

Help Me Grow Orange County 2009 Annual Evaluation Report

CSR Center for Social Research
Strengthening communities through research
461 Farmington Avenue, Hartford CT 06105
University of Hartford 860.523.9642 | csr@hartford.edu

Help Me Grow: 2009 Annual Evaluation Report

By

Marcia Hughes, Ph.D., Assistant Director, and

Meredith Damboise, M.A., Research Associate

Center for Social Research
University of Hartford

Prepared for
Help Me Grow Orange County

March 1, 2011

We want to thank Jesenia Maldonado and Morella Mora at the Center for Social Research for their contribution to the data analyses.

We also want to thank all the team members at *Help Me Grow Orange County* for their support and cooperation in this evaluation: Rebecca Hernandez, MEd, Manager, Joseph Donnelly, MD, Medical Director, Sue Yockelson, PhD, EPIC Coordinator, Lacey Ginter, BA, Development Screening Director, Tiffany Kaaiakamanu, MA, Child Development Community Liaison, Carol Montoya, BS, Child Development Community Liaison, Deanna Parga, MEd, Child Development Community Liaison, Claudia Estrada, BA, Child Development Care Coordinator, Stephanie Peck, BA, Child Development Care Coordinator, and Christine Teran, BS, Child Development Care Coordinator. Any opinions, findings or conclusions herein are, of course, those of the authors and do not necessarily reflect the views of the above individuals.

Table of Contents

	<u>Page</u>
Introduction	1
Overview of Report	2
<i>Help Me Grow Orange County</i> Logic Model	3
SECTION I How much is the program doing?	
Utilization of <i>Help Me Grow</i>	4
Analysis of Caller Data	5
Why Families Call <i>Help Me Grow</i>	6
Presenting Issues By Gender	9
Parent Reports of Seeking Help <i>Prior to Contacting Help Me Grow</i>	10
SECTION II How well is <i>Help Me Grow</i> doing?	
Family Referrals for Services	11
Community Outreach & Pediatric Training	13
SECTION III Is anyone better off as a result of utilizing <i>Help Me Grow</i> ?	
Comparison of Outcomes	15
SECTION IV	
Summary and Recommendations	16

<u>Figures & Tables</u>	<u>Page</u>
Figure 1. Total Number of Callers	4
Table 1. Total Number of Callers	4
Table 2a. Who Calls <i>Help Me Grow</i>	4
Table 2b. <i>HMG-OC</i> Callers: Ethnic/Racial Groups	4
Figures 2a, b, & c. Where <i>Help Me Grow</i> Families Reside	4
Figure 3. % of Families Residing in Cities Grouped by CalWORKs Recipients	5
Figure 4. % of Families Residing in School Districts Grouped by % of Children Receiving Free/Reduced Lunch	5
Figure 5. Percentage of Girls & Boys Per Year	5
Figure 6. % of Families Residing in Cities Grouped by # of Births/Year	5
Table 3. Why Families Call <i>Help Me Grow</i>	6
Table 4. Presenting Issues by Gender	9
Table 5. #/% of Families Seeking Prior Help	10
Table 6. Outcome of Prior Attempts to Seek Help by Presenting Issues	10
Table 7. Referrals for Services for Each Program Year, 2007, 2008, 2009	12
Table 8. <i>Help Me Grow Orange County</i> : Connection Cafés	13
Table 9. # of Individual Contacts to Families & Providers, 2007, 2008, 2009	14
Table 10. # of Network Activities & Trainings Each Year, 2007, 2008, 2009	14
Table 11. % of Outcomes by Family Cases for Each Year (not mutually exclusive)	15
Table 12. Percentages of All Documented Outcomes for Each Year	15

INTRODUCTION

*Help Me Grow*TM (*HMG*) is a comprehensive, coordinated system designed to assist child health care providers, other professionals, and families in improving developmental outcomes for children, birth through five. One of the core components of the system is a centralized call center staffed by care coordinators who assist families and professionals in connecting children to appropriate programs and services.

Undetected behavioral and developmental problems in children can have a profound impact not only on the lives of the children and their families, but also on our society in terms of costs related to education, mental health, and juvenile justice. Yet even when needs are recognized, connecting children and families to services proves difficult. Young children with behavioral and developmental problems and their families often have multiple, interrelated problems. Service delivery tends to focus on single problems or areas of concern – health, child care, educational needs, social welfare, or family psychosocial issues. The resulting fragmentation and gaps in services require knowledge of programs and eligibility requirements and persistence in overcoming barriers. For children from disadvantaged backgrounds who are at increased risk for developmental or behavioral problems, the situation can be even more problematic. The *Help Me Grow* system addresses the need for early identification and connects children and families to community-based programs and services.

In addition to 1) a centralized call center and care coordination, other core components of the *HMG* system include 2) community outreach and networking to facilitate access to and collaboration among professionals, nonprofit organizations, and government agencies, 3) education and training for pediatric and child care providers, 4) training on developmental screening and monitoring using the Ages & Stages Questionnaire, and 5) data collection and evaluation to understand all aspects of the *HMG-OC system* (see program logic model, “*Help Me Grow Orange County, Connecting Families To Developmental Services*, p. 3).

A pilot of *HMG* was first launched in 1998 in Hartford, Connecticut, a city with some of the highest poverty rates in the country. Based on positive results and efforts of the founding director, Dr. Paul Dworkin, the Connecticut legislature funded a statewide expansion of the pilot that has operated statewide through the Connecticut Children’s Trust Fund since 2002. It was in 2005 that *Help Me Grow Orange County* became the first site to replicate the *HMG* model. In 2008, there was a national expansion of *HMG* with a grant from The Commonwealth Fund to Connecticut Children’s Medical Center (CT Children’s), and in 2010, the W.K. Kellogg Foundation awarded CT Children’s a grant to establish a National Technical Assistance (NTA) center and replicate *HMG* systems in 10 states.

The development of *Help Me Grow Orange County (HMG-OC)* was a collaborative effort by Children’s Hospital of Orange County and the University of California, Irvine Neurodevelopmental Programs with funding from the Children and Families Commission of Orange County (CFCOC), California. During the planning stages, experts in the *CT HMG* system provided technical assistance and support for *HMG-OC*. *HMG-OC* has maintained fidelity to the core components of the model. During the period reported on in this evaluation, January, 2007 through September, 2009, funding supported a program manager, three care coordinators, three child development liaisons, one Educating Practices in the Community (EPIC) coordinator (for physician outreach), and one developmental screening coordinator. CFCOC continues to be a core support for operation of *HMG-OC*; however, since 2009, *HMG-OC* has also been receiving (Early Head Start) federal funding.

Help Me Grow Orange County efforts focus on the most vulnerable children while being relevant and helpful to all children and all families in the County. Orange County is the third largest county in California following Los Angeles and San Diego and has 34 cities (15th Annual Report on the Conditions of Children in Orange County, 2009; <http://www.ochealthinfor.com/cscc/report>). The County population has risen by approximately 30% since 1990. Racial groups include Non-Hispanic whites (47.3%), Hispanics or Latino (32.6%), Asians (15.3%), and Non-Hispanic Blacks (1.6%). Level of poverty has also increased in both number and proportion. The 2009 report on the Conditions of Children in Orange County highlight a 30% increase in unstably housed children and families from 2007/2008 to 2008/2009, and the proportion of students receiving free/reduced lunch is at its highest level, 43%.

Overview of report

This annual report represents the first formal evaluation of *HMG-OC*. Similar to annual reports on Connecticut's statewide system, Results-Based Accountability (RBA, Freidman, 2005) provides a framework for this report; that is, data – or indicators of performance and results - are presented to show where the program's been, and a forecast of where the program is going. Analysis will show change in trends over the first 3 years of the program's operation (January 2007 through September 2009). Performance measures are organized according to the following:

- “How much did *Help Me Grow* do?” (i.e., utilization of the program and related data)
- “How well is *Help Me Grow* doing?” (i.e., family referrals for services and community outreach efforts)
- “Is anyone better off as a result of utilizing *Help Me Grow*?” (i.e., final disposition of cases and outcomes)

In addition, qualitative analyses of individual case notes and other data collected by care coordinators were conducted by the research team. Specifically, a coding scheme was developed to more fully explain each of the following: *presenting issues* of families; *outcomes or status of services for families seeking help prior to contacting HMG-OC*; and *referrals for services* made by care coordinators on behalf of families.

The first section reports data on the utilization of the program (i.e., *How much?*) for each of the three years, 2007 through 2009 (note that for 2009, the data represents January through September, only three-fourths of the year). This section includes total number of callers; who calls *HMG-OC*; where *HMG-OC* families reside; demographics of the communities where the families reside (i.e., indicators of poverty and the number of births per city); percentage of family calls with concerns about boys versus girls; why families call *HMG-OC* (presenting issues); a comparison of presenting issues for boys versus girls; and data on prior efforts of families seeking help for their children.

In the second section, data is presented on referral and outreach efforts (i.e., *How well?*), for each of the three years, 2007 through 2009. This section includes data on referrals for services; networking activities (Connection Café); total number of outreach efforts (contacts) to service providers, and individual families; and community outreach and training activities for pediatric and family health practices and community based service providers.

The third section presents annual (trend) data on the outcomes for families who call *HMG-OC* seeking help for their children (i.e., *Are we making a difference?*). Outcome data are collected by care coordinators at final disposition of case. The fourth section summarizes what was learned from the analyses and gives recommendations for moving forward.

Help Me Grow Orange County: Program Logic Model

Connecting Families to Developmental Services

Target Population Families with a concern about child's learning, development or behavior. Families without necessary information or guidance on their child's developmental needs. Children living in poverty who are at *increased* risk for developmental and behavioral problems that affect future learning and functioning.

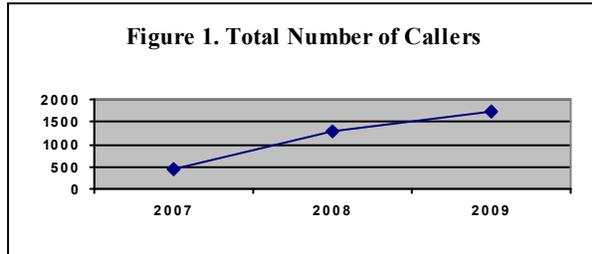
Barriers to Healthy Development	Activities	Outputs	Short & Long-Term Outcomes	Impact
<p>Learning & Achievement Gap</p> <p>Social & Emotional Adjustment</p> <p>Parent & Family Health and Stress</p> <p>Chronic Health & Developmental Conditions</p> <p>Limited Developmental Monitoring by Pediatricians</p> <p>Fragmented Services and Gaps in Health, Human Services, and Education</p> <p>Children not Connected to Existing Programs</p>	<p>Partnership & Collaboration: County network provides triage & referral for those concerned about children's development</p> <p>Ongoing Planning and Evaluation</p> <p>Community Advisory Committee</p> <p>Weekly Case Conferences (Staff)</p> <p>Continuous Quality Improvement Team (not yet implemented)</p>	<p>Centralized Call Center & Care Coordination: Assessment of needs and referrals to services; Support, family education and guidance on child practices; Advocacy and follow-up</p> <p>Community Outreach: Identify resources, gaps and barriers; community-based networking; Listserv; training workshops</p> <p>Education & Training for Pediatric & Childcare Providers: Training on development surveillance and screening and utilization of Call Center to connect families to services; 3rd party billing for screening</p> <p>Developmental Screening and Monitoring: Ages & Stages Questionnaire trainings provided to community partners</p> <p>Evaluation: Identify gaps and barriers, generate systems change, support legislative agenda</p>	<p>Connected to Programs & Services Maximize use of existing resources; Connect families to services</p> <p>Increased and Earlier Identification of developmental delays and other child development concerns, family health or stress issues</p> <p>Developmental screening, using standardized tools and surveillance: Flexible, cumulative process identifying children who may have developmental or behavioral concerns</p> <p>Increased Evaluations for specific health or developmental conditions</p> <p>Family Education and guidance on healthy child practices</p>	<p>Desired Outcomes for School Readiness</p> <p>Social/Emotional/Behavioral/Cognitive Development</p> <p>Physical Health and Development</p> <p>Family Capacity and Function</p> <p>Lower health and other social costs</p>

SECTION I. How much is the program doing?

Utilization of *Help Me Grow*: Number of calls made to *Help Me Grow* seeking help for a child's learning, development, or behavior problem, and where the families reside.

Total Number of Calls

Since program inception in January 2007, there has been a significant increase in the number of callers each year (See Figure 1). Table 1 shows that in 2009 (Jan-Sept 2009, 3/4 year) there were 1,745 callers to *HMG-OC*, almost triple (2.76) the



amount of callers than in 2007 (Jan-Dec 2007)

2007	2008	2009*
464	1,298	1,745

Table 1. Total Number of Callers

*Data for 2009 is for ¾ of the year: Jan-Sept, 2009

Who Calls Help Me Grow

The majority of people who called *HMG-OC* each year (95%-97%) have been parents (Table 2a). Other callers are health care providers and other professionals, family members and foster parents.

WHO	2007	2008	2009
Parent/ Guardian	394 (95%)	1251 (97%)	1,668 (96%)
All others*	20 (5%)	42 (3%)	69 (4%)
Total	414	1,293	1,737

Table 2a. Who Calls *Help Me Grow**

*Note that for each year there was missing data.

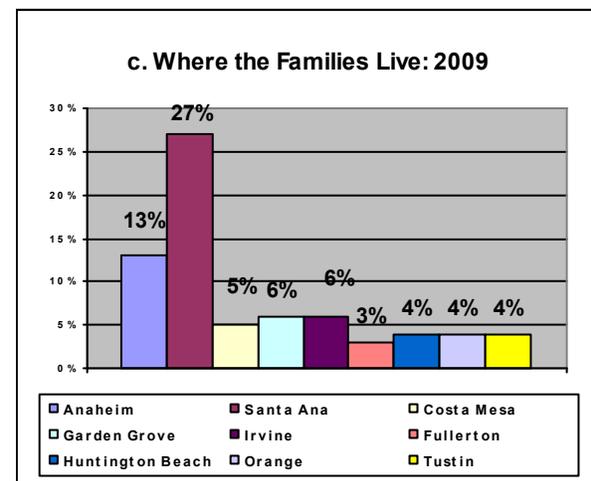
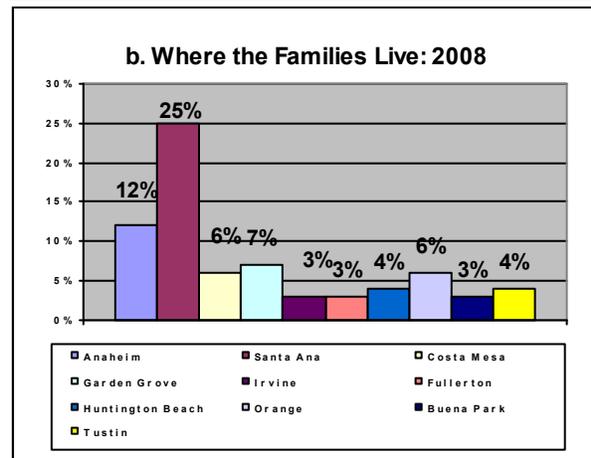
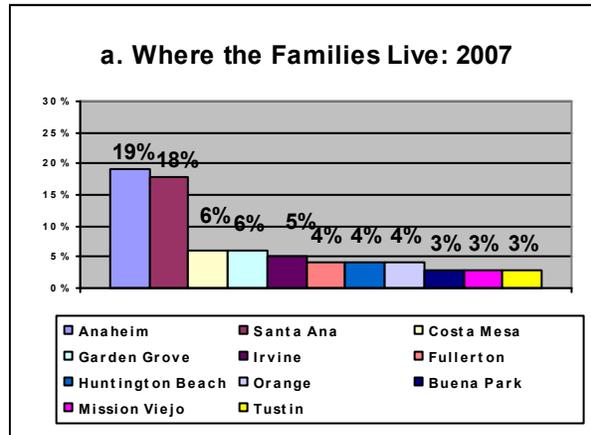
The majority of families who contact *HMG-OC* each year are of Hispanic ethnicity followed by parents who are White. Between 2007 and 2009 there was a significant increase in percentage of Hispanic families (from 57%-69%) and a significant decrease in percentage of Whites (from 33%-22%). Remaining families are Asian (5% in 2009),

Race	2007	2008	2009
Hispanic	263 (57%)	817 (63%)	1195 (69%)
White	154 (33%)	334 (26%)	374 (22%)
Asian	31 (7%)	79 (6%)	87 (5%)
Black	12 (3%)	11 (1%)	17 (1%)
Other	2 (<1%)	56 (4%)	65 (4%)

Black (1% in 2009) and Other (4% in 2009).

Table 2b. *HMG* Callers: Ethnic/Racial Groups Where the Families Live

Figures 2a,b, & c show where the callers resided for each of the three years. Most of the *Help Me Grow* families live in Anaheim and Santa Ana, the two cities with the largest # of births/year (>3,000). In 2007, the % of callers from these cities was~ the

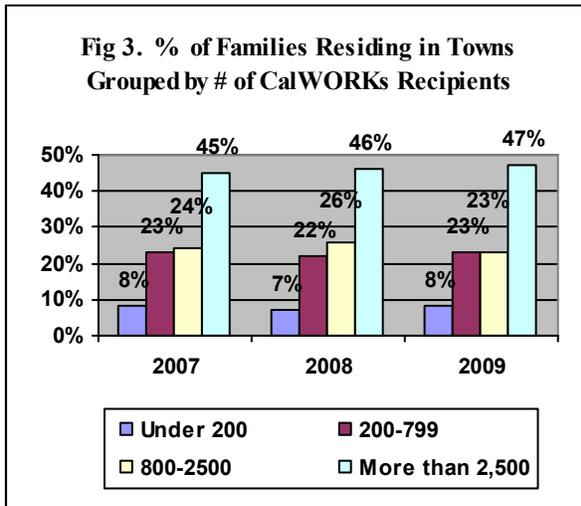


SECTION I. How much is the program doing?

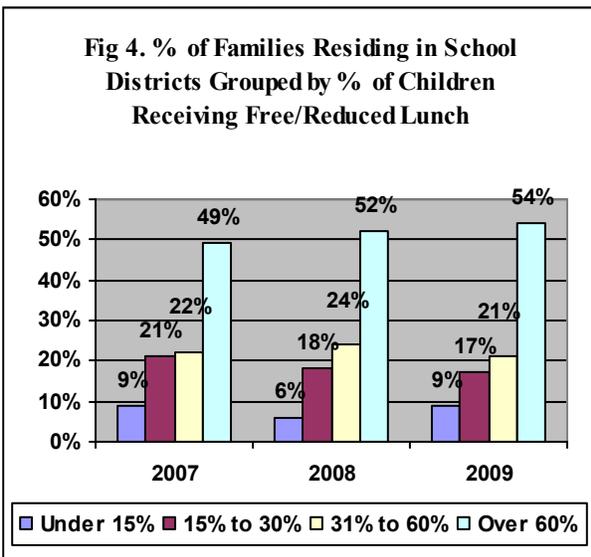
Analysis of Caller Data: Proxies of poverty, Number of callers residing in cities grouped according to number of births per year; Percentage of girls versus boys

Analysis of data by proxies for poverty

In Figures 3 and 4, we examine caller data to determine if there are meaningful differences between percentages of callers residing in cities grouped according to proxies for poverty. Figure 3 shows that more of the families calling *HMG-OC* for each of the three years (45%, 46%, 47%) resided in cities with the highest number of CalWORKS recipients (more than 2,500). This included Anaheim, Garden Grove, and Santa Ana.



Similarly, Figure 4 shows that for each year, approx. half of the families (49%, 52%, 54%) reside in school districts where over 60% of the children receive free or reduced lunch. (majority from Anaheim, Santa Ana, Garden Grove, and Buena Park). Altogether, these data indicate that *HMG-OC* is reaching its target population: Children liv-

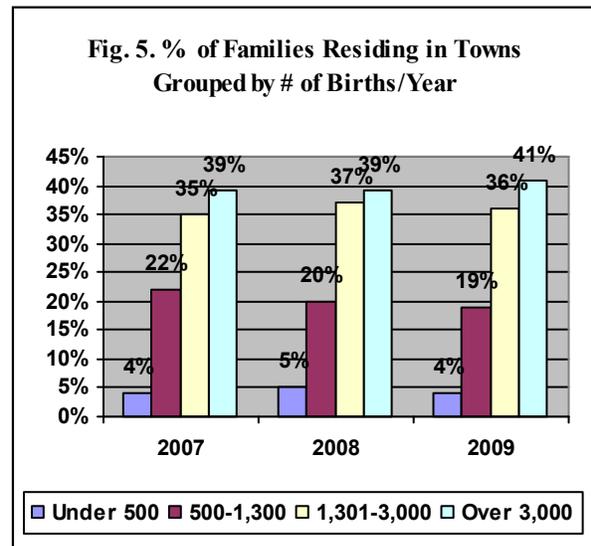


ing in poverty who are at increased risk for developmental problems affecting future learning.

City Demographics: Number of Births/Year

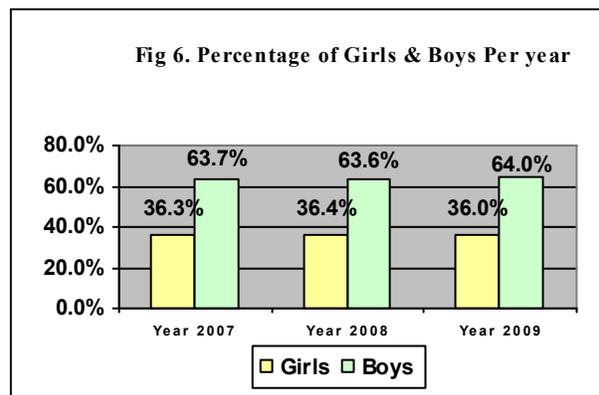
Figure 5 shows the percentage of families residing in cities that have been grouped by number of births per year. For each year, the majority of families calling *Help Me Grow* reside in cities with either more than 3,000 births per year or between 1,301-3,000 births per year (i.e., cities with the highest rates of birth). For example, in 2009, 41% of the families resided in cities with more than 3,000 births per year, and 36% of the families resided in cities with 1,301-3,000 births per year.

Figure 5 shows that these percentages are comparable with previous two years, 2007 and 2008.



Percentage of Girls Compared with Boys

Figure 6 shows that for each of the three years, 2007 through 2009, the majority of families (64% each year) calling *HMG-OC* were seeking assistance for their sons (36% for daughters).



SECTION I. How much is the program doing? Why Families Call *Help Me Grow*

The phone calls that care coordinators receive from families about their children cover a wide range of concerns related to development, learning, and behavior. Some call to ask for information or assistance with connecting to programs provided to children with qualifying, documented disabilities or developmental delays. Some families call to inquire about programs designed to promote healthy development (e.g., universal programs, preventative in nature). Many families who call, however, have children who have developmental or behavior problems that do not fit eligibility criteria but who are still in need of early developmental services.

Table 3. Why Families Call *Help Me Grow*

Presenting Issues	2007	2008	2009
Behavioral	27%	20%	15%
Communication	22%	17%	17%
Parenting Support	8%	15%	11%
Childcare	3%	9%	11%
Social-Emotional	6%	10%	14%
Education Concerns	6%	9%	7%
General Development	5%	6%	6%
Diagnosis	6%	7%	5%
Other	10%	3%	6%
Basic Needs	4%	3%	3%
Health	3%	3%	3%
Mental Health	3%	4%	3%
Health Insurance	-	1%	2%
Parenting Issues	1%	1%	2%
Motor	2%	2%	1%
Adaptive	2%	2%	.5%
Hearing	.2%	.8%	.3%
Vision	.4%	.2%	.1%
Cognitive	-	.2%	.1%
Living Conditions	-	.2%	.1%
Family Issues	1%	.1%	-

Often families have children with multiple, overlapping needs, who fit eligibility criteria for entitlement programs and/or are in need of other intervention services (non-entitlement). The care coordinators at HMG-OC makes a determination of the overarching concern about a child as described by the parent (or caller) and then records it as the presenting issue. Although care coordinators might document as many as 3 presenting issues, more often, there is one presenting issue per case.

Families' Presenting Issues

Table 3 presents the concerns of families who call *HMG-OC* for each year from 2007 through 2009 (note that for 2009, the data only goes through September). Reasons for calling *HMG-OC* are put in order from top concerns (highest number/percentage of calls) to lowest.

Top Reason for Calling: The two top reasons for calling *HMG-OC*, across all three years, were **concerns about a child's behavior** (27% of callers in 2007, 20% in 2008, and 15% in 2009) and **concerns about a child's communication** (22%, 17%, and 17% in 2007, 2008, and 2009 respectively).

Concerns about Behavior

Parents calling regarding behavioral issues have concerns about any or all of the following:

- Aggressive behavior, "Child gets upset very easily and hurts himself when he is mad. He is also very aggressive toward mom. Mom is looking for parenting classes to help her modify her son's behavior."
- Hyperactivity, "Child is very hyper and mother is worried about ADHD (Attention Deficit Hyperactive Disorder). She also thinks that the child might have a learning disability."
- Temper tantrums, "Child's behavior was out of control, tantrums, and separation anxiety at preschool."

- School suspensions, parents also call because their child has been suspended or expelled from school or “kicked out of day care” due to behavior.
- One case example, a family who called about their 7 year old son, was throwing things against the wall at school, yelling at the teachers and fighting with kids; at home, he showed “anger problems,” was throwing himself on the floor, and talking back to his mother. His parents had been concerned for over a year. *HMG-OC* referred the family to a child guidance program and the family was receiving services at follow up.
- In another case, a mom called suspecting that her 6 year old son had ADD or ADHD. She reported that he was “very hyper and very behind in school.” *HMG* referred the family to their school district and at follow up, they were in the process of going through an evaluation.

Concerns about Communication

Parents calling about their child’s communication mostly have concerns about their child’s speech:

- Seeking a speech evaluation, “Child is not talking much. Doctor suggested an evaluation or screening. Child was already evaluated for hearing problems and everything is okay.”
- Speech therapy, “Mom is calling with speech concerns seeking group therapy for her daughter.”
- Prosodic Issue: A parent called with concerns about her son due to “stuttering problems, poor pronunciation, and speaking in 2-3 word phrases.” The family had been concerned for 4 to 5 months and when seeking help had been referred to *HMG-OC*. The child was successfully connected to services through the school district.

As the above case examples show, the two top reasons for calling, concerns about behavioral

issues and concerns about communication, represent two sets of concerns with distinctly different needs.

There was also a relatively large percentage of families calling in need of parenting support, with concerns about a child’s social-emotional development, or in need of child care.

Parents in Need of Support

In 2009, 11% of the families who contacted HMG-OC called seeking parenting classes.

- A mother inquired about parenting classes to learn more about activities for her children and also how to “place them on a schedule.” Mom was referred to the Children’s Bureau (and were on waiting list at follow-up) and to a Learning Link program at the school district. (mom was attending the program at follow-up).
- There were also many families in this category who called seeking parenting support and education related to their child’s specific special need.

Concerns about Social Emotional Development

Between 2007 and 2009 there was an increase in the number of families calling with concerns about their child’s social-emotional well-being (from 6 to 14%).

Many times these families called to inquire about available social activities, specifically activities for their special needs children.

- A mother called seeking a social atmosphere for her two-and-a-half years old daughter who had been diagnosed with autism. Also, her daughter was allergic to peanuts and required staff trained to use an epipen device (epinephrine injection). Through *HMG-OC*, mom was connected to a program where the young child began attending social activities plus receiving intensive therapy.

Families in Need of Child Care

An additional 11% of families called for child-

care. For these cases, parents who called were often seeking low cost childcare or subsidies:

- “Mom needed a free childcare program so she could go back to high school.” The single teenage mom was seeking child care for her 1 year old daughter. Through HMG-OC the young mother was connected to a school program that had a program for teen parents.
- Families also called looking for child care for their special needs child including after-school care.

Education concerns, Developmental Delays, Seeking Evaluation for Diagnosis

The next highest set of concerns were families calling about educational issues, developmental delays, and seeking an evaluation for their child.

- The 7% of families who called in 2009 with educational concerns were either looking for pre-school, tutoring, or educational services targeting children with special needs. For example, a father called who wanted a day program for his 4 year old daughter who had been diagnosed with autism at age 2. HMG-OC staff referred the dad to a Head Start program. At follow-up, the dad completed the application and his daughter was enrolled for the fall.
- Families calling regarding developmental delays (6% in 2009) and related include inquiries about evaluation, parenting help, and activities for their child who has developmental delays. A father called, for example, who had been worried about his son’s communication and gait for at least 4 to 5 months. Dad reported that his 2 year old son did not say any words and that although his son walked, his gait was ‘off.’ The young boy was 2 months premature at birth. HMG-OC staff referred the father to a program and at follow up, his child was getting evaluated.
- Families who called about a diagnosis for their child (ranging from 5% to 7% between 2007-2009) were seeking evaluation

to document a specific disability such as autism, ADD/ADHD, dyslexia, cerebral palsy, or apraxia of speech.

Basic Needs, Health & Mental Health Concerns

Concerns regarding basic needs, health issues, and mental health are the next set of concerns:

- Families called in need of such basic supplies as diapers and clothing (3% to 4% each year). Some families called for help in obtaining food (food stamps) and housing assistance.
- Families who called about health concerns for their child (3%) were often seeking information on nutrition. One mother called, for example, who was concerned because her son was overweight and had high cholesterol. She was seeking a nutrition program and was referred to HMG-OC by the pediatrician. The care coordinator referred mom to a medical center and at follow up, she had an appointment for her son. Families also called seeking a pediatrician who specialized in servicing children with disabilities (e.g., autism).
- Parents calling because of mental health concerns (3%) were seeking counseling or psychiatric help for their child. In one case example, parents who were going through a divorce called because they believed their 4 years old child, who recently started wetting herself, was not coping well. HMG-OC care coordinator referred the family to a program and at follow up, the young girl had attended two treatment sessions.

Other Issues

There was also a range of singular presenting issues (each <1 to 2% of callers) including:

- Families seeking health insurance,
- Families with specific concerns about their child’s motor, adaptive, hearing, vision, or cognitive behavior, and
- Concerns about living conditions and particular parenting and family issues.

SECTION I. How much is the program doing? Presenting Issues by Gender

Table 4. Presenting Issues by Gender

Presenting Issues	Number & Percent	Male	Female
Behavioral	Count	448	198
	% of issue	69%	31%
	% within gender	20%	16%
Communication	Count	454	176
	% of issue	72%	28%
	% within gender	20%	14%
Parenting Support	Count	241	175
	% of issue	58%	42%
	% within gender	11%	14%
Social-Emotional	Count	258	148
	% of issue	64%	37%
	% within gender	12%	12%
Childcare	Count	185	128
	% of issue	59%	41%
	% within gender	8%	10%
Education Concerns	Count	141	119
	% of issue	54%	46%
	% within gender	6%	9%
Diagnosis	Count	153	48
	% of issue	76%	24%
	% within gender	7%	4%
General Development	Count	119	80
	% of issue	60%	40%
	% within gender	5%	6%
Basic Needs	Count	55	42
	% of issue	57%	43%
	% within gender	3%	3%
Health	Count	74	40
	% of issue	65%	35%
	% within gender	3%	3%
Mental Health	Count	64	42
	% of issue	60%	40%
	% within gender	3%	3%
Motor	Count	42	22
	% of issue	66%	34%
	% within gender	2%	2%

Issues for Boys Versus Girls

Table 4 compares the presenting issues of families who call *Help Me Grow* to seek assistance for boys versus girls. These data are presented for all three years together, 2007 through 2009. Similar to Table 3 (p.6), presenting issues are in order from top reasons why families call *HMG-OC* to lowest.

*Not presented here are calls inquiring about health insurance, a child's motor, adaptive, hearing, vision, or cognitive behavior, living conditions, or parenting/family issues (% of calls for each of these issues range from <1 to 2%).

The table presents data on the following:

- (1) *The percentage of callers for boys versus girls for each of the presenting issues (% of issue).* For example, for all families that called with a concern about their child's behavior, 69% of these calls was for boys (while 31% was for girls). For families calling about education concerns, 54% were for boys and 46% were for girls.
- (2) *The percentage of callers by presenting issues for each gender (% within gender).* For example, for all calls from families about their son, 20% were calling with behavioral concerns; 20% with concerns about communication; and 11% of calls about boys were for parenting support. While for all family calls about girls, 16% were concerns about behavior; 14% were concerns about communication; and an additional 14% of calls about girls were families inquiring about parenting support.

Differences in Presenting Issues: Boys vs. Girls

Table 4 highlights (in bold) where there are significant differences between percentages of presenting issues for boys versus girls ($p < .05$). The percentages of calls about behavior and communication were disproportionately higher for boys. Alternatively, the percentages of families calling for parenting support or about educational concerns were disproportionately higher for girls. For all other presenting issues, percentage of calls about boys versus girls were proportionately comparable (i.e., taking into consideration that 64% of all calls were concerns about boys versus 36% for girls).

SECTION I. How much is the program doing?
Family Reports of Seeking Help Prior to Contacting *Help Me Grow Orange County*

The mix of service delivery programs for young children generally operate separately with each service sector having its own distinct responsibilities and governance. Focus group discussions with care coordinators report that families have problems understanding the roles of the different agencies and professionals, what services are available, and how to access them. (paper to be presented at National Association of Social Workers, CT, 4/29/11)

Families' Efforts to Seek Help for Child

During intake, *HMG-OC* care coordinators attempt to collect information from families on their prior efforts to seek help for their child and if (and by whom) they were referred to *HMG-OC*.

What family did prior to calling	#	%
Family discussed concern with medical care provider	892	25%
Sought or obtained previous help	718	20%
Sought help & discussed concerns with medical care provider	456	13%

Table 5 reports data on efforts families made to seek help prior to contacting *HMG-OC*. For family cases *across all three years* (n=3,507), care coordinators documented 892 families (25%) who discussed concerns about their child with their medical care provider prior to contacting *HMG-OC*. An additional 718 families (20%) sought or obtained help previous to contacting *HMG-OC* and 456 families (13%) discussed their concerns with their medical care provider *and* sought or obtained previous help. (Note that no record of seeking prior assistance could mean families did not seek help or that care coordinators did not document it.)

Table 6 shows the status or outcome of prior efforts to seek help by presenting issue at time of *HMG* intake. Presenting issues for these cases included behavior, communication, parenting support, social-emotional development, childcare, educational concerns, diagnostic evaluation, basic needs, mental health, and motor development. Case notes presented below on outcomes or status of prior efforts show gaps and barriers to services.

Presenting Issues	Denied eligibility	Prefer to use different provider	Services currently in progress	Services received but no longer eligible	Other Outcomes
Behavioral	17 (9%)	15 (8%)	50 (16%)	9 (36%)	76 (15%)
Communication	34 (19%)	11 (6%)	55 (17%)	4 (16%)	60 (12%)
Parenting Support	19 (11%)	30 (17%)	33 (10%)	3 (12%)	68 (13%)
Social-emotional	19 (11%)	35 (20%)	41 (13%)	2 (8%)	44 (9%)
Childcare	22 (12%)	27 (15%)	34 (11%)	0 (0%)	74 (14%)
Education	14 (8%)	19 (11%)	30 (9%)	3 (12%)	43 (8%)
Diagnosis	17 (9%)	9 (5%)	22 (7%)	2 (8%)	37 (7%)
Basic needs	10 (6%)	3 (2%)	5 (2%)	1 (4%)	20 (4%)
Mental Health	4 (2%)	4 (2%)	8 (3%)	0 (0%)	16 (3%)
Motor	8 (4%)	5 (3%)	9 (3%)	0 (0%)	11 (2%)
Total	180	177	318	25	513

SECTION I. How much is the program doing?

Family Reports of Seeking Help *Prior to Contacting Help Me Grow Orange County*

Outcomes of Prior Attempts to Get Help

There were qualitative data (care coordinator notes) on 513 families who had sought help prior to calling *HMG-OC*. Analysis of these case notes (i.e., coded data) show that the families reached out most often to their children's pediatricians, school districts, and the Regional Center of Orange Country, the local agency that provides Early Intervention services for children birth to three.

Denied eligibility: 180 families who sought prior help (for a range of concerns, see Table 6) were denied because they did not meet eligibility criteria due to such things as child's age, income of family, or lack of identifiable/diagnosed delay.

Prefer to Use Different Provider: For 177 cases where families sought help prior to contacting *HMG-OC*, the families were not able to afford the services, or they did not think the services met their child's needs.

Services currently in progress: A relatively large number of families (n=318) were already receiving services when they contacted *HMG-OC* but were in need of additional support or "looking for all the information they can get." Children of these families were often facing multiple challenges. The most commonly used services were parenting education programs, childcare, early literacy, and evaluation services (determine eligibility).

No longer eligible: A relatively small number of families (n=25) contacted *HMG-OC* because their child was no longer eligible for services they received, mostly due to age.

Other outcomes: Families reported they were placed on a waiting list, agency did not return phone call, services were too expensive, or that they were referred to *HMG-OC* (n=513).

SECTION II. How well are we doing?

Family Referral For Services

Care coordinators are trained to conduct assessment interviews over the phone, build rapport, ask for clarification, and educate callers. They work with families to prioritize needs, problem-solve, and determine appropriate program(s) for referral for services.

Table 7 (page 12) shows the number (and percentage) of referrals per year, by type of service. (Note that for 2009, the data only goes through the end of September.)

- There was a significant increase in total number of referrals from 2007 to 2008, from 1,395 to 4,771. This can be accounted for by the comparable increase in the number of callers between these two years (see Table 1).
- There was a decrease in the number of referrals made between 2008 and 2009 from 4,771 to 2,706; however, data for 2009 only goes through the end of September.

- Notably, the total number of referrals for all three years is 8872

Top Service Referrals on Behalf of Families

The top service referrals made by care coordinators on behalf of families are described below. Number and percentage of referrals for each described service for all 3 years, are also noted.

Parent support & education programs

(n=2,434; 27%): Programs that provide information or education related to family and/or child needs, behavior, or development.

Community-based human services, (n=1058; 12%): Non-profit, small/local organizations or programs that provide services for a range of developmental needs.

Early literacy programs (n=682; 8%): Programs focused on family literacy (story times).

SECTION II. How well is *Help Me Grow* doing? Family Referrals for Services

Recreation activities (n=629; 7%): Includes sports, after school programs and camps (no parent involved).

Behavioral/mental health (n=567; 6%): Direct services to a child to address behavioral problems and programs that provide diagnosis, evaluation, treatment.

Childcare (n=380; 4%): Childcare services.

Specialized Service (n=360; 4%): Programs that provide “therapy type” service such as aquatic, equestrian, music, art, dance.

Regional Center of Orange County (n=357; 4%): Early Intervention Services (Birth-3).

Eligibility evaluation (n=357; 4%): Psycho-educational testing that include cognitive and behavioral assessments (independent from public school).

Evaluation/eligibility for spec ed. (n=331; 4%): Evaluation for special education services through school district.

Neuro-Specialist/special condition (n=325; 4%): Medical services that are not primary care physician: neurology, developmental behavioral pediatrics, occupational therapy, physical therapy, or speech.

Communication, speech, language services (n=309; 4%).

Table 7. Referrals for Services for Each Program Year, 2007, 2008, 2009*

*Note that data for 2009 is for Jan through Sept, 3/4ths of the year

REFERRAL FOR SERVICES	2007	2008	2009*	Total
Parent Support & Education Programs	431 (31%)	1323 (28%)	670 (25%)	2434 (27%)
Community Based Human Services	194 (14%)	696 (15%)	164 (6%)	1058 (12%)
Early Literacy Program	36 (3%)	349 (7%)	295 (11%)	682 (8%)
Recreation Activities	71 (5%)	341 (7%)	207 (8%)	629 (7%)
Behavioral/Mental Health Service	118 (8%)	253 (5%)	195 (7%)	567 (6%)
Childcare Program	20 (1%)	192 (4%)	169 (6%)	380 (4%)
Specialized Service- art/other therapy	106 (8%)	198 (4%)	55 (2%)	360 (4%)
Regional Center of Orange County	91 (7%)	169 (4%)	96 (4%)	357 (4%)
Evaluation & Eligibility for special ed	75 (5%)	170 (4%)	85 (3%)	331 (4%)
Neuro-Specialist/special condition	28 (2%)	188 (4%)	107 (4%)	325 (4%)
Communication, speech, language	40 (3%)	151 (3%)	118 (4%)	309 (4%)
Head Start/preschool program	34 (2%)	164 (3%)	84 (3%)	284 (2%)
Community Nursing Services	6 (<1%)	81 (2%)	131 (5%)	219 (3%)
Health/medical subspecialist	25 (2%)	75 (2%)	92 (3%)	192 (2%)
Health/primary care	9 (1%)	109 (2%)	69 (3%)	188 (2%)
Education/enrichment	58 (4%)	52 (1%)	29 (1%)	139 (1%)
Developmental Screening	23 (2%)	92 (2%)	17 (1%)	132 (2%)
Enrollment in Health Insurance	2 (<1%)	59 (1%)	47 (2%)	109 (1%)
Basic Needs	10 (1%)	43 (1%)	26 (1%)	79 (1%)
Legal Services	9 (1%)	30 (1%)	36 (1%)	75 (1%)
Family Support (advocacy)	9 (1%)	30 (1%)	9 (<1%)	48 (1%)
Occupational and Physical Therapy	0 (0%)	6 (<1%)	6 (<1%)	12 (<1%)
Total	1395	4771	2706	8872

SECTION II. How well is *Help Me Grow* doing? Community and Health Care Provider Outreach

Help Me Grow Orange County Child Development Community Liaisons (CDLs) serve as the conduit between community-based services and the centralized telephone access point. CDLs provide information on *Help Me Grow* to a range of program staff in Orange County serving children, and facilitate networking partnerships among community-based agencies. They also conduct network breakfasts, the Connection Café, that include a guest speaker, and bring together professionals from community-based agencies to widen their connections to a broader group of service providers, and support each other's organizations.

Connection Café: Network Breakfasts

During the period reported on in this evaluation, the Connection Café was held at different locales in Orange County on 12 separate occasions with a cumulative total of 620 attendees (see Table 8).

Presentations at the network breakfasts by pediatricians and community experts covered a range of topics including educational information on specific disabilities, behavior problems and mental health, communication development, community-based activities for kids and families, and prevention education.

Table 8. *Help Me Grow Orange County*: Connection Cafés

Date	Presentation Topic	Presenter	Location	#
3/4/08	Autism: Early Signs, Screening & Diagnosis	Dr. Filipek For OC Kids	Care Ambulance	54
4/1/08	Fun and Educational Places to Go for Kids/Adults	Susan Peterson Author	Anaheim Family Justice Center	51
5/6/08	Autism Red Flags and Diagnosis	Dr. Donnelly For OC Kids	Aliso Viejo Library	35
6/3/08	ADHD: What it is and What it is Not!	Dr. Lerner For OC Kids	Boys & Girls Club, Irvine	27
10/7/08	How to talk to Parents so They Will Listen and How to Listen to Parents so They Will Talk	Maureen Dillon For OC Kids	Boys & Girls Club, Garden Grove	83
11/5/08	Communication Development in Young Children	Laurie Lennon For OC Kids	Anaheim Family Justice Center	46
2/10/09	Behavior: Signs, Supports, & Strategies	Terri Chandler YMCA	Delhi Family Resource Center, Santa Ana	92
3/10/09	Early Childhood Mental Health	Albert Sakai & Karyn Harmon Western Youth	South Orange County Family Resource Center	30
4/21/09	Helping Children with Autism Participate in the Community	David Monkarsh Private Practice	Boys & Girls Club Garden Grove	52
5/5/09	Careful, That's Hot!	Debbie Karaman Prevention Educator	Anaheim Family Justice Center	30
6/10/09	RCOC & Special Education Services	John Ziemantz, RCOC Analee Kredel, DOE	Vanguard Univ. Costa Mesa	77
9/15/09	Seizure Recognition & First Aide	Janna Moore Epilepsy Support	San Clemente Community Center	43

Outreach to service providers and families

At program start-up, outreach and education on the *HMG* model was critical. The Child Development Liaisons attended meetings and met with providers in order to learn about services and to collect information to include in the 211 inventory of services, the main resource utilized by care coordinators (and other 211 staff).

Table 9 shows the number of individual contacts to families and service providers each year e.g., one-to-one discussion of HMG-OC at community meetings, health fairs, trainings.

CONTACTS	2007	2008	2009
Individual families	726	534	409
Service Providers	3,022	2,856	1,156

Table 9 shows there has been a gradual decrease in the number of provider and family contacts over the past 3 years. As *HMG-OC* has become more established within the county, there is less need to conduct marketing and outreach. Nonetheless, there continued to be a significant number of contacts to individual families and providers (409 and 1,156 respectively) from January through September 2009 (see Table 9).

The *HMG-OC* program staff contributed the following information to the 211 Resource Inventory (gathered through their contacts).

- 2007: Added 235 resources (new program information) to the inventory and updated

information for 268 resources (note that this information was not documented for first 6 mo of 2007 so not all additions are accounted for)

- 2008: Added 192 new resources (program info) to the inventory and updated information for 156 resources
- 2009: Added 141 new resources (service programs) and updated 175

Outreach to Health Care Providers

The *HMG-OC* community coordinator is assigned to do outreach to pediatricians and conduct educational workshops and training on developmental surveillance. Table 10 presents data on specific network activities and trainings for each year, 2007 through (Sept) 2009.

- Between 2007 and 2009, the number of initial agency contacts and the number of *HMG* presentations decreased; however, repeated program visits increased, as did trainings and collaborative meetings.
- CDLs also attend health and other resource fairs and conferences to educate and inform community agencies on *HMG-OC*.
- The number of outreach visits for pediatricians and medical practices on Educational Practices In the Community (EPIC) have increased over the past 3 years: 18 trainings in 2007, 48 in 2008 & 38 in 2009. These visits are on development screening, and how to utilize *HMG-OC* with the families they serve.
- Education and training is also provided for Orange County Foundation Medical Association per agreement established in 2009.

CDL Activities	2007	2008	2009 (Jan- Sept.)
Initial agency/program visits	364	302	249
Repeat agency/program visit	83	244	100
Presentations	92	97	46
Trainings/seminars	10	49	43
Collaborative meetings/coalitions	0	69	77
Health/resource fairs/conferences	31	50	47
Educating physician providers in the community	18	48	38
Training for Orange County Medical Association	0	0	33

SECTION III

Is anyone better off as a result of utilizing *Help Me Grow*?

Table 11 shows the outcomes for family cases as noted by care coordinators at disposition of case. Families can receive two or more referrals for services or also request information materials (e.g., on child development, services, parenting education). (Note that only three outcomes could be documented for each case in database system.) Over the three years there has been an increase in the percentages of families who received information or were successfully connected to services. In 2009, 39% of families who contacted *HMG-OC* seeking assistance received requested information and 46% were connected to needed services; 9% completed an application or had an appointment for services; 25% were on a waiting list. For some issues, families did not follow through, solved their own problem, or the situation otherwise changed.

Table 11. Percentage of Outcomes by Family Case for Each Year (not mutually exclusive)

Outcome	2007 463 Families	2008 1,298 Families	2009 1,745 Families
Information Received	34%	33%	39%
Family connected to service	34%	38%	46%
Application pending/appointment scheduled	11%	12%	9%
Waiting List	34%	28%	25%
Family did not follow through	10%	5%	3%
Family solved own problem	6%	5%	3%
Situation changed	2%	7%	8%
Agency did not return client's call	2%	1%	<1%
Service not received for other reason	2%	3%	1%
Other outcome	2%	3%	1%

Table 12 shows all documented outcomes of referrals for services and requests for information, for each year. (Note that only three outcomes could be documented for each case in database.) In 2007, there was information on 657 outcomes for 463 family cases; in 2008, there was information on 1,809 outcomes for 1,298 *HMG* families, and in 2009, there was information on 2,432 outcomes for 1,745 families (see Table 12). In 2009, positive outcomes included: information received (28%); families were connected to services (34%); and services were pending applications/appointments (6%). These positive outcomes total 68% of all the documented outcomes. An additional 18% represented families on a waiting list, and 12% represented no follow through by families, family solved own problem, or situation changed.

Table 12. Percentages of All Documented Outcomes for Each Year

Outcome	2007	2008	2009
Information received	155 (24%)	422 (23%)	683 (28%)
Family connected to service	168 (26%)	529 (29%)	836 (34%)
Application pending/appointment scheduled	58 (9%)	162 (9%)	158 (6%)
Waiting List	157 (24%)	359 (20%)	432 (18%)
Family did not follow through	52 (8%)	69 (4%)	62 (3%)
Family solved own problem	30 (5%)	84 (5%)	76 (3%)
Situation changed	8 (1%)	101 (6%)	146 (6%)
Agency did not return client's call	7 (1%)	6 (<1%)	3 (<1%)
Service not received for other reason	11 (2%)	34 (2%)	16 (1%)
Other outcome	11 (2%)	41 (2%)	20 (1%)
Total number of outcomes	657 (n=463)	1809 (n=1,298)	2432 (n=1,745)

SECTION IV

Summary and Recommendations

Summary

The *Help Me Grow Orange County* initiative began in January 2007 (following planning stage). In addition to a centralized call center and care coordination, emphasis was on community outreach and networking, and education and training for pediatric and child care providers. The effort and time put into outreach, training, and education for community and health care providers (pp. 13-14) have been very effective: Each year since start-up there has been a significant increase in the number of families contacting *Help Me Grow Orange County* seeking assistance for their child/family (p.4). In 2007, 464 families contacted *HMG-OC*, and by 2009, almost four times that number of families (n=1,745) contacted *HMG-OC*. (Also note that 2009 data is from January through September only.) Moreover, analysis of caller data by proxies of poverty show that during the three program years, approximately half of the families/children resided in cities with the highest number of CalWORKS recipients and highest rates of Free/Reduced Lunch in their schools (p. 5). These data indicate that the program is reaching their target population: children and families with less financial and social resources placing them at increased risk for developmental and behavioral problems.

There was a wide range of service needs, however there were two top distinct concerns: families calling with concerns about their child's behavior, and families calling with concerns about their child's communication (p. 6). There was also a relatively larger group of families calling in need of parenting information/education, or in need of childcare. In addition, there was an increase in calls from families inquiring about services to address their child's social-emotional well-being across the three years. Other reasons families called seeking assistance for the children were education concerns, developmental delays, seeking evaluation, basic needs, health and mental health concerns, and other, more singular issues (see pp. 6-9).

The number of referrals for services provided for families almost tripled from 1,395 referrals in 2007 to 4,771 referrals in 2008, and then decreased by almost half from 4,771 referrals in 2008 to 2,706 referrals (43% less) in 2009 (from Jan-Sept only) (see p.12). The very large increase in referrals from 2007 to 2008 can be readily explained by the increase in number of callers and perhaps also the increase in resource information obtained through outreach activities (p. 14). Although referral data for 2009 only goes through September, there was still an increase in the number of callers during the same period (from 2008 to 2009), and therefore the decrease in referrals between 2008 and 2009 cannot be readily explained. Monitoring future trends in referral data will perhaps help to explain why there was a decrease between these two years. Note that there were still almost double the number of referrals in 2009 than at the end of 2007 start-up year (p.12).

Although there were referrals for program services addressing behavior and mental health (evaluation, diagnosis, treatment), and communication and speech (evaluation, diagnosis, treatment), the two top presenting concerns, the highest number of referrals for services was for parent support and education programs, and for community-based services (p.11-12). This is perhaps an indication that children's issues (including behavior issues and communication issues) covered a wide range of developmental needs, were often complex, did not necessarily fit eligi-

bility criteria, and parents were in need of more information, support, and education. Analysis of family reports on seeking help *prior* to contacting *HMG-OC* (see p.11) appear to support this: Reports on seeking help *prior* to contacting *HMG-OC* show that families experienced any of the following: were denied services (child was ineligible), preferred another provider, were in need of additional support/information (child had multiple challenges), child was no longer eligible, or there were issues such as waiting lists, no return phone calls, and services were too expensive (see p. 11).

The total percentage of positive outcomes documented in 2009 (68%) included: information received (28%); families were connected to services (34%); and services were pending applications/appointments (6%). This represented a 15% increase in positive outcomes from the 59% positive outcomes in 2007 and an 11% increase from the 61% positive outcomes in 2008 (see p. 15). In 2009, an additional 18% of outcomes documented at follow up were families placed on a waiting list, and 12% represented no follow through by families, family solved own problem, or situation changed (p.15).

Recommendations

- 1) Utilize findings from annual report: review with *HMG-OC* team and with partners from collaborating agencies in order to get their perspectives of progress and their input for moving forward.
- 2) Create a forum (e.g., Continuous Quality Improvement) for more closely monitoring documentation, consistency in coding and documentation of family intake information and referral processes, and making changes as deemed necessary (see below suggestions for consideration).
- 3) Explore possibility of connecting the following data using the newly established web-based data system: a) presenting concerns to b) referrals to c) outcomes. Relational data such as this will provide much more information and understanding of systems issues, challenges, and progress.
- 4) Explore possibility of conducting a more in-depth analyses/study that shows the effectiveness of outreach activities in increasing referrals/calls to *HMG-OC*.
- 5) Explore the possibility or interest among collaborating partners in conducting a longitudinal study to learn about families' experience accessing *HMG-OC* and determine long-term disposition of the case.
- 6) Utilize database to track gaps and barriers to services and gather related information from the collective experiences of *Help Me Grow* program staff, to better understand where and how children can "fall between the cracks."
- 7) Continue outreach and efforts to raise awareness on developmental screening. Where possible, identify and track occurrence of training, who is utilizing the screening program, and where training is most needed.