

# Help Me Grow Orange County, California

## 3-Year Evaluation Report: 2010-2012

### Executive Summary

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

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

The report is organized into three sections:

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

The highlights of the report are summarized below by section:

#### How much did Help Me Grow do?

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

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

### **How well is HMG doing?**

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

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

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

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

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

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

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