



Utah 2010-2012 Annual Evaluation Report

Help Me Grow, A program of EveryDay Learners

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Help Me Grow: 2011 Annual Evaluation Report

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Executive Summary

Program Overview

After researching a variety of programs, Help Me Grow was chosen to address the need of improved linkage of children and families to community resources. Program implementation began in Utah County on March 1, 2010, under the educational strategic planning of United Way of Utah County.

Help Me Grow is all about the linkage of children and their families to services, multiple community providers to each other, child health care providers to cross-sector resources and data to policy and decision makers.

Section 1: How much did Help Me Grow do?

In the first year, Help Me Grow received calls in behalf of 229 families. A 94% increase occurred in Year 2 with 444 calls. There was a significant rise in calls during the months when Help Me Grow was involved in two major community events, Freedom Festival and Sub for Santa.

Parents, rather than extended family or other adults, made around 85% of all calls to Help Me Grow and nearly ¾ of callers were Caucasian. While 18.9% of Utah County's population is Hispanic, 23.4 % of Help Me Grow callers are Hispanic. Around 20% of callers speak Spanish only. Help Me Grow families were nearly evenly distributed throughout the three school districts in the county.

Title I school zip codes were used as a proxy for poverty. While 50% of the population of Utah County resides within Title I school zip codes, 75% of Help Me Grow families lived in Title I school zip codes.

Initial calls to HELP ME GROW were mainly for ASQ screening. Adults found out about Help Me Grow primarily through family events that were conducted by Help Me Grow. Connections to Help Me Grow were also made through 2-1-1 referrals, other professionals, Welcome Baby and friends. In Year 2, 19% of the calls came through a strong partnership with the Sub For Santa outreach program.

Section 2: How well is Help Me Grow doing?

Initial calls to Help Me Grow led to the identification of more specific referrals for the families. The most common were basic needs, parental education, family issues, behavioral questions and general development. Families residing in Title I zip codes were slightly more likely to make inquiries concerning basic needs and family issues while families residing in other zip codes were likely to call more often about parent education and cognitive issues.

In Year 1, 213 children presenting 743 issues were served. These numbers increased in the second year to 545 children presenting 1,536 issues. In both years, developmental screening was the top referral comprising 54% of the calls in Year 1 and 67% of the calls in Year 2. General developmental concerns were the second most common. Referrals by gender showed that females were more often referred than males for developmental screening and males were more often referred than females for general development concerns.

Help Me Grow initiated eleven family events, which were used as educational and instructional settings for parent and child interactions. A total of 320 families participated and as a result 240 ASQs were submitted and scored. Presentations were

also made to medical practitioners, childhood development professionals, religious groups and interested community members. Nearly the same numbers of presentations were held in each year (23, 25), but attendance grew from 293 in Year 1 to 493 in Year 2.

Section 3: Is anyone better off as a result of utilizing Help Me Grow?

A little less than half of the families who contacted Help Me Grow received desirable outcomes such as receiving information, services or education. This may seem disappointing; however, the most common outcome from a call was a pending response from the client, especially those living in Title I zip codes. So 42% of the family outcomes were pending responses from the client and 46% received desirable outcomes. Therefore, a very large percentage of callers *who maintained contact with Help Me Grow* (81%) requested and then received information, services or education.

The children data indicated that just over half of all referrals about an individual child had desirable outcomes such as receiving education, services or information. Again, a pending response from the client was the largest percentage of undesirable outcomes. Of those *clients who followed through* with Help Me Grow, 68% received information, services or education. One of the services offered was the ASQ. A total of 417 children were scored on 677 questionnaires. A total of 140 children were scored multiple times. Two thirds of the ASQ scores showed the children developmentally on track with their peers (white range) with 15% showing a delay (black range). Files were most often (86%) closed due to a pending response from the client.

Conclusion

In conclusion according to the data collected for the first two years of operation Help Me Grow is demonstrating: increased call volume, referrals, outcomes and attendance to family events. This indicates a desire by parents to learn what they can do to enhance their child's development and to connect to appropriate resources when necessary. Increased attendance to networking events, which indicates a desire to tighten connections among community providers and physicians. Finally, increased screening by parents previously only available through health care provider suggests greater community involvement in and likelihood of detection of delays.

What is Help Me Grow?

Help Me Grow builds upon the strengths of the existing community system to support all children in reaching their optimal development through the linkage of children and their families to services. The connection of families, medical providers and community resources is enhanced through the following Help Me Grow system components:

1. Centralized telephone access: connects children and their families to services with trained care coordinators for continued support of those families
2. Community outreach: promotes the use of Help Me Grow and provides networking opportunities among families and service providers
3. Child health care provider outreach: supports early detection and linkage to community based services
4. Data collection: analyzes all aspects of the Help Me Grow system including issues, referrals, outcomes and the identification of gaps and barriers.

History of Help Me Grow

In 1998, Help Me Grow was first launched in Hartford, Connecticut. Based on rigorous evaluation and positive outcomes, the Connecticut legislature funded statewide expansion of the program in 2002. Eight years later, The W. K. Kellogg Foundation awarded a grant to establish a National Technical Assistance Help Me Grow Center in Connecticut. Help Me Grow began expanding nationally and is now being replicated in 15 additional states, which includes Utah as of March 2010.



Utah County is home to two major universities and has the highest birthrate in the United States. Providing resources and support to new parents is a critical issue in the county. Community and agency leaders organized the Utah County Early Childhood Council (PIC), whose focus is on system-wide needs in the early childhood area. PIC recognized that an essential component of an early childhood system includes increased identification of developmental delays and linking children and families to appropriate resources. PIC looked for ways to achieve this goal, but the council did not feel an appropriate solution was available until the Help Me Grow model was proposed. United Way of Utah County, under the educational strategic planning initiative, took the lead and anxiously began work to implement Help Me Grow. After nearly two years of building Help Me Grow in Utah County, an effort began to spread the service throughout the state. In January of 2012, Help Me Grow Utah was privileged to receive a site visit from Help Me Grow National. During this visit, the national team recognized Utah for its creative contributions to the Help Me Grow system through family, volunteer and philanthropic engagement. In addition, the national team met with Utah state leaders, which contributed greatly to the upcoming statewide expansion of Help Me Grow.

Centralized Telephone Access

The Help Me Grow parent information line is integrated within United Way of Utah County's 2-1-1 Information and Referral Call Center and serves as the "go-to" place for family members, child health care providers and other professionals seeking information, support and community referrals for children. Help Me Grow staff answer calls, identify needs, support callers and triage appropriate services.

Call Center

Linking families and children to services requires knowledge about community-based programs and eligibility requirements. A good care coordination team understands where resources are located, the depth and variety of resources, eligibility requirements, creative maneuvering of the system and best fit options of various programs available to families. A good system utilizes the existing strengths within the connecting entities to reduce duplication of efforts and facilitates connections between community partners.

Help Me Grow call centers are in a unique position to collect information not only on who calls and why, but also what happens after the family is connected to resources. At Help Me Grow, parents are given information of no more than three referrals at a time either by phone, email or letter. All agency referral information is also available online and a care coordinator follows up with each family within two weeks.

Staff

The Help Me Grow staff consists of United Way of Utah County employees, including a program manager, licensed nurse practitioner and call center coordinator as well as various community volunteers, interns and philanthropists. Volunteers in Service to America, or VISTA, a federally funded program through AmeriCorps, have also been an integral part of the Help Me Grow program. Four VISTA in-house workers help to maintain components of Utah's Help Me Grow system.

Use of the ASQ

Along with other resources offered, parents are given the opportunity to participate in child monitoring with the Ages and Stages Questionnaire (ASQ). The ASQ is a valid and reliable questionnaire that can be completed by the parent and shows the strengths of their child's development. The ASQ is scored by a care coordinator in the Help Me Grow office who talks to the parent about their child's development and aids in building a stronger support system for the parent. With parental permission, transactions with Help Me Grow are shared with the child's health care provider. If an ASQ shows a need for further intervention or if the parent is concerned about something in particular, care coordinators are trained in listening and connecting families to appropriate resources and knowledge.

Community Outreach

Help Me Grow is continually working to increase support and participation for the parent information line and maintain accurate information in the resource directory. As much as possible, the resource directory includes information on (1) early childhood education; (2) child care; (3) developmental disabilities assessment and intervention;

(4) mental health services; (5) family and social support programs and (6) child advocacy and legal services. In addition, outreach staff members focus on engaging families by participating in community meetings, forums, fairs and family events.

Networking Breakfasts

Help Me Grow provides quarterly networking breakfasts to all interested parents and community partners. These connecting events help to strengthen the collaboration between providers and physicians, increase the accuracy of the resource database and present possible educational speakers for use at other community events.

Family Events

Help Me Grow Utah frequently holds family events in various locations throughout the community. Parents and children participate together at educational play stations where books, balls and/or blocks are used to introduce parents to useful resources and to the ASQ. Parents are encouraged to allow their child to do what interests them and to play with their child. All of the stations can be easily recreated at home, which allows the parents to feel supported in determining their child's strengths and identifying areas where simple activities can support development.



Child Health Care Provider Outreach

Given a health care provider's critical role in child development, Help Me Grow staff members conduct outreach to child health care providers through office presentations. These presentations have been given to 20 offices in the Utah County area and offer the following benefits to health care providers:

1. Provide time-saving benefits to their practice
2. Enhance doctor/client relationships through the use of the ASQ and Help Me Grow
3. Access to up-to-date cross-sector resources for their clients

In addition, Help Me Grow staff members conduct follow-up visits and ongoing contact to identify improvements. Doctors have commented that they and their patients have positive impressions and desire a continued relationship with Help Me Grow.

Data Collection

Help Me Grow call centers are in a unique position to collect data that reflect system-level issues—information not only on who calls and why, but also on what happens to families seeking help. This includes identification of gaps and barriers to services. Call centers collect the following:

1. Information on how callers heard about the service and their presenting issues
2. Caller demographics
3. Facts about the person in need

4. Information on what assistance has been accessed and what is being requested
5. Records of actions taken to assist callers
6. Outcomes of the contacts with the call center including services received, ineligibility, gaps and barriers

Overview of Report

Help Me Grow Utah began in March 2010 and data was collected over the following two years, which comprises the basis for this first formal program evaluation. The Help Me Grow database contains data on families as well as on individual children and this report reflects findings on each group. Connecticut's statewide Help Me Grow annual reports are based on Friedman's (2005) results-based accountability framework. Evaluation of Help Me Grow Utah follows this format of using data analysis to examine predictors of past performance and results as well as to give insights into future growth of the program. SPSS statistical software was used for data analyses. This report documents findings and trends for the first two years (March 1, 2010 through February 29, 2012) and are also summarized in the Executive Summary. Findings are discussed in the report according to Friedman's three performance measures:

Section 1: How much did Help Me Grow do? (Utilization of the program)

Section 2: How well is Help Me Grow doing? (Response to utilization of the program)

Section 3: Is anyone better off as a result of connecting with Help Me Grow? (Case outcomes)

The first section addresses utilization of the program and presents family data findings on the number of callers, calls by month, who calls, ethnicity of callers, languages of callers, where callers live, prevalence of callers in Title I school areas, reason for initial call and how families found Help Me Grow.

The second section gives a measure of how well Help Me Grow is doing by presenting an overview of referrals and referrals by location. Also included are results of analysis on children referrals: number of children served, number of referrals by year and by gender. Additionally, Help Me Grow's community outreach efforts are documented.

Section three analyzes case outcomes. Family and children data analyses indicate if there was a favorable outcome through receiving information, services or education or if a less desirable outcome occurred because of a pending response from a client or from a resource, if the service was not received or if the family situation changed. Outcomes were also analyzed by family location and by referrals. Help Me Grow often referred clients with child development concerns to the ASQ. Test results are included.

A summary follows section three and includes program recommendations.

Friedman, M. (2005). *Trying hard is not good enough: How to produce measurable improvements for customers and communities*. Trafford, Victoria, BC.

Help Me Grow Program Evaluation

Data for United Way of Utah County Help Me Grow was collected for two years. Year 1 is from March 1, 2010 – February 28, 2011 and Year 2 is from March 1, 2011 – February 29, 2012.

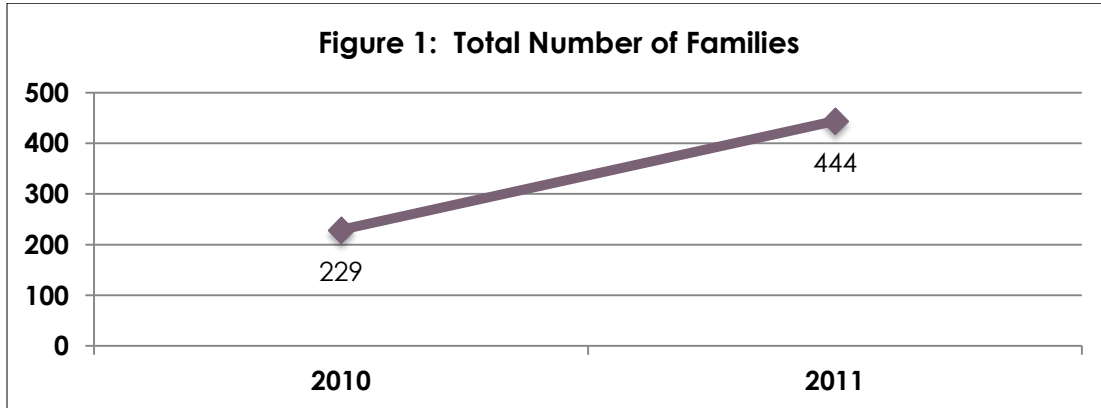
- ❖ Section 1 addresses the question of how *much* Help Me Grow is doing: how many families were served, demographics, why calls were first made to Help Me Grow and how clients located Help Me Grow.
- ❖ Section 2 examines how *well* Help Me Grow is doing: the issues that families were experiencing, what segment of the population was reached, referrals that were made and community outreach efforts.
- ❖ Section 3 analyzes the results or outcomes of contact with Help Me Grow to indicate if anyone benefitted from Help Me Grow.

Help Me Grow Utah uses a data collection method based on two formats. Family data is gathered for items such as place of residence, ethnicity, language and initial calling information. Any referral of information for a specific child is recorded on a child specific record, most notable being the ASQ referrals. Analyses are labeled accordingly.

Section I: How Much is Help Me Grow Doing?

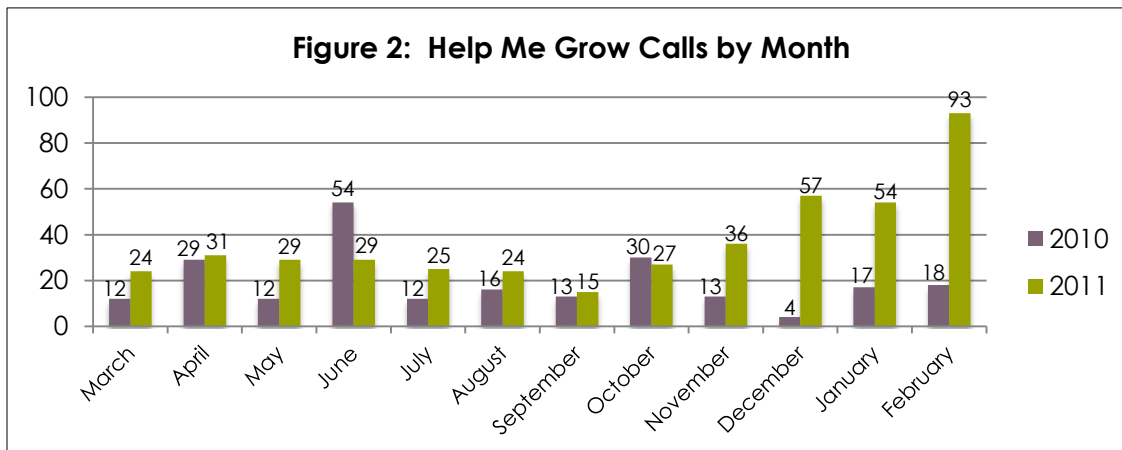
Total Number of Families Connected to Help Me Grow

Help Me Grow received calls in behalf of 229 families during the first twelve months of program operation (Mar 2010 – Feb 2011). In Year 2 (Mar 2011 – Feb. 2012), calls were received in behalf of 444 families, which is a 94% increase in calls (Figure 1). The two-year total number of calls is 673.



Help Me Grow Calls by Month

Help Me Grow calls were received during every month of the year. The large number (54) of calls in June 2010 is worthy of note (Figure 2). The steady increase of calls at the end of Year 2 from November 2010 through February 2011 is likely due to collaboration of Help Me Grow with United Way of Utah County Sub for Santa program. Families that participated in Sub for Santa received a call from Help Me Grow staff inviting the family to utilize the resources available through Help Me Grow.



Who Calls Help Me Grow

For both Year 1 and Year 2, the majority of callers were parents (85%, 87%). Other callers were extended family, childcare providers, community agencies, medical providers and others (Table 1). In each year, nearly $\frac{3}{4}$ of callers were Caucasian (72%, 74%), approximately $\frac{1}{4}$ Hispanic (24%, 23%) with the remaining 3% Asian, Pacific Islander or Native American (Table 2). Nearly one quarter of the calls to Help Me Grow were from Hispanics; however, only 18.9% of the county population is Hispanic.

Table 1: Who Calls Help Me Grow

<i>Who Calls</i>	<i>2010</i>	<i>2011</i>
Parents	194 (84.7%)	385 (86.7%)
Extended Family	9 (3.9%)	19 (4.3%)
Childcare Provider	8 (3.5%)	2 (0.5%)
Community Agency	7 (3.2%)	13 (2.9%)
Medical Provider	6 (2.6%)	3 (0.7%)
Friend	2 (0.9%)	10 (2.3%)
Social Worker	2 (0.9%)	1 (0.2%)
Probation Officer	1 (0.4%)	1 (0.2%)
Teacher	0	1 (0.2%)
Unknown	0	9 (2.0%)
Total	229 (100.0%)	444 (100.0%)

Table 2: Help Me Grow Ethnic/Racial Groups*

<i>Race/Ethnicity</i>	<i>2010</i>	<i>2011</i>
Caucasian	141 (71.9%)	276 (74.2%)
Hispanic	47 (24.0%)	86 (23.2%)
Asian		4 (1.1%)
Pacific Islander	2 (1.0%)	3 (0.8%)
Native American		3 (0.8%)
Other	6 (3.1%)	
Total	196 (100.0%)	372 (100.0%)

*Note that for each year there was missing data

Help Me Grow Languages

English language speakers were the most frequent callers in both years (78.7%, 81.1%) with Spanish speakers making up the balance of callers (21.3%, 18.8%) (Table 3).

Table 3: Help Me Grow Languages*

<i>Location</i>	<i>2010</i>	<i>2011</i>
English	148 (78.7%)	344 (81.1%)
Spanish	40 (21.3%)	80 (18.8%)
Total	188 (100.0%)	424 (100.0%)

*Note that for each year there was missing data

Where Help Me Grow Families Live

Families connected to Help Me Grow were primarily from Utah County in both years (91%, 93%). In order to further analyze the data, the communities in Utah County were categorized into the following regions: North Utah County (Alpine, American Fork, Cedar Hills, Eagle Mountain, Highland, Lehi, Lindon, Pleasant Grove, Saratoga Springs, Sundance); Central Utah County (Orem, Provo); South Utah County (Elk Ridge, Genola, Lakeshore, Mapleton, Payson, Salem, Santaquin, Spanish Fork, Springville, Woodland Hills). The percentages of families from each region were similar in both Year 1 and Year 2: North Utah County (21.8%, 21.1%), Central Utah County (48.9%, 51.7%), South Utah County (20.5%, 20.5%) and out of county (8.7%, 6.7%) (Table 4).

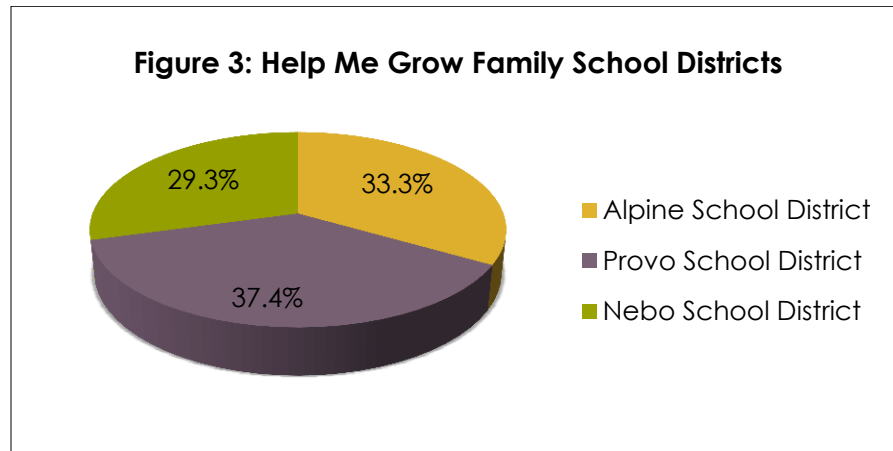
Table 4: Help Me Grow Family Location by Region*

<i>Location</i>	<i>2010</i>	<i>2011</i>
North County	50 (21.8%)	92 (21.1%)
Central County	112 (48.9%)	225 (51.7%)
South County	47 (20.5%)	89 (20.5%)
Out of Utah County	20 (8.7%)	29 (6.7%)
Total	229 (100.0%)	435 (100.0%)

*Note that for Year 2 there was missing data

School Districts Where Families Live

Approximately 1/3 of the families connected to Help Me Grow reside within each of the three school districts in Utah County: Provo School District (37%), Alpine School District (33%) and Nebo School District (30%) (Figure 3).



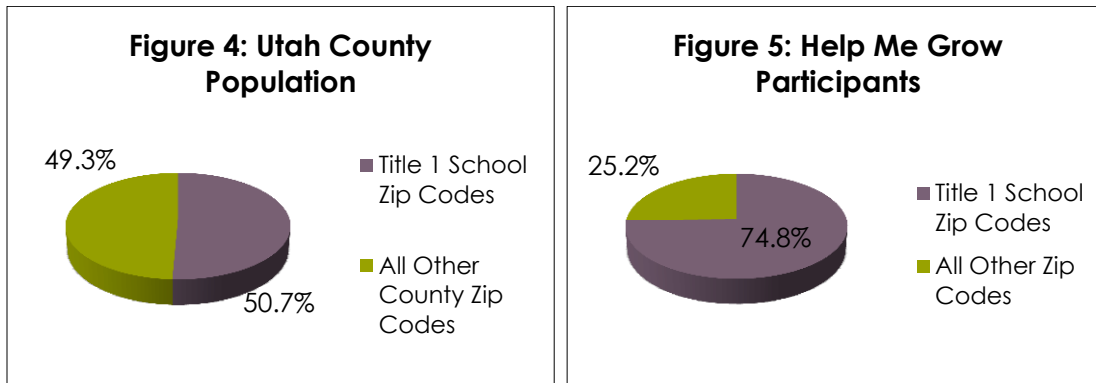
Help Me Grow Families and Title I School Zip Codes

A Title I school has at least 35% of the children in the school eligible for free and reduced-price school lunch. Nearly 75% of all Help Me Grow families were in Title I school zip codes (Figure 5). When further examining the data by school districts, 80% of the Help Me Grow families in the Alpine School District are in Title I school zip codes. Additionally 75% of the Help Me Grow families in the Provo School District and 68% of the Help Me Grow families in the Nebo School District are in Title I school zip codes (Table 5).

Table 5: Help Me Grow Families by Title I Zip Codes in School Districts

School District	Title I Zip Codes	Other District Zip Codes
Alpine School District	164 (80.0%)	41 (20.0%)
Provo School District	173 (75.2%)	57 (24.8%)
Nebo School District	123 (68.3%)	57 (31.7%)
Total	460 (74.8%)	155 (25.2%)

While 50% of the Utah County population resides within Title I zip codes (Figure 4), nearly ¾ of the families connected with Help Me Grow reside within Title I zip codes (Figure 5).



Reasons for Calling Help Me Grow

In both years, initial calls to Help Me Grow were mainly for the ASQ screening (47.2%, 58.8%) (Table 6).

Table 6: Reasons for Calling Help Me Grow

<i>Reason for Call</i>	<i>Year 1</i>	<i>Year 2</i>
ASQ Screening	108 (47.2%)	261 (58.8%)
Behavioral Concerns	31 (13.5%)	27 (6.1%)
Basic Needs	21 (9.2%)	21 (4.7%)
Program Information	20 (8.8%)	30 (6.6%)
Developmental Concerns	17 (7.4%)	26 (5.9%)
Parenting Education	14 (6.1%)	12 (2.7%)
Speech and Language	8 (3.5%)	14 (3.2%)
Prenatal	4 (1.7%)	3 (0.7%)
General Questions on Development	3 (1.3%)	16 (3.6%)
Marital Issues	3 (1.3%)	4 (0.9%)
Family Events and Activities	0 (0.0%)	19 (4.3%)
No Response	0 (0.0%)	11 (2.5%)
Total	229 (100.0%)	444 (100.0%)

How Families Found Help Me Grow

Help Me Grow sponsors community family events where participants are encouraged to utilize the Help Me Grow resources. In Year 1, 38% of the calls to Help Me Grow resulted from information received at the family events. The percentage in Year 2 decreased to 24%. United Way of Utah County Sub for Santa program referrals significantly increased from Year 1 (1%) to Year 2 (19%). Referrals from the United Way 2-1-1 Information and Referral hotline decreased from 22% in Year 1 to 11% in Year 2 (Table 7).

Table 7: How Families Found Help Me Grow*

Source	Year 1	Year 2
Family Event	87 (38.2%)	103 (23.8%)
Referral from 2-1-1	50 (21.9%)	48 (11.1%)
Professional Referral	34 (14.9%)	15 (3.5%)
Welcome Baby	17 (7.5%)	70 (16.1%)
Friend	16 (7.0%)	26 (6.0%)
Family Member	11 (4.8%)	8 (1.8%)
Internet	5 (2.2%)	11 (2.5%)
Pediatrician	5 (2.2%)	11 (2.5%)
Sub for Santa	3 (1.3%)	82 (18.9%)
Church		15 (3.5%)
Campaign		12 (2.8%)
Early Intervention		9 (2.1%)
Hospital		7 (1.6%)
Fair/Expo		3 (0.7%)
Health Department		3 (0.7%)
School		3 (0.7%)
ASQ Party		2 (0.5%)
Child Care Provider		4 (1.0%)
Parenting Class		1 (0.2%)
Total	228 (100.0%)	433 (100.0%)

*Note that for each year there was missing data

Section 2: How Well is Help Me Grow Doing?

Help Me Grow Family Referrals

Table 6 indicates that 47% (Year 1) and 58% (Year 2) of Help Me Grow calls resulted in an ASQ referral. From administering those ASQs and from further conversations, more specific needs of the families were discovered. Table 8 indicates that most often, families were given referrals to address basic needs. Basic needs referrals increased from 21% in Year 1 to 33% in Year 2. (A large portion of “basic need” referrals were clients inquiring for a source of diapers.) A notable decrease from Year 1 to Year 2 occurred in family issues (14.2%, 10.6%), developmental screening (5.4%, 1.8%) and autism spectrum (4.7%, 0.7%) (Table 8). A change in recording method was made in Year 2 for autism spectrum as it was moved from family referrals to children referrals.

Table 8: Help Me Grow Family Referrals

<i>Referral</i>	<i>2010</i>	<i>2011</i>
Basic Need	95 (21.4%)	87 (31.9%)
Parental Education	65 (14.7%)	42 (15.4%)
Family Issues	63 (14.2%)	29 (10.6%)
Behavioral	50 (11.3%)	34 (12.5%)
General Development	49 (11.1%)	33 (12.1%)
Cognitive	37 (8.4%)	20 (7.3%)
Developmental Screening	24 (5.4%)	5 (1.8%)
Autism Spectrum	21 (4.7%)	2 (0.7%)
Communication	20 (4.5%)	10 (3.7%)
Social/Emotional	19 (4.3%)	11 (4.0%)
Total	443 (100.0%)	273 (100.0%)

Help Me Grow Family Referrals by Location

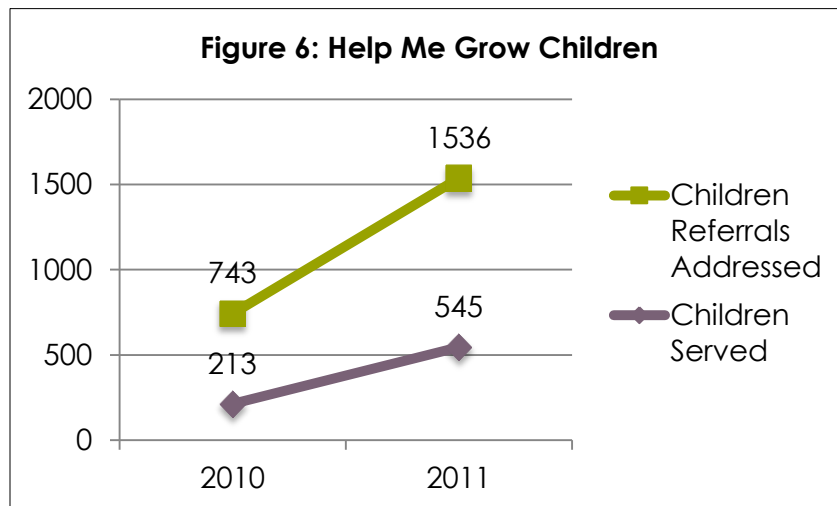
A slightly larger percentage of Help Me Grow families living in Title 1 zip codes reported basic needs (26.4%, 23.8%) and family issues (13.6%, 11.5%) as concerns. Help Me Grow families in other locations reported parental education (14.1%, 16.4%) and cognitive issues (6.5%, 10.4%) at greater rates than those living in Title I zip codes (Table 9).

Table 9: Help Me Grow Family Referrals by Location

<i>Referrals</i>	<i>Title 1 Zip Codes</i>	<i>All Other Locations</i>
Basic Need	118 (26.4%)	64 (23.8%)
Parental Education	63 (14.1%)	44 (16.4%)
Family Issues	61 (13.6%)	31 (11.5%)
Behavioral	53 (11.9%)	31 (11.5%)
General Development	52 (11.6%)	30 (11.2%)
Cognitive	29 (6.5%)	28 (10.4%)
Communication	22 (4.9%)	8 (3.0%)
Developmental Screening	20 (4.5%)	9 (3.3%)
Social/Emotional	18 (4.0%)	12 (4.5%)
Autism Spectrum	11 (2.5%)	12 (4.5%)
Total	447 (100.0%)	269 (100.0%)

Help Me Grow Children Served and Number of Referrals

Year 1 of the child-specific database indicates that 213 children were served through Help Me Grow and in Year 2, 545 children were served, which is a 155% increase. Children referrals increased from 743 in Year 1 to 1,536 in Year 2 (Figure 6).



Help Me Grow Children Referrals by Year

Table 10 lists the number of referrals associated with specific children. For example, in Year 1, 400 referrals were directed to ASQ screening and 1,024 in Year 2. Children were most often referred to developmental screening in both Year 1 and Year 2 with an increase in Year 2 (53.8%, 66.7%). General development referrals decreased in Year 2 (26.9%, 21.6%) (Table 10).

Table 10: Help Me Grow Children Referrals by Year

Children Referrals	2010	2011	Total
Developmental Screening (ASQ)	400 (53.8%)	1024 (66.7%)	1424 (62.5%)
General Development	200 (26.9%)	332 (21.6%)	532 (23.3%)
Communication	29 (3.9%)	59 (3.8%)	88 (3.9%)
Basic Need	46 (6.2%)	40 (2.6%)	86 (3.8%)
Behavioral	33 (4.4%)	31 (2.0%)	64 (2.8%)
Social Emotional	12 (1.6%)	12 (0.8%)	24 (1.1%)
Parental Education	8 (1.1%)	14 (0.9%)	22 (1.0%)
Cognitive	5 (0.7%)	16 (1.0%)	21 (0.9%)
Family Issues	8 (1.1%)	2 (0.1%)	10 (0.4%)
Autism Spectrum	2 (0.3%)	6 (0.4%)	8 (0.4%)
Total	743 (100.0%)	1,536 (100.0%)	2,279 (100.0%)

Help Me Grow Children Referrals by Gender

Both genders were most often referred to developmental screening (62.5%). General development referrals were the second most prevalent (23.3%). It is worth noting that a higher percentage of females were referred for developmental screening and a higher percentage of males were referred for general development (Table 11).

Table 11: Help Me Grow Children Referrals by Gender

Children Referral	Female	Male	Total
Developmental Screening	649 (66.9%)	770 (59.1%)	1,419 (62.5%)
General Development	195 (20.1%)	335 (25.7%)	530 (23.3%)
Communication	33 (3.4%)	55 (4.2%)	88 (3.9%)
Basic Need	32 (3.3%)	54 (4.1%)	86 (3.8%)
Behavioral	30 (2.1%)	44 (3.4%)	64 (2.8%)
Social Emotional	13 (1.3%)	11 (0.8%)	24 (1.1%)
Parental Education	13 (1.3%)	9 (0.7%)	22 (1.0%)
Cognitive	10 (1.0%)	11 (0.8%)	21 (0.9%)
Family Issues	4 (0.4%)	6 (0.5%)	10 (0.4%)
Autism Spectrum	1 (0.1%)	7 (0.5%)	8 (0.4%)
Total	970 (42.7%)	1,302 (57.3%)	2,272 (100.0%)

Help Me Grow Community Outreach

Help Me Grow staff made 48 presentations to health care provider offices, hospitals, libraries and community agencies and interested parenting groups. Topics varied according to the audience and included information about Help Me Grow services and referral resources and availability of the ASQ. Although the number of presentations was similar in each year (23, 25) the presentations reached nearly double the amount of people in Year 2 (265, 493). A total of twelve family events were held at a local university, a public library, at partner agencies and in conjunction with community festivals. The number of families attending family events totaled 344. From those events, 269 ASQs were scored (Table 12).

Table 12: Help Me Grow Community Outreach

	Year 1	Year 2	Total
PRESENTATIONS	23	25	48
Attendance	293	493	786
FAMILY EVENTS	5	7	12
Attendance	147	545	692
Families	82	262	344
ASQs from Event	101	168	269

Section 3: Is Anyone Better Off as a Result of Help Me Grow?

Help Me Grow Family General Outcomes

Help Me Grow family outcomes indicate if families benefitted from the resources. Outcomes were categorized into desirable (information, service or education received) or less desirable groups (pending response from client or resource, service not received or change in family situation). Less desirable outcomes (51.2%, 55%) were more prevalent than desirable outcomes (48.4%, 45%) in each year (Table 13).

Table 13: Help Me Grow Family General Outcomes

General Outcome	2010	2011	Total
Desirable	280 (48.4%)	198 (45.0%)	478 (47.1%)
Less Desirable	294 (51.2%)	232 (55.0%)	526 (52.9%)

Help Me Grow Family Specific Outcomes

In both years 27% of families received the information they requested and 20.4% of clients in Year 1 and 16.8% of clients in Year 2 received needed services. The greatest obstacle to service in both years was waiting for a response from the client (40.6%, 43.9%) (Table 14).

Table 14: Help Me Grow Family Specific Outcomes

Specific Outcome	2010	2011	Total
Information Received by Client	158 (27.5%)	120 (27.3%)	278 (27.4%)
Service Received	117 (20.4%)	74 (16.8%)	191 (18.8%)
Education through Help Me Grow	5 (0.9%)	4 (0.9%)	9 (0.9%)
Pending Response from Client	233 (40.6%)	193 (43.9%)	426 (42.0%)
Pending Response from Resource	26 (4.5%)	24 (5.5%)	50 (4.9%)
Service Not Received	28 (4.9%)	8 (1.8%)	36 (3.6%)
Family Situation Changed	7 (1.2%)	17 (3.9%)	24 (2.4%)
Total	574 (100.0%)	440 (100.0%)	1,014 (100.0%)

Help Me Grow Family Outcomes by Location

Families living in Title I zip codes were more likely to request and receive information as an outcome of the Help Me Grow call than in other locations (29.6%, 23.5%). Pending responses from the client were greater for Help Me Grow families living in Title I zip codes than in other locations (44%, 38.4%) (Table 15).

Table 15: Help Me Grow Family Outcomes by Location

Outcome	Title 1 Zip Codes	All Other Locations
Information Received by Client	193 (29.6%)	85 (23.5%)
Service Received	105 (16.1%)	86 (23.8%)
Education through Help Me Grow	8 (1.2%)	1 (0.3%)
Pending Response from Client	287 (44.0%)	139 (38.4%)
Pending Response from Resource	26 (4.0%)	24 (6.6%)
Service Not Received	24 (3.7%)	12 (3.3%)
Family Situation Changed	9 (1.4%)	15 (4.1%)
Total	652 (100.0%)	362 (100.0%)

Help Me Grow Family Issues by Outcomes

Table 16 shows the percentage of each outcome attributed to each of the issues addressed by Help Me Grow. This data can demonstrate the specific barriers that are most troublesome for each of the issues being addressed by Help Me Grow. The most common Help Me Grow response to caller issues was to provide information (see Table 16, Column 1). The second most common response was for families to receive services (see Table 16, Column 2). A high rate of pending response from the client is noted for general developmental questions (38.5%) and developmental screening (58.3%) (Table 16, Column 4).

Table 16: Help Me Grow Family Issues by Outcomes

	Information Received by Client	Service Received	Education through Help Me Grow	Pending Response from Client	Pending Response from Resource	Service Not Received	Family Situation Changed
Basic Need	61 (41.5%)	38 (25.9%)	0 (0.0%)	27 (18.4%)	4 (2.7%)	12 (8.2%)	5 (3.4%)
Parental Education	43 (53.1%)	15 (18.5%)	3 (3.7%)	12 (14.8%)	2 (2.5%)	6 (7.4%)	0 (0.0%)
Family Issues	28 (37.3%)	26 (34.7%)	1 (1.3%)	16 (21.3%)	1 (1.3%)	2 (2.7%)	1 (1.3%)
Behavioral	33 (51.6%)	17 (26.6%)	1 (1.6%)	6 (9.4%)	6 (9.4%)	1 (1.6%)	0 (0.0%)
Cognitive	23 (47.9%)	11 (22.9%)	0 (0.0%)	9 (18.8%)	1 (2.1%)	2 (4.2%)	2 (4.2%)
General Development	14 (35.9%)	7 (17.9%)	1 (2.6%)	15 (38.5%)	1 (2.6%)	1 (1.6%)	0 (0.0%)
Social/Emotional	12 (50.0%)	5 (20.8%)	0 (0.0%)	4 (16.7%)	0 (0.0%)	2 (8.3%)	1 (4.2%)
Developmental Screening	1 (4.2%)	8 (33.3%)	0 (0.0%)	14 (58.3%)	0 (0.0%)	1 (4.2%)	0 (0.0%)
Autism Spectrum	14 (60.9%)	1 (4.3%)	0 (0.0%)	4 (17.4%)	1 (4.3%)	3 (13.0%)	0 (0.0%)
Communication	9 (45.0%)	4 (20.0%)	1 (5.0%)	4 (20.0%)	2 (10.0%)	0 (0.0%)	0 (0.0%)

Help Me Grow Children General Outcomes

Help Me Grow children outcomes were categorized into desirable (information, service or education received) or less desirable groups (pending response from client or resource, service not received or change in family situation). Desirable outcomes (52.5%, 53.5%) were more prevalent than less desirable outcomes (47.5%, 46.5%) in each year (Table 17).

Table 17: Help Me Grow Children General Outcomes

General Outcome	2010	2011	Total
Desirable	477 (52.5%)	952 (53.5%)	1,429 (53.2%)
Less Desirable	432 (47.5%)	826 (46.5%)	1,258 (46.8%)

Help Me Grow Children Specific Outcomes

When combined, pending responses from either the client or a Help Me Grow resource was the most common outcome in both years (43.3%, 42.4%). In Year 1, 31% and in Year 2, 24% of clients received services. In Years 1 and 2, nearly 13% of clients received information. Clients receiving education through Help Me Grow increased from 9% in Year 1 to 16% in Year 2 (Table 18).

Table 18: Help Me Grow Children Specific Outcomes

Specific Outcome	2010	2011	Total
Information Received by Client	116 (12.8%)	229 (12.9%)	345 (12.8%)
Service Received	280 (30.8%)	431 (24.2%)	711 (26.5%)
Education through Help Me Grow	81 (8.9%)	292 (16.4%)	373 (13.9%)
Pending Response from Client	232 (25.5%)	358 (20.1%)	590 (22.0%)
Pending Response from Resource	162 (17.8%)	397 (22.3%)	559 (20.8%)
Service Not Received	27 (3.0%)	55 (3.1%)	82 (3.1%)
Family Situation Changed	11 (1.2%)	16 (0.9%)	27 (1.0%)
Total	909 (100.0%)	1,778 (100.0%)	2,687 (100.0%)

Ages and Stages Questionnaire (ASQ)

When appropriate, an adult completed the ASQ for their child. The ASQ month designates the age, in months, of the child. A child may be scored at each age. White is the most desirable score; black indicates the child would benefit from additional resources. Table 19 shows the actual number of ASQs that were scored. Between all scored ASQs over both years, 63% scored white, 22% scored gray and 15% scored black (Table 19). Asterisks in Table 15 denote scores and ASQ months that differ by at least 3% from total ASQ frequencies. Only 5% of children took the ASQ five or more times (Table 20). Of the 417 children who were scored on the ASQ, only 4.8%, or 20 children, were also scored on the ASQ-SE (social emotional). For those who submitted the ASQ five or more times, 5% scored black, 14% scored gray and 81% scored white (Table 21).

Table 19: ASQ Scores by Month

ASQ Month	ASQ Scores			Total
	White	Gray	Black	
2	24 (50.0%)	13 (27.1%)*	11 (22.9%)*	48 (100.0%)
4	36 (64.3%)	15 (26.8%)*	5 (8.9%)	56 (100.0%)
6	23 (50.0%)	17 (37.0%)*	6 (13.0%)	46 (100.0%)
8	25 (71.4%)	2 (5.7%)	8 (22.9%)*	35 (100.0%)
9	13 (65.0%)	6 (30.0%)*	1 (5.0%)	20 (100.0%)
10	15 (60.0%)	4 (16.0%)	6 (24.0%)*	25 (100.0%)
12	26 (65.0%)	9 (22.5%)	5 (12.5%)	40 (100.0%)
14	24 (70.6%)	8 (23.5%)	2 (5.9%)	34 (100.0%)
16	18 (62.1%)	2 (6.9%)	9 (31.0%)*	29 (100.0%)
18	17 (53.1%)	9 (28.1%)*	6 (18.8%)*	32 (100.0%)
20	14 (48.3%)	8 (27.6%)*	7 (24.1%)*	29 (100.0%)
22	21 (67.7%)	8 (25.8%)*	2 (6.5%)	31 (100.0%)
24	29 (64.4%)	13 (28.9%)*	3 (6.7%)	45 (100.0%)
27	20 (69.0%)	7 (24.1%)	2 (6.9%)	29 (100.0%)
30	29 (85.3%)	2 (5.9%)	3 (8.8%)	34 (100.0%)
33	14 (73.7%)	2 (10.5%)	3 (15.8%)	19 (100.0%)
36	30 (85.7%)	2 (5.7%)	3 (8.6%)	35 (100.0%)
42	18 (58.1%)	9 (29.0%)*	4 (12.9%)	31 (100.0%)
48	13 (59.1%)	6 (27.3%)*	3 (13.6%)	22 (100.0%)
54	13 (68.4%)	3 (15.8%)	3 (15.8%)	19 (100.0%)
60	9 (50.0%)	4 (22.2%)	5 (27.8%)*	18 (100.0%)
Total	431 (63.7%)	149 (22.0%)	97 (14.3%)	677 (100.0%)

Table 20: ASQ Frequency per Child

ASQ Frequency	N (%)
Only 1 ASQ	277 (66.4%)
2 ASQs	76 (18.2%)
3-4 ASQs	42 (10.1%)
5 or More ASQs	22 (5.3%)
Total	417 (100.0%)

Table 21: ASQ Scores for Children with 5 or More ASQs vs. Average ASQ Scores

ASQ Scores	3 or 4 ASQs	5 or More ASQs	All ASQs
White	26 (63.4%)	18 (81.8%)	431 (63.2%)
Gray	8 (19.5%)	3 (13.6%)	152 (22.3%)
Black	7 (17.1%)	1 (4.6%)	99 (14.5%)
Total	41 (100.0%)	22 (100.0%)	682 (100.0%)

Table 22 presents ASQ scores by year of age of child. Just over 69% of ASQs were scored on children in the first and second years of life. Children most often scored white in the third year (79.5%), gray in the fourth year (28.3%) and black in the fifth Year (21.6%). Overall 14.3% of all ASQ scores were in the black range with the highest percentage occurring in Year 5 (21.6%).

Table 22: ASQ Scores by Year

ASQ Year	White	Gray	Black	Total
1 st Year	162 (60.0%)	66 (24.4%)	42 (15.6%)	270 (39.9%)
2 nd Year	123 (61.5%)	48 (24.0%)	29 (14.5%)	200 (29.5%)
3 rd Year	93 (79.5%)	13 (11.1%)	11 (9.4%)	117 (17.3%)
4 th Year	31 (58.5%)	15 (28.3%)	7 (13.2%)	53 (7.8%)
5 th Year	22 (59.5%)	7 (18.9%)	8 (21.6%)	37 (5.5%)
Total	431 (63.7%)	149 (22.0%)	97 (14.3%)	677 (100.0%)

Help Me Grow Closed Files

The most common reason for Help Me Grow to close a file was due to a pending response from the client (85.9%) (Table 23).

Table 23: Outcomes of Closed Files in Family Referrals

Outcome	N (%)
Pending Response from Client	176 (85.9%)
Service Received	19 (9.3%)
Family Situation Changed	6 (2.9%)
Information Received by Client	2 (1.0%)
Service Not Received	2 (1.0%)
Total	205 (100.0%)

Recommendations

1. Identify strategies to encourage clients to maintain contact with Help Me Grow in order to increase the number of families who benefit from the resources and reduce the percentage of clients with pending responses.
2. Streamline the data collection so that family and children data are blended to ease analysis. Discover methods to combine data on families and children to better associate presenting issues, referrals and outcomes.
3. Format the database to better capture an individual child's ASQ history.
4. Continue annual professional evaluations and create a schedule of periodic department process evaluations. In the annual evaluation, include a measure of client satisfaction with their experience with Help Me Grow and explore reasons why contact with Help Me Grow is terminated at a high rate.
5. Continue or expand family events particularly in the north and south areas of the county, which are underrepresented in Help Me Grow call numbers. Locate events or locations where fragile populations may be accessed and promote Help Me Grow.
6. Ensure that Spanish speaking staff is available.
7. Increase outreach and education to physician offices and other professional audiences, emphasizing the need to continue connecting families to resources available through Help Me Grow. Establish Help Me Grow protocol for physician referrals and follow-up.

Conclusion

Help Me Grow was implemented in Utah on March 1, 2010 under the educational strategic planning initiative of United Way of Utah County. Resources and staff from United Way are used to support Help Me Grow. A total of 229 calls to Help Me Grow were received during the first year and a 94% increase (444) occurred in the second year. A high rate of calls was associated with Help Me Grow promotion at two community events. In addition to the events, community outreach presentations reached 200 more people in the second year although a similar number of events were held. Calls to Help Me Grow were most likely from Caucasian parents and a disproportionately high percentage of families living in Title I zip codes, which was used as a proxy for poverty, contacted Help Me Grow. A major gap in delivering services was failure of families to continue contact with Help Me Grow. However, 81% of the families who maintained contact received information, services or education. The number of children served in Year 1 was 213 and increased in Year 2 to 545. Initial calls to Help Me Grow were mainly for ASQ screening. A total of 417 children were scored on 682 questionnaires over the first two years. Overall 14% of ASQ scores were in the black range. From Year 1 to Year 2, Help Me Grow grew significantly in number of calls, number of children served and number of ASQs scored. Program recommendations include improving client retention and data collection methods, conducting periodic department process and protocol evaluations, offering family events in outer regions of the county, and expanding educational efforts to physicians' offices and other professional audiences.

