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Help Me Grow Orange County Three Year Report 2016 through 2018



Submitted to:



Acknowledgments

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Executive Summary

Help Me Grow Orange County embraces the concept of supporting the healthy development of all young children by advancing developmental promotion, early detection, and connection to services. As an early adopter of the HMG model, the Orange County HMG system was established in 2005 and was initially funded by First 5 Orange County. It is the first site in the nation to replicate the Help Me Grow model established statewide in Connecticut in 2002. Help Me Grow provides a comprehensive, coordinated county-wide system for developmental promotion, early identification, referral and care coordination of children at risk for developmental, behavioral and learning problems from birth through age eight. Caregivers, health care and service providers are encouraged to contact Help Me Grow if they have questions or concerns about their children's development, behavior or learning; need support in accessing services; are helping a client, family member or friend find information about developmental services; are needing a developmental screening; or want to have their organization included in the developmental services resource database used for referrals. The Help Me Grow team listens to the concerns, assists families in understanding their child's development, helps caregivers decide which referral(s) are right for their children, and facilitates access to appropriate resources and services.

This report provides information about the children and families served by Help Me Grow in calendar years 2016 through 2018 as captured in its System for Tracking Access to Referrals (STAR) database. Using the Results-Based Accountability™ framework, this evaluation documents and measures Help Me Grow's efforts and impacts by answering the following questions:

- How much did Help Me Grow do?
- How well did Help Me Grow do it?
- Are children and families better off as a result of using Help Me Grow?

Key Trends. While data findings for the concerns, referrals, connections to services and barriers tended to vary year by year, some trends have emerged:

- There was an increase in the percentage of Help Me Grow contacts for behavioral concerns (20% of all concerns in 2018, up from 17% in 2016).
- In 2018, 58% of those who discussed their concerns with the child's health care provider were referred to Help Me Grow, down from 62% in 2016.
- In 2018, caregivers contacted Help Me Grow earlier where 41% of calls were for concerns that had arisen one week prior or less, compared with 34% in 2016.
- There were increases in percentages of referrals for mental health counseling (18% in 2018, up from 13% in 2016) and for communication/speech & language (11% in 2018, from 5% in 2016).
- In almost 95% of the Regional Center of Orange County referrals where children received an evaluation, these children were found eligible for Early Start and were receiving services.
- The positive overall outcome of "connected or pending" to at least one service remains relatively the same—72% to 74%—during the years 2016 through 2018.
- Almost 98% of caregivers responded positively when asked if their needs were met after receiving referrals or information for their child and family.

Who does Help Me Grow Serve? During the three-year period between 2016 and 2018:

- Almost 8,800 children received services from Help Me Grow;
- Most of the children served were ages five and younger, with a plurality (20%) being four years old;
- Boys received more services than girls (63% and 37%, respectively);
- Fifty-seven percent of the children served were Hispanic or Latino;
- Approximately 60% of the children spoke English as their primary language;
- Almost all of the children had health insurance (96%);
- Most children lived in the cities of Santa Ana, Anaheim, and Garden Grove; and
- Approximately 18% to 32% of children for whom there was a Help Me Grow contact had an existing health related issue and/or disability, respectively.

Types of Concerns. Callers to Help Me Grow describe their concern(s) about their respective children to the Child Development Care Coordinators (CDCC) and the CDCCs identify a category for these concern(s). Figure 1 lists the top ten concerns identified, between 2016 and 2018 (information in parentheses indicates the numbers of each concern reported and their percentage of *all* concerns reported):

Figure 1: Top Ten Concerns to Help Me Grow (2016-2018)

- | | |
|-------------------------------------|----------------------------|
| 1. Behavioral (2,346, 19%) | 6. Hearing (843, 7%) |
| 2. Communication (1,748, 14%) | 7. Diagnosis (671, 6%) |
| 3. Parental Support (1,413, 12%) | 8. Education (569, 5%) |
| 4. General Development (1,232, 10%) | 9. Mental Health (463, 4%) |
| 5. Developmental Concerns (923, 8%) | 10. Child Care (306, 3%) |

Most contacts to Help Me Grow were for concerns that had arisen relatively recently, up to one month prior and more than half of those who sought prior help from outside sources for their concern were referred to Help Me Grow for assistance.

Referrals Provided. When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the caregiver's expressed concern(s), the availability of appropriate services and the location of those services in the county. Many times, a single concern will receive multiple referrals. For instance, a child with a behavioral concern may receive a referral for mental health counseling, behavioral services and/or parent/caregiver support.

From 2016 through 2018, Help Me Grow provided a total of 22,080 referrals, with the highest number of referrals in 2016. Figure 2 below presents the top ten referrals provided during the three-year period (information in parentheses indicates the numbers of each concern reported and their percentage of *all* concerns reported):

Figure 2: Top Ten Referrals by Help Me Grow (2016-2018)

- | | |
|--|---|
| 1. Mental Health/counseling (3,485, 16%) | 6. Behavioral Services (1,328, 6%) |
| 2. Parenting / Education (2,688, 12%) | 7. Parent / Caregiver Support (946, 4%) |
| 3. Communication/Speech & Language (1,695, 8%) | 8. Health / Primary Care (926, 4%) |
| 4. Parent / Child Participation (1,603, 7%) | 9. Regional Center of OC (Part C) (922, 4%) |
| 5. Educational / Enrichment (1,519, 7%) | 10. Developmental Screening (902, 4%) |

The types of referrals provided varied by demographics, as documented in Figure 3.

Figure 3. Key Findings from Referrals Provided, by Demographics

Gender	Boys and girls have somewhat similar rates for receiving mental health/counseling care referrals. More boys, however, received behavioral service referrals than girls, while girls more frequently received parent/child participation referrals than boys.
Health Insurance	Mental health/counseling referrals were most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have. Among families without insurance, the largest percentage of referrals was provided for developmental screenings.
Ethnicity	Mental Health/Counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral.
Language	English-language callers make up the largest proportion of referrals for developmental screening (66%). Callers who speak some other language most often received referrals for communication / speech & language.

Follow-up care coordination. When families call Help Me Grow, the Child Development Care Coordinator listens to each caller’s questions and concerns and then requests their consent to have a child’s information entered into the Help Me Grow data system (STAR) and to share the referrals provided and case outcomes with the child’s primary health care provide. If the parent declines to consent to share information with primary health care provider, data can still be entered into STAR as an intake. If the caller gives this verbal consent for entry in STAR and the parent provides all the required demographic information, that record is considered an intake. If the caller does not consent, then that record is considered an inquiry and no follow-up care coordination is provided. Follow-up care coordination is offered to all entries marked in STAR as *intake* or *intake and screening* for children ages birth through eight years. The percentage of families agreeing to follow-up care has decreased over the past few years, down from 91% in 2016 to 84% in 2018. Overall, the following types of clients have higher rates of consenting to follow-up care coordination: females; children identified as white; Spanish speaking children, and children with private health insurance.

Service and Referral Outcomes and Referral Barriers. Overall, 73% of children who received follow-up care coordination by Help Me Grow between 2016 and 2018 had positive service outcomes—that is, they had at least one referral connected or pending. The most common referral outcomes included connection to services, caregivers’ preference to pursue the referral at a later time, and caregivers’ decisions to not use the referral provided or pursue a different Help Me Grow referral.

Of the 22,080 referrals provided to Help Me Grow caregivers between 2016 and 2018, 7,762 (35%) recorded some type of barrier. The most common barrier recorded was caregiver not using referral information (83%). Referrals for boys tended to encounter more barriers, as did referrals for White children, children whose primary language is Spanish, and children with public health insurance.

ASQ Screenings. Between 2016 and 2018, a total of 1,175 Ages and Stages Questionnaires, Third Edition (ASQ-3s) and 276 Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) screenings were completed and scored. Communication was the main concern identified on the ASQ-3 (20% of ASQ-3 screenings scored below cut off or in the monitoring zone). Of the children who had an ASQ:SE screening, 14% had concerns identified and another 11% were in the monitoring zone. About 90% of the 1,227 referrals provided after being identified with a screening, had an outcome of “connected” or “pending”.

I. Introduction

Help Me Grow Orange County (“HMG”) was established in 2005 as one of the CHOC/UCI Neurodevelopmental Programs, later called Early Developmental Services, of Children’s Hospital of Orange County and University of California Irvine. The HMG system was initially funded by First 5 Orange County and is currently supported with an Intergovernmental Transfer.¹ It is the first site outside of Connecticut to replicate the national Help Me Grow model which began as a pilot in Hartford, Connecticut in 1998. Help Me Grow provides a comprehensive, countywide, coordinated system for early identification, referral and care coordination of children at risk for developmental, behavioral and learning problems from birth through age five. For fidelity to the system model as described by the Help Me Grow National Center, Orange County has implemented the required four components of the Help Me Grow system and has expanded with a fifth component. These program components are:

1. **Centralized access point** to assist families and professions in connecting children to appropriate community-based programs and services.
2. **Child health care provider outreach** supports early detection and intervention and link health care providers to community-based resources to best support families.
3. **Community and family outreach** to promote the use of HMG with a current resource inventory and provide networking opportunities among service providers.
4. **Data collection & Analysis** to support evaluation, help identify systemic gaps, bolster advocacy efforts, and guide quality improvement.
5. **Promotion of developmental surveillance and screening** to ensure availability to all children in Orange County.



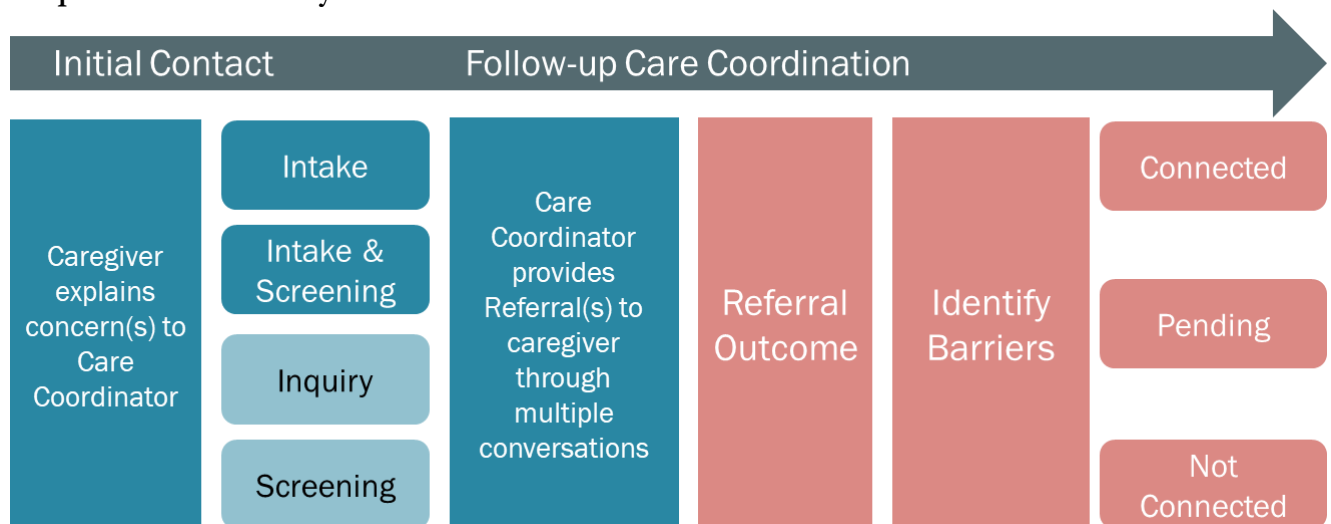
Individuals are encouraged to contact Help Me Grow if they have questions or concerns about their children’s development, behavior or learning; need support to access services; are helping a client, family member or friend to seek information about developmental services; are needing a developmental screening; or want to have their organization included in the developmental services database used for referrals. The Help Me Grow team listens to the concerns, assists families in understanding their child’s development, helps caregivers decide which referral(s) are right for their children, and facilitates access to appropriate resources and services.

¹ Intergovernmental Transfers (IGT) are used to offset the cost of uncompensated care provided by county health departments, public hospitals and other local care providers. For more details, refer to Appendix K.

In 2009 Help Me Grow created and launched the System for Tracking Access to Referrals (STAR) database in order to gather information about the children and families it serves, the referrals and care coordination it provides, connections to services as a result of the referrals, as well as outreach events and efforts. In March 2014, Help Me Grow was awarded a Department of Health and Human Services/ HRSA award as part of the Healthy Tomorrows Partnership for Children Program, which provides funding for a developmental screening network as well as a registry (OC Children’s Screening Registry) to improve physician engagement and cross-sector collaboration, link electronic health records among Orange County service providers, encourage primary care providers to use evidence-based developmental screening tools, and refer children for services when needed.

The graphic below presents the pathway caregivers who contact Help Me Grow typically follow, including the documentation of services and access that occurs, as presented in this report. Note: the contacts entered in STAR as Inquiry and Screening with typical results do not receive follow-up care coordination.

Help Me Grow Pathway to Services



This report provides information on the children and families served by Help Me Grow in calendar years 2016 through 2018. The format is similar to the 2013 through 2015 Help Me Grow report, which includes analysis using SPSS statistical software to observe differences in key activities by subpopulations.²

² For prior reports, see, HMG Orange County, 3-Year Evaluation Report: 2013-2015; HMG Orange County, 3-Year Evaluation Report: 2010-2012; HMG Orange County 2009 Annual Evaluation Report (January 2007 through September 2009).

The intent of this review of Help Me Grow data is to document the successes and challenges ensuing from the Help Me Grow model in order to ensure that the results and impacts of these investments are communicated to Help Me Grow and First 5 Orange County, and to provide documentation for use in fundraising opportunities. As in prior Help Me Grow reports, this evaluation uses the Results-Based Accountability™ (RBA) framework developed by Mark Friedman. The RBA framework can assist Help Me Grow with documenting and measuring its efforts and impacts in answering the following questions:

- How much did Help Me Grow do?
- How well did Help Me Grow do it?
- Are children and families better off as a result of using Help Me Grow?

Measuring Effort & Impact

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Impact	Is anyone better off?	

The primary source of data for this report is Help Me Grow’s STAR, the customized database used specifically for HMG implementation. Where possible, depending on if there is a large enough sample size, this report considers whether data are statistically significant at the $p=.05$ level using the Pearson Chi-Square test.

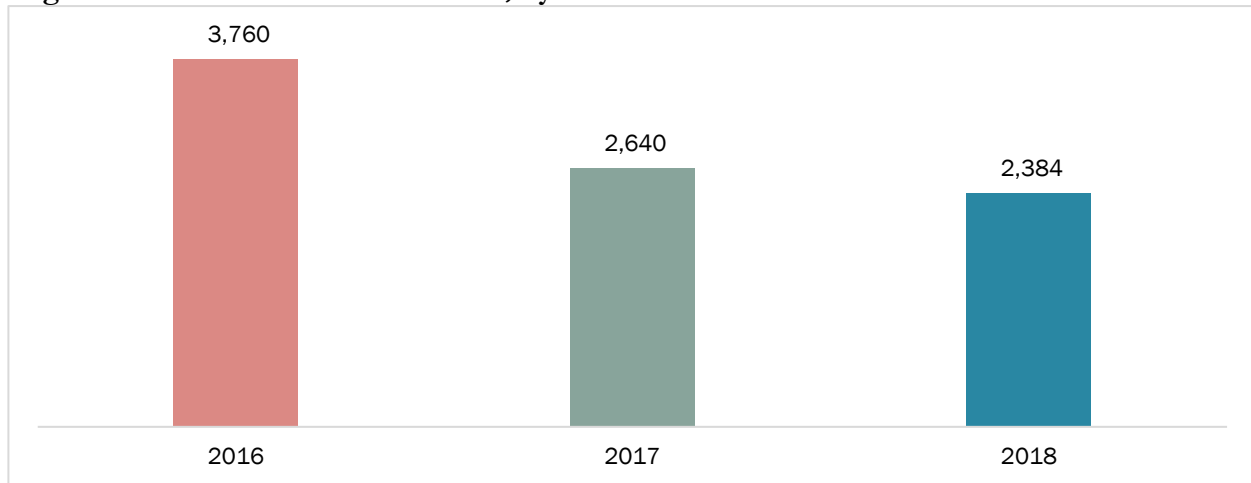
When families or providers call Help Me Grow, basic information is requested from them. If the caller prefers to remain anonymous and provide only minimal detail (e.g., a child’s age range and immediate concerns, zip code, etc.), then that contact is considered an *inquiry*. When a caller provides their full information (including child’s name, date of birth, address and demographics) and has the opportunity to agree to follow-up care coordination from Help Me Grow, the contact is considered an *intake*. An overwhelming majority of contacts with parents are entered as *intakes* in STAR. Data in this report are based on data available for given variables under review. Sample sizes therefore vary.

II. How Much Did Help Me Grow Do?

A. Total Number of Contacts

During the three-year period of 2016 to 2018, almost 8,800 children received services from Help Me Grow (unduplicated count within each year). In 2016, three school districts (Capistrano, Garden Grove, and Santa Ana) contracted with Help Me Grow to have their First 5 Orange County funded School Readiness Nurses (SRNs) distribute developmental screenings to the children in their state preschool programs and then provide the completed tools to Help Me Grow for scoring, conveying of results to parents and health care providers and giving of referrals when needed. These were one-year contracts, hence there were more children served in 2016 than in 2017 or 2018.

Figure 1. Number of children served, by Year



B. Type of Contact

Most families and providers reached Help Me Grow through the toll-free number. In 2018, for example, 1,628 callers accessed Help Me Grow through the toll-free number while only 396 had used Help Me Grow’s online portal.³ In 2018, Help Me Grow launched access to developmental screening on its website branded as *Am I On Track*, where anyone with a child living in Orange County can complete a developmental screening initiated through a link available on the website and Help Me Grow processes the screenings and connects families to referrals, when needed. Also, in February 2018, the county’s OC Children’s Screening Registry was launched and in that year, Help Me Grow received 54 direct electronic referrals initiated within the Registry for connection to services.

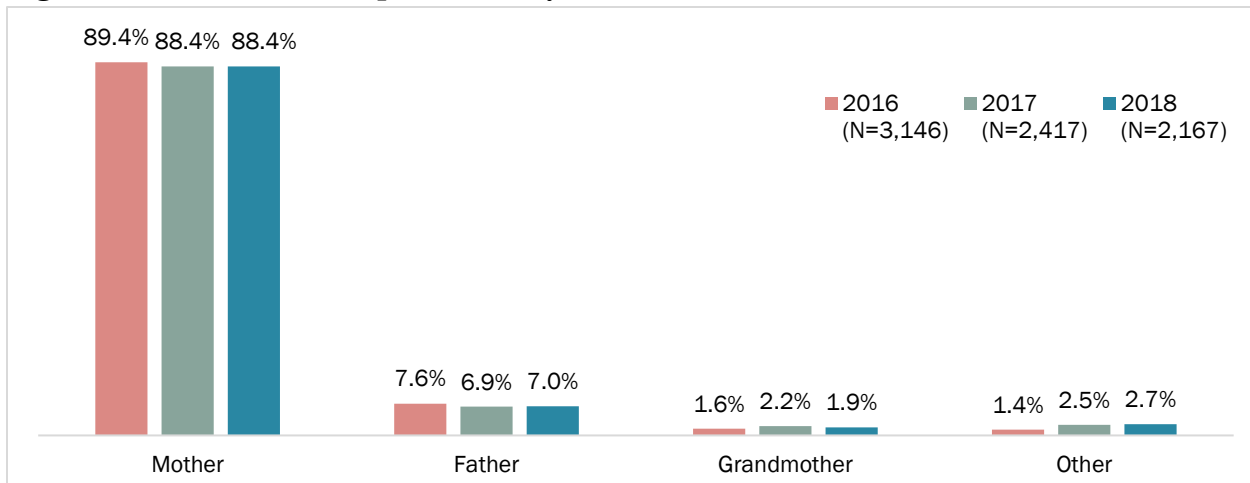
Figure 2. Caregiver Entry Point into Help Me Grow, by Year

	2016	2017	2018	3-Year Total
HMG Toll Free Number	1,775	1,882	1,628	5,285
School District/State Preschool	1,229	12	0	1,241
HMG Online	394	397	396	1,187
HMG Developmental Screening	144	144	130	418
QRIS Child Care Provider	3	105	35	143
HMG Community Effort	136	95	69	300
Website Developmental Screening	0	0	66	66
OC Children's Screening Registry	0	0	54	54
Other	79	5	6	90
Total	3,760	2,640	2,384	8,784

A large majority of those who contacted Help Me Grow were the mothers of the children they were calling about (88.4% in 2018). Less frequently, it was the father (7.0% in 2018) or other caregiver of the child who reached out to Help Me Grow.

³ For the duration of this report, *contacts* and *callers* are used interchangeably and are understood as being those individuals contacting Help Me Grow by phone, online portal or in-person at a community event.

Figure 3. Caller Relationship to Child, by Year

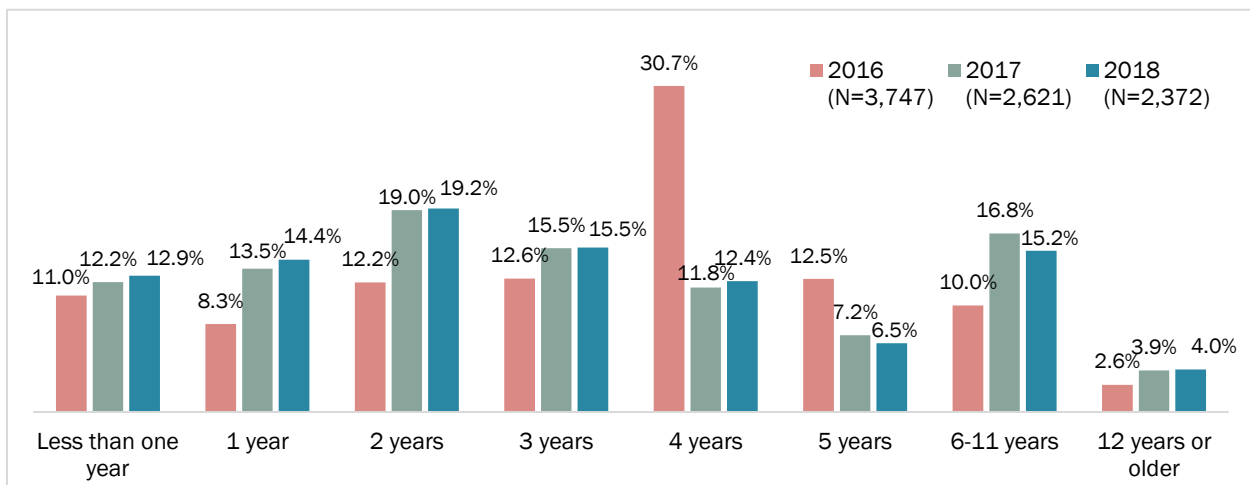


C. Children’s Demographics

Children’s Age

Most of the children served by Help Me Grow were ages five and younger, consistent with the mission of First 5 Orange County, which targets children younger than six years of age. The high proportion of four years olds served in 2016 reflects the children served through School District / State Preschool entry point.

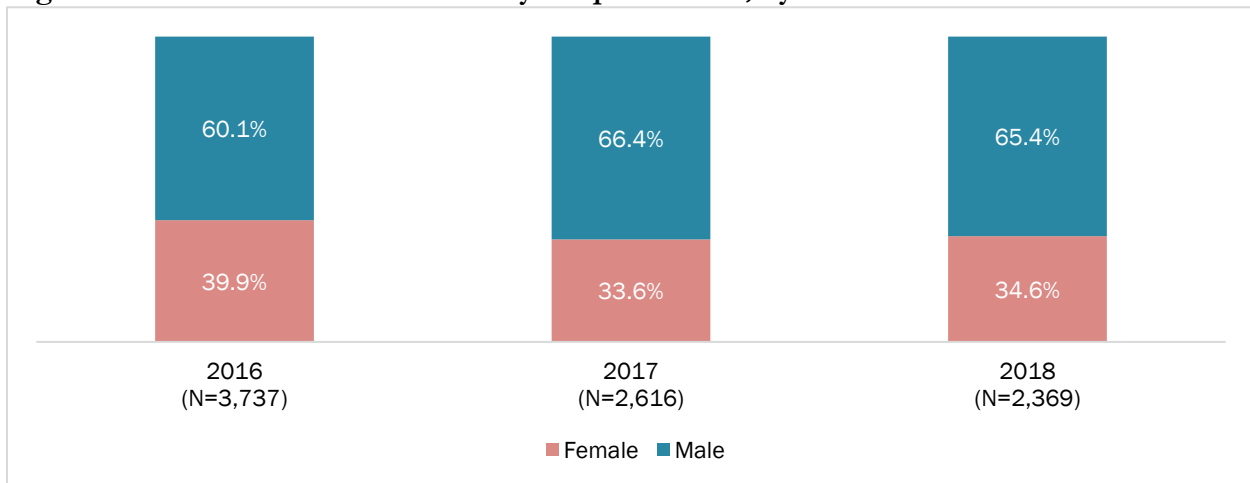
Figure 4. Child’s Age



Children’s Gender

While gender is fairly evenly split in the overall population, Help Me Grow consistently serves more boys than girls. In 2018, 65.4% of children served by Help Me Grow were boys and 34.6% girls. In 2016, the gender was split more evenly, likely because of the School District / State Preschool contracts, which screened all children.

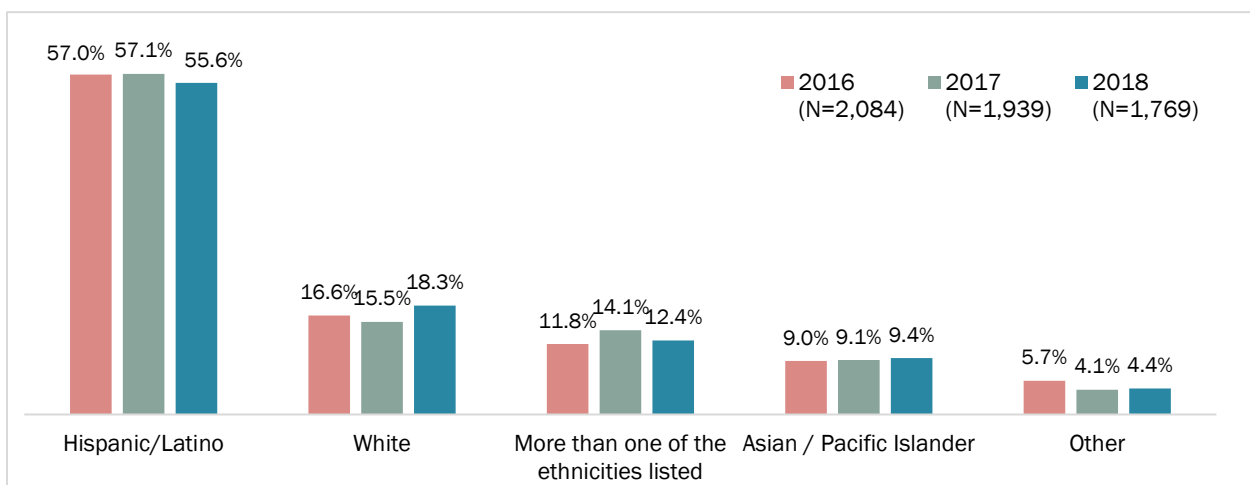
Figure 5. Gender of Children Served by Help Me Grow, by Year



Children's Ethnicity

During the three-year period between 2016 and 2018, most of the children served by Help Me Grow were Hispanic or Latino (55.6% in 2018). Children whose parents identified them as White made up the next largest ethnic category (18.3%), followed by those of more than one ethnicity (12.4%) and Asian / Pacific Islanders (9.4%). In all of Orange County, by contrast, among children ages five and younger 47% are Hispanic, 29% White, 17% Asian, 6% two or more ethnicities and 2% other (Department of Finance, 2018). Children screened in 2016 through the School District / State Preschool did not typically have ethnicity information collected, hence the lower number of children with records that year.

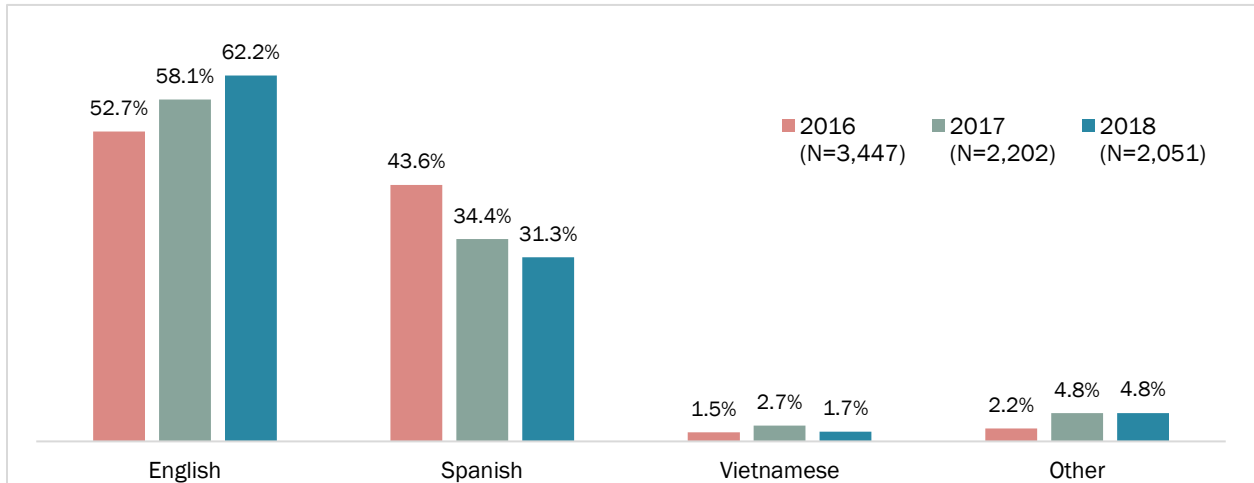
Figure 6. Child's Ethnicity



Caregiver's Primary Language

A majority of caregivers who contacted Help Me Grow spoke English as their primary language, a proportion that increased in the three-year period between 2016 and 2018. The drop in Spanish speakers between 2016 and 2017 is largely due to the end of the contracts with the School District / State Preschool sites, which served primarily Spanish speaking families.

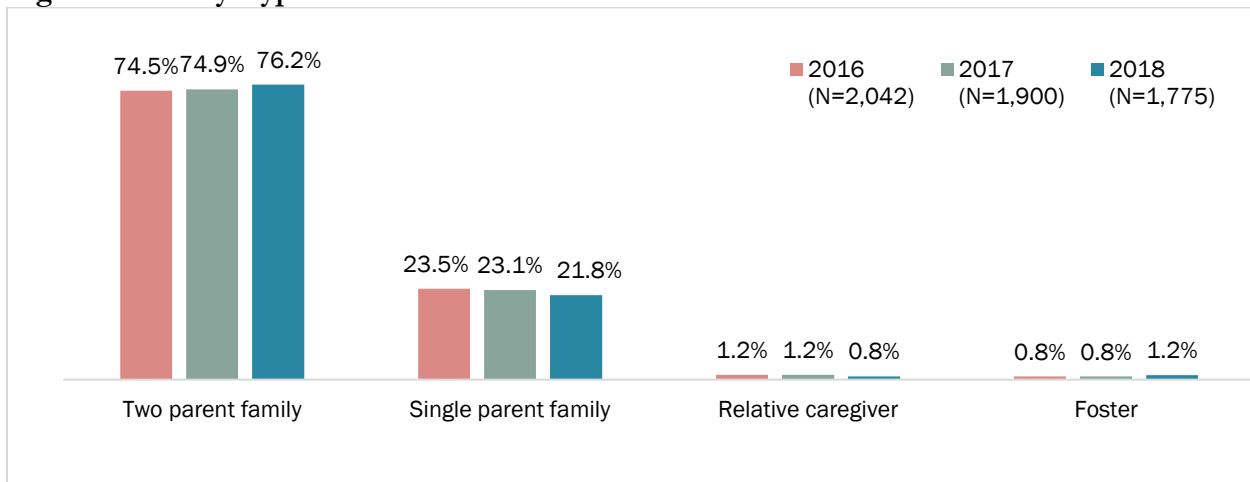
Figure 7. Child's Primary Language



Family Types

Slightly more than three-quarters (76%) of the children for whom someone contacted Help Me Grow in 2018 lived in two-parent families, with another 22% living in single-parent families and 2% living with a relative caregiver, a foster placement or a relative foster placement. These family situations remained fairly constant during the three-year period reviewed.

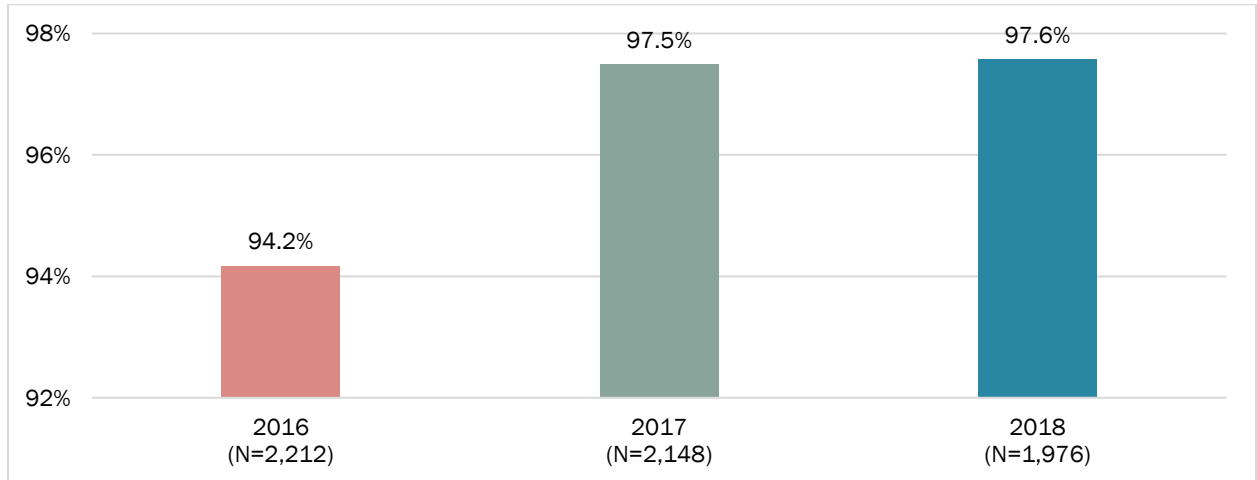
Figure 8. Family Type



Children's Health Insurance

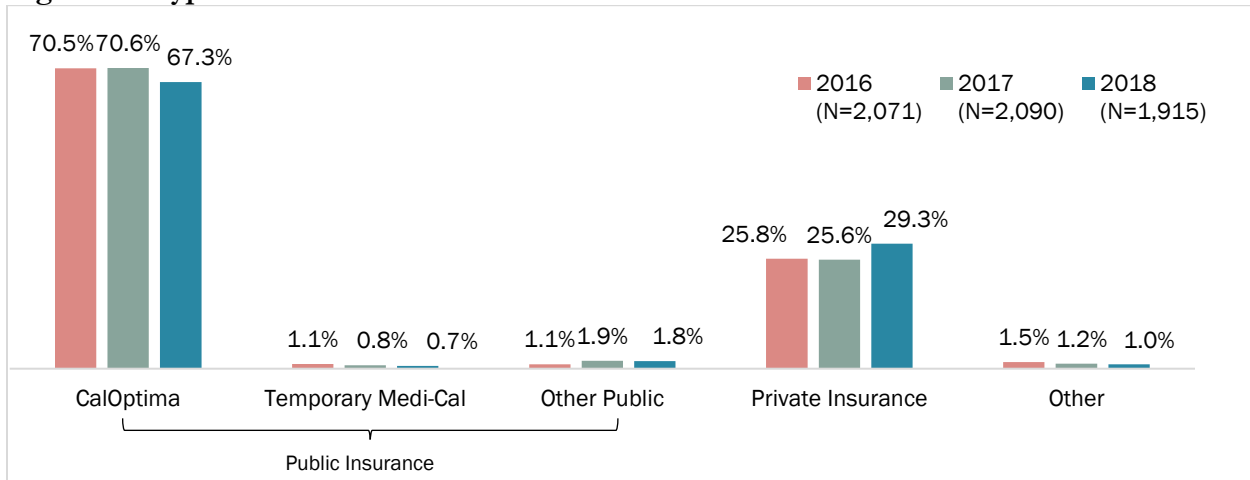
Almost all of the children (97.6% in 2018) who had an intake with Help Me Grow had health insurance.

Figure 9. Child Has Health Insurance



By far, public insurance (e.g., CalOptima [full scope Medicaid], Temporary Medi-Cal [limited scope Medicaid], or some other public health insurance) was the most common type of insurance covering children for whom someone had contacted Help Me Grow (70% in 2018). Also in 2018, 29% of Help Me Grow-serviced children were covered by private insurance, and less than 1% had some other insurance.

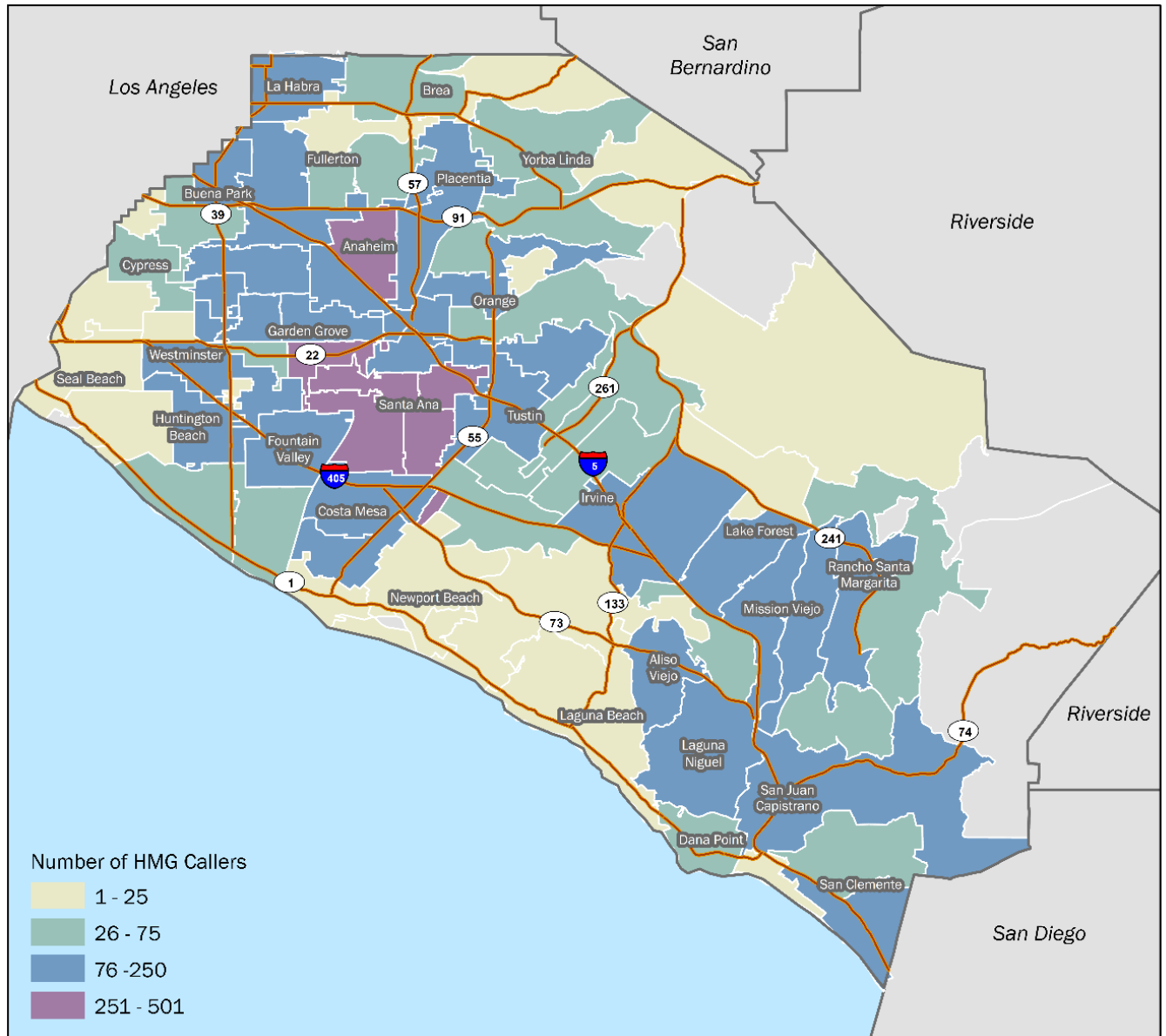
Figure 10. Type of Health Insurance



Children's Locations

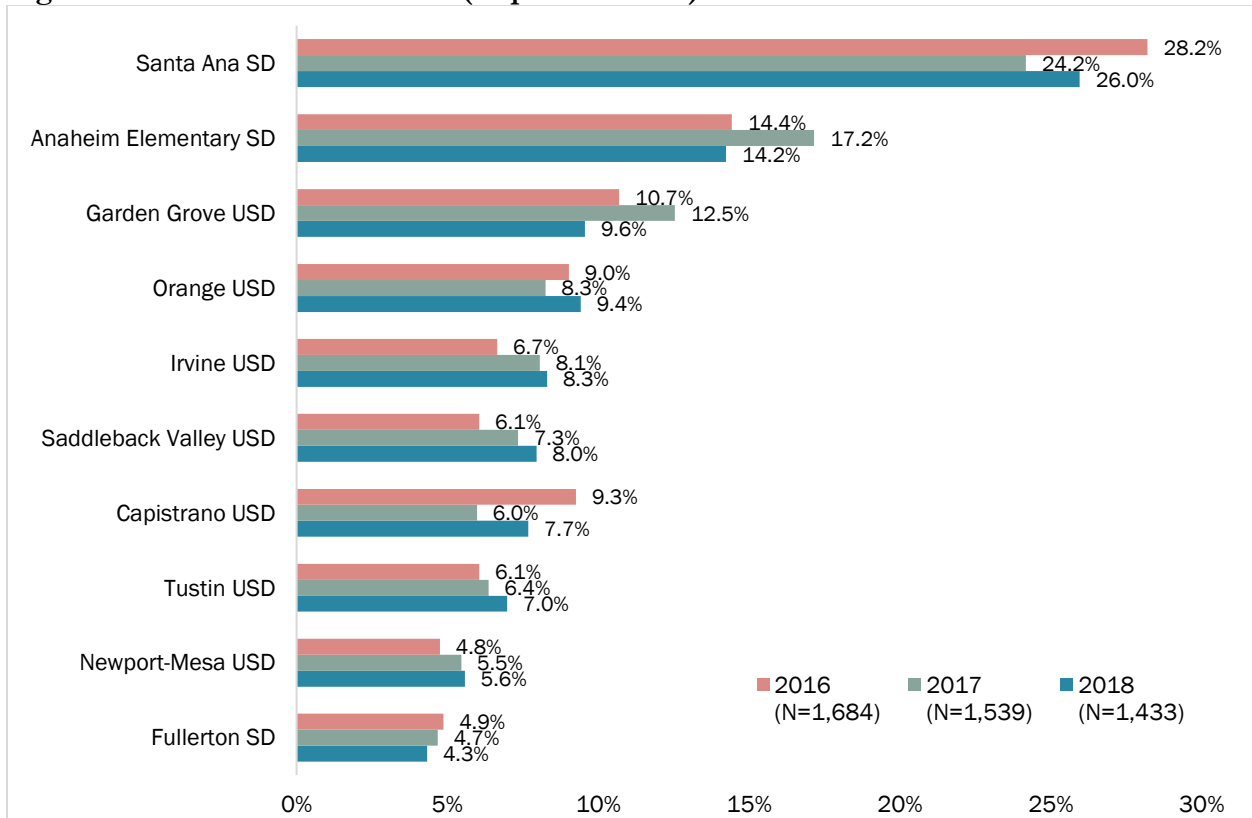
The largest population of children for whom someone contacted Help Me Grow lives in the central Orange County cities of Santa Ana, Anaheim, and Garden Grove. Figure 11 below breaks down numbers of callers between 2016 and 2018 based on zip code.

Figure 11. Number of Help Me Grow Callers, by Orange County Zip Code, 2016 to 2018



More than half of the children for whom someone had a concern lived within the boundaries of the Santa Ana Unified School District, Anaheim Elementary School District, or Garden Grove Unified School District.

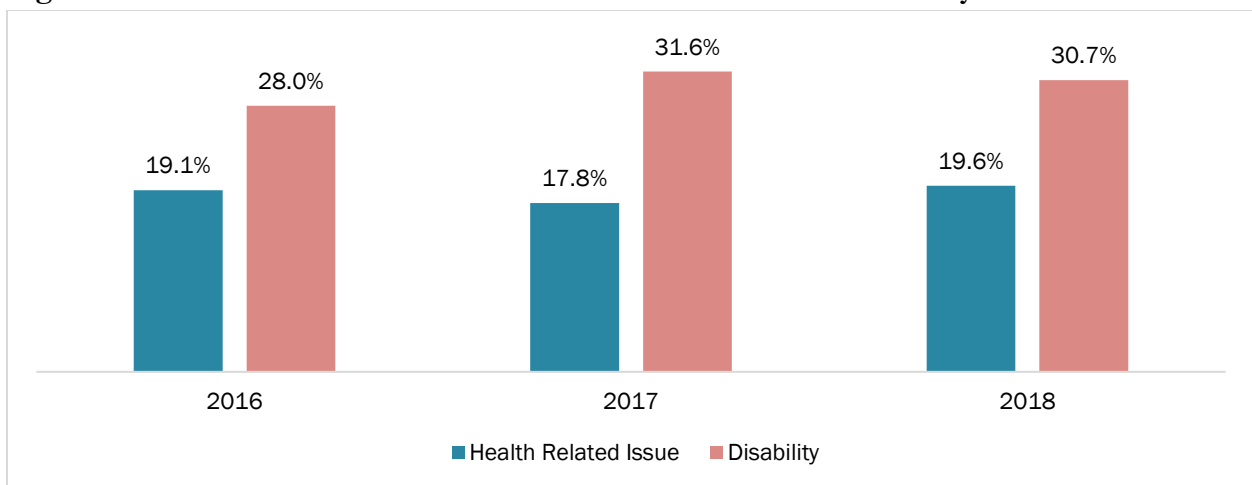
Figure 12. Child’s School District (Top 10 Districts)



Existing Health-Related Issues and Disabilities

Approximately 18% to 32% of children for whom there is a Help Me Grow contact have an existing health related issue and/or disability.

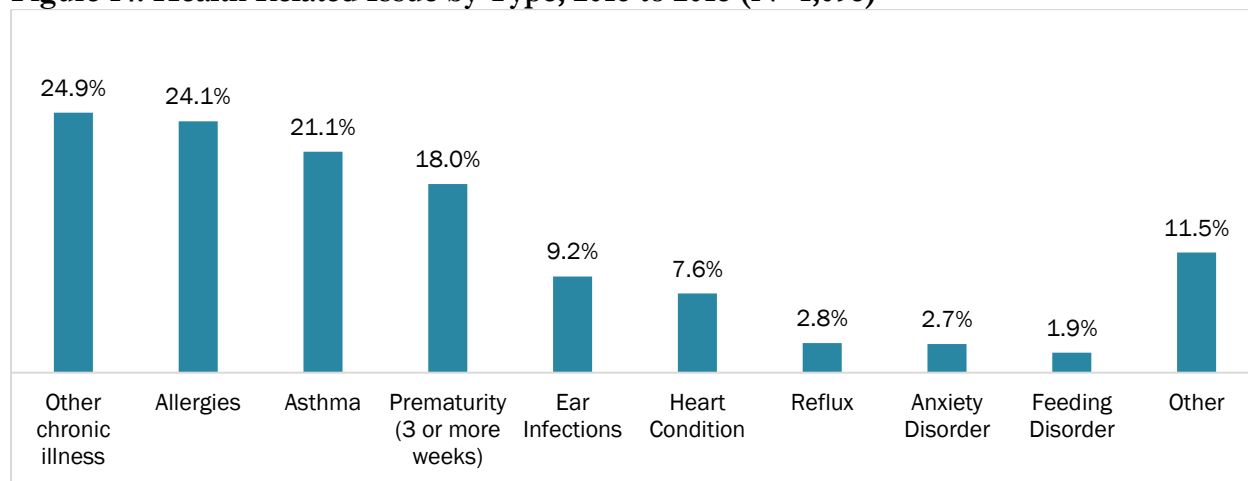
Figure 13. Percent of Children with a Health-Related Issue or Disability



Of those children with a health-related issue, those with “other” chronic illness accounted for almost one-quarter of the health issues, followed by allergies at 24.0% and asthma at 21.1% of health-related issues.

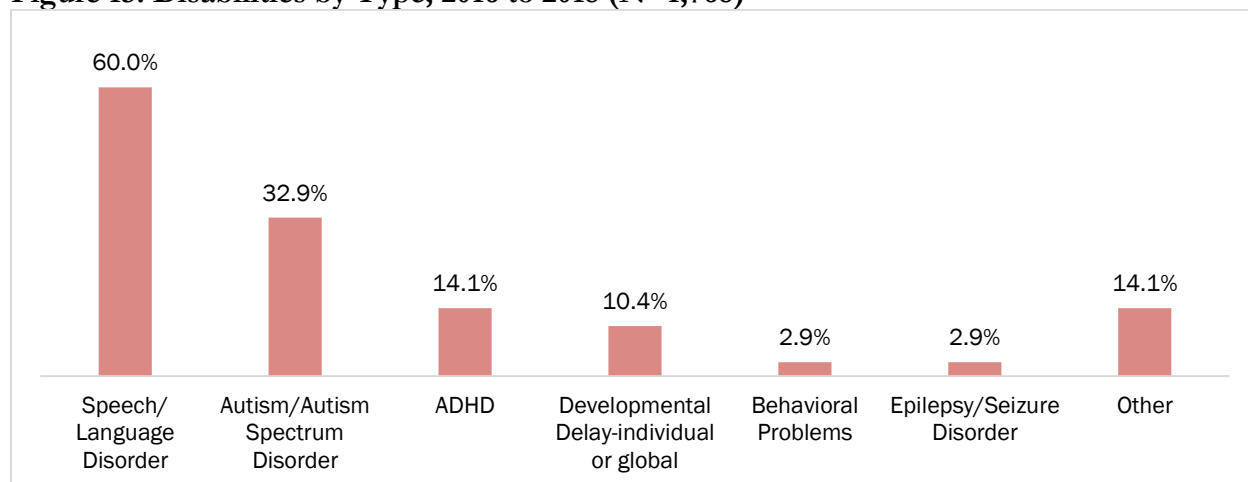
“Other” accounted for 11.5% of health-related issues, including depression, cleft palate, obesity and other health issues. (Because children may have more than one health-related issue, the percentages add up to more than 100%.)

Figure 14. Health Related Issue by Type, 2016 to 2018 (N=1,098)



Among children with disabilities, 60% had speech or language disorders and 32.9% had autism or autism spectrum disorder. “Other” accounted for 14.1% of disabilities, including learning disabilities, deafness, down syndrome, among others. (Because children could have more than one disability, the percentages add up to more than 100%.)

Figure 15. Disabilities by Type, 2016 to 2018 (N=1,768)



D. Concerns Expressed by Caregivers

Caregivers calling Help Me Grow describe their concern(s) about their respective children to the Child Development Care Coordinators (CDCC) and the CDCCs identify a category for these concern(s) as defined by the Help Me Grow National Data Indicators. Because caregivers may identify more than one concern per child, the population (N) listed in this section is generally higher than that presented in the Demographics section. Figure 16 below tabulates the number of children with each reported concern as well as the percentage of these respective concerns among all reported concerns (i.e., each

column's percentages add up to 100%). The top ten concerns identified among the three-year combined data are listed in blue. By far the most common concern reported for Help Me Grow caregivers is behavioral (19.3% of all concerns for 2016 through 2018), followed by communication (14.4% during the same time period). See Appendix A for definitions of these concerns.

Figure 16. Type of Concerns, by Year

		2016	2017	2018	3 Year Combined
Behavioral	#	748	860	738	2,346
	%	17.1%	21.0%	20.0%	19.3%
Communication	#	555	605	588	1,748
	%	12.7%	14.8%	16.0%	14.4%
Parental Support	#	599	416	398	1,413
	%	13.7%	10.2%	10.8%	11.6%
General Development	#	517	403	312	1,232
	%	11.8%	9.8%	8.5%	10.1%
Developmental Concerns	#	268	330	325	923
	%	6.1%	8.1%	8.8%	7.6%
Hearing	#	278	277	288	843
	%	6.4%	6.8%	7.8%	6.9%
Diagnosis	#	223	245	203	671
	%	5.1%	6.0%	5.5%	5.5%
Education	#	257	185	127	569
	%	5.9%	4.5%	3.4%	4.7%
Mental Health	#	162	167	134	463
	%	3.7%	4.1%	3.6%	3.8%
Child Care	#	128	84	94	306
	%	2.9%	2.1%	2.6%	2.5%
Health Insurance	#	61	99	92	252
	%	1.4%	2.4%	2.5%	2.1%
Basic Need	#	102	63	85	250
	%	2.3%	1.5%	2.3%	2.1%
Cognitive (Learning)	#	74	79	60	213
	%	1.7%	1.9%	1.6%	1.8%
Health / Medical	#	84	67	55	206
	%	1.9%	1.6%	1.5%	1.7%
Family Functioning	#	80	58	34	172
	%	1.8%	1.4%	0.9%	1.4%
Adaptive	#	55	44	58	157
	%	1.3%	1.1%	1.6%	1.3%
Social Interactions	#	69	40	28	137
	%	1.6%	1.0%	0.8%	1.1%

		2016	2017	2018	3 Year Combined
Gross Motor	#	47	24	39	110
	%	1.1%	0.6%	1.1%	0.9%
General Information	#	32	17	1	50
	%	0.7%	0.4%	0.0%	0.4%
Fine Motor	#	17	8	11	36
	%	0.4%	0.2%	0.3%	0.3%
Vision	#	11	14	10	35
	%	0.3%	0.3%	0.3%	0.3%
Other	#	0	7	3	10
	%	0.0%	0.2%	0.1%	0.1%
Living Condition	#	1	2	3	6
	%	0.0%	0.0%	0.1%	0.0%
Total	#	4,368	4,094	3,686	12,148
	%	100%	100%	100%	100%

Concerns, by Key Demographics

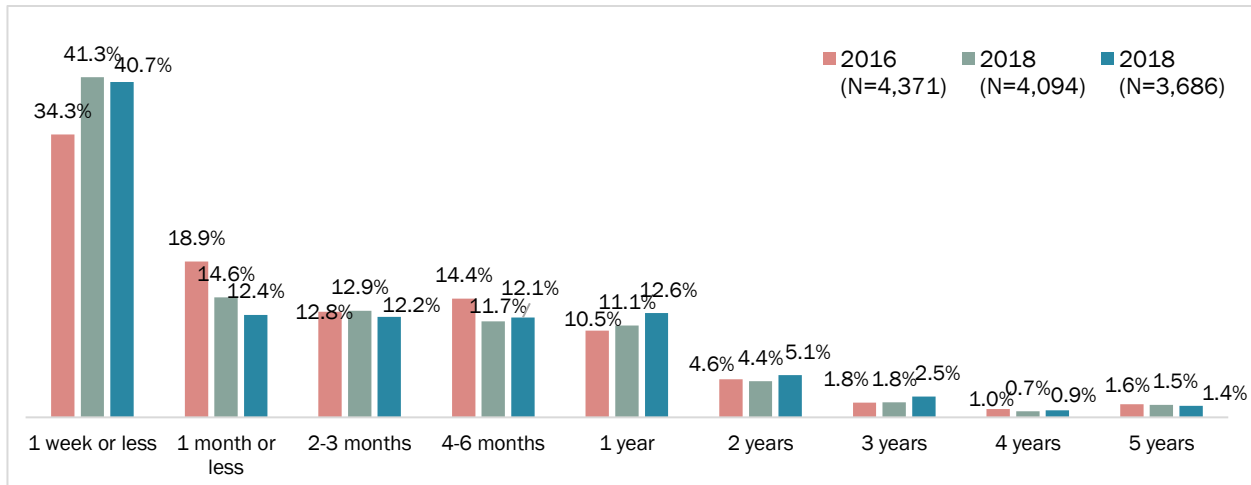
The types of concerns caregivers calling Help Me Grow had varied by demographics (Refer to Appendix D for detailed charts and descriptions, by demographics). Below are the key findings.

- *Age:* Caregivers’ concerns varied by children’s ages. For instance, behavior appears to be the most prevalent concern among children who are three years old, while communication concerns are most prevalent among two-year-old children. Children two years old have the most concerns overall.
- *Gender:* Help Me Grow receives calls about concerns for boys (63%) much more frequently than for girls (37%). More than three quarters (78%) of children identified with diagnosis concern are boys.
- *Ethnicity:* Behavior is the main concern cited by all ethnicities except for Asian/Pacific Islanders, who indicated communication as the main concern.
- *Language:* Behavior was the concern cited most by caregivers who were English and Spanish speakers, whereas communication is cited most by caregivers who speak some other language.

Duration of Concerns

A plurality of contacts to Help Me Grow were for concerns that had arisen relatively recently, up to one month prior. In 2018, less than 5% of callers’ concerns endured three years or longer. Among callers whose concerns did endure three years or longer, the main concerns were cognitive (15% of these reported concerns endured three years or longer), health/medical (12% of these reported concerns endured three years or longer), and diagnosis (11% of these reported concerns endured three years or longer).

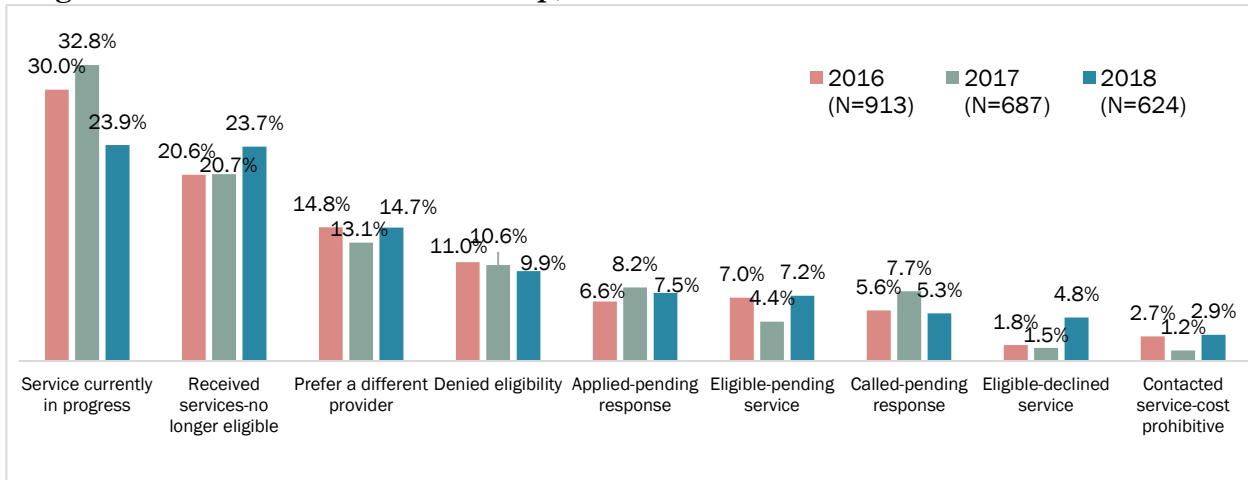
Figure 17. Duration of Concern, 2016 to 2018



Previous Efforts to Seek Help

In 2018, 18% of callers reporting concerns had sought previous help for their given concerns. Almost one quarter (23.9%) of those who had sought previous help are currently being served. Another 23.7% received a service but their children are no longer eligible (for example, children who received services from the Regional Center of Orange County (IDEA Part C) but then turned three years old and were therefore no longer eligible for these services).

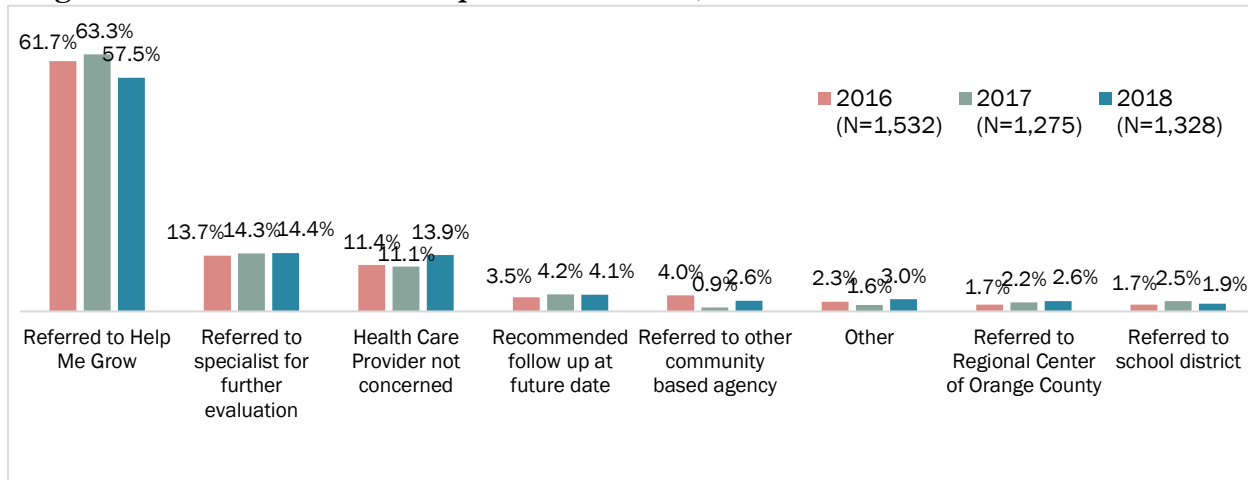
Figure 18. Previous Effort to Seek Help, 2016 to 2018



Medical Provider Responses to Concerns

In 2018, 58% of those who discussed their concerns with the child’s health care provider were referred to Help Me Grow. Also in 2018, 14% of those who sought help were referred to a specialist and another 14% of cases where prior help was sought, the health care provider was not concerned (e.g. took a “wait and see” approach).

Figure 19. Medical Provider Response to Concern, 2016 to 2018



III. How well is Help Me Grow doing it?

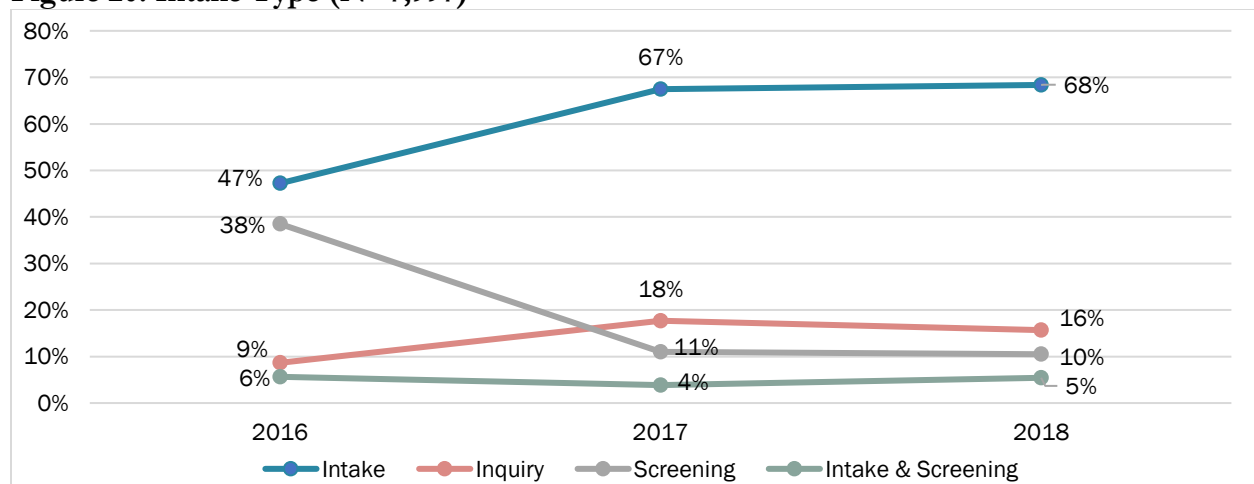
A. Types of Intake

In 2018, more than two-thirds (68%) of all contacts to Help Me Grow resulted in an intake, meaning that the caller provided detailed information about the concern and had the opportunity to agree to receive a follow up call from Help Me Grow. Another 16% of callers had an inquiry, meaning the caller wanted to remain anonymous and not receive a follow up from a Help Me Grow Child Development Care Coordinator (CDCC) or the child was nine years or above. Ten percent of callers in 2018 were requesting a screening and 5% had both an intake and a screening. The higher proportion of screenings in 2016 reflects the one-year contracts with the school districts to conduct developmental screenings.

Types of Intakes

- **Intake.** Complete intake information is collected on the child, including demographics and follow-up information.
- **Inquiry.** Child receives referral(s), but no follow-up, and only minimal data are collected. Inquiries occur because the caregiver prefers to remain anonymous, the child is above eight years of age or the provider does not have consent to provide child information.
- **Screening.** Developmental screening. Concern is not entered into data system. If results are typical, no additional information is collected.
- **Intake & Screening.** Complete intake information **and** screening. Either first had a developmental screening with concerns identified and referrals made **or** had a complete intake and then Help Me Grow staff sent screening to family.

Figure 20. Intake Type (N=7,997)



Reasons Intakes Are Closed

When it is time to follow up with families (dependent on the type of referral, family situation although typically within two weeks following the initial call to Help Me Grow), the CDCCs make up to five attempts to contact the family—four contacts by phone or email if preferred by caregiver and one by letter in the mail. When intakes are closed, the reasons are documented in the STAR data system. The main reason an intake is typically closed is because the CDCC was able to reach the caregiver who provides the CDCC with the status of the referrals, which includes the outcome information (48.6% of closed cases over the three-year period). The second most common reason intakes are closed is that the caregiver cannot be reached after multiple messages are left (24.8% between 2016 and 2018).

Figure 21. Reasons Intakes Are Closed, by Year

	2016	2017	2018	3-Year Total
Caregiver provided outcome information	48.5%	48.9%	48.4%	48.6%
Unable to reach after multiple attempts	23.0%	23.7%	28.2%	24.8%
Reached caregiver then lost to follow-up	12.6%	8.7%	10.9%	10.8%
Agency provided outcome information	6.4%	8.2%	3.5%	6.1%
Caregiver declined follow-up	4.3%	5.5%	4.4%	4.7%
Phone out of service and no known email	2.1%	1.5%	0.8%	1.5%
Provided information only - no referrals given	1.3%	1.6%	1.3%	1.4%
Not available to respond to questions	0.6%	0.8%	1.3%	0.9%
Unable to reach-no message on phone line	0.7%	0.8%	1.0%	0.8%
Child moved	0.2%	0.3%	0.2%	0.2%
Total	1,867	1,749	1,592	5,208

Reasons Intakes Are Closed, by key demographics

Appendix E provides detailed charts and descriptions about the reasons that child intakes are closed by select demographics. Below are the key findings.

- *Gender:* Slightly more girls (49%) than boys (48%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.
- *Ethnicity:* Seven percent of caregivers who identify their children as White, Asian / Pacific Islander or Other/Multiracial declined follow-up care coordination in their initial calls. Only 3% of families with Hispanic/Latino children declined follow-ups in their initial calls.
- *Language:* Spanish-speaking families were less likely to have their case closed because Help Me Grow was unable to reach them after multiple attempts compared to English-speaking families (20% and 29%, respectively).
- *Health Insurance:* Families with private health insurance were more likely to decline follow-ups in their initial calls than those with public insurance (8% compared to 4%).
- All of the above results are statistically significant at the $p \leq .05$ level.

B. Referrals Provided

When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the caregiver’s expressed concern, the availability of appropriate services and the location of those services in the county compared to where the family lives. Many times, a single concern will receive multiple referrals. For instance, a child with a behavioral concern may receive a referral for mental health counseling, behavioral services and parent/caregiver support. See Appendix B for definitions of these referrals.

From 2016 through 2018, Help Me Grow provided a total of 22,080 referrals, with the highest number of referrals in 2016.

Figure 22. Number of Help Me Grow Referrals, by Year

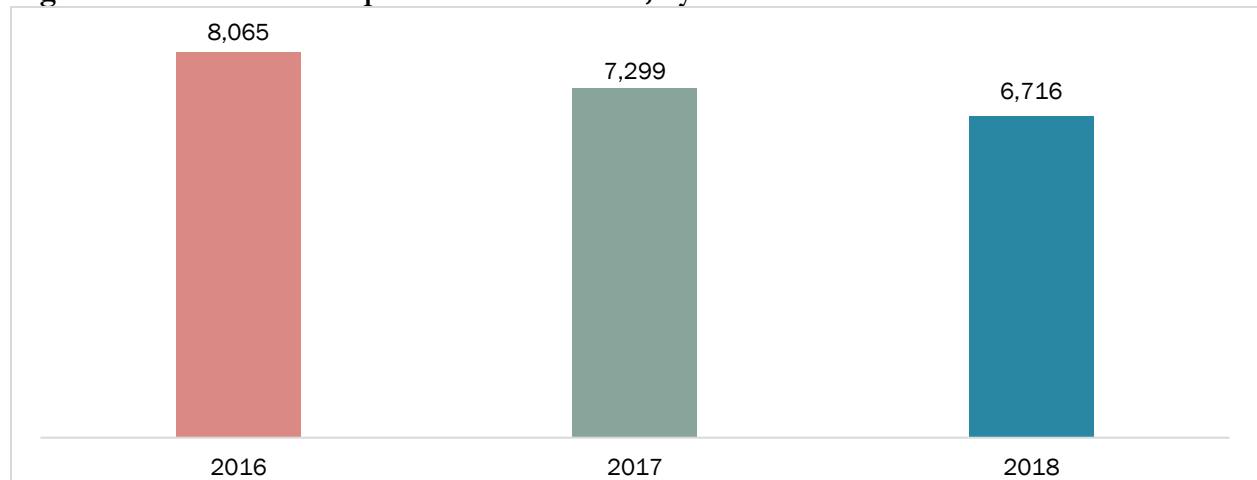


Figure 23 below presents the number and percentage of each type of referral provided among all referrals overall (so each column’s percentages add up to 100%). The top ten referrals are noted in blue. The most common type of referral provided to is for mental health / counseling (15.8% of all

referrals), followed by a referral for parenting/ education (12.2% of all referrals during the same time period). See Appendix B for definitions of these referral categories.

Figure 23. Type of Help Me Grow Referral, by Year

		2016	2017	2018	3 Year Total
Mental Health / counseling	#	1,022	1,261	1,202	3,485
	%	12.7%	17.3%	17.9%	15.8%
Parenting / Education	#	1,264	800	624	2,688
	%	15.7%	11.0%	9.3%	12.2%
Communication / Speech & Language	#	387	605	703	1,695
	%	4.8%	8.3%	10.5%	7.7%
Parent / Child Participation	#	532	553	518	1,603
	%	6.6%	7.6%	7.7%	7.3%
Educational / Enrichment	#	698	517	304	1,519
	%	8.7%	7.1%	4.5%	6.9%
Behavioral Services	#	340	537	451	1,328
	%	4.2%	7.4%	6.7%	6.0%
Parent / Caregiver (Family) Support	#	361	306	279	946
	%	4.5%	4.2%	4.2%	4.3%
Health / Primary Care	#	411	351	164	926
	%	5.1%	4.8%	2.4%	4.2%
Part C: Regional Center of Orange County (RCOC)	#	252	350	320	922
	%	3.1%	4.8%	4.8%	4.2%
Developmental Screening	#	497	234	171	902
	%	6.2%	3.2%	2.5%	4.1%
Recreation/ Sports/ After School/ Camps	#	286	212	216	714
	%	3.5%	2.9%	3.2%	3.2%
Childcare	#	299	170	227	696
	%	3.7%	2.3%	3.4%	3.2%
School District	#	218	238	207	663
	%	2.7%	3.3%	3.1%	3.0%
Advocacy	#	226	192	240	658
	%	2.8%	2.6%	3.6%	3.0%
Occupational / Physical Therapy	#	190	199	252	641
	%	2.4%	2.7%	3.8%	2.9%
Allied Health Professionals	#	134	145	227	506
	%	1.7%	2.0%	3.4%	2.3%
Basic Needs	#	189	117	172	478
	%	2.3%	1.6%	2.6%	2.2%
Early Literacy	#	127	121	114	362
	%	1.6%	1.7%	1.7%	1.6%
	#	144	97	108	349

		2016	2017	2018	3 Year Total
Health / Neurodevelopmental Subspecialists	%	1.8%	1.3%	1.6%	1.6%
Access to Health Insurance	#	48	87	94	229
	%	0.6%	1.2%	1.4%	1.0%
Social Skills	#	127	67	17	211
	%	1.6%	0.9%	0.3%	1.0%
Out of Area Referral (county)	#	77	60	33	170
	%	1.0%	0.8%	0.5%	0.8%
Feeding	#	93	0	2	95
	%	1.2%	0.0%	0.0%	0.4%
Legal Assistance	#	39	19	24	82
	%	0.5%	0.3%	0.4%	0.4%
Health / Medical Subspecialists	#	23	19	19	61
	%	0.3%	0.3%	0.3%	0.3%
Funding	#	20	9	13	42
	%	0.2%	0.1%	0.2%	0.2%
Psycho-educational Testing	#	17	11	4	32
	%	0.2%	0.2%	0.1%	0.1%
Other	#	10	8	4	22
	%	0.1%	0.1%	0.1%	0.1%
Equipment	#	13	5	1	19
	%	0.2%	0.1%	0.0%	0.1%
Specialized Services	#	13	3	3	19
	%	0.2%	0.0%	0.0%	0.1%
Respite / Care Giving Services	#	7	6	3	16
	%	0.1%	0.1%	0.0%	0.1%
Private Schools	#	1	0	0	1
	%	0.0%	0.0%	0.0%	0.0%
Total	#	8,065	7,299	6,716	22,080
	%	100%	100%	100%	100%

Referrals, by Key Demographics

Appendix F provides details on the referrals provided to Help Me Grow caregivers by select demographics. Below are the key findings.

- *Gender:* Boys and girls have somewhat similar rates for receiving mental health/counseling care referrals. More boys, however, received behavioral referrals than girls, while girls more frequently received parent/child participation referrals than boys.
- *Age:* Referrals also varied based on children's ages. For instance, referrals for communication / speech and language appear to be the most prevalent referrals among children three years

old, while parent/child participation referrals are most prevalent with children ages one and younger and one-year olds.

- *Ethnicity.* Mental health/counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral. Almost 20% of all referrals to Hispanic callers are for mental health/counseling, followed by parenting / education, which accounted for 18% of all referrals.
- *Language:* English-language callers make up the largest proportion of referrals for developmental screening (66%). As a percent within referrals, English- and Spanish-speaking callers are most likely to receive mental health/counseling referrals from Help Me Grow. Callers who speak some other language most often received referrals for communication / speech & language.
- *Health Insurance:* Mental health/counseling referrals were most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have. Among families without insurance, the largest percentage of referrals was provided for developmental screenings.

C. What community outreach efforts were made?

Help Me Grow’s four Community Liaisons are responsible for “building the network.” They develop ongoing relationships with community programs to help maintain the inventory of resources available to care coordinators, meet with community-based providers to learn about available services, update the Help Me Grow resources inventory, and help increase awareness of Help Me Grow and access through its toll-free line and of the importance of developmental screenings in the community through presentations and one-on-one meetings with providers. The Community Liaisons are also responsible for community and family outreach, health care provider outreach, and facilitation of Connection Cafés—networking opportunities held throughout the county six times per year, which bring together providers for relationship building, learning about resources, facilitated networking and sharing information about programs and services.

Connection Cafés

At the end of each Connection Café, the Community Liaisons distribute a survey for participants to complete, which asks questions about their experience at the Café.

Respondents are asked questions on a scale of 1 (not a lot) to 5 (a lot). Average scores of surveys collected between 2016 and 2018 include:

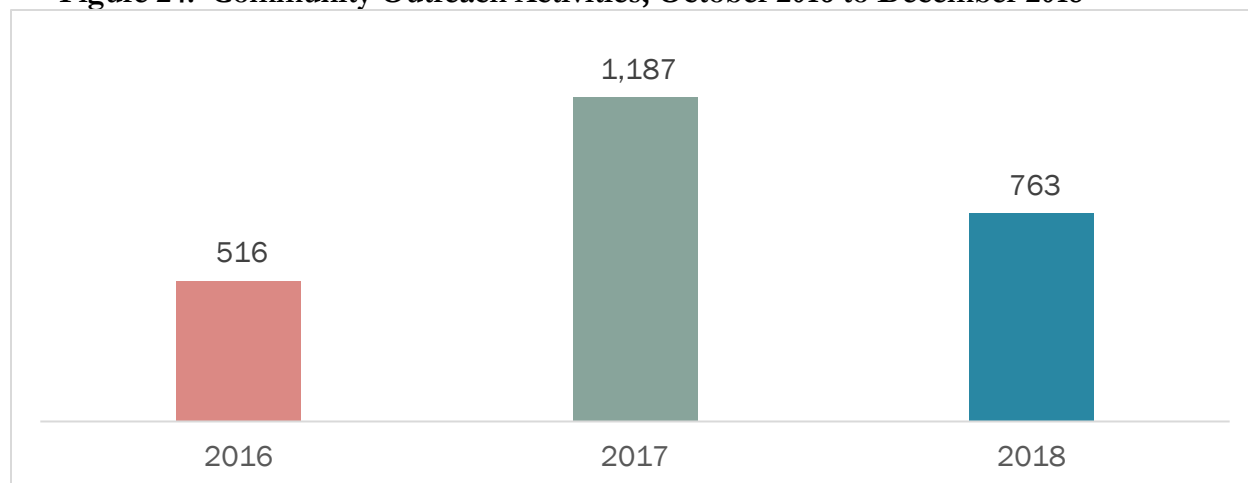
- Overall usefulness of Connection Café: **4.8**
- Value of networking event: **4.6**
- How much learned from information presented by guest speaker: **4.6**
- Usefulness of information presented by guest speaker: **4.6**
- Likelihood of following up with someone they met at Café: **4.5**

In 2016, Help Me Grow reorganized its structure and eliminated the position of the EPIC Coordinator who was solely responsible for health care provider outreach and trainings on screening tools, shifting

the responsibilities of that position to other team members.⁴ During this time, Help Me Grow increased the number of Community Liaisons from three to four and divided up the county into four regions, with one Liaison assigned to each region (see Figure 27 for Region breakout).

From October 2016 through December 2018, Help Me Grow’s Community Liaisons had almost 2,500 outreach activities with providers.⁵

Figure 24. Community Outreach Activities, October 2016 to December 2018



Family Members and Providers Served

Between October 2016 and December 2018, almost 16,000 providers and family members were reached through the efforts of Help Me Grow’s Community Liaisons. Caregivers/parents had the most exposures (6,243 exposures, or 39% of all exposures), then service providers (3,854 exposures).

Figure 25. Community Outreach Exposures, October 2016 to December 2018

	Exposures	
	#	%
Caregivers/Parents	6,243	39.3%
Service Providers	3,854	24.3%
Early Care & Education Staff	2,963	18.6%
Medical/Office Staff	899	5.7%
Physicians	560	3.5%
Children (ages 0-8 years)	545	3.4%
Nurses (RN, LVN, SRN)	502	3.2%
Physician Asst./Nurse Practitioner	186	1.2%
Children (older than 8 years)	70	0.4%
Residents (Medical Students)	66	0.4%
Total	15,888	100.0%

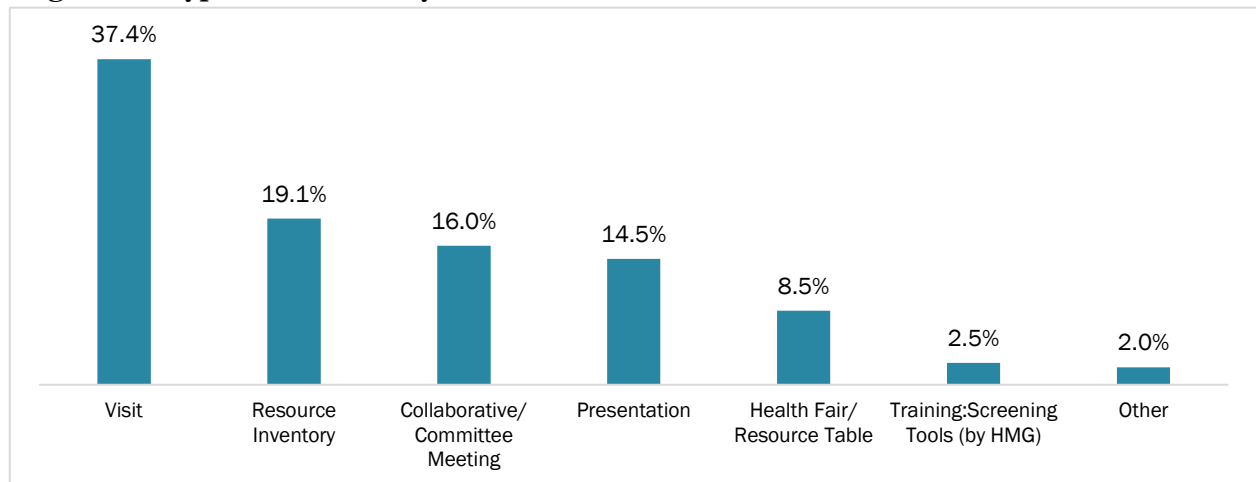
⁴ The EPIC Coordinator was responsible for informing health care providers about the importance of developmental surveillance and screening and the availability of Help Me Grow for access to community-based programs and services.

⁵ In October 2016, outreach efforts began to be tracked in STAR. Hence, only partial data included for 2016.

Types of Events

Community Liaisons document the types of event for each of their outreach efforts. A plurality of the events were for a visit (to convey Help Me Grow content), followed by a resource/inventory outreach activity (to add or update inventory), a collaborative meeting (networking) or a scheduled presentation.

Figure 26. Type of Community Outreach, October 2016 to December 2018



The types of events varied depending on the region. For instance, in Region II, more than half of the activities were Visits while in Region III, there was a larger proportion of Resource Inventory updates and/or additions.

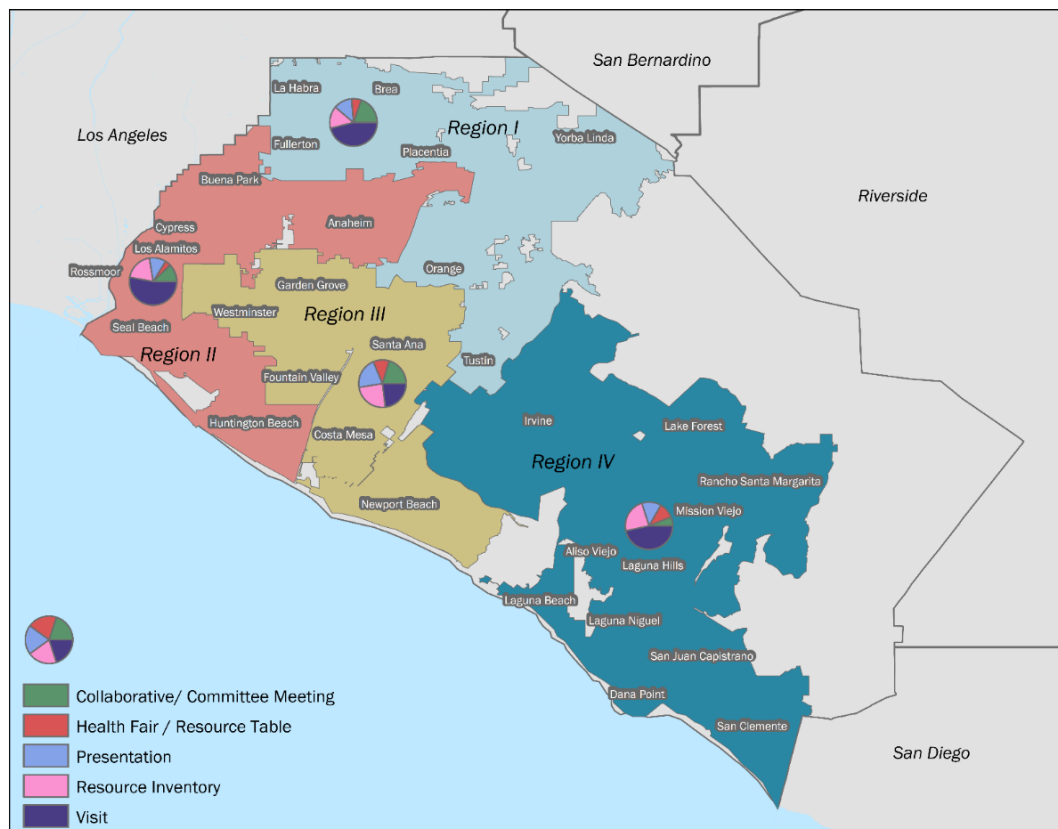


Figure 27: Type of Outreach Activity by Region
Number/Types of Connection Café Networking Events

Between 2016 and 2018, Connection Café networking events drew almost 1,000 participants and featured diverse topics of discussion as documented in Figure 28 below.

Figure 28. Connection Café Networking Events, Topics and Number of Attendees, 2016 to 2018

Year	Date	Region	Topic of Presentation	# of Attendees
2016	1/21/2016	North	Integrating Imagery with Early Language Development: The Foundation for Comprehension & Thinking	46
	4/5/2016	South	Protective Factors: Building Social Connection for Families	49
	6/2/2016	West	A Breath of Fresh Air: Learning Outside the Box	44
	8/9/2016	IV	Individualized Education Plan Meetings and Service Providers	55
	10/11/2016	III	Understanding Sleep and Sleep Disorders in Children	49
	12/7/2016	II	Mindfulness Techniques for Early Childhood Providers	64
Total Attendees in 2016				307
2017	1/13/17	I	40 Developmental Assets: What We Can Do for Our Kids	63
	3/28/17	IV	What We Talk About When We Talk About Empathy	42
	5/17/17	III	Real News: How to Help Children in an Immigrant Community Deal with Trauma & Anxiety	34
	8/30/17	I	How to say "Wait" with Confidence: Teaching Children to Accept Delayed or Denied Access	75
	10/25/17	II	Treating Childhood Obesity at Ground Zero	86
	12/5/17	IV	What Neuroscience has Taught us About Speech and Language Development	45
Total Attendees in 2017				345
2018	2/7/18	III	Everyday Literacy Fun for Families	54
	4/11/18	II	Everything you Need to Know About Pediatric Dentistry	52
	5/24/18	I	Learning in Early Childhood - 2D vs 3D: What's the Difference	52
	8/15/18	IV	Oral Motor and Feeding, A Closer Look at Developmental and Sensory Issues	66
	10/3/18	III	Working and Supporting Gender Diverse Children and Families	60
	12/6/18	II	Understanding Adverse Childhood Experiences (ACEs)	57
Total Attendees in 2018				341
Total Attendees 2016 through 2018				993

D. How Caregivers Learn about Help Me Grow

Help Me Grow Community Liaisons spend a significant amount of time on outreach in the community in order to increase awareness of access to services in Orange County through the use of

Help Me Grow as well as developmental promotion and the importance of developmental screening. It is therefore important to document how callers have learned about Help Me Grow in order to evaluate outreach efforts. See Appendix G for a detailed discussion, by demographics, of how caregivers learn about Help Me Grow. Most of the caregivers reported finding out about Help Me Grow through a health care provider or a community agency. Less than 1% learned about Help Me Grow through a media source or a developmental screening.⁶ See Appendix C for a description of the categories listed below.

Figure 29. How Caregivers Learn about Help Me Grow, by Year

	2016 (N=2,409)	2017 (N=2,365)	2018 (N=2,150)	3-Year Total
Healthcare Provider	40.0%	40.4%	40.7%	40.4%
Community Agency	21.5%	27.8%	27.9%	25.6%
School	10.1%	6.3%	4.7%	7.1%
HMG Outreach	6.4%	6.9%	5.9%	6.4%
ECE Provider	8.1%	3.6%	5.6%	5.8%
Previous Caller	5.4%	5.8%	5.9%	5.7%
Family or Friend	3.9%	4.7%	4.3%	4.3%
2-1-1 OC	2.4%	2.5%	2.7%	2.5%
Regional Center of OC	1.8%	1.6%	1.8%	1.7%
Developmental Screening	0.3%	0.3%	0.4%	0.3%
Media (print, TV, web, etc.)	0.1%	0.1%	0.1%	0.1%

E. Early Development Index

The Early Development Index (EDI) is a population measure of school readiness, which means that it collects information about kindergarten-age children and then creates an overall snapshot of their developmental progress. The EDI does not label or identify individual children with specific problems. Instead, it looks at how experiences at home and in the community can help prepare children for the school environment. The EDI provides information about children in five developmental areas known to affect well-being and school performance:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

Figure 30 presents the percentage of children ready for Kindergarten on the EDI along with the types of vulnerabilities by developmental area and zip code.

⁶ Due to some small cell sizes, significance testing is not included in this “how caregivers find out about Help Me Grow” section.

Figure 30. Proportion of EDI Vulnerabilities by Area, by Zip Code (2016 to 2018)

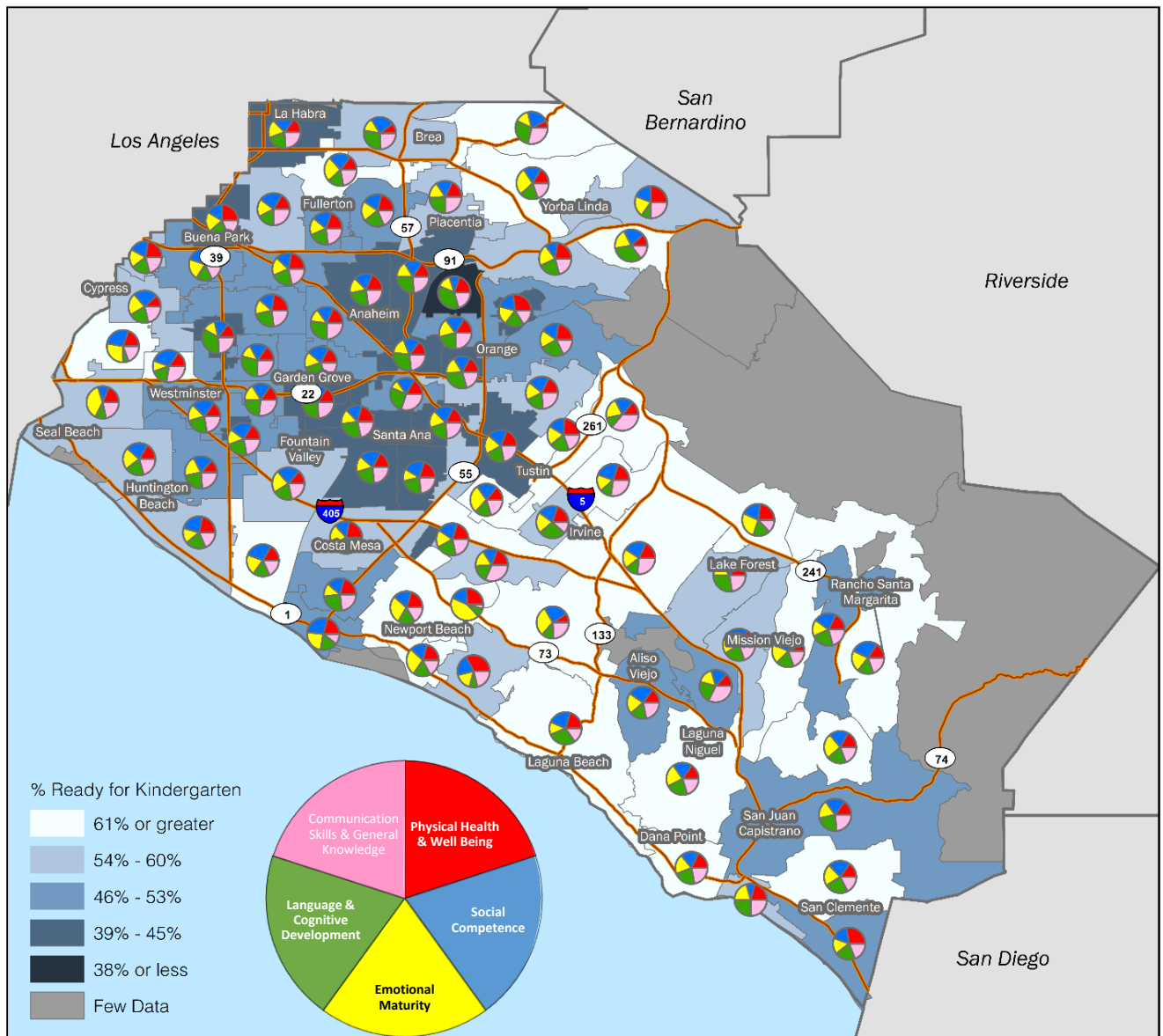
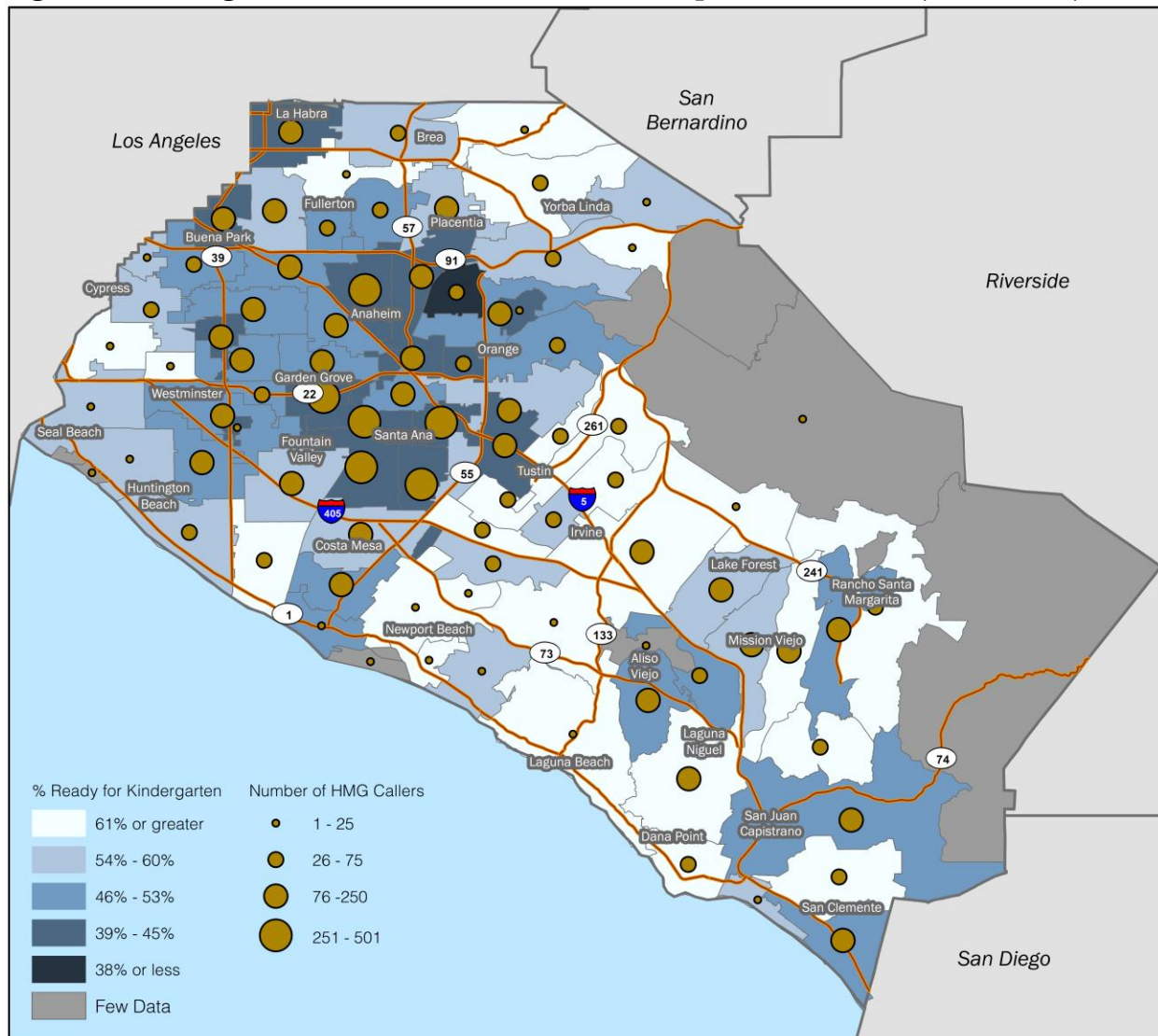


Figure 31 presents the percentage of children ready for Kindergarten along with the number of calls to Help Me Grow and zip code.

The city of Orange has a zip code from where only 26-75 calls to Help Me Grow originated, but that zip code also had the lowest percentage of children ready for Kindergarten (darkest shade of blue). Other areas such as Santa Ana, Garden Grove and Anaheim had a larger call volume between—251 to 501—with only 39% to 45 % of children were ready for Kindergarten.

Figure 31. Kindergarten Readiness and Number of Help Me Grow Calls (2016 to 2018)



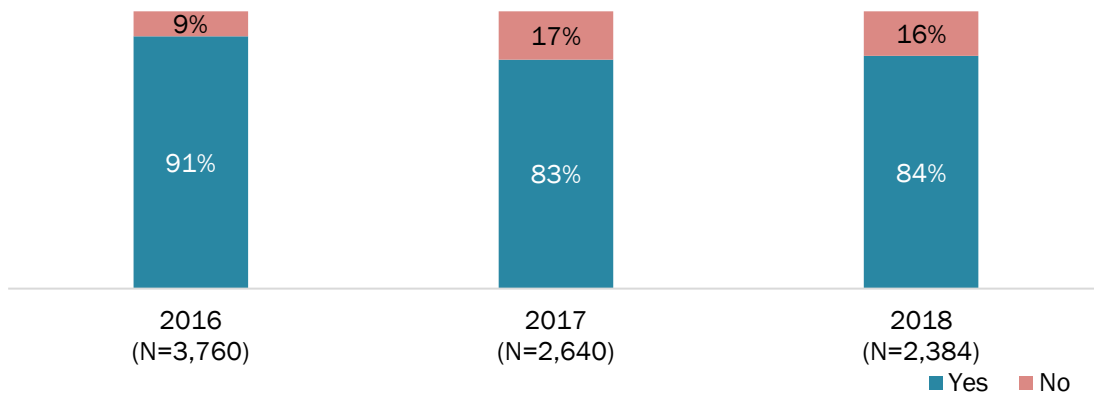
IV. Are children and families better off as a result of using Help Me Grow?

A. Follow-up Care Coordination

When families call Help Me Grow, the Child Development Care Coordinator (CDCC) listens to each caller’s issues and concerns and then requests their consent to have the child’s information entered into the Help Me Grow data system and to share the referrals provided and case outcomes with the child’s primary health care provider. If the caller gives this verbal consent to be entered in STAR and provides all required demographic information, that record is considered an *intake*. If the caller does not consent, then that record is considered an *inquiry* and no follow up care coordination is provided. Follow-up care coordination is offered to all entries for children birth through 8 years entered in STAR as *intake* or *intake and screening*.

The percentage of families who agree to follow-up care has decreased slightly over the past few years, with 84% agreeing to follow-up in 2018.

Figure 32. Families who Agree to Follow-Up Care, by Year



Overall, the following caregivers have higher rates of consenting to follow-up care: females; children identified as White, Spanish-speaking callers, and children with private health insurance. The results for gender and ethnicity are statistically significant. See Appendix H for a detailed discussion, by demographics, of the families who agree to follow up care from Help Me Grow.

This final section of the report considers whether children were successfully connected to the service or services for which they received referrals as well as the outcomes of their referrals and any barriers to receiving services they may have encountered.

B. Service Outcomes

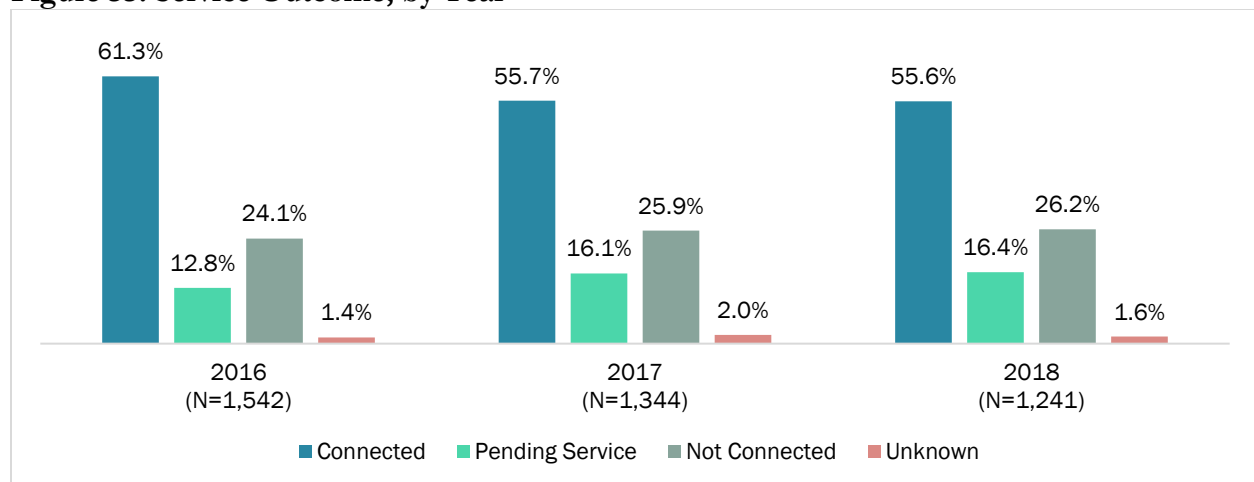
In 2018, 72% of children entered in STAR as an “intake” or “intake and screening” and received care coordination had a positive outcome with referrals—that is, they had *at least one* referral connected or pending. This figure is about that same as in 2016 and 2017, (74% and 72%, respectively).

Types of Service Outcomes

- *Connected.* Child is receiving at least one service; additional referrals may be pending, not connected or connected.
- *Pending.* At least one referral for service to the child is pending; additional referrals may be not connected or pending; no referrals are connected.
- *Not Connected.* All referrals are not connected and no referrals are connected or pending.
- *Unknown.* Outcome of referral is unknown of those who began the follow-up care coordination

From 2016 to 2018, the percentage of cases where families were connected to services decreased, but the percentage of children pending services increased. The percentage of children not connected to services stayed about the same. The analysis in this Service Outcomes section includes only records that were marked “intake” or “intake and screening” because of the availability of the follow-up care coordination to obtain outcomes from the family.

Figure 33. Service Outcome, by Year



Service Outcome, by Key Demographics

Overall, these caregivers have higher rates of being connected with services: girls; children identified as Asian/PI; callers who primarily speak some “Other” language (including an Asian language); and children with no health insurance. All of these results are statistically significant. See Appendix I for a detailed discussion, by demographics, of service outcomes for Help Me Grow caregivers.

Needs Met

In 2017, Help Me Grow Orange County implemented an additional National Impact Indicator question recommended by the Help Me Grow National Center. The question, “would you say that your needs were met today, yes or no?”, was asked to caregivers at the time information related to developmental promotion or referrals were initially provided. This “needs met” question provided a mechanism of quality assurance because caregivers had the opportunity to voice concerns about the support they received from Help Me Grow. It was vital this question was asked at the appropriate time so caregivers understood the question was related to the Help Me Grow effort, which included information on developmental promotion, referral to appropriate services and/or care coordination support, but not the actual receipt of services that may address the initial concern expressed at the time they contacted Help Me Grow.

Overall, 97.9% of caregivers responded positively when asked if their needs were met after receiving referrals, information and/or care coordination for their child and family. Hispanics, males, Spanish speakers, and those with no insurance were most likely to have their needs met. These results are statistically significant for all these demographics except gender. See Appendix J for a detailed discussion, by demographics, of needs met for Help Me Grow caregivers.

	2017	2018	Total
Needs Not Met	17	39	56
Needs Met	782	1848	2630
Total	799	1887	2,686

C. Referral Outcomes

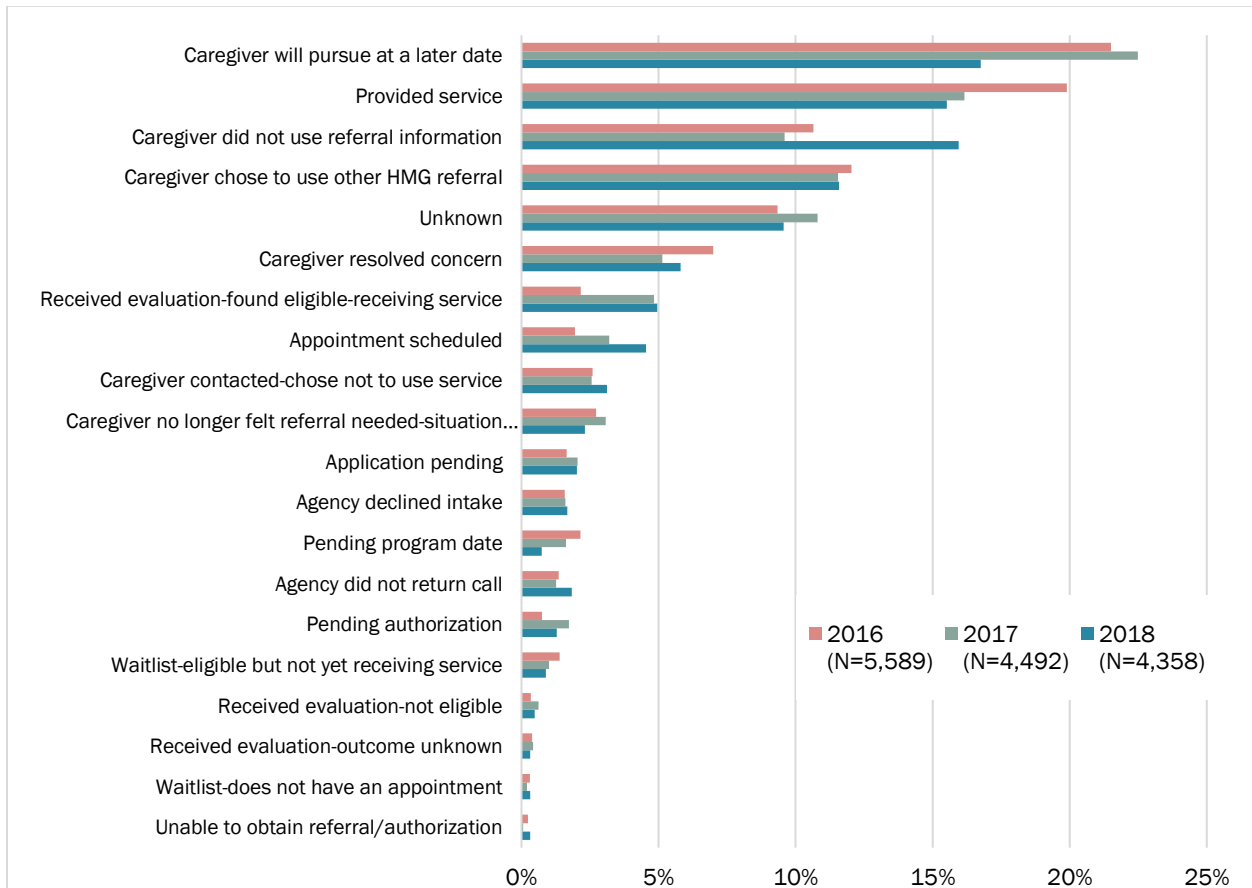
When Child Development Care Coordinators conduct follow-up calls with caregivers, they document the outcomes of each referral provided. Between 2016 and 2018, there were 22,080 referrals provided. Of these, almost 14,500 referrals were closed with outcomes.

Figure 34. Referral Outcome Type

	#	%
Closed with Outcomes	14,472	65.5%
Closed without Outcomes	4,008	18.2%
Open, No Outcome Information	34	0.2%
Open, Partial Outcomes	4	0.02%
No follow up	3,562	16.1%
Total	22,080	100.0%

For those referrals that resulted in an outcome, those outcomes are documented in STAR. In 2016, 2017, and 2018, the main referral outcome for individual referrals provided by Help Me Grow was that the caregiver will pursue referral at a later time.

Figure 35. Referral Outcome, by Year



Referrals Completed or in Process by Referral Category

As indicated in Figure 35 above, most Help Me Grow referrals resulted in either connection to services, the caregiver’s decision to pursue referrals at a later time or the caregiver’s choice to use a different Help Me Grow referral. This section examines referral outcomes within the different referral categories. Figure 36 below presents referral outcomes where connections were made or are pending, Figure 37 presents outcomes where caregivers had issues accessing the referral and Figure 38 looks at problems with the agencies and availability of services.

These tables present the information as a percentage of the total number of referrals that resulted in that particular outcome (e.g., the percentages in each column add up to 100%). The first data column in each table presents the percentage of successful referrals made for each referral category where there is follow-up information. The *percent of all referrals* column can be used to compare the referral process for the different results. For instance, in Figure 36, parenting/education referrals accounted for 12.5% of all referrals with known outcomes and 35.6% of referrals with pending program dates. Similarly, while referrals to the Regional Center of Orange County accounted for only 6% of total referrals, these accounted for more than 94.8% of referrals where children received an evaluation, were found eligible and were receiving services. Additionally, the number of referrals in each cell can be calculated by using the **Total** row at the bottom (e.g., there were approximately 7 referrals for behavioral services that had a pending program date—3.1% of 225 total referrals that had pending program date).

Figure 36. Percent of Referrals that were Completed or in Process by Referral Category, 2016 to 2018

	Percent of all referrals	Service provided	Received evaluation- found eligible- receiving service	Appointment scheduled	Application pending	Pending program date	Pending authorization
Access to Health Insurance	1.1%	3.4%		0.4%	0.7%		
Advocacy	3.3%	7.5%	1.6%	2.7%	2.6%	1.8%	
Allied Health Professionals	2.5%	2.9%		4.4%	1.5%	0.9%	6.3%
Basic Needs	2.3%	3.5%			1.5%	0.9%	
Behavioral Services	6.3%	5.6%	0.2%	19.3%	9.9%	3.1%	4.0%
Childcare	2.9%	1.3%		0.2%	3.7%	0.4%	
Communication / Speech & Language	7.6%	2.4%	1.1%	6.9%	2.9%	0.9%	44.9%
Developmental Screening	4.6%	12.3%		0.2%	0.4%	10.2%	1.1%
Early Literacy	1.8%	1.6%				4.0%	
Educational / Enrichment	6.1%	1.7%			17.6%	5.8%	
Equipment	0.1%	0.3%					
Feeding	0.7%	3.5%					
Funding	0.2%	0.1%			2.2%		
Health / Medical Subspecialists	0.2%	0.2%		0.7%		0.4%	
Health / Neurodevelopmental Subspecialists	1.4%	0.8%		2.4%	2.9%	0.4%	5.1%
Health / Primary Care	4.4%	6.4%		5.1%	2.9%	0.9%	19.9%
Legal Assistance	0.4%	0.7%		0.7%	0.4%		
Mental Health / counseling	14.0%	17.0%		24.6%	7.4%	4.4%	3.4%

	Percent of all referrals	Service provided	Received evaluation- found eligible- receiving service	Appointment scheduled	Application pending	Pending program date	Pending authorization
Occupational / Physical Therapy	2.9%	1.0%		2.0%	1.5%		12.5%
Other	0.1%						
Out of Area Referral (county)	0.2%	0.1%			0.4%		
Parent / Caregiver (Family) Support	4.1%	2.9%		2.9%	2.6%	6.2%	
Parent / Child Participation	7.8%	5.5%		0.2%	1.1%	16.9%	1.1%
Parenting / Education	12.5%	13.8%		13.3%	2.2%	35.6%	1.7%
Psycho-educational Testing	0.1%					0.9%	
Recreation/ Sports/ After School/ Camps	3.0%	1.2%		0.7%		3.1%	
Regional Center of OC	6.0%	3.0%	94.8%	2.7%	7.4%	0.4%	
Respite / Care Giving Services	0.1%						
School District	2.5%	1.2%	2.2%	10.2%	27.6%	1.8%	
Social Skills	0.8%	0.2%		0.4%	0.7%	0.9%	
Specialized Services	0.0%						
Total	14,439	2,514	554	451	272	225	176

Referrals Where the Caregiver Did Not Use or Pursue Services, by Referral Category

Communication / Speech & Language referrals accounted for 7.6% of all referrals with known outcomes and 15.4% of those referrals where the caregiver chose to use another Help Me Grow referral. This is likely because caregivers often receive multiple referrals.

Figure 37. Referrals that Caregiver did not Use or Pursue, by Referral Category, 2016 to 2018

	Percent of all referrals	Will pursue at a later date	Did not use referral information	Chose to use other HMG referral	Resolved concern	Contacted- chose not to use service	No longer felt referral needed (situation changed)
Access to Health Insurance	1.1%	0.8%	0.9%	0.3%	0.2%	0.3%	1.3%
Advocacy	3.3%	2.3%	3.9%	0.8%	2.1%	2.5%	5.1%
Allied Health Professionals	2.5%	2.0%	2.5%	1.3%	2.4%	0.3%	6.6%
Basic Needs	2.3%	3.0%	3.2%	1.3%	0.9%	2.8%	1.3%
Behavioral Services	6.3%	3.8%	4.6%	5.1%	14.9%	7.3%	9.5%
Childcare	2.9%	2.5%	4.8%	2.7%	7.0%	8.1%	4.1%
Communication / Speech & Language	7.6%	5.7%	5.9%	15.4%	17.7%	5.6%	3.8%
Developmental Screening	4.6%	1.9%	7.0%	4.2%	1.3%	1.0%	6.6%
Early Literacy	1.8%	3.6%	2.1%	1.2%	0.6%	1.0%	0.8%
Educational / Enrichment	6.1%	9.2%	7.4%	4.9%	7.1%	7.1%	7.2%
Equipment	0.1%		0.1%		0.1%		
Feeding	0.7%		0.1%	0.1%	0.2%		
Funding	0.2%	0.4%	0.1%	0.1%	0.1%	0.3%	
Health / Medical Subspecialists	0.2%	0.1%	0.4%	0.4%	0.3%		0.3%
Health / Neurodevelopmental Subspecialists	1.4%	0.5%	1.0%	3.7%	2.2%	0.8%	1.8%

	Percent of all referrals	Will pursue at a later date	Did not use referral information	Chose to use other HMG referral	Resolved concern	Contacted-chose not to use service	No longer felt referral needed (situation changed)
Health / Primary Care	4.4%	5.8%	1.7%	3.4%	2.1%	2.0%	3.3%
Legal Assistance	0.4%	0.3%	0.3%	0.2%	0.3%	0.5%	0.3%
Mental Health / counseling	14.0%	8.9%	9.4%	23.2%	17.5%	18.4%	20.2%
Occupational / Physical Therapy	2.9%	3.2%	1.3%	5.3%	6.6%	2.5%	0.5%
Other	0.1%	0.1%	0.1%				
Out of Area Referral (county)	0.2%	0.6%			0.1%		
Parent / Caregiver (Family) Support	4.1%	7.6%	6.2%	1.6%	1.8%	1.8%	2.6%
Parent / Child Participation	7.8%	14.5%	8.5%	8.7%	3.7%	5.8%	2.6%
Parenting / Education	12.5%	12.5%	16.0%	11.5%	4.9%	17.4%	12.0%
Psycho-educational Testing	0.1%		0.2%	0.5%	0.2%	0.3%	0.8%
Recreation/ Sports/ After School/ Camps	3.0%	5.4%	4.3%	2.8%	3.8%	3.3%	2.0%
Regional Center of OC	6.0%	0.5%	5.5%	0.1%	0.1%	7.3%	2.8%
Respite / Care Giving Services	0.1%	0.1%			0.2%	0.3%	
School District	2.5%	3.5%	1.2%	0.4%	0.7%	1.0%	2.8%
Social Skills	0.8%	0.8%	1.2%	0.8%	0.9%	2.3%	1.8%
Specialized Services	0.05%	0.1%	0.1%			0.3%	
Total	14,439	2,942	1,721	1,697	875	396	391

Referrals Encountering Problems with Agencies, by Referral Category

Figure 38 below tabulates referrals that did not get connected either because a child was not eligible or there was a problem accessing the proper agency. For instance, communication / speech & language referrals accounted for 7.6% of all referrals with known outcomes and 30.0% of referrals where the caregiver was unable to obtain a proper referral or authorization.

Figure 38. Referrals Not Connected Because Child Not Eligible or Issue with Agency, by Referral Category, 2016 to 2018

	Percent of all referrals	Agency declined intake	Agency did not return call	Waitlist-eligible but not yet receiving service	Received evaluation-not eligible	Received evaluation-outcome unknown	Waitlist-does not have an appointment	Unable to obtain referral/ authorization
Access to Health Insurance	1.1%	0.4%						
Advocacy	3.3%	2.1%	6.6%			3.6%		
Allied Health Professionals	2.5%	1.3%	4.2%			3.6%	5.0%	10.0%
Basic Needs	2.3%	0.9%	5.2%	3.1%	2.9%		7.5%	3.3%
Behavioral Services	6.3%	3.4%	12.7%	25.3%			22.5%	3.3%
Childcare	2.9%	4.3%	2.3%	1.9%				
Communication / Speech & Language	7.6%	6.4%	3.8%	2.5%	2.9%	7.3%	5.0%	30.0%
Developmental Screening	4.6%	0.9%						3.3%
Early Literacy	1.8%		0.9%					
Educational / Enrichment	6.1%	11.6%	5.2%	6.8%	1.5%	3.6%	2.5%	
Equipment	0.1%	0.4%						

	Percent of all referrals	Agency declined intake	Agency did not return call	Waitlist-eligible but not yet receiving service	Received evaluation-not eligible	Received evaluation-outcome unknown	Waitlist-does not have an appointment	Unable to obtain referral/ authorization
Feeding	0.7%			0.6%				
Funding	0.2%	0.9%						
Health / Medical Subspecialists	0.2%	0.4%					2.5%	3.3%
Health / Neurodevelopmental Subspecialists	1.4%		1.9%	0.6%			20.0%	6.7%
Health / Primary Care	4.4%	0.4%	0.5%				2.5%	23.3%
Legal Assistance	0.4%	1.7%						
Mental Health / counseling	14.0%	26.2%	28.6%	4.3%	4.4%	5.5%	10.0%	13.3%
Occupational / Physical Therapy	2.9%	7.7%	3.8%	1.9%	1.5%	3.6%	5.0%	3.3%
Parent / Caregiver (Family) Support	4.1%	2.1%	4.2%	0.6%	1.5%			
Parent / Child Participation	7.8%	6.0%	6.6%	5.6%				
Parenting / Education	12.5%	11.2%	9.9%	45.1%	1.5%		15.0%	
Recreation/ Sports/ After School/ Camps	3.0%	3.4%		1.2%				
Regional Center of OC	6.0%	3.4%	0.5%	0.6%	79.4%	30.9%		
Respite / Care Giving Services	0.1%	0.4%	0.5%					
School District	2.5%	2.1%	0.9%		4.4%	41.8%		
Social Skills	0.8%	1.7%	1.9%				2.5%	
Specialized Services	0.0%	0.4%						
Total	14,439	233	213	162	68	55	40	30

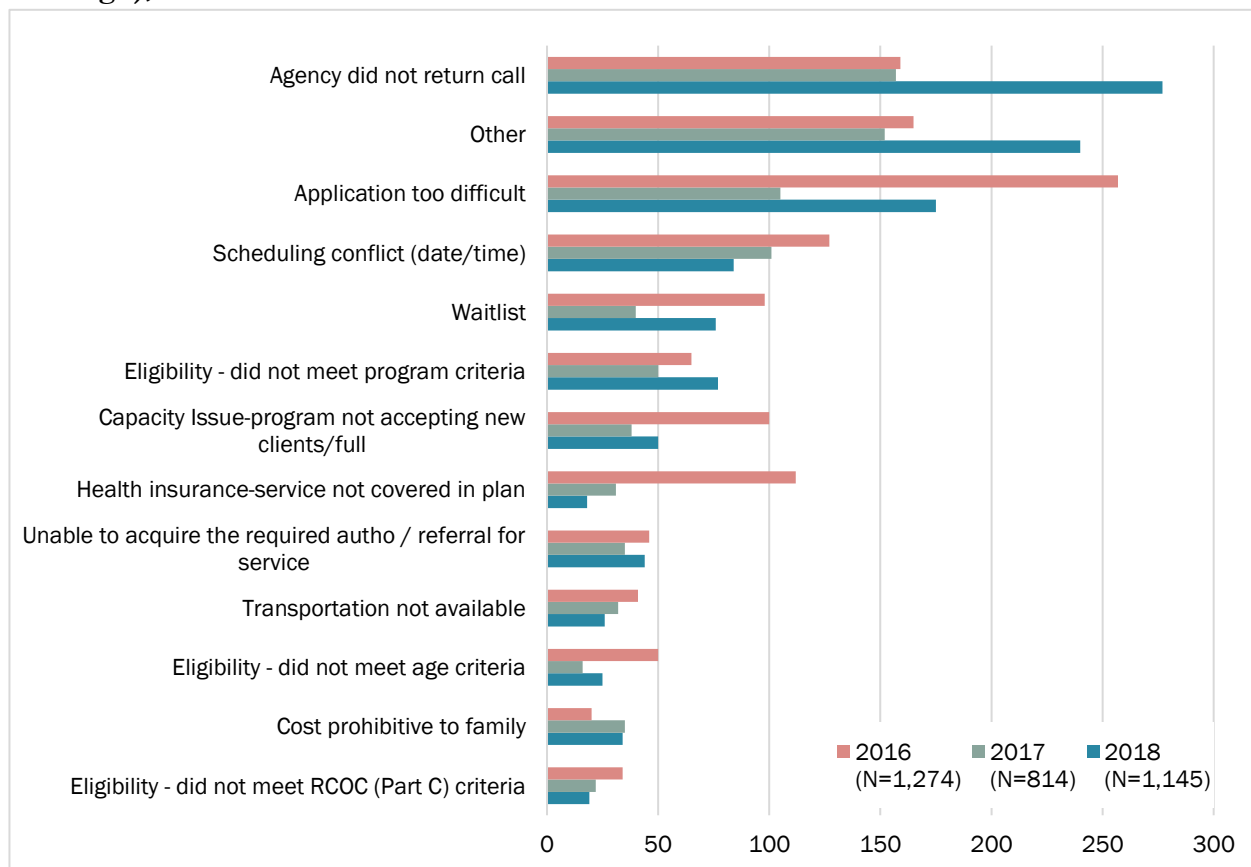
D. Barriers

At follow-up, the Child Development Care Coordinator (CDCC) asks caregivers about any barriers they encountered in seeking to access referrals. Of the 22,080 referrals provided between 2016 and 2018, 7,762 (35%) recorded some type of barrier.

The most common barrier recorded was that caregiver did not use the information (83% of barriers). Figure 39 below provides information on how many times different barriers—**other than caregiver did not use information**—were recorded each year. Difficulty of completing application was the main barrier identified in 2016, while having the agency not return the call was main barrier identified in 2017.

Barriers are reasons why a caregiver is not connected to a service, including transportation issues, scheduling conflicts, and failure to meet certain eligibility criteria.

Figure 39 Number of Times Each Barrier was Recorded (Excluding Caregiver Not Following Through), 2016 to 2018



Because caregiver did not use information, at times considered lack of follow through, is such a significant barrier, the tables below present “caregiver did not follow through” in a separate column. Figure 40 presents the percentage of referrals that had a barrier, by referral category as well as the percentage of referrals where the caregiver did not follow through. For instance, the referral category mental health / counseling accounted for 15.8% of all referrals 15.0% of the referrals for which there was a barrier, and 15.3% of the referrals for which the caregiver did not follow through. This suggests that caregivers were more likely to follow through on a Regional Center referral than other types of referrals. On the other hand, caregivers were less likely to follow through on referrals for parenting / education, which accounted for 12.2% of all referrals, but 13.0% of referrals identifying barriers and, 13.1% of referral where caregivers did not follow through.

Figure 40. Rates at which Referral Categories Were Associated with Barriers, 2016 to 2018

	Percent of all referrals that are closed with outcomes (base)	Percent of referrals with barriers	Percent of referrals with “caregiver did not follow through”
Mental Health / counseling	15.8%	15.0%	15.3%
Parenting / Education	12.2%	13.0%	13.1%
Communication / Speech & Language	7.7%	7.0%	6.9%
Parent / Child Participation	7.3%	7.4%	7.5%
Educational / Enrichment	6.9%	7.4%	7.1%
Behavioral Services	6.0%	6.1%	6.2%
Parent / Caregiver (Family) Support	4.3%	4.4%	4.4%
Health / Primary Care	4.2%	4.1%	4.1%
Part C: Regional Center of Orange County	4.2%	4.2%	4.1%
Developmental Screening	4.1%	4.2%	4.2%
Childcare	3.2%	3.0%	2.8%
Recreation/ Sports/ After School/ Camps	3.2%	3.5%	3.5%
Advocacy	3.0%	2.9%	3.0%
School District	3.0%	2.8%	2.8%
Occupational / Physical Therapy	2.9%	3.0%	2.8%
Allied Health Professionals	2.3%	2.2%	2.2%
Basic Needs	2.2%	2.0%	2.0%
Early Literacy	1.6%	1.8%	1.7%
Health / Neurodevelopmental Subspecialists	1.6%	1.7%	1.7%
Access to Health Insurance	1.0%	0.9%	0.9%
Social Skills	1.0%	1.1%	1.1%
Out of Area Referral (county)	0.8%	0.8%	0.8%
Feeding	0.4%	0.4%	0.3%
Legal Assistance	0.4%	0.3%	0.4%
Health / Medical Subspecialists	0.3%	0.3%	0.2%
Funding	0.2%	0.2%	0.2%
Equipment	0.1%	0.1%	0.0%
Other	0.1%	0.1%	0.0%
Psycho-educational Testing	0.1%	0.2%	0.2%
Respite / Care Giving Services	0.1%	0.1%	0.1%
Specialized Services	0.1%	0.1%	0.1%
Private Schools	0.0%	0.0%	0.0%
Total	22,080	7,762	6,478

Figure 41 below tabulates percentages of children whose referrals encountered at least one barrier, by demographics. Boys’ referrals tended to meet with more barriers, as did referrals for Hispanic children, children whose primary language is Spanish, and children with public health insurance.

Figure 41. Children with Barriers to Accessing Referrals, by Demographics, 2016 to 2018

Demographics		Percent with Barriers
Gender	Male	38.5%
	Female	36.4%
Race/ Ethnicity	White	43.2%
	Hispanic / Latino	43.0%
	Asian / Pacific Islander	41.8%
	Other / Multiracial	39.8%
Language	Spanish	45.6%
	English	40.7%
	Other	40.0%
Health Care Insurance	Public	40.2%
	Private	39.3%
	None	31.4%

All results are statistically significant at the $p < .05$ level

E. Developmental Screenings

In addition to linking families with needed services, Help Me Grow also plays an important role in promoting and providing developmental screenings in Orange County for young children using tools recommended by the American Academy of Pediatrics. The two screening tools used most by Help Me Grow Orange County include the Ages and Stages Questionnaire-3 (ASQ-3) and the Ages and Stages Questionnaire: Social Emotional-2 (ASQ:SE-2). Between 2016 and 2018, there were 1,175 ASQ-3 screenings completed and scored. A child's score above the ASQ-3 cutoff represents typical development and a referral is not necessary, unless requested by a parent or caregiver.

Figure 42 below identifies the ASQ-3 domains and the percentages of children who scored below the cutoff, within the monitoring zone, or above the cutoff.

Figure 42. ASQ-3 Results, by Domain

	Below Cut Off	Monitoring	Above Cut Off
Communication	8.0%	12.1%	79.9%
Fine Motor	7.7%	12.8%	79.5%
Gross Motor	5.6%	7.5%	86.9%
Personal Social	6.6%	12.2%	81.2%
Problem Solving	6.6%	9.7%	83.7%

Unlike the ASQ-3, where an above the cutoff score detects typical development, on the ASQ:SE-2, a child who scores above the cutoff is identified with the need for further assessment. Between 2016 and 2018 there were 276 children who received an ASQ:SE-2 screening through Help Me Grow. Of

the 276 ASQ:SE-2 screenings conducted, 14% registered scores above the cutoff (further assessment needed); 11% registered as monitoring and 76% scored below the cut off (behavior is typical for their age).

Overall, and as result of the screening, there were 1,227 referrals provided to 963 children. A vast majority (91%) of referrals were for some “other” referral, while 6% were to the Regional Center of Orange County (IDEA/Part C) and 3% were referrals to school districts (IDEA/Part B).

Most of the children with referrals due to the results of the screening were connected to services. Overall, almost 90% of children were connected to services, with 10% not connected.

Figure 43. Referral Outcomes from Developmental Screenings

	Other Outcome	RCOC Outcome	SD Outcome	Overall Outcome
Connected	85.1%	80.6%	60.0%	87.5%
Not Connected	11.0%	17.7%	16.7%	9.9%
Pending	2.8%	1.6%	20.0%	2.0%
Unknown	1.1%	0.0%	3.3%	0.5%

V. Summary

For calendar years 2016 through 2018, almost 8,800 children received services from Help Me Grow.

Most families access Help Me Grow through the toll-free number, through the school district/ state preschool or through Help Me Grow online portal. The top three concerns were behavioral, communication, and parental support. Caregivers tended to contact Help Me Grow fairly soon—typically less than a month—after their concerns arose.

During the same period, Help Me Grow care coordinators provided 22,080 referrals (a reported concern can have multiple referrals). The top three referrals were mental health / counseling, parenting/ education, and communication / speech & language.

Overall, almost three-quarters of the children had a positive service outcome—that is, they had at least one referral connected or pending. The most common referral outcomes included connection to services, a caregiver’s choice to pursue the referral at a later time, and a caregiver’s decision to use a different Help Me Grow referral.

Referrals to boys tended to encounter more barriers, as did those of White children, children whose primary language is Spanish, and children with public health insurance.

Between 2016 and 2018, a total of 1,175 ASQ-3s and 276 ASQ:SE screenings were completed and entered in STAR by the HMG team. Communication was the main concern identified on the ASQ-3. In addition, 14% of children who took the ASQ:SE had concerns identified.

Between 2016 and 2018, Help Me Grow’s Community Liaisons had almost 2,500 outreach activities with providers. During the same period, almost Help Me Grow’s Connection Cafés drew almost 1,000 participants.

While data findings for the concerns, referrals, connections to services and barriers tended to vary year by year, some trends have emerged:

- There was an increase in the percentage of Help Me Grow contacts for behavioral concerns (20% of all concerns in 2018, up from 17% in 2016).
- In 2018, 58% of those who discussed their concerns with the child's health care provider were referred to Help Me Grow, down from 62% in 2016.
- In 2018, 41% of calls were for concerns that had arisen one week prior or less, compared with 34% in 2016.
- There were increases in the percentages of referrals for mental health counseling (18% in 2018, up from 13% in 2016) and for communication / speech & language (11% in 2018, up from 5% in 2016).
- In almost 95% of the Regional Center of Orange County referrals where children received an evaluation, those children were found eligible and were receiving services.
- Almost 98% of caregivers responded positively when asked if their needs were met after receiving referrals or information for their child and family.
- The positive overall outcome of "connected or pending" to at least one service remains relatively the same, 72% - 74%, during the years 2016 through 2018.

Appendix A: Definitions for Presenting Issues/Concerns

Concern	Definition
Adaptive	Feeding self-help and self-regulation, includes potty training. Activities of daily living.
Basic Needs	Can include basic needs to survive such as food, shelter, diapers, transportation, etc.
Behavioral	Can include maladaptive behavior, aggressive, shoves, hits, self-injurious, tantrums, rebellious, hyperactive, or disruptive, etc.
Child Care	Seeking information about childcare.
Cognitive/ learning	Concern about how child is learning. Can include mental retardation, learning disability, etc.
Communication	The ability to talk and be understood and the ability to understand others (speech & language).
Diagnosis	Concern about diagnosis (Autism Spectrum Disorder, Attention Deficit Disorder, etc.) or because no diagnosis.
Education	Concern about educational services, special education services, evaluation, Individual Education Plan, tutoring (includes early childhood education/pre-school).
Family Functioning	Includes parent education level, parent with developmental disability, substance abuse, child abuse, domestic violence, and mental health issues of family members, etc.
Fine Motor	Movement and coordination of hands and fingers.
General Development	Parent is requesting information for typically developing child. Can include information for activities, milestones, general development, as well as developmental screening.
General Information	Can include general information about Help Me Grow, community partners, etc.
Gross Motor	Motor movement and coordination using large muscles.
Health/ Medical	Physical well-being, including issues related to chronic health conditions such as asthma, high lead levels, fetal exposure, nutrition, weight gain/loss, obesity, etc.
Health Insurance	Can include lack of health insurance, ability to complete insurance enrollment forms, etc.
Hearing	Can include concerns about ability to hear.
Living Condition	Can include unsafe conditions in the home, lead in the home, second hand smoke, etc.
Mental Health	Seeking information on child mental health evaluation and/or requiring linkage to mental health professional (e.g., psychologist, psychiatrist, or social worker).
Parent Support	Support groups, advocacy, parent education, respite, etc.
Social Interactions	Concern about interaction with others. Can include child with ADD, ADHD & Autism.
Vision	Blind, visual impairment, ROP (Retinopathy of Prematurity) or concerns about ability to see.
Other	Any other concern that does not fit in categories listed above.

Appendix B: Referral Categories by Types of Service

Referral	Description
Access to Health insurance	Enrollment in health insurance.
Advocacy	Guidance, advice, and/or support to obtain desired service. Includes Child Protective Services if educating on reporting.
Allied Health Professionals	Health professionals such as Audiologist, Nutritionist, Dietician, Optometrist, Ophthalmologist.
Basic Needs	Services to address basic needs such as clothing, food, housing and utilities.
Behavioral Services	Direct service to a child to address maladaptive behaviors (e.g., Applied Behavior Analysis).
Childcare	Parent/caregiver in need of childcare services.
Communication/ Speech and Language	Services and therapies to address communication and/or speech and language issues.
Developmental Screening	A service and/or program where an evidence-based tool is used to screen a child's development
Early Literacy	Program or agency that focuses on child and/or family literacy.
Educational/ Enrichment	Any program that focuses on enhancing education for the child. Includes general school district information and enrollment (e.g., preschool, tutoring).
Equipment	Programs that provide items that support the child's daily living, including augmentative communication (e.g., strollers, car seats, wheelchairs).
Feeding	Any service to a child to assist in successful feeding. Providers can be Speech/Language Pathologist, Occupational Therapy, Lactation Specialist.
Funding	Program that helps pay or connects to grants or payments for service or equipment.
Health/ Medical Subspecialist	A health care provider that isn't a primary care physician (e.g., Cardiologist, Orthopedist).
Health/ Neurodevelopmental Subspecialist	Pediatric Neurologist, Developmental Behavioral Pediatrician, Neurologist.
Health/ Primary Care	A healthcare provider or physician that addresses child's medical needs.
Legal Assistance	Legal representation or advice (e.g., due process, family law, custody).
Mental Health/ Counseling	Program that provides diagnosis, evaluation or treatment, including psychiatrist (e.g., play therapy, individual and/or family therapy, cognitive therapy, psycho analysis).
Occupational Therapy/ Physical Therapy	Services conducted or supervised by a licensed occupational therapist or physical therapist that provides therapy for motor functions, sensory, adaptive/functional skills (does not include feeding).
Out of County Referrals	Any general referral given that is not in geographically assigned region (e.g., county/state) and referral information is not a known.
Parent/ Caregiver Support	Groups or programs that support the needs of caregiver (all support groups).
Parent/ Child Participation	Program that requires parent participation (e.g., Mommy and me).
Parenting/ Education	Programs that provide information or education related to family and/or child. Can include individual or group parenting classes.
Part C/IDEA (Regional Center)	Referral for eligibility evaluation (intake).

Referral	Description
Private Schools	Any non-public school that charges a fee. Includes private schools for children with special needs or typical.
Psycho-educational Testing	Person and/or group that provides educational assessments or evaluations. Can include cognitive and/or behavioral assessments (e.g., Educational Psychologist).
Recreation	Includes sports, after school programs and camps. Any type of recreation that child is doing independently. No parent participation.
Respite/ Care Giving Services	Programs that provide care above and beyond typical childcare.
School District (Public)	Evaluation and eligibility for special education services.
Social Skills	Programs or services that teach and/or assist children to interact appropriately with others.
Specialized Services	Programs or workshops that provide “therapy type” service to a child that is may not necessarily provided by a licensed professional (e.g., Equestrian, Aquatic, Music, Art, Dance).
Other	Anything that does not fit in above categories.

Appendix C: Details of How Callers Learn About Help Me Grow

Category	Examples
Community Agency	Child Behavior Pathways (CBP) Children & Families Commission of OC/First 5 Children's Home Society Faith Based Organization Family Autism Network Family Resource Center Family Support Network (FSN) Library Mental Health Provider Neighbor Resource Network Pretend City Children's Museum Prevention Center Providence Speech and Hearing Center Resource Fair / Table Social Service Agency WIC
Developmental Screening	ASQ Developmental Screening Project/Pilots Developmental Screening in Community
Early Care and Education Provider	Childcare Provider Head Start/Early Head Start Preschool
Friend or Family	Friend Family member Neighbor
Health Care / Hospital Provider	Bridges Network CalOptima CHOC Clinics/ Health Alliance Pediatrician Nurse Practitioner Family Practice Physician Pediatric Subspecialist Hospitals
Help Me Grow Outreach	Help Me Grow Presentation Help Me Grow Website Resource fair/table
Regional Center of Orange County	Birth to Three Regional Center (California) Prevention Program (CA)
Media	Facebook/Twitter Online media/Advertisement
Previous Caller	Previous Caller to Help Me Grow
School	Private School Readiness on the Road School District-Public School Readiness Program
2-1-1 Orange County	2-1-1 telephone prompt 2-1-1 transfer or toll-free number given
Other	Any other entity not listed above

Appendix D: Concerns by Demographics

Appendix D breaks down callers' concerns by select children's demographics, including age, gender, ethnicity, and primary language. In an effort to make the report more meaningful and ensure stability of data, only the top 10 concerns are analyzed and presented.

Concerns by age

Help Me Grow callers' concerns varied by children's ages. For instance, behavioral concerns appear to be the most prevalent concern among children who are three years old, while communication concerns are most prevalent among two-year-old children. In general, children who are two years old appear to have the most concerns (see red shaded cells in table below).

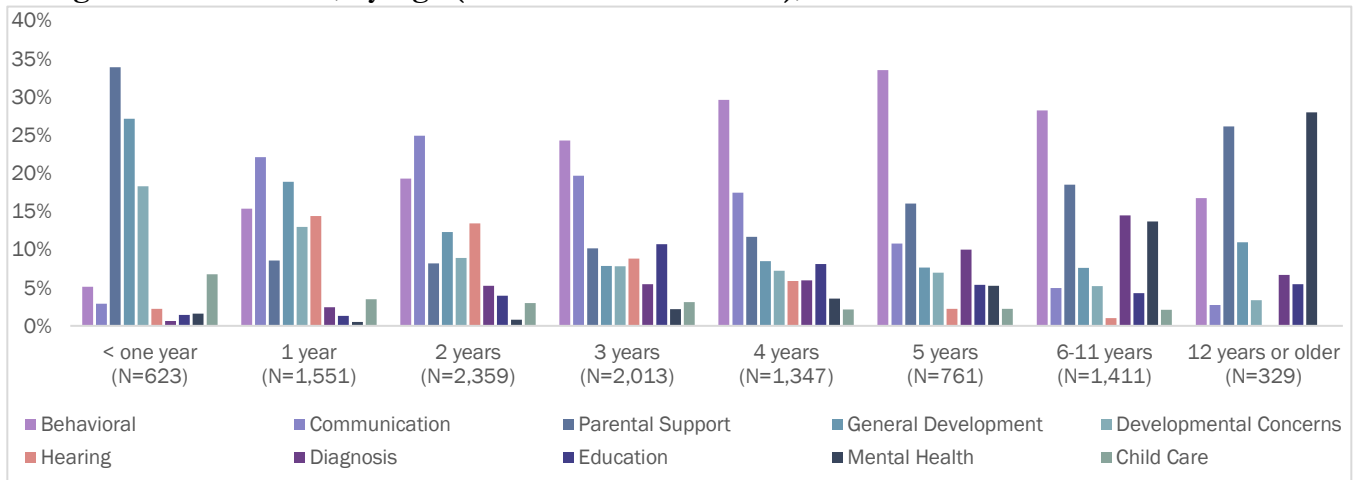
Figure D-1. Concern, by Age (Percent within Age), 2016 to 2018 (N=10,460)

	< one year (N=623)	1 year (N=1,551)	2 years (N=2,359)	3 years (N=2,013)	4 years (N=1,347)	5 years (N=761)	6-11 years (N=1,411)	≥12 years (N=329)
Behavioral	1.4%	10.2%	19.4%	20.9%	17.1%	10.9%	17.8%	2.4%
Communication	1.0%	19.7%	33.7%	22.7%	13.5%	4.7%	4.2%	0.5%
Parental Support	15.3%	9.6%	14.0%	14.8%	11.4%	8.8%	19.8%	6.2%
General Development	13.7%	23.8%	23.6%	12.8%	9.3%	4.7%	9.1%	2.9%
Developmental Concerns	12.4%	21.8%	22.8%	17.1%	10.5%	5.8%	8.4%	1.2%
Hearing	1.7%	26.5%	37.6%	21.0%	9.4%	2.0%	1.8%	0.0%
Diagnosis	0.6%	5.7%	18.6%	16.5%	12.0%	11.4%	32.0%	3.3%
Education	1.6%	3.5%	16.4%	37.9%	19.2%	7.2%	11.1%	3.2%
Mental Health	2.2%	1.7%	4.1%	9.5%	10.4%	8.6%	43.6%	19.9%
Child Care	13.7%	17.6%	22.9%	20.6%	9.5%	5.6%	10.1%	0.0%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each row. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

When individual concerns are identified by age *and* percentage among all concerns, behavior is the most frequent concern for children ages 3, 4, 5, 6-11 and 12-18. Communication is the most common concern for children one and two years old.

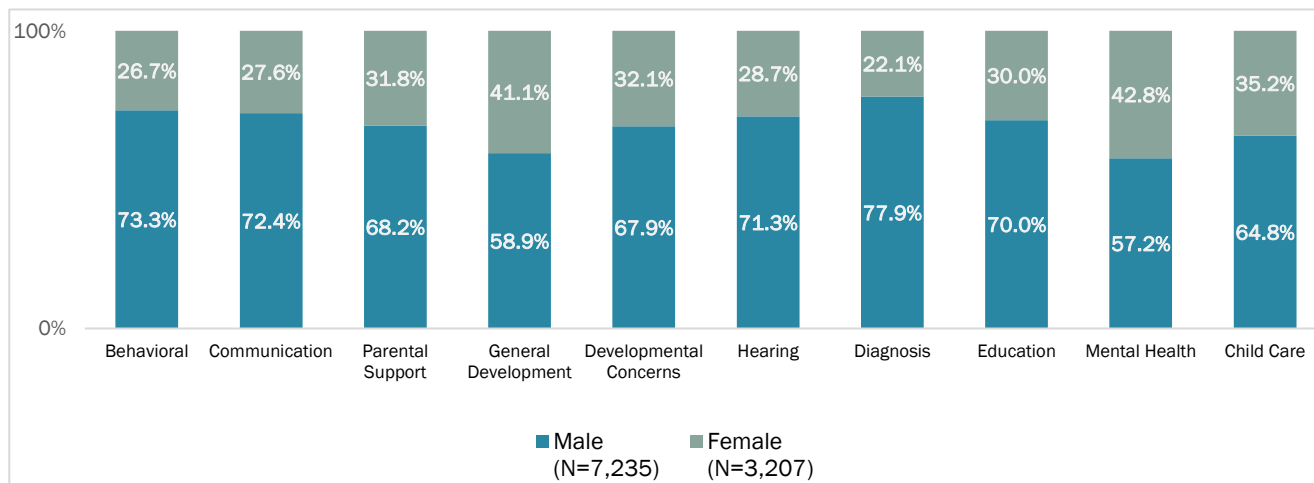
Figure D-2. Concerns, by Age (Percent within Concern), 2016 to 2018



Concerns by gender

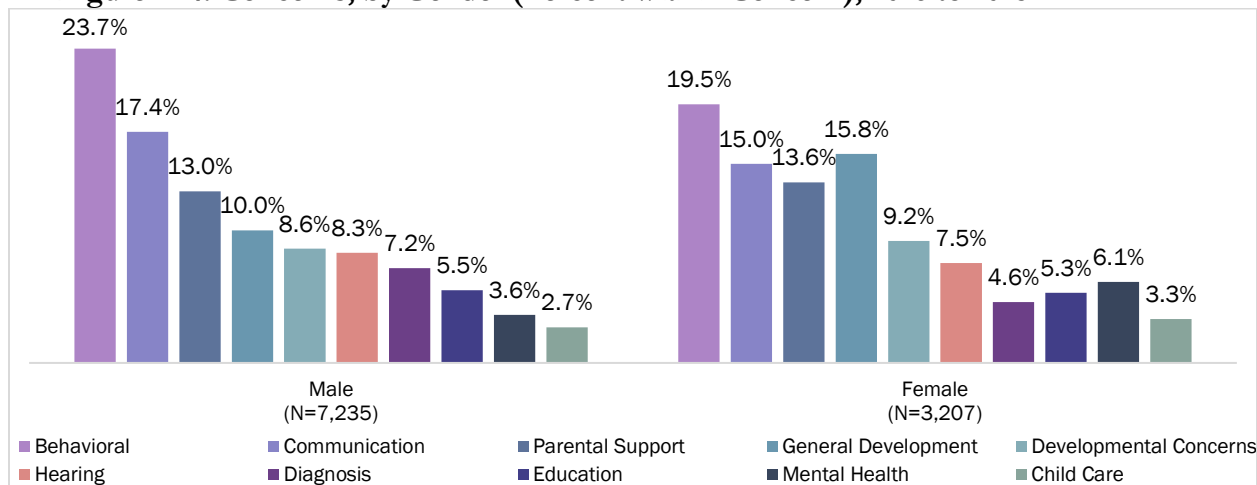
Help Me Grow receives calls about concerns for boys (69%) much more frequently than for girls. Moreover, more than three quarters (77.8%) of children identified with diagnosis concern are boys. On the other hand, general development and mental health concern calls are more evenly split between the genders.

Figure D-3. Concerns, by Gender (Percent within Gender), 2016 to 2018



When individual concerns are identified by gender *and* as a percentage of all reported concerns, 23.7% of callers' reported concerns are about boys' behavior and 19.5% for girls' behavior. On the other hand, developmental concerns and general development concerns are more frequent for girls than for boys.

Figure D-4. Concerns, by Gender (Percent within Concern), 2016 to 2018



Concerns by Ethnicity

Almost two-thirds of general development concerns are from caregivers who identify their child as Hispanic/Latino. Fewer than half of the developmental concerns (44.7%) are from caregivers who identify their child as Hispanic/Latino.

Figure D-5. Concern, by Ethnicity (Percent within Ethnicity), 2016 to 2018 (N=9,228)

	Hispanic/ Latino (N=5,211)	Other / multiracial (N=1,603)	White (N=1,503)	Asian / Pacific Islander (N=911)
General Development	64.2%	15.1%	13.7%	7.0%
Mental Health	60.2%	12.3%	22.5%	4.9%
Behavioral	59.1%	17.0%	15.7%	8.3%
Parental Support	58.5%	16.6%	17.3%	7.6%
Education	57.5%	17.1%	15.9%	9.5%
Overall	57.3%	17.1%	16.0%	9.6%
Communication	55.2%	17.2%	13.9%	13.7%
Hearing	54.5%	16.6%	14.0%	14.9%
Diagnosis	52.4%	20.6%	18.3%	8.8%
Child Care	45.1%	27.0%	20.1%	7.8%
Developmental Concerns	44.7%	20.7%	23.1%	11.5%

Behavior is the main concern cited by all ethnicities except for Asian/Pacific Islanders, who indicated communication as the main concern. Hearing has a larger percentage (13.5%) of reported concerns among Asian / Pacific Island children than among other ethnicities. Help Me Grow staff (CDCCs) will identify hearing at the time a communication issue is identified to inform the parent about the need to have a hearing evaluation and to provide a referral for this service.

Figure D-6. Concern, by Ethnicity (Percent within Concern), 2016 to 2018 (N=9,228)

	Hispanic/ Latino (N=5,211)	Other / multiracial (N=1,603)	White (N=1,503)	Asian / Pacific Islander (N=911)
Behavioral	23.9%	22.3%	22.0%	19.2%
Communication	17.6%	17.8%	15.3%	25.0%
General Development	13.9%	10.6%	10.2%	8.7%
Parental Support	12.6%	11.7%	13.0%	9.3%
Hearing	8.6%	8.5%	7.7%	13.5%
Developmental Concerns	6.8%	10.2%	12.1%	10.0%
Diagnosis	5.7%	7.3%	6.9%	5.5%
Education	5.5%	5.3%	5.3%	5.2%
Mental Health	3.3%	2.2%	4.3%	1.5%
Child Care	2.1%	4.1%	3.3%	2.1%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

Concerns by Language

More than two-thirds of child care, diagnosis and mental health concerns are from caregivers who speak English as their primary language.

Figure D-7. Concern, by Primary Language (Percent within Language), 2016 to 2018 (N=9,375)

	English (N=5,348)	Spanish (N=3,298)	Other (N=729)
Child Care	68.8%	24.8%	6.4%
Diagnosis	68.5%	26.6%	4.8%
Mental Health	67.1%	30.5%	2.4%
Developmental Concerns	63.8%	27.4%	8.8%
Parental Support	58.9%	36.4%	4.7%
Overall	56.0%	36.4%	7.6%
General Development	55.6%	38.9%	5.4%
Behavioral	55.4%	38.5%	6.1%
Education	53.7%	39.0%	7.4%
Communication	52.4%	35.3%	12.3%
Hearing	50.2%	35.5%	14.2%

Behavior is the concern cited most by callers who are primarily English (22.0%) and Spanish (24.8%) speakers, whereas communication is cited most by callers who speak some other language (28.1%).

Figure D-8. Concern, by Primary Language (Percent within Concern), 2016 to 2018 (N=9,375)

	English (N=5,348)	Spanish (N=3,298)	Other (N=729)
Behavioral	22.0%	24.8%	17.7%
Communication	16.4%	17.9%	28.1%
Parental Support	12.8%	12.8%	7.4%
General Development	11.9%	13.5%	8.5%
Hearing	7.8%	8.9%	16.2%
Developmental Concerns	9.8%	6.9%	10.0%
Diagnosis	7.4%	4.7%	3.8%
Education	5.0%	5.9%	5.1%
Mental Health	3.7%	2.7%	1.0%
Child Care	3.2%	1.9%	2.2%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

Appendix E: Reasons Intakes are Closed, by Demographics

Appendix E presents details on the reasons intakes are closed, by select demographics.

Reasons for Case Closings, by Gender

Slightly more girls (49.0%) than boys (48.3%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.

Figure E-1. Reasons Case Closed, by Gender, 2016 to 2018

	Females	Males	Total
Caregiver provided outcome information	49.0%	48.3%	48.5%
Unable to reach after multiple attempts	25.0%	24.8%	24.9%
Reached caregiver then lost to follow-up	9.6%	11.3%	10.8%
Agency provided outcome information	6.7%	6.1%	6.3%
Caregiver declined follow-up	4.4%	4.7%	4.6%
Phone out of service and no known email	1.5%	1.5%	1.5%
Provided information only - no referrals given	1.6%	1.3%	1.4%
Not available to respond to questions	1.0%	0.8%	0.9%
Unable to reach-no message on phone line	1.0%	0.8%	0.9%
Child moved	0.2%*	0.3%	0.3%
Total	1,628	3,423	5,051

*Small cell size, caution should be taken when interpreting
Results are statistically significant at the $p \leq .05$ level

Reasons for Case Closings, by Ethnicity

About 7% of callers who identify their children as White, Asian / Pacific Islander or Other declined follow-up care coordination in their initial calls (7.4%, 6.7%, and 7.2%, respectively). Only 3% of families with Hispanic/Latino children declined follow-ups in their initial calls.

Figure E-2. Reasons Case Closed, by Ethnicity, 2016 to 2018

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial	Total
Caregiver provided outcome information	49.2%	50.3%	54.9%	43.6%	49.0%
Unable to reach after multiple attempts	24.6%	24.7%	18.2%	25.8%	24.2%
Reached caregiver then lost to follow-up	12.0%	8.6%	8.0%	12.0%	11.1%
Agency provided outcome information	6.5%	5.0%	7.3%	6.3%	6.3%
Caregiver declined follow-up	3.0%	7.4%	6.7%	7.2%	4.9%
Phone out of service and no known email	1.9%	0.6%	1.5%	1.1%	1.5%
Provided information only - no referrals given	0.8%	2.0%	1.3%	2.4%	1.3%
Not available to respond to questions	0.9%	0.8%	1.3%	0.6%	0.8%
Unable to reach-no message on phone line	1.0%	0.3%*	0.6%*	0.7%	0.8%
Child moved	0.2%	0.2%*	0.2%*	0.3%*	0.2%
Total	2,776	880	477	888	5,021

*Small cell size, caution should be taken when interpreting
Results are statistically significant at the $p \leq .05$ level

Reasons for Case Closings, by Primary language

Spanish-speaking families were reached and provided referral outcome information at a higher percentage than English-speaking families (54.2% and 44.0%, respectively).

Figure E-3. Reasons Case Closed, by Primary Language, 2016 to 2018

	English	Spanish	Other	Total
Caregiver provided outcome information	44.0%	54.2%	57.9%	48.6%
Unable to reach after multiple attempts	29.2%	19.7%	15.2%	24.8%
Reached caregiver then lost to follow-up	10.9%	11.3%	7.5%	10.8%
Agency provided outcome information	5.4%	6.8%	8.8%	6.1%
Caregiver declined follow-up	5.6%	3.1%	5.9%	4.7%
Phone out of service and no known email	1.3%	1.7%	1.6%	1.5%
Provided information only - no referrals given	1.6%	1.2%	1.3%	1.4%
Not available to respond to questions	1.0%	0.8%	0.5%*	0.9%
Unable to reach-no message on phone line	0.6%	1.1%	1.3%	0.8%
Child moved	0.4%	0.1%*	0%*	0.2%
Total	3,003	1,830	375	5,208

*Small cell size, caution should be taken when interpreting
Results are statistically significant at the $p \leq .05$ level

Reasons for Case Closings, by Type of Health Insurance

Families with private health insurance were more likely to decline follow-ups in their initial calls than those with public insurance (8.3% compared to 3.6%).

Figure E-4. Reasons Case Closed, by Type of Health Insurance, 2016 to 2018

	Public	Private	None	Total
Caregiver provided outcome information	50.0%	49.0%	28.1%	49.0%
Unable to reach after multiple attempts	23.0%	24.2%	44.9%	24.1%
Reached caregiver then lost to follow-up	11.8%	10.1%	5.6%	11.1%
Agency provided outcome information	7.2%	4.6%	3.4%	6.3%
Caregiver declined follow-up	3.6%	8.3%	1.7%*	4.9%
Phone out of service and no known email	1.7%	0.6%	2.8%	1.4%
Provided information only - no referrals given	1.0%	1.6%	7.9%	1.4%
Not available to respond to questions	0.7%	0.9%	2.8%	0.8%
Unable to reach-no message on phone line	0.7%	0.8%	2.8%	0.8%
Child moved	0.3%	0%*	0%*	0.2%
Total	3,443	1,381	178	5,002

*Small cell size, caution should be taken when interpreting
Results are statistically significant at the $p \leq .05$ level

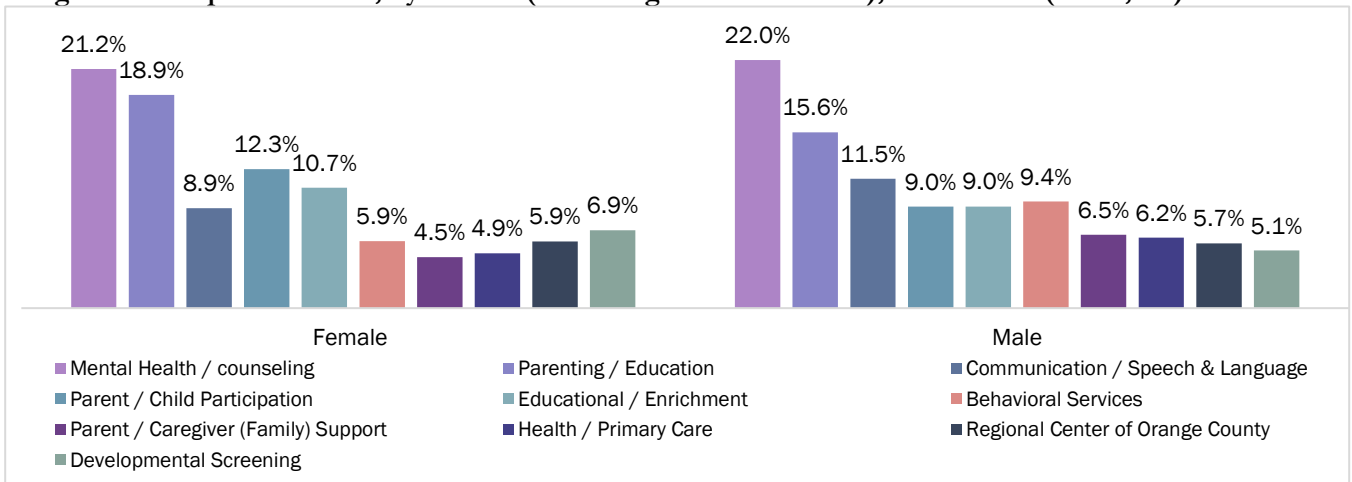
Appendix F: Referrals Provided by Demographics

Appendix F breaks down the Help Me Grow Core referrals by select children’s demographics including gender, age, ethnicity, primary language, and type of health insurance coverage. In an effort to make the report more meaningful and ensure stability of data, only the top 10 referrals are analyzed and presented.

Referrals by Gender

Boys and girls have somewhat similar rates for receiving mental health/counseling referrals. More boys, however, received behavioral services referrals than girls (9.4% to 5.9%), while girls more frequently received parent/child participation referrals than boys (12.3% to 9.0%).

Figure F-1. Top 10 Referrals, by Gender (Percentage within Referral), 2016 to 2018 (N=15,929)



Referrals by Age

Help Me Grow referrals also varied based on children’s ages. For instance, communication/speech and language referrals appear to be the most prevalent referrals among children two and three years old, while parent/child participation referrals are most prevalent with the one and two year olds.

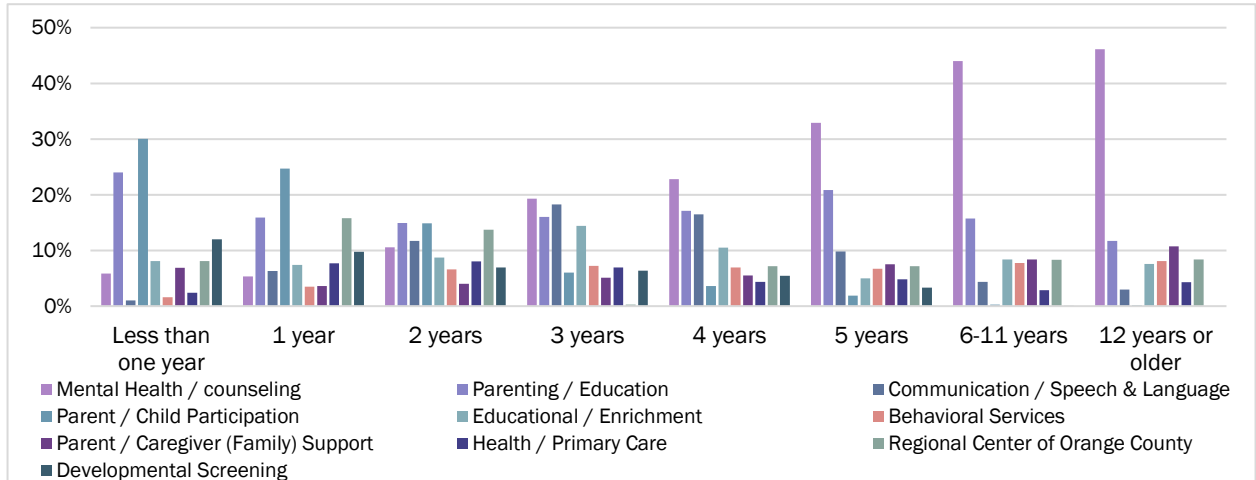
Figure F-2. Referral by Age (Percentage within Age), 2016 to 2018 (N=16,156)

	< 1 year	1 year	2 years	3 years	4 years	5 years	6-11 years	≥12 years
Mental Health / counseling	1.5%	3.4%	10.0%	16.4%	14.2%	11.4%	35.0%	8.0%
Parenting / Education	7.9%	13.4%	18.6%	17.7%	14.0%	9.5%	16.4%	2.7%
Communication / Speech & Language	0.5%	8.4%	22.9%	31.8%	21.2%	7.0%	7.1%	1.1%
Parent / Child Participation	16.5%	34.7%	30.9%	11.1%	4.9%	1.4%	0.4%	0.1%
Educational / Enrichment	4.7%	10.9%	19.0%	28.0%	15.1%	3.9%	15.3%	3.0%
Behavioral Services	1.4%	7.6%	21.5%	21.0%	14.8%	7.9%	21.0%	4.8%
Parent / Caregiver (Family) Support	6.4%	8.7%	14.3%	16.2%	12.9%	9.8%	24.9%	7.0%
Health / Primary Care	2.3%	18.7%	28.8%	22.2%	10.3%	6.3%	8.7%	2.8%
Regional Center of Orange County	5.0%	25.1%	32.2%	0.6%	11.0%	6.1%	16.3%	3.6%
Developmental Screening	11.6%	24.3%	25.5%	20.8%	13.2%	4.4%	0.1%	0.0%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each row. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

Parent / child participation referrals make up the largest percentage of referrals for children under one years of age and 1 years old. Mental health / counseling referrals are the most common for children ages three and older.

Figure F-3. Referrals, by Age (Percent within Referral), 2016 to 2018 (N=16,156)



Referrals by Ethnicity

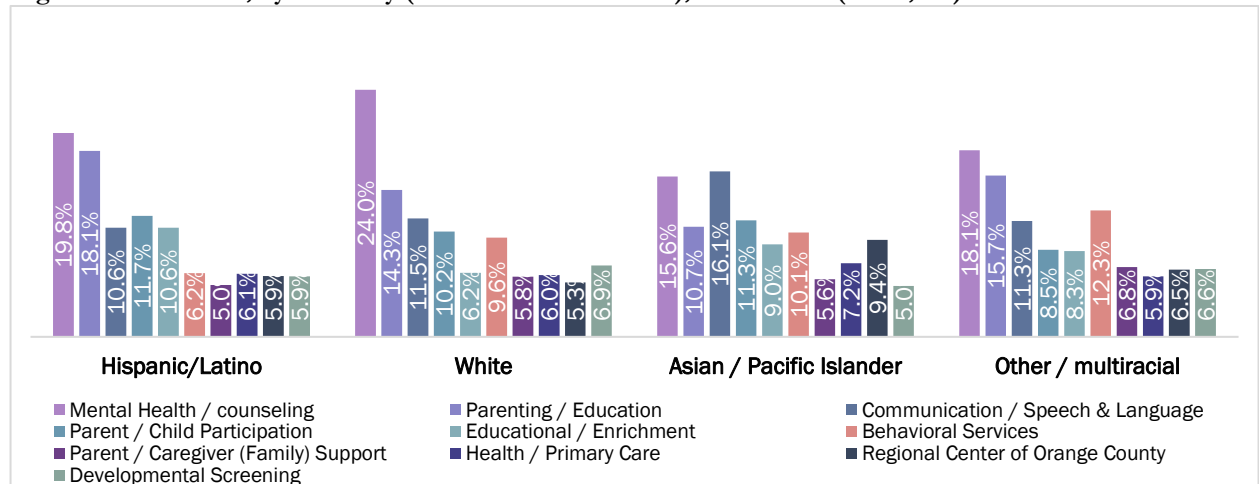
Almost two-thirds of the callers who received educational / enrichment referrals from Help Me Grow are Hispanic/Latino. Hispanics make up smaller proportions of referrals for behavioral services referrals (41.8%).

Figure F-4. Referrals, by Ethnicity (Percent within Ethnicity), 2016 to 2018 (N=14,208)

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / multiracial
Educational / Enrichment	63.3%	11.3%	9.6%	15.8%
Parenting / Education	61.7%	14.8%	6.5%	17.0%
Parent / Child Participation	60.1%	15.9%	10.4%	13.7%
Mental Health / counseling	55.6%	20.4%	7.8%	16.1%
Health / Primary Care	55.3%	16.4%	11.5%	16.8%
Developmental Screening	53.7%	19.2%	8.1%	19.1%
Regional Center of Orange County	52.4%	14.3%	14.9%	18.4%
Communication / Speech & Language	51.6%	17.0%	14.0%	17.4%
Parent / Caregiver (Family) Support	50.5%	17.8%	10.1%	21.6%
Behavioral Services	41.8%	19.7%	12.2%	26.3%

Mental health / counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral. Almost one-quarter of all referrals to White callers are for mental health, followed at a distant second parenting / education referrals, which were 14% of all referrals.

Figure F-5. Referrals, by Ethnicity (Percent within Referral), 2016 to 2018 (N=14,208)



Referrals by Primary Language

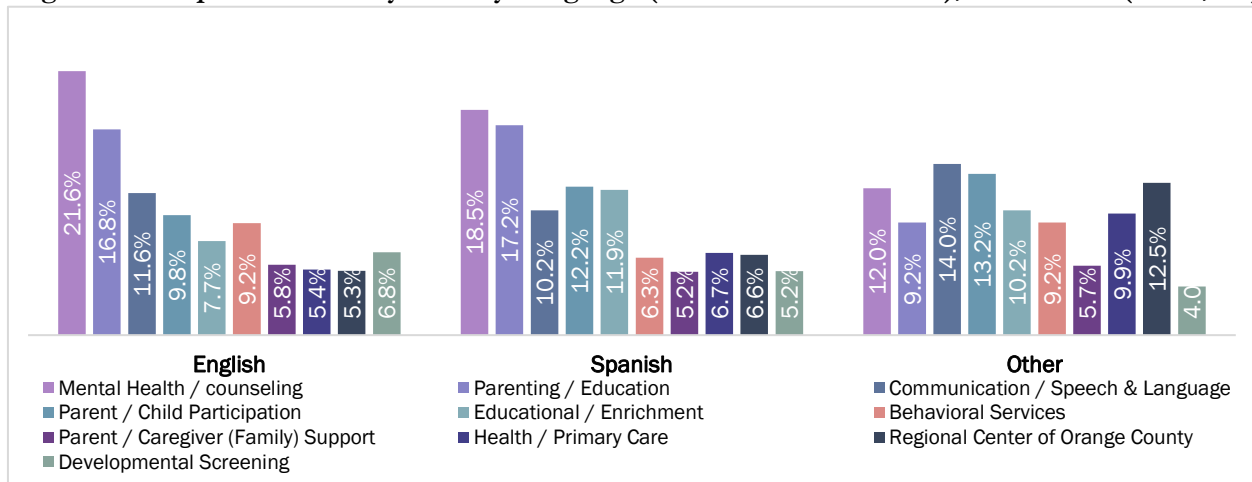
English-language callers make up the largest proportion of referrals for developmental screening (66.0%).

Figure F-6. Top 10 Referrals by Primary Language (Percent within Primary Language), 2016 to 2018 (N=14,362)

	English	Spanish	Other
Developmental Screening	66.0%	29.0%	5.1%
Behavioral Services	65.5%	25.8%	8.6%
Mental Health / counseling	64.2%	31.2%	4.7%
Parent / Caregiver (Family) Support	61.0%	31.2%	7.9%
Parenting / Education	60.5%	35.1%	4.3%
Communication / Speech & Language	60.4%	30.1%	9.5%
Parent / Child Participation	53.2%	37.4%	9.4%
Health / Primary Care	51.2%	36.4%	12.4%
Regional Center of Orange County	49.5%	35.2%	15.4%
Educational / Enrichment	48.8%	42.8%	8.5%

English- and Spanish-speaking callers are most likely to receive mental health / counseling referrals from Help Me Grow (21.6% and 18.5% respectively, compared with 12.0% of total referrals for those who speak an “other” language). Callers who speak some other language most often received referrals for communication / speech & language (14.0%).

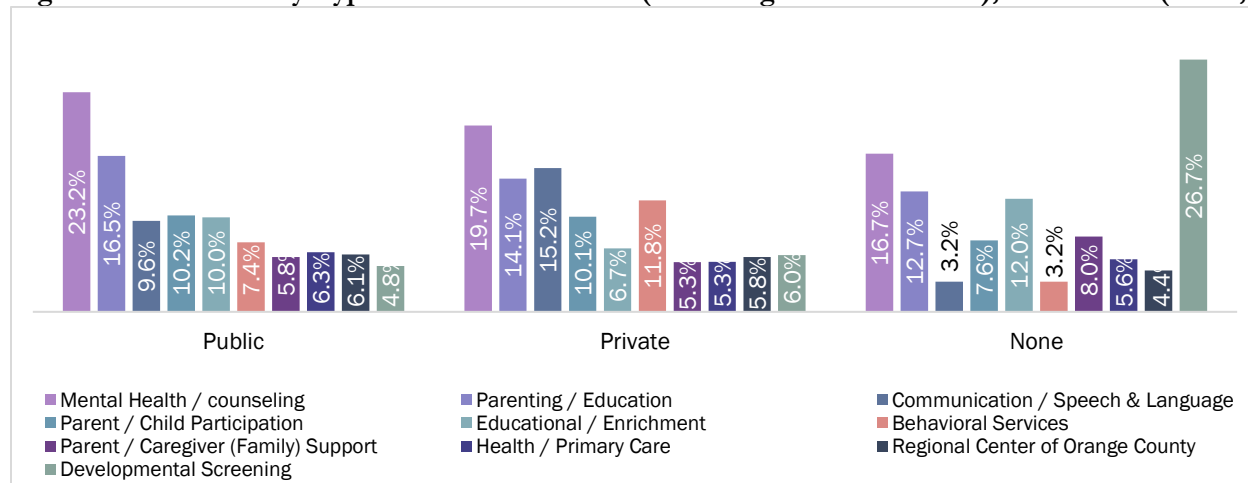
Figure F-7. Top 10 Referrals by Primary Language (Percent within Referral), 2016 to 2018 (N=14,362)



Referrals by Type of Health Insurance

Mental health / counseling referrals were the most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have. Among families without insurance, the largest percentage of referrals were provided for developmental screenings.

Figure F-8. Referrals by Type of Health Insurance (Percentage within Referral), 2016 to 2018 (N=15,097)



Appendix G: How Caregivers Learn about Help Me Grow, By Demographics

Appendix G presents details about how caregivers heard about Help Me Grow, by select demographics.

How Caregivers Learn about Help Me Grow, by Age

A majority of callers who had a child under one year of age (50.2%) and pluralities of callers with a one-year-old (42.9%), two-year-old (39.8%), or three-year-old (36.8%) heard about Help Me Grow through a hospital or health care provider.

Figure G-1. How Callers Learn about Help Me Grow by Age of Child, 2016 to 2018 (N=6,887)

	< 1 year (N=595)	1 year (N=946)	2 years (N=1,350)	3 years (N=1,137)	4 years (N=869)	5 years (N=518)	6-11 years (N=1,178)	≥12 years (N=293)	3-Year Total (N=6,887)
Hospital / Healthcare Provider	50.2%	42.9%	39.8%	36.8%	32.8%	35.3%	45.2%	42.3%	40.4%
Community Agency	25.3%	29.2%	29.3%	26.3%	21.6%	22.2%	23.2%	23.5%	25.6%
Previous Caller	6.4%	6.2%	5.3%	6.2%	4.4%	6.2%	5.4%	6.1%	5.7%
HMG Outreach	4.4%	4.5%	4.4%	6.9%	7.7%	7.9%	8.3%	10.6%	6.4%
ECE Provider	3.4%	5.2%	8.0%	8.4%	8.9%	5.8%	1.8%	0.3%	5.8%
Family or Friend	3.4%	3.6%	4.3%	3.7%	3.5%	4.8%	5.9%	4.8%	4.3%
Regional Center of OC	2.7%	3.3%	3.0%	1.0%	0.6%	1.5%	0.6%	0.7%	1.7%
School	2.3%	2.5%	3.6%	8.0%	17.6%	13.1%	5.9%	6.8%	7.1%
2-1-1 OC	1.7%	1.9%	2.1%	2.1%	2.4%	2.9%	3.4%	4.8%	2.5%
Developmental Screening	0.3%	0.5%	0.2%	0.6%	0.3%	0.2%	0.0%	0.0%	0.3%
Media (print, TV, Web, etc.)	0.0%	0.1%	0.1%	0.1%	0.2%	0.0%	0.2%	0.0%	0.1%

How Caregivers Learn about Help Me Grow, by Ethnicity

A plurality (40.7%) of Hispanic/Latino callers learned of Help Me Grow through a hospital or healthcare provider.

Figure G-2. How Callers Learn About Help Me Grow by Ethnicity of Child, 2016 to 2018 (N=5,737)

	Hispanic/ Latino (N=3,244)	Other / multiracial (N=1,003)	White (N=960)	Asian / Pacific Islander (N=530)	3-Year Total (N=5,737)
Hospital / Healthcare Provider	40.7%	44.5%	42.7%	48.9%	42.5%
Community Agency	29.1%	25.0%	19.0%	17.7%	25.6%
School	8.0%	5.3%	9.7%	6.6%	7.7%
ECE Provider	5.2%	9.0%	9.9%	5.7%	6.7%
Previous Caller	4.7%	3.9%	4.1%	3.2%	4.3%
HMG Outreach	4.3%	4.2%	4.2%	5.8%	4.4%
Family or Friend	3.6%	3.2%	5.0%	5.5%	4.0%
2-1-1 OC	2.4%	2.6%	1.8%	2.5%	2.3%
Regional Center of OC	1.5%	1.7%	3.0%	3.8%	2.0%
Developmental Screening	0.3%	0.7%	0.2%	0.2%	0.3%
Media (print, TV, Web, etc.)	0.1%	0.0%	0.5%	0.2%	0.1%

How Caregivers Learn about Help Me Grow, by Primary Language

A plurality of callers, irrespective of primary language, heard about Help Me Grow through a hospital or health care provider.

Figure G-3. How Callers Learn about Help Me Grow by Primary Language of Child, 2016 to 2019 (N=5,855)

	English (3,362)	Spanish (N=2,072)	Other (N=421)	3-Year Total (N=5,855)
Hospital / Healthcare Provider	41.8%	40.8%	53.0%	42.2%
Community Agency	24.2%	30.8%	15.9%	25.9%
School	7.0%	8.6%	9.3%	7.7%
ECE Provider	8.9%	3.5%	3.8%	6.6%
HMG Outreach	4.6%	4.5%	4.8%	4.5%
Previous Caller	4.4%	4.7%	1.7%	4.3%
Family or Friend	4.0%	3.5%	5.7%	3.9%
2-1-1 OC	2.5%	2.1%	1.7%	2.3%
Regional Center of OC	2.3%	1.1%	3.6%	1.9%
Developmental Screening	0.4%	0.4%	0.0%	0.4%
Media (print, TV, Web, etc.)	0.1%	0.0%	0.7%	0.1%

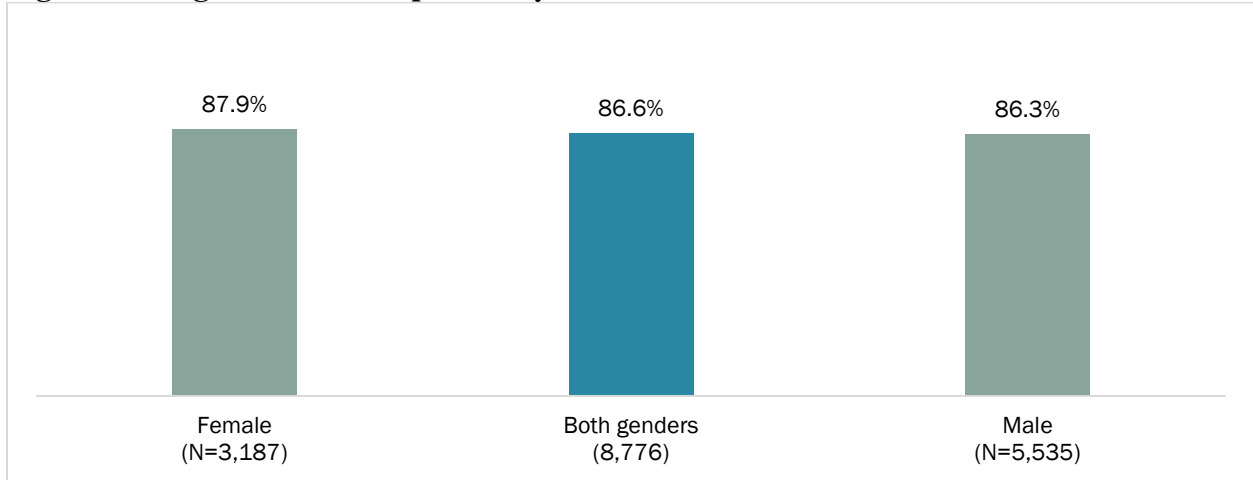
Appendix H: Agree to Follow Up Care, by Demographics

Appendix H presents the percentages of caregivers who agree to Help Me Grow follow up care, by select demographics.

Agree to Follow-Up Care, by Gender

Families who receive referrals for a female child agreed to follow-up care coordination slightly more often than families who receive referrals for a male child.

Figure H-1. Agree to Follow up Care, by Gender, 2016 to 2018

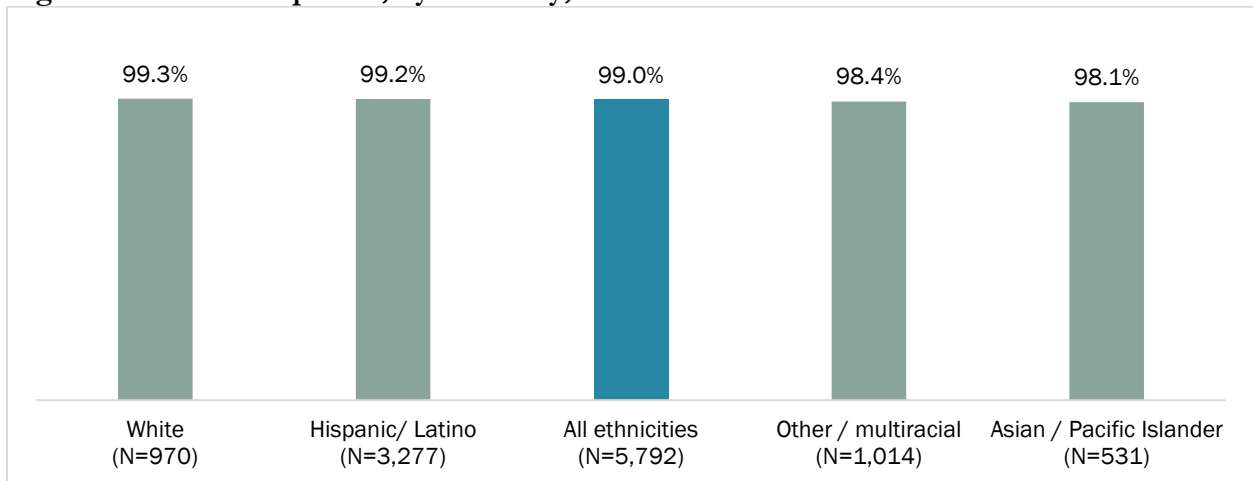


Results are statistically significant at the $p \leq .05$ level

Agree to Follow-Up Care, by Ethnicity

Families with children who identify as White are slightly more likely to agree to follow-up care coordination (99.3%) than the overall average (99.0%). Families of Asian / Pacific Islander children are slightly less likely to agree to follow up care coordination (98.1%).

Figure H-2. Follow up Care, by Ethnicity, 2016 to 2018

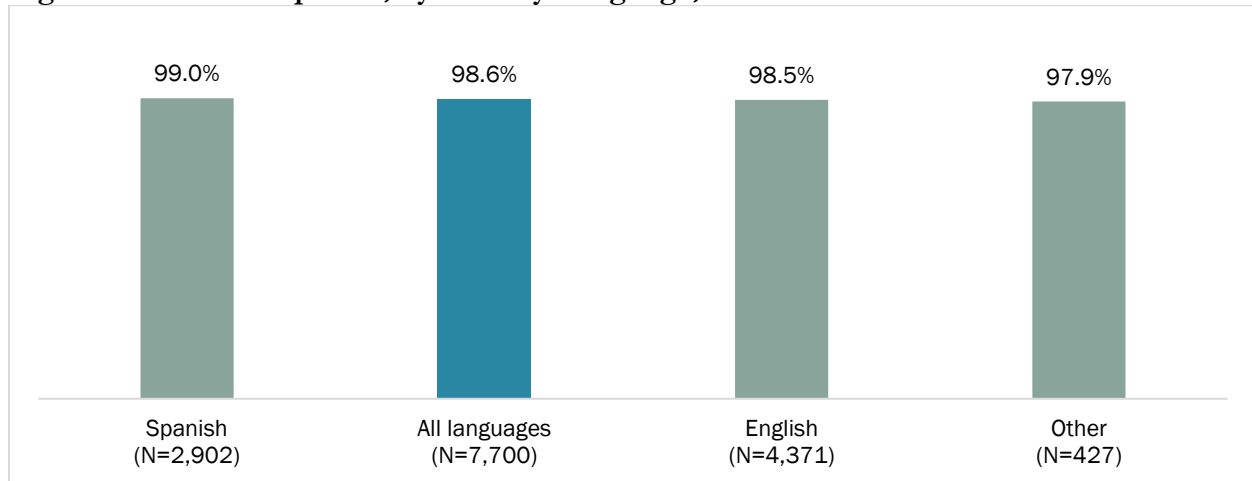


Results are statistically significant at the $p \leq .05$ level

Agree to Follow-Up Care, by Primary Language

Callers whose primarily speak Spanish are slightly most likely to agree to follow-up care (99.0%) compared with 98.5% of primarily English-speaking callers and 97.9% of those who speak “other” languages.

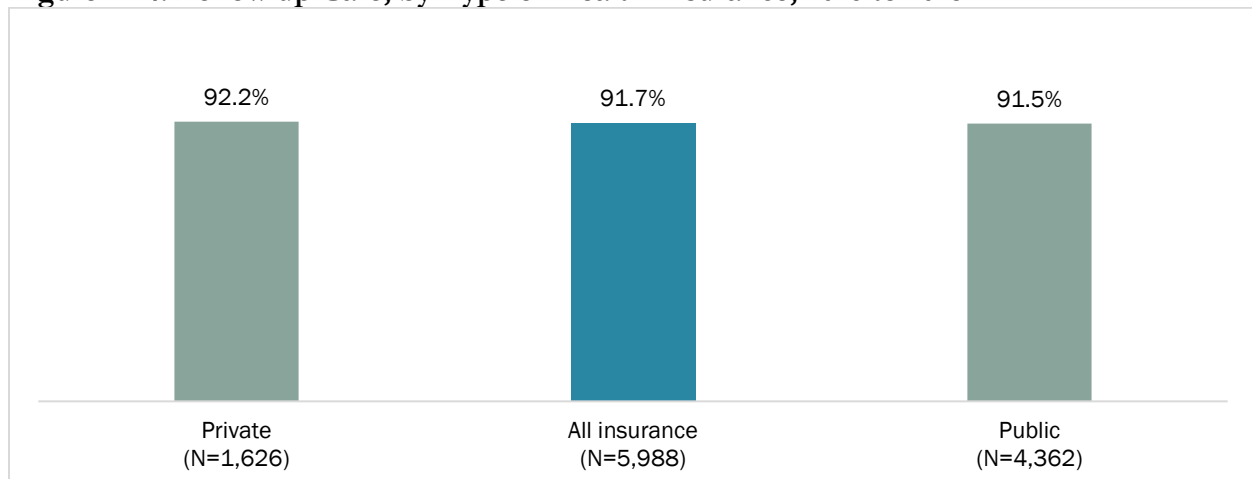
Figure H-3. Follow up Care, by Primary Language, 2016 to 2018



Agree to Follow-Up Care, by Type of Health Insurance

Families whose children are enrolled in private health insurance programs are more likely to agree to follow-up care coordination than are families with public health insurance (e.g. MediCal) coverage. Note: due to small sample size, the “None” health insurance category was left out of the analysis so that data would be more stable.

Figure H-4. Follow up Care, by Type of Health Insurance, 2016 to 2018

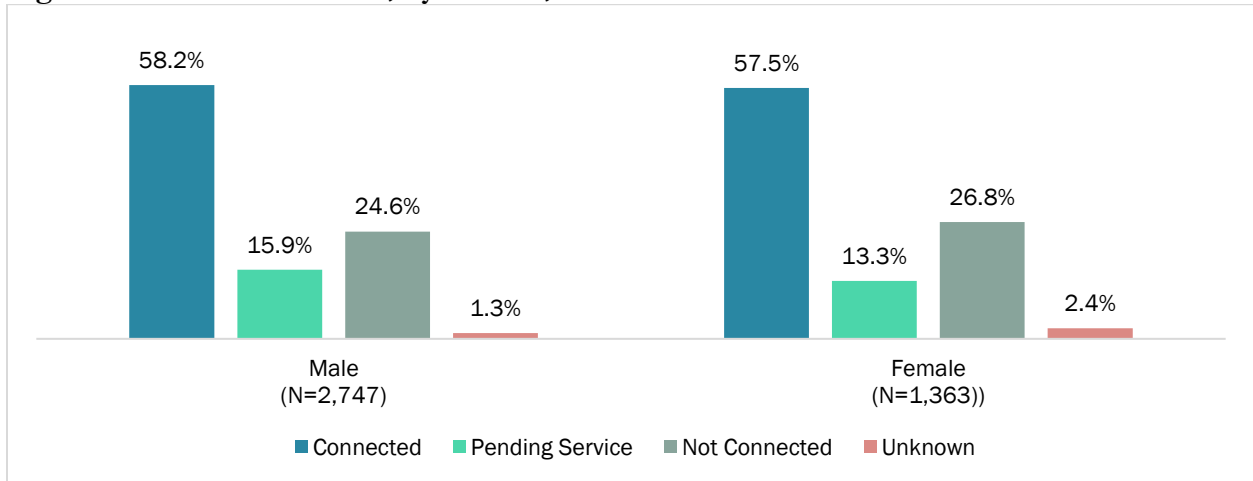


Appendix I: Service Outcomes by Demographics

Service Outcome, by Gender

Boys were more likely to be connected to or pending services than girls.

Figure I-1. Service Outcome, by Gender, 2016 to 2018

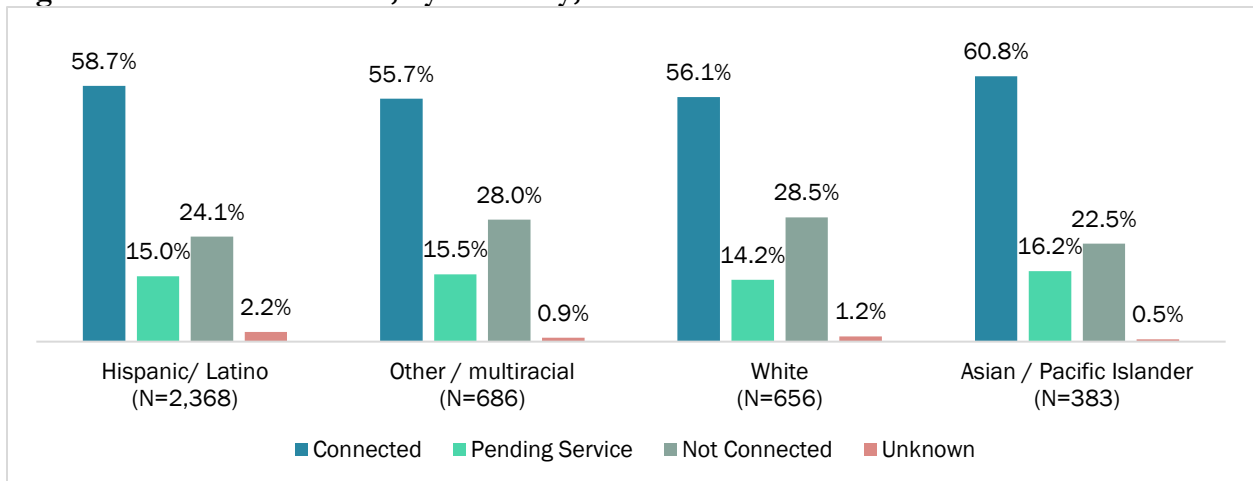


Results are statistically significant at the $p \leq .1$ level

Service Outcome, by Ethnicity

Children who are Asian / Pacific Islander tended to be connected with services more often than children of other ethnicities.

Figure I-2. Service Outcome, by Ethnicity, 2016 to 2018

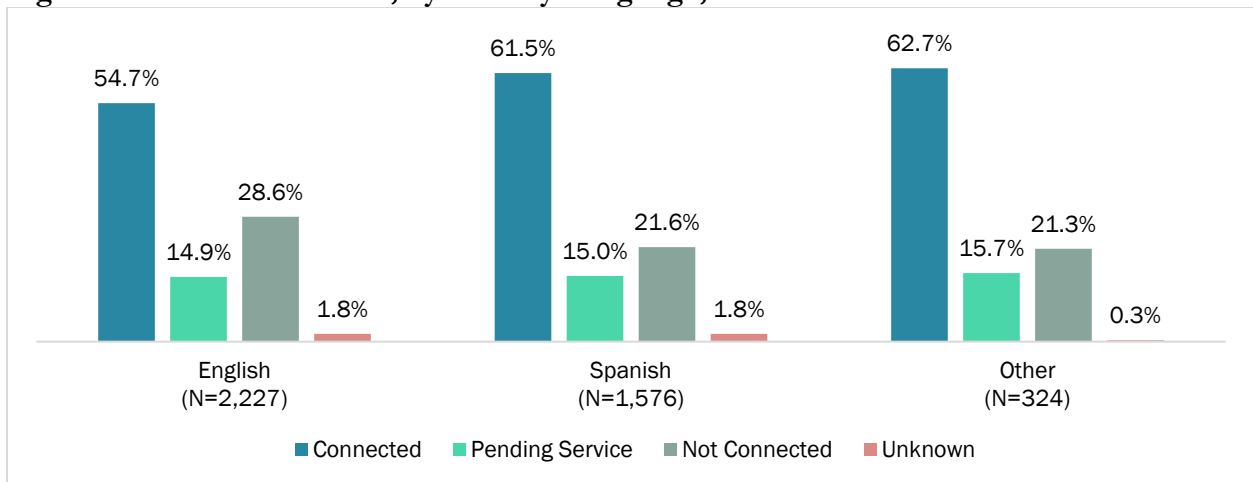


Results are statistically significant at the $p \leq .05$ level

Service Outcome, by Primary Language

Callers who primarily speak some “Other” language (including an Asian language) had children who were connected to services or pending services more often than those who are primarily English- or Spanish-speaking.

Figure I-3. Service Outcome, by Primary Language, 2016 to 2018

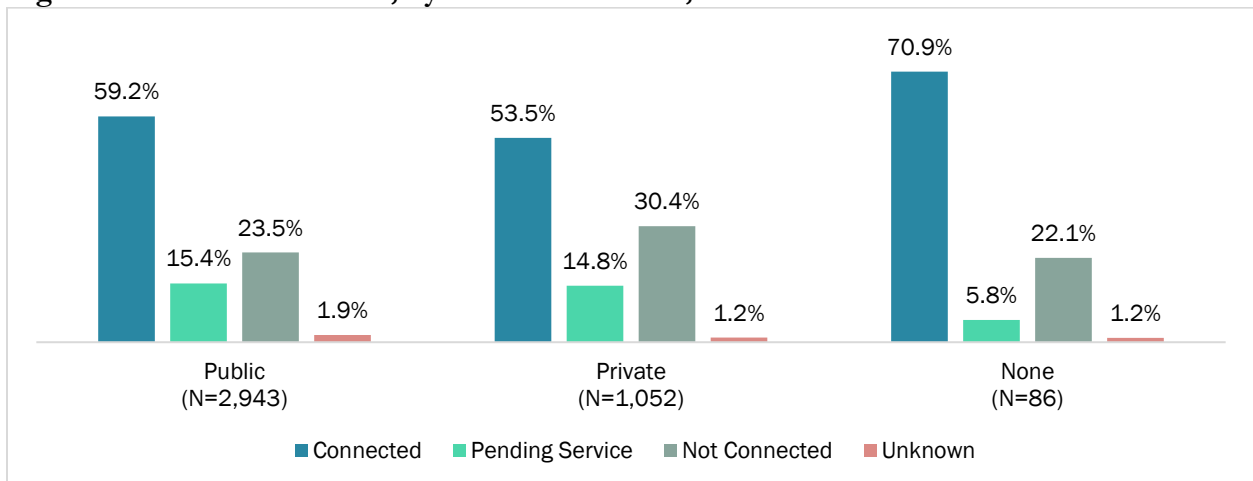


Results are statistically significant at the $p \leq .05$ level

Service Outcome, by Health Insurance

Children who have no health insurance tended to be connected to services more often than those who had private or public insurance plans.

Figure I-4. Service Outcome, by Health Insurance, 2016 to 2018



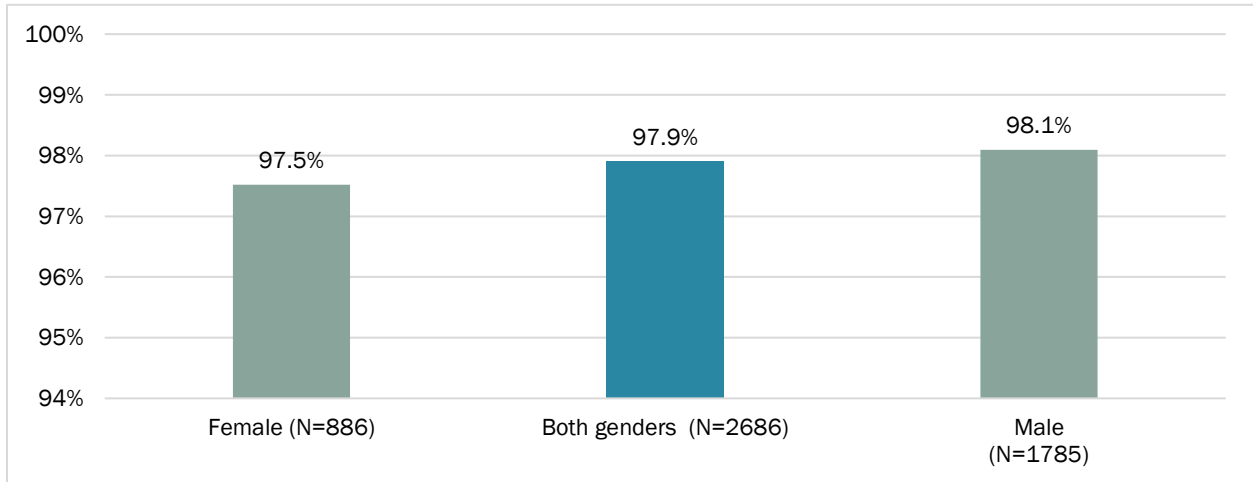
Results are statistically significant at the $p \leq .05$ level

Appendix J: Needs Met by Demographics

Needs Met, by Gender

Boys were more likely than girls to have their caregivers respond positively that their needs were met.

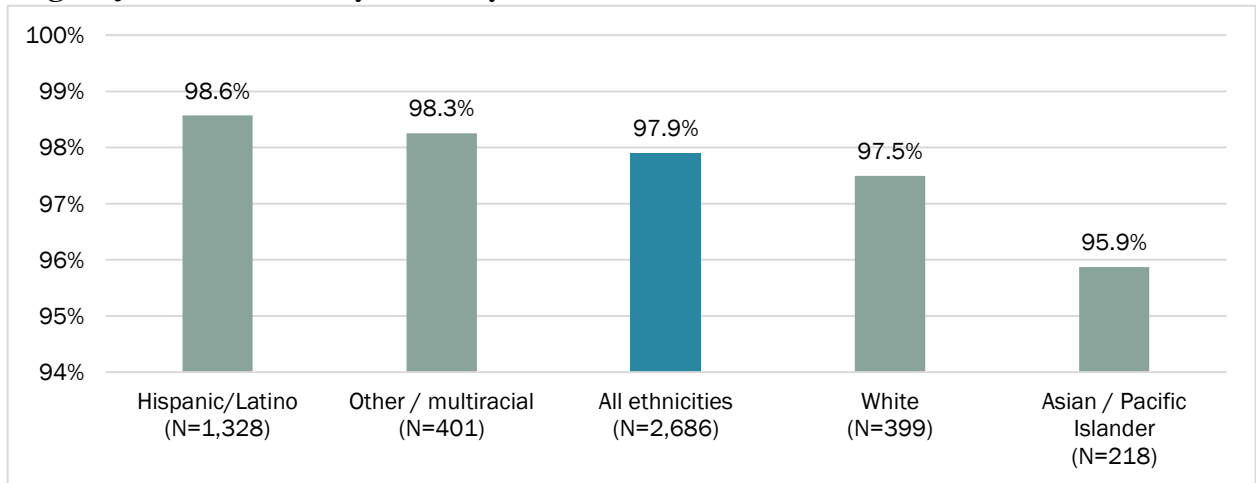
Figure J-1. Needs Met, by Gender, 2016 to 2018



Needs Met, by Ethnicity

Hispanic/Latino children were most likely to have their caregivers respond positively that their needs were met.

Figure J-2. Needs Met, by Ethnicity, 2016 to 2018

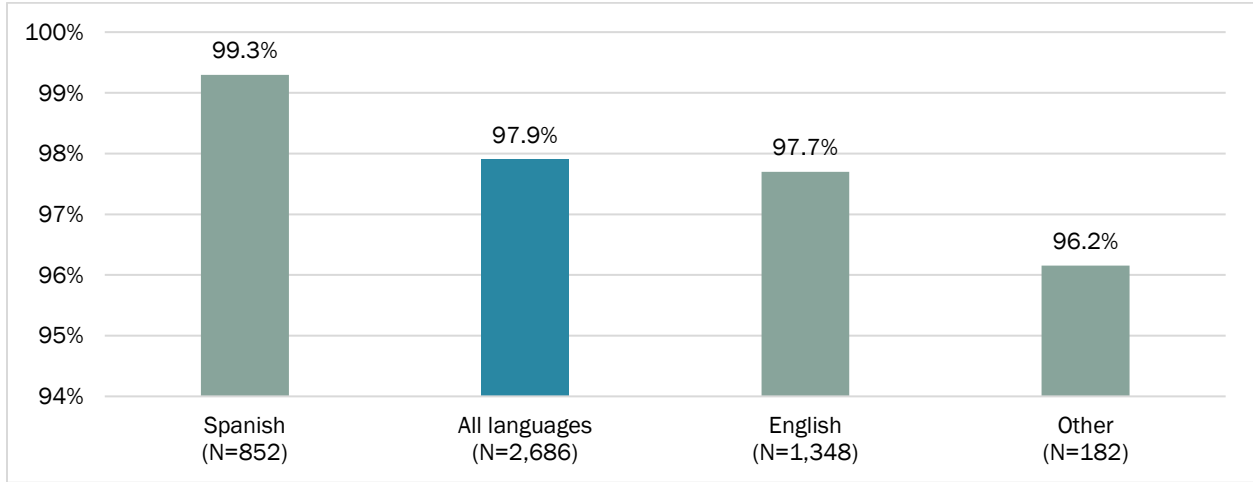


Results are statistically significant at the $p \leq .1$ level

Needs Met, by Language

Spanish speaking callers were most likely to respond positively that their needs were met.

Figure J-3. Needs Met, by Language, 2016 to 2018

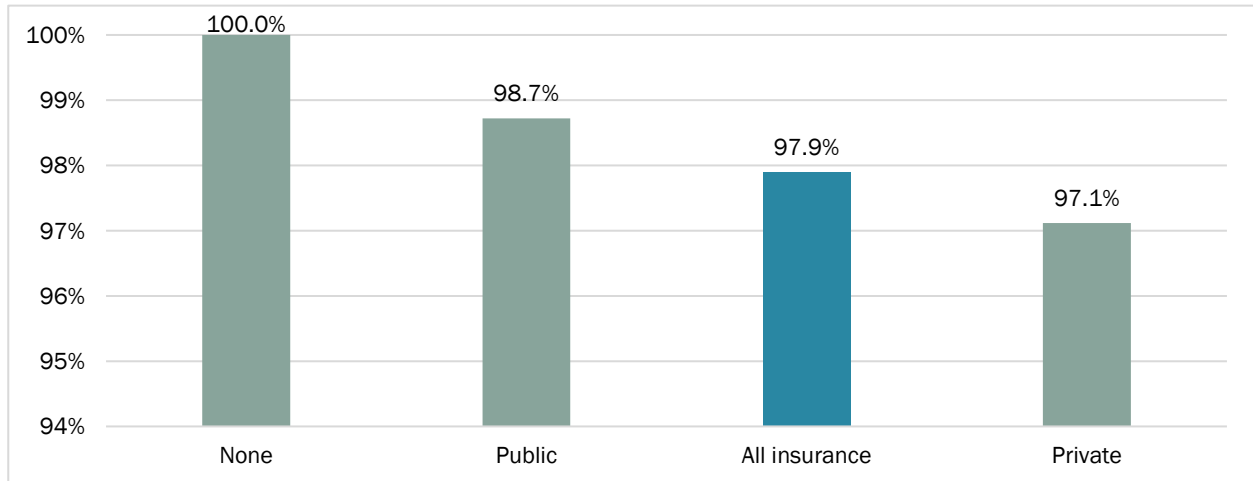


Results are statistically significant at the $p \leq .05$ level

Needs Met, by Health Insurance

Callers without health insurance were most likely to respond positively that their needs were met by Help Me Grow.

Figure J-4. Needs Met, by Health Insurance, 2016 to 2018



Results are statistically significant at the $p \leq .05$ level

Appendix K: Intergovernmental Transfers

Help Me Grow Orange County benefits from the leveraging of federal funds known as an Intergovernmental Transfer, or IGT.

IGTs are used to offset the cost of uncompensated care provided by county health departments, public hospitals and other local care providers. The transaction requires a government entity (in this case, First 5 Orange County – the original funder of Help Me Grow Orange County), to provide non-federal matching funds which the state uses to obtain the highest reimbursement rate that is federally allowable. The State of California charges a 20 percent administrative fee and a managed care organization tax on each transaction. In return, federal Medicaid funding is provided back to the county for reimbursement of uncompensated care for Medi-Cal beneficiaries.

IGT transactions can only occur via a managed care organization. In Orange County, the county-organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities is known as CalOptima. Only agencies that are contracted providers with CalOptima are eligible to receive IGT funds. CHOC Children's is a CalOptima-contracted provider and Help Me Grow is a program of CHOC Children's, allowing for the IGT transaction to occur.

While First 5 Orange County provided the matching dollars, it cannot earmark IGT funds for specific uses. However, it is anticipated that CHOC Children's will use a portion of IGT funds to support the ongoing efforts of the Help Me Grow.