4	0.4	0.1	0.1
Psychiatry	0.2	0.4	0.6	0.4	0.1	0.2	
N	**18,027**	**1111**	**2877**	**798**	**809**	**1420**	**4707**
Percent of all referrals		**6.2%**	**16.0%**	**4.4%**	**4.5%**	**7.9%**	**26.1%**

Table 11. The percent of referrals that had not connected because the child was not eligible or there was an issue with the agency, by referral category, 2010-2012

2010-2012 Referral Category	Percent of all referrals	Waitlist – eligible but not yet receiving service	Waitlist – does not have an appointment	Child received evaluation – not eligible	Agency declined intake	Agency did not return call
Parenting/ Education	15.2	26.7	20.8		10.0	13.7
Communication / Speech & Language	13.1	1.1	8.3	2.2	6.7	8.5
Childcare	7.2	24.7	15.6	2.2	6.7	8.1
Developmental Screening	6.7			1.1	4.0	1.9
Educational Enrichment	5.2	14.3	4.2	2.2	7.9	5.2
Behavioral Services	5.0	5.3	8.3		6.7	9.0
Recreation / after school / camps	4.6	1.1	1.0		3.0	5.2
Parent child participation	4.5	7.0	3.0		5.2	10.9
Mental Health/ counseling	4.4	1.4	1.0		2.4	5.2
Regional Center of OC	4.1	1.1		60.4	7.0	0.9
Health/Primary Care	3.9				4.0	1.9
Health/neurodevelopmental subspecialists	3.5	2.8	7.3		3.3	1.9
Family support	3.3	0.3	1.0	1.1	3.6	6.6
School district	3.1	1.4	11.5	25.3	1.5	0.9
Basic needs	2.4	0.8	4.2		4.3	3.3
Early literacy	1.7	1.7	1.0		1.2	0.5
Access to health insurance	1.5	0.8			1.2	
Social skills	1.3	2.0	3.1		0.3	2.4
Advocacy	1.1				0.9	4.7
Occupational therapy	1.1				1.8	0.5
Health/ medical subspecialists	0.9			1.1	1.5	0.9
Allied health professionals	0.8	0.6				
Funding	0.7		1.0	2.2	2.4	2.4
Home visitation	0.5	2.8	7.3		1.8	
Legal assistance	0.5	3.1			1.8	
Psycho-educational testing	0.5					0.5
Equipment	0.3				1.8	
Feeding	0.2					1.4
Psychiatry	0.2					0.9
N	**18,027**	**356**	**96**	**91**	**329**	**211**
Percent of all referrals		**2.0%**	**0.5%**	**0.5%**	**1.8%**	**1.2%**

Includes referral categories not listed for which there were low numbers of referrals and none were not connected for any of the five reasons presented here.

Gaps and Barriers

When following up on referrals, HMG recorded gaps and barriers when there was a problem with completing the referral. Gaps focus on the availability of the service – whether it was available at all, through the child's insurance, at an affordable cost, or located near the child. Barriers relate to other reasons the caregiver may not have connected with the service, such as childcare issues, scheduling conflicts, not meeting program requirements for age or diagnosis, or caregiver decisions to not pursue a particular referral.

From 2010 through 2012, of the 18,027 referrals on which it completed follow-up, HMG recorded gaps to completing the referral a total of 288 times (1.6% of the referrals) over all three years – 189 in 2010; 73 in 2011; and 26 in 2012. Barriers were documented a total of 5,750 times (31.9% of the referrals) over the three years – 2,438 barriers in 2010; 2,128 in 2011; and 1,184 in 2012.

By far, the most common barrier was that the caregiver did not follow through, recorded 1879 times in 2010 (77.1% of all barriers), 1554 times in 2011 (73.0%), and 904 times in 2012 (76.4%). Because it accounted for about 75% of the barrier reasons across all three years, a closer examination of "caregiver did not follow through" is presented separately from the other barriers. Table 12 compares the rate at which the barrier, "caregiver did not follow through," was documented for the various referral categories shown in Figure 20. By comparing this rate with the rate at which each referral category was used, it is possible to see whether it is disproportionately higher or lower than the base rate of All Referrals. For example, the referral category, Regional Center of Orange County, accounted for 4.1% of all referrals, but only 2.8% of the referrals for which there was a barrier, and only 2.4% of the referrals for which the caregiver did not follow through – meaning caregivers were more likely to follow through on a Regional Center referral. By contrast, caregivers were less likely to follow through on a referral for basic needs, which accounted for 2.4% of all referrals and 3.4% of the referrals where caregivers did not follow through. (In both of these cases, and for many other comparisons, because of the large sample sizes, the differences are statistically significant at the 95% confidence level using a z-test for proportions.)

The referral categories with the largest percentage of gaps were childcare and recreation services – both significantly different from the base rate at the 95% level.

Table 12. Rates at which referral categories were associated with referrals – 1) all referrals for which follow-up was completed; 2) with any barrier; 3) with barrier - caregiver did not follow through; and 4) with any gap – 2010-2012.

2010-2012 Referral Category	% of all referrals (base rate)	% of referrals with any barrier	% of referrals with "caregiver did not follow through"	% of referrals with any gap
Parenting/Education	15.2%	12.2%	14.0%	3.8%
Communication/Speech & Language	13.1%	14.4%	13.6%	2.8%
Childcare	7.2%	8.3%	7.1%	34.0%
Developmental Screening	6.7%	6.1%	5.9%	0.3%
Educational/Enrichment	5.2%	5.7%	5.7%	5.6%
Behavioral Services	5.0%	4.6%	5.3%	1.4%
Recreation/Sports/After School/Camps	4.6%	5.4%	5.1%	8.7%
Parent/Child Participation	4.5%	3.3%	3.8%	2.1%
Mental Health/counseling	4.4%	4.0%	4.5%	3.8%
Regional Center of Orange County (RCOC)	4.1%	2.8%	2.4%	0.0%
Health/Primary Care	3.9%	3.7%	3.8%	4.2%
Health/Neurodevelopmental Subspecialists	3.5%	3.5%	3.3%	2.1%
Family Support	3.3%	3.3%	3.8%	9.4%
School District	3.1%	2.7%	2.3%	0.0%
Basic Needs	2.4%	3.1%	3.4%	3.8%
Other	2.0%	3.3%	2.9%	1.7%
Early Literacy	1.7%	1.2%	1.4%	0.3%
Access to Health Insurance	1.5%	1.8%	2.1%	1.0%
Social Skills	1.3%	1.7%	1.2%	2.8%
Advocacy	1.1%	1.5%	1.4%	1.0%
Occupational Therapy	1.1%	0.9%	0.6%	0.0%
Health/Medical Subspecialists	0.9%	1.4%	1.3%	1.4%
Allied Health Professionals	0.8%	0.9%	1.1%	0.0%
Funding	0.7%	1.3%	1.3%	4.5%
Legal Assistance	0.5%	0.8%	0.9%	0.0%
Home Visitation	0.5%	0.3%	0.3%	0.7%
Psycho-educational Testing	0.5%	0.8%	0.4%	1.7%
N=	18,027	5,750	4,337	288

Table 13 provides the same information as Table 12, but for just 2012, the most recent year for which there was data. In 2012, the difference between the base rate and "caregiver did not follow through" for Regional Center and Basic Needs were more pronounced, and even with the smaller sample sizes, still significant at the 95% confidence level. Parents were more likely to follow up on a Regional Center referral and less likely to follow up on a referral for basic needs.

Table 13. Rates at which referral categories were associated with 1) all referrals; 2) referrals with any barrier; 3) referrals for which "caregiver did not follow through" was the barrier – 2012 (Gaps are not included here because only 26 gaps were recorded in 2012)

2012 Only Referral Category	% of all referrals (base rate)	% of referrals with any barrier	% of referrals for which "caregiver did not follow through" was the barrier
Parenting Education	15.7%	14.0%	16.5%
Communication / Speech Language	10.3%	12.3%	10.4%
Developmental Screening	7.6%	7.4%	6.9%
Educational Enrichment	7.2%	6.3%	7.0%
Childcare	5.8%	4.6%	6.1%
Health/Primary Care	5.3%	5.8%	4.9%
Mental Health Counseling	4.8%	4.9%	5.2%
Recreation/Sports/After School/Camps	4.8%	4.9%	3.7%
Regional Center of Orange County	4.7%	3.5%	2.9%
Behavioral Services	4.4%	3.1%	3.5%
Basic Needs	4.0%	5.6%	6.9%
School District	3.7%	4.2%	3.1%
Health/Neurodevelopmental Specialists	3.7%	3.7%	3.7%
Parent Child Participation	3.0%	2.4%	2.7%
Allied Health Professionals	2.3%	2.8%	1.9%
Family Support	2.3%	1.9%	2.2%
Early Literacy	1.8%	1.6%	2.0%
Access to Health Insurance	0.9%	1.4%	1.9%
N	4229	1184	904

The remaining 25% of the barriers were spread out among 31 other reasons why the referral may not have connected. Figure 25 shows the number of times each barrier other than "caregiver did not follow through" was documented. In all three years, the second most common barrier was that the cost was prohibitive. Because of the low number of incidences, percentages have not been calculated.

Figure 25. Number of times each barrier except “caregiver did not follow through” was documented. (N=2438 in 2010; 2128 in 2011, and 1184 in 2012) DNM = “Did Not Meet”

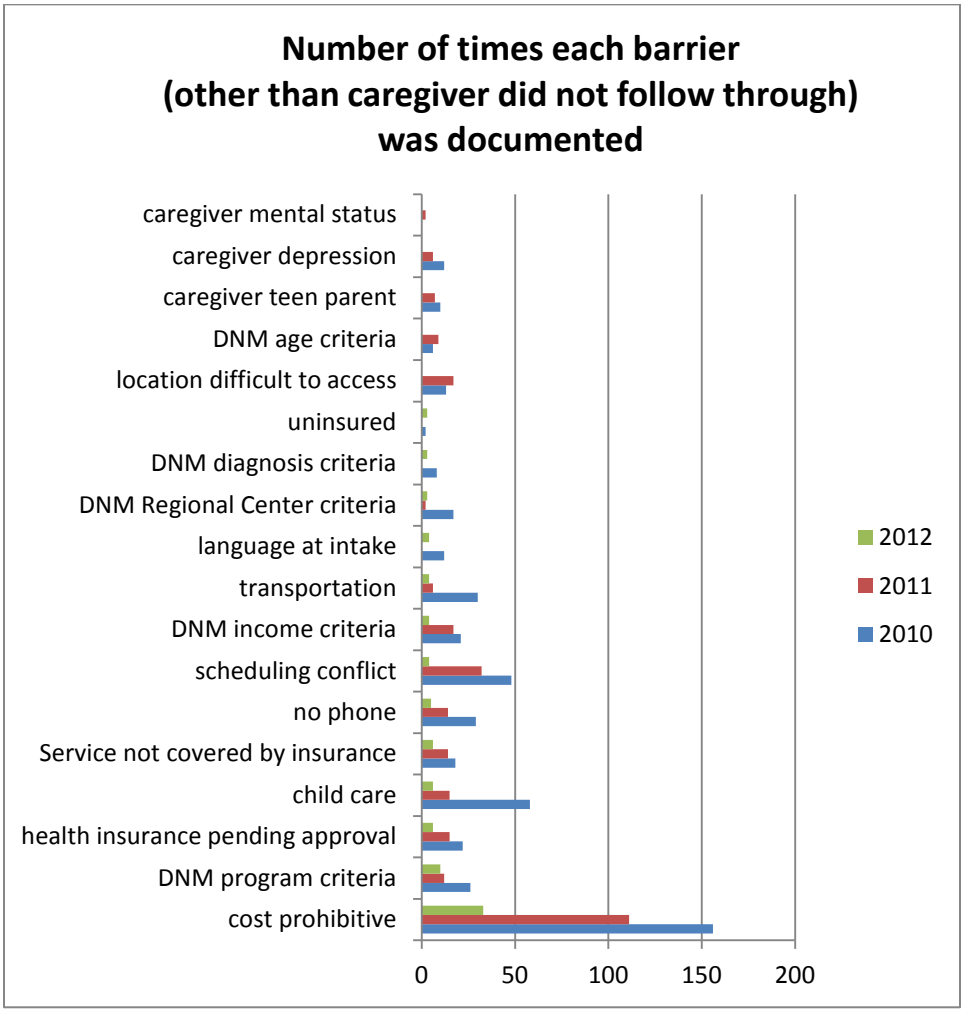
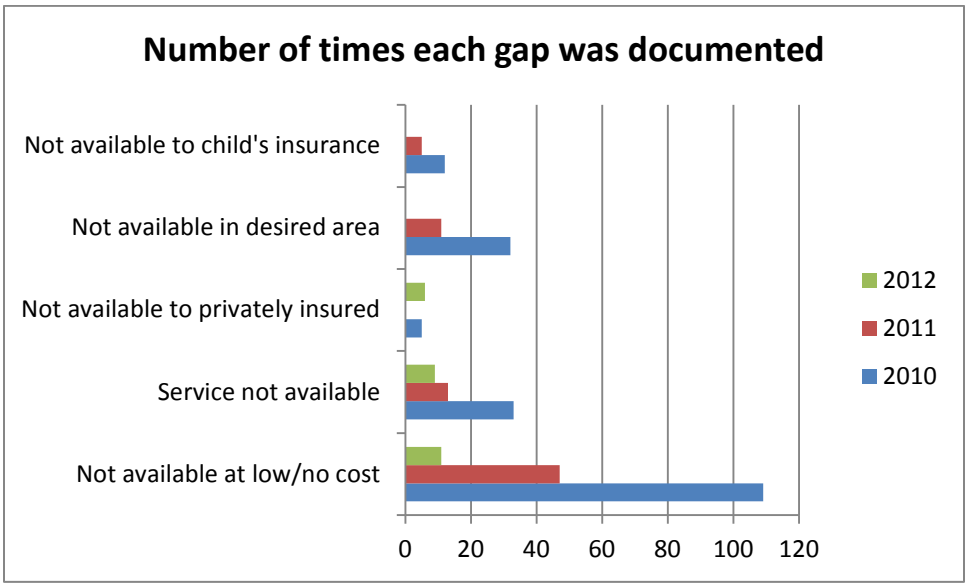


Figure 26 shows the number of times each gap was documented. The most common reason all three years was that there was no service available at low or no cost to the family.

Figure 26. The number of times each gap was documented (N=189 in 2010; 73 in 2011; and 26 in 2012)



Tables 14-16 provide the number of times each barrier or gap was selected for each referral category across all three years. Table 14 also provides the number of times each referral category was listed for all 18,027 referrals on which follow-up was completed. Percentages were not calculated because of the small sample sizes, but it is still possible to see areas that are problematic. For example, cost and not meeting income criteria were sizable barriers to completing a child care referral. Cost and not meeting program criteria were barriers for recreation/after school services. Social skills was another category where the cost was often found to be prohibitive – in both barriers and gaps. Even though only 12 referrals for respite care had follow-up results, none of them led to a connection, with the caregiver not following through on 11 referrals and the service not being available in the other. A table showing barriers by referral category for just 2012 is in the Appendix.

Table 14. The number of referrals and barriers associated with each referral category for 2010-2012

2010-2012 Referral Category	All referrals with follow-up	Caregiver did not follow through	Cost prohibitive	Scheduling conflict	Child-care	DNM program criteria	No phone	Health insurance pending approval	DNM income criteria	Trans-portation
Access to health insurance	273	90	1			1		1		
Advocacy	199	62	2			2	7	2		
Allied health professionals	152	47		1						
Basic needs	425	146				4				5
Behavioral services	901	229	7	2	1	2	3	3		1
Childcare	1291	309	86	3	26	5			21	
Communication / speech language	2363	589	5	4	1		3	11		
Developmental screening	1199	258		4	3		1	5		
Early literacy	312	59	5							
Educational enrichment	932	247	30	16	8	3	2		11	
Equipment	53	10	3			3				
Family support	601	165	1	4		4	5			
Funding	132	57	1			1			4	
Health/ medical subspecialists	168	57	7	3	6		2			8
Health/ Neurodevelopmental subspecialists	636	142	4	1		1	2	6		
Health/ primary care	704	163	3	1		1	3	3		
Home visitation	89	11		1						
Inclusion support	4		1							
Legal assistance	83	37	3							
Mental health counseling	788	195	3		1	1	3	3		
Occupational therapy	197	25	4					7		
Parent child participation	817	164	14	3	2	2			2	3
Parenting education	2736	607	8	21	18	6	8			7
Physical therapy	41	14						1		
Psycho-educational testing	85	19	8					1		
Recreation/ sports / after school/ camps	832	223	58	7	1	10	5		4	2
Regional Center of OC	740	102		1			2			
Respite/caregiving services	12	11	2		6					6
School district	554	98					2			1
Social skills	235	53	36	4						
Specialized services	8	6	1							
Other	363	124	7	8	3	2				7
TOTAL	18,027	4,337	300	84	79	48	48	43	42	40

DNM=Did Not Meet

Table 15. The number of barriers associated with each referral category for 2010-2012

2010-2012 Referral Category	Service not covered by insurance	Location difficult to access	DNM RCOC criteria	Caregiver depression	Caregiver teen parent	Language at intake	DNM age criteria	DNM diagnosis criteria	Uninsured	Caregiver mental state
Access to health insurance										
Advocacy	1									
Allied health professionals					1					
Basic needs				4	5					2
Behavioral services	5									
Childcare		9					2			
Communication / speech language	9		8			4		6		
Developmental screening			1				2	2		
Early literacy		2								
Educational enrichment		6					5			
Equipment										
Family support			1	8						
Funding		2								
Health/ medical subspecialists					3					
Health/ Neurodevelopmental subspecialists	5									
Health/ primary care			1	4	2			1	5	
Home visitation						1	1			
Inclusion support										
Legal assistance										
Mental health counseling	4			1	3		1			
Occupational therapy	8							2		
Parent child participation		2				3				
Parenting education		1			3					
Physical therapy										
Psycho-educational testing	3									
Recreation/ sports / after school/ camps		3				8				
Regional Center of OC			11				4			
Respite/caregiving services										
School district		1								
Social skills	3	4								
Specialized services										
Other				1						
TOTAL	38	30	22	18	17	16	15	11	5	2

DNM=Did Not Meet

Table 16: The number of gaps associated with each referral category for 2010-2012

2010-2012 Referral Category	Not available at low/no cost	Service not available	Not available in desired location	Not available for child's insurance	Not available for privately insured
Access to health insurance	2			1	
Advocacy	2				1
Basic needs	6	4	1		
Behavioral services			1		3
Childcare	77	4	16		
Communication / speech language				8	
Developmental screening				1	
Early literacy		1			
Educational enrichment	13	1	3		
Equipment	3				
Family support	9	17		1	
Funding	8	3	3		
Health/ medical subspecialists	3			1	1
Health/ Neurodevelopmental subspecialists	5	1			
Health/ primary care	6	3	3		
Home visitation		2			
Inclusion support			1		
Mental health counseling				5	2
Parent child participation	1	3	4		
Parenting education	3	4	4		
Psychiatry					2
Psycho-educational testing	3				2
Recreation/ sports / after school/ camps	14	7	7		
Respite/caregiving services		1			
Social skills	8				
Specialized services		1			
Other	4	1			
TOTAL	167	55	43	17	11

Summary

Help Me Grow was contacted for concerns regarding 12,000 children in the three years from 2010 through 2012. Most of the contacts are about boys and children under the age of 6. Callers somewhat disproportionately represented the city of Santa Ana and more of the children were Hispanic than what is seen across all of Orange County. The most common concerns caregivers brought to HMG were communications and behavioral issues, followed by parental support and general development.

Caregivers were quick to reach out to HMG with a concern, with about 40% saying they had had the concern less than a week. A quarter of the caregivers had sought help prior to calling HMG and a third of those said service was in progress. Of those who had mentioned their concern to their medical providers, 60% received a referral to HMG, but about 15% were told not to be concerned.

The number of referrals made declined each year as HMG staff became more purposeful about the referrals they made. The most common referral categories were for parenting education, communication / speech and language, childcare, and developmental screening.

On follow-up, over 60% of the children were connected or pending receipt of the service for which they were referred. The most common referral outcome in 2012 was that the caregiver was using another HMG referral; second most common was that the child had been provided the service.

A more detailed look at the outcomes by referral category found that parents were more likely to follow up with referrals to the Regional Center and school district and less likely to follow up on a referral for basic needs.

The most common barrier to a child being connected to a referral was that the caregiver did not follow through, which occurred about 75% of the time. The second most common barrier was that the cost of the service was prohibitive. Gaps were rarely recorded (on only 1.6% of referrals) and the most common gap was that the service was not available at low/no cost.

APPENDIX

Caller's City Compared to Orange County Births

Table A1. The percentage of children living in each Orange County city compared to the percentage of Orange County births in 2011 by city – sorted by percent of OC births.

City	2010	2011	2012	OC Births
Santa Ana	22.1%	21.8%	22.3%	15.9%
Anaheim	13.2%	14.9%	14.9%	14.4%
Irvine	6.0%	6.7%	5.9%	6.8%
Garden Grove	4.5%	5.0%	4.6%	5.7%
Huntington Beach	5.7%	4.7%	4.0%	5.2%
Orange	5.0%	4.1%	4.1%	5.1%
Fullerton	2.9%	4.0%	3.9%	4.2%
Costa Mesa	4.1%	3.8%	4.9%	4.1%
Tustin	3.9%	3.1%	2.8%	3.4%
Buena Park	2.1%	2.3%	2.0%	2.7%
Westminster	2.6%	2.1%	2.3%	2.6%
San Clemente	1.7%	1.9%	2.3%	2.3%
Mission Viejo	2.1%	2.8%	3.1%	2.2%
La Habra	1.1%	1.1%	1.9%	2.2%
Lake Forest	1.1%	2.5%	2.4%	1.9%
Aliso Viejo	1.4%	1.8%	1.8%	1.9%
Laguna Niguel	1.0%	1.7%	1.4%	1.6%
Placentia	1.2%	1.2%	1.3%	1.6%
Yorba Linda	1.1%	0.9%	0.8%	1.6%
Rancho Santa Margarita	2.1%	2.5%	2.0%	1.4%
Fountain Valley	1.9%	1.1%	1.5%	1.2%
Stanton	1.2%	1.1%	0.9%	1.2%
Newport Beach	1.2%	1.0%	0.9%	1.2%
Ladera Ranch	1.2%	1.9%	2.0%	1.1%
Cypress	0.9%	0.6%	0.6%	1.1%
Brea	0.6%	0.7%	0.4%	1.1%
San Juan Capistrano	1.5%	1.0%	1.0%	1.0%
Dana Point	0.5%	0.4%	0.7%	0.9%
Laguna Hills	0.6%	0.8%	0.8%	0.8%
Laguna Beach	2.3%	0.3%	0.3%	0.4%
Seal Beach	0.4%	0.1%	0.2%	0.4%
Los Alamitos	0.2%	0.2%	0.1%	0.4%
Trabuco Canyon	0.3%	0.5%	0.6%	0.3%
Foothill Ranch/El Toro	1.4%	0.3%	0.5%	0.3%
Newport Coast	0.3%	0.3%	0.3%	0.3%
Midway City	0.4%	0.2%	0.1%	0.3%
Coto de Caza	0.1%	0.2%	0.1%	0.1%
Villa Park	0.1%	0.1%	0.0%	0.1%
Capistrano Beach	0.1%	0.2%	0.3%	NA
Corona del Mar	0.1%	0.2%	0.2%	NA
Sunset Beach	0.1%	0.0%	0.0%	NA
Orange County N	**3,634**	**4,038**	**3,659**	**38,100**

Child's School District

Table A2. Percent of children living in each Orange County school district

School District	2010	2011	2012
Santa Ana	26.1%	23.6%	23.1%
Anaheim	12.4%	12.5%	13.4%
Garden Grove	6.3%	8.1%	7.7%
Newport Mesa	5.1%	4.7%	6.6%
Capistrano	6.8%	7.4%	5.9%
Orange	5.5%	4.8%	5.6%
Saddleback Valley	5.2%	5.0%	4.9%
Irvine	4.4%	4.6%	4.3%
Fullerton	2.3%	3.3%	4.0%
Tustin	4.4%	3.9%	3.5%
Placentia Yorba Linda	2.9%	3.2%	3.3%
Westminster	2.3%	2.2%	3.0%
Huntington Beach	3.5%	3.2%	2.1%
Buena Park	2.1%	2.1%	1.9%
Fountain Valley	1.9%	0.8%	1.7%
La Habra	1.3%	0.8%	1.6%
Outside of OC	2.3%	2.3%	1.5%
Ocean View	1.2%	2.7%	1.5%
Magnolia	0.9%	1.3%	1.2%
Cypress	0.6%	0.6%	0.8%
Centralia	0.5%	0.9%	0.6%
Laguna Beach	0.5%	0.2%	0.6%
Brea Olinda	0.5%	0.5%	0.4%
Savanna	0.4%	0.8%	0.4%
Los Alamitos	0.5%	0.5%	0.2%
Lowell Joint	0.0%	0.1%	0.1%
N	2424	2063	1782

Table A3 provides a detailed look at the 1,184 barriers documented in just 2012. Because the number of times each barrier arose was small, percentages have not been calculated. In this table, you can see that for the 6 times childcare was a barrier, 5 times it was for parenting education and 1 time for parent-child participation. Cost, not meeting program criteria, and not having a phone were common barriers for not connecting with recreation services.

Table A3. Number of times each documented barrier applied to each referral category. 2012 data.

2012 Only Referral Category	Cost prohibitive	DNM program criteria	Health ins. pending approval	Childcare	Service not covered by insurance	No phone	Scheduling conflict	DNM income criteria	Trans-portation	Language at intake	DNM RCOC criteria	DNM diagnosis criteria	Uninsured
Advocacy					1								
Behavioral services					3								
Childcare	4							4					
Communication / speech language	3						2			4	2		
Early literacy	2												
Educational enrichment	7	1											
Family support	1	1											
Funding	1												
Health/ primary care			3									1	3
Mental health counseling			3		2								
Occupational therapy												2	
Parent child participation	3	1		1			1						
Parenting education				5					3				
Recreation/ sports / after school/ camps	7	7				5	1						
Regional Center of OC											1		
School district									1				
Social skills	4												
Specialized services	1												