
HELP ME GROW THREE YEAR REPORT

2013 through 2015



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Submitted to:



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HELP ME GROW, THREE YEAR REPORT (2013 THROUGH 2015)

EXECUTIVE SUMMARY

Help Me Grow Orange County (“HMG”) was established in 2005 and is funded by the Children and Families Commission of Orange County. It is the first site in the nation to replicate the national Help Me Grow model established in Hartford, Connecticut. HMG provides a comprehensive, coordinated county-wide system for early identification, referral and care coordination of children at risk for developmental, behavioral and learning problems from birth through age five. Individuals 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; or want to have their organization included in the developmental services database used for referrals. The HMG team listens to the concerns, helps callers decide which referral(s) are right for their children, and assists families in getting connected to services.

This report provides information about the children and families served by Help Me Grow in calendar years 2013 through 2015 as captured in its System for Tracking Access to Referrals (STAR) database. Using the Results-Based Accountability™ framework, this evaluation documents and measures HMG’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 (18% of all concerns in 2015, up from 15% in 2013).
- In 2015, 57% of those who sought prior help for a child’s concern were referred to HMG, up from 53% in 2013. This could indicate greater community awareness of Help Me Grow services.
- There were increases in the percentages of referrals for mental health counseling (11% in 2015, up from 5% in 2013) and for parent-child participation (11% in 2015, up from 2% in 2013).
- More families are agreeing to follow-up care from HMG (88% in 2015, up from 77% in 2013).
- More children are being linked with services. 81% of children receiving care coordination by HMG had at least one referral that was connected or pending in 2015, up from 78.5% in 2013.

Clients who reach Help Me Grow through the toll-free number, online, through the Orange County Screening Project (funded by the Orange County United Way), or via another community-based agency are considered part of the “Help Me Grow (HMG) Core” program. The “Early Care and Education (ECE) Partnership” includes clients enrolled in the Child Signature Program (CSP) or Early Head Start or through a non-HMG toll-free contact (walk-ins at ECE sites and children not enrolled in the CSP program). This report breaks out and distinguishes between the types of entry point (i.e. between HMG Core and ECE Partnership) because they serve different populations.

Who does Help Me Grow Serve? During the three-year period between 2013 and 2015:

- More than 9,500 children received services from Help Me Grow;
- Most of the children served were age five and younger, with a plurality (22%) being four years old;
- Boys received more services than girls (62% and 38%, respectively);
- Two thirds 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 (97%);
- Most of the children lived in the central Orange County cities of Santa Ana, Anaheim, Tustin, and Huntington Beach; and
- Approximately 19% to 25% of children for whom there was a Help Me Grow contact had an existing health related issue and/or disability.

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, by entry point between 2013 and 2015 (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, by Entry Type (2013-2015)

Concerns to HMG Core (N=8,717)	Concerns to ECE Partnership (N=3,817)
1. Behavioral (1,662, 19%)	1. Family Functioning (785, 21%)
2. Communication (1,325, 15%)	2. Parental Support (441, 12%)
3. Developmental (809, 9%)	3. Behavioral (415, 11%)
4. General Development (794, 9%)	4. General Development (413, 11%)
5. Parental Support (661, 8%)	5. Basic Need (408, 11%)
6. Hearing (588, 7%)	6. Health / Medical (289, 8%)
7. General Information (396, 5%)	7. Communication (219, 6%)
8. Child Care (356, 4%)	8. General Information (172, 5%)
9. Education (345, 4%)	9. Mental Health (109, 3%)
10. Diagnosis (342, 4%)	10. Education (92, 2%)

Most contacts to Help Me Grow were for concerns that had arisen relatively recently, up to one month prior and 54% who sought prior help from outside sources for their concern were referred to HMG for assistance.

Referrals Provided. When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the client’s expressed concern(s). 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.

From 2013 through 2015, Help Me Grow provided a total of 28,925 referrals, with the highest number of referrals in 2014. Figure 2 below presents the top ten referrals provided, by entry point, 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, by Entry Type (2013-2015)

Referrals by HMG Core (N=21,156)	Referrals by ECE Partnership (N=7,769)
1. Parenting/Education (3,347, 16%)	1. Parenting/Education (1,317, 17%)
2. Mental Health/counseling (1,694, 8%)	2. Basic Needs (1,237, 16%)
3. Parent/Child Participation (1,637, 8%)	3. Mental Health/counseling (706, 9%)
4. Developmental Screening (1,592, 7%)	4. Parent/Caregiver (Family) Support (667, 9%)
5. Health/Primary Care (1,514, 7%)	5. Recreation/Sports/After School/Camps (624, 8%)
6. School District (1,445, 7%)	6. Health/Primary Care (556, 7%)
7. Communication/Speech & Language (1,160, 6%)	7. Educational/Enrichment (366, 5%)
8. Behavioral Services (1,086, 5%)	8. Allied Health Professionals (295, 4%)
9. Regional Center of OC (Part C) (999, 5%)	9. Behavioral Services (219, 3%)
10. Childcare (825, 4%)	10. Legal Assistance (219, 3%)

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

Figure 3. Key Findings from Referrals Provided, by Demographics

	HMG Core	ECE Partnership
Gender	More boys received communication/speech and language referrals than girls, while girls more frequently received parent/child participation referrals.	Boys received more basic needs referrals than girls, while girls received more mental health referrals than boys.
Health Insurance	Parenting/education referrals were most frequently provided to callers for children with health insurance. Among families without insurance, the largest percentage of referrals was provided for developmental screenings.	Parenting/education was the referral type most frequently provided to clients with both public and private health insurance coverage as well as the uninsured. ECE partnership clients with “Other” health coverage most often received basic needs referrals.
Ethnicity	Parenting/education was the referral provided at the greatest rate to all ethnicities except Asian / Pacific Islanders, for whom developmental screenings were the most common type of referral.	Parenting/education referrals were most frequently provided to Hispanics and Asian/Pacific Islanders. Mental health counseling was the referral most often provided to children whose caregivers identify as white.
Language	English- and Spanish-speaking callers were most likely to receive parenting/education referrals. Callers who speak some other language most often received referrals for the Regional Center of Orange County.	English-speaking clients and clients who speak some “Other” language were more likely to receive basic needs referrals (26% and 32% respectively) than those who speak Spanish (17%).

Follow-up care coordination. When families call Help Me Grow, the Child Development Care Coordinator listens to each caller’s issues 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 provider. If the caller gives this verbal consent, 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*. The percentage of families agreeing to follow-up care has increased over the past few years to 88% in 2015. Overall, the following types of clients have higher rates of consenting to follow-up care coordination: females, Asians / Pacific Islanders, Spanish speaking children, and children with public health insurance.

Service and Referral Outcomes and Referral Barriers. Overall, **81%** of children who received follow-up care coordination by Help Me Grow between 2013 and 2015 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 use a different Help Me Grow referral.

Of the 21,156 referrals provided to *HMG Core* clients between 2013 and 2015, 4,961 (23%) recorded some type of barrier. The most common barrier recorded was lack of caregiver follow-through (74%). Of the 7,769 *ECE Partnership* referrals provided between 2013 and 2015, 3,884 (50%) identified some type of barrier—more than double the rate of barriers as HMG Core clients. The most common barrier recorded by ECE Partnership clients was that of caregiver failure to follow through (52% of barriers).

Referrals for boys tended to encounter more barriers in the *HMG Core* program, as did referrals for Hispanic children, children whose primary language is Spanish, and children with public health insurance. On the other hand, referrals for girls were more likely to encounter barriers in the *ECE Partnership* program, as were those for children who were Asian/Pacific Islander, spoke Spanish as their primary language, and had “Other” types of health insurance. There were very few gaps in receiving services encountered during the three-year time period, and most of the few gaps that were encountered were the complete unavailability of services and/or the unavailability of services at low cost.

ASQ Screenings. Between 2013 and 2015, a total of 2,089 ASQ-3s and 1,069 ASQ:SE screenings were completed and scored. A vast majority of the children who received developmental screenings were enrolled in the Child Signature Program (CSP) and were part of the ECE partnership. Problem Solving was the main concern identified on the ASQ-3 (20% of ASQ-3 screenings scored below cut off or in the monitoring zone on Problem Solving domain). Most of the children who received referrals following an ASQ-3 screenings (73%) were connected with at least one of the referrals. Of the children who had an ASQ:SE screening, 20% had concerns identified and slightly less than half (49%) were referred for services. This lower referral rate is likely a function of the partnership that Help Me Grow has with the Child Signature Program, where the services are already being provided.

Complete report, including attachments can be found on the Help Me Grow Orange County website www.helpmegrowoc.org/facts.html