

HMG Affiliate Summary of Evaluations

HMG Study 1	
Responder Information	Name: Megan Richards Affiliate: Solano
Status (select one)	X Completed In process
Study Focus (select one)	X HMG independent HMG in combination with other initiative
Model Relevance (Select one)	X HMG Call Center Physician Outreach Family Engagement Community Outreach Developmental Screening Other (please specify):
Study Framework (Describe each)	<p>Primary research question: How is Help Me Grow Solano structured and administered, and how does it compare to other county models?</p> <p>What are the outcomes of Help Me Grow Solano’s call center, and how do these compare with those from other affiliates?</p> <p>What are the common challenges affiliates experience in implementing the core components, and what are the best strategies for addressing these challenges?</p> <p>Where can we strengthen the model in Solano, based on lessons learned locally and from other counties?</p> <p>Target population: Help Me Grow Solano Sample size (if applicable): Study design: Key informant interviews, survey, call center data.</p>
Key Findings	<p><i>Please provide a written of key findings and take aways from this study.</i></p> <p>Help Me Grow Solano receives a relatively high call volume each month relative to the size of the county’s child population.</p> <p>It has moderately high rates of connecting families to services compared to other counties, with the vast majority of referrals for developmental screenings. In addition, families are much more likely to be successfully connected to screenings than other types of services. This means that more work may need to be done to help families connect with other types of special and health services.</p>

	<p>Help Me Grow Solano has experienced developmental challenges similar to other counties, but can learn from how other counties have approached these same challenges. Potential solutions for addressing these challenges include:</p> <ul style="list-style-type: none">○ Diversify funding sources○ Provide staff with additional training on effective call center practices, data collection and entry, and Solano County resources○ Regularly reach out to and deepen relationships with providers○ Reach high-need populations through community partnerships○ Provide families with information, coaching, and supports, even if the services they need or desire are not available○ Build greater cultural and linguistic competency○ Collect complete and accurate data
<p>Other <i>Please describe other relevant information such as budgets, consults, etc.</i></p>	



SOLANO PROGRAM EVALUATION
July 2016



Report funded by:



Report prepared by:



Table of Contents

Executive Summary.....	3
Introduction and Purpose.....	5
Help Me Grow Structure	7
Call Center Services and Outcomes.....	8
Outreach and Engagement.....	13
Data for Quality Improvement	18
Conclusion and Recommendations.....	19
Appendix A – HMG National Model Description	21
Appendix B – Details of HMG Structure Across 4 Counties	23
Endnotes	32

Executive Summary

Help Me Grow is a coordinated system of early identification and referral for families with children age 0-5 at risk of developmental or behavioral challenges. National evaluations of Help Me Grow have shown that the program provides wide-ranging benefits to the child, family, and healthcare and social services systems, including cost-savings associated with early detection and intervention and reduced reliance on health specialist services.¹ The model is guided by four core components:

- ◆ Provider outreach to support early detection and intervention
- ◆ Community outreach to promote the use of Help Me Grow
- ◆ Centralized call center for connecting children and their families to services
- ◆ Data collection and analysis to understand and improve the program

Help Me Grow was introduced in California in 2005, with an affiliate based in Orange County. Since then, the model has been replicated in eight other counties throughout the state: Alameda, Contra Costa, Fresno, San Bernardino, San Francisco, San Joaquin, Solano, and Ventura.

The Help Me Grow Solano program began in 2013 and operates out of Children's Nurturing Project (CNP). After two full years of implementation, this process evaluation was commissioned in 2016 by First 5 Solano to understand the early successes of the Solano model, as well as ways to continue strengthening the service delivery. Specifically, this study sought to answer the following questions:

- ◆ How is Help Me Grow Solano structured and administered, and how does it compare to other county models?
- ◆ What are the outcomes of Help Me Grow Solano's call center, and how do these compare with those from other affiliates?
- ◆ What are the common challenges affiliates experience in implementing the core components, and what are the best strategies for addressing these challenges?
- ◆ Where can we strengthen the model in Solano, based on lessons learned locally and from other counties?

This evaluation drew upon several sources of data, including call center data, surveys with Solano community-based organizations, and interviews with staff at Help Me Grow Solano, Help Me Grow Alameda, Help Me Grow Orange, and Help Me Grow San Joaquin.

In sum, this evaluation finds that Help Me Grow Solano is developing along a course similar to three other counties that started before them. Below are several of the study's key take-aways:

- ◆ Help Me Grow Solano receives a relatively high call volume each month relative to the size of the county's child population.
- ◆ It has moderately high rates of connecting families to services compared to other counties, with the vast majority of referrals for developmental screenings. In addition, families are much more likely to be successfully connected to screenings than other types of services. This means that

more work may need to be done to help families connect with other types of special and health services.

- ◆ Help Me Grow Solano has experienced developmental challenges similar to other counties, but can learn from how other counties have approached these same challenges. Potential solutions for addressing these challenges include:
 - Diversify funding sources
 - Provide staff with additional training on effective call center practices, data collection and entry, and Solano County resources
 - Regularly reach out to and deepen relationships with providers
 - Reach high-need populations through community partnerships
 - Provide families with information, coaching, and supports, even if the services they need or desire are not available
 - Build greater cultural and linguistic competency
 - Collect complete and accurate data

By learning best practices from other affiliates in the state, Solano's Help Me Grow program will further strengthen and continue to provide critical connections to children and families.

Introduction and Purpose

Origins of Help Me Grow in Solano

Help Me Grow is a coordinated system of early identification and referral for families with children age 0-5 at risk of developmental or behavioral challenges (see Appendix A for a detailed description of the model). In Solano County, Help Me Grow developed out of an Early Childhood Developmental Health Collaborative focused on developmental screening and early intervention. The Help Me Grow Solano Leadership team formed in 2013 and consisted of members of this original collaborative. With funding from First 5 Solano, Children’s Nurturing Project (CNP) – a local community based organization – began implementing the core Help Me Grow components, which aligned with their prior experience and expertise in developmental screening and early intervention. At the end of 2013, the call center was added, and the program became a state and national affiliate. CNP staff began utilizing First 5 Solano’s database at that point to track and report data on client services and outcomes.

Purpose of this Report

This report takes a closer look at the Help Me Grow model in Solano County, including its structure, staffing, outreach activities, and client services and outcomes, in order to identify aspects of the model that are successful, as well as those that can be strengthened. It also examines Help Me Grow models in three other counties (Alameda, Orange, and San Joaquin Counties) to better understand what other programs in the state look like and glean lessons learned from counties that are further along in their development. It aims to answer the following questions:

- ◆ How is Help Me Grow Solano structured and administered, and how does it compare to other county models?
- ◆ What are the outcomes of Help Me Grow Solano’s call center, and how do these compare with those from other affiliates?
- ◆ What are the common challenges affiliates experience in implementing the core components, and what are the best strategies for addressing these challenges?
- ◆ Where can we strengthen the model in Solano, based on lessons learned locally and from other counties?

Methodology

The findings in this report come from a variety of sources. First, key informant interviews were conducted with the managers of Help Me Grow in Alameda, Orange, and San Joaquin Counties, in order to compare their model structures and activities. Help Me Grow Alameda and Help Me Grow Orange were chosen as key informants because they have been affiliates for at least five years and therefore could offer a wealth of information on what works, as well as suggest solutions to address challenges in implementing the model. Help Me Grow San Joaquin, though it was established in the same year as Help Me Grow Solano, was chosen as a key informant due to their relative success in connecting families to services (see *Call Center Services and Outcomes* later in this report). These interviews involved a discussion of affiliates’ experiences, including challenges they encountered and

what has worked well. To compare these models with that in Solano, individual interviews were also conducted with Help Me Grow Solano’s program manager and First 5 Solano staff. Detailed tables of the results from these interviews can be found in Appendix B.

Figure 1: Help Me Grow Affiliates Interviewed and Length of Affiliation

County	Year gained affiliate status	Number of years as HMG affiliate	Number of children 0-5 in county overall
Orange	2005	11	224,670
Alameda	2011	5	115,012
San Joaquin	2014	2	61,886
Solano	2014 (Dec. 2013)	2	30,965

In addition to these interviews, a survey was sent to community-based organizations (CBO) in Solano County about their experiences with Help Me Grow. The survey was completed by 15 participants. Two of these respondents had been working in the county for less than a year. Because they had relatively little experience in the county and therefore with Help Me Grow Solano, their responses are not included in the results reported here. The remaining 13 respondents represented seven agencies in the county, with four respondents from a single agency.

Finally, call center data from Help Me Grow Solano and the eight other California Help Me Grow affiliates (Alameda, Contra Costa, Fresno, Orange, San Bernardino, San Francisco, San Joaquin, and Ventura) were also analyzed to compare outcomes of clients utilizing Help Me Grow across the state.

Help Me Grow Structure

The table below describes the structure of Help Me Grow Solano, and the similarities and differences between the Help Me Grow affiliates interviewed – Solano, San Joaquin, Orange, and Alameda.

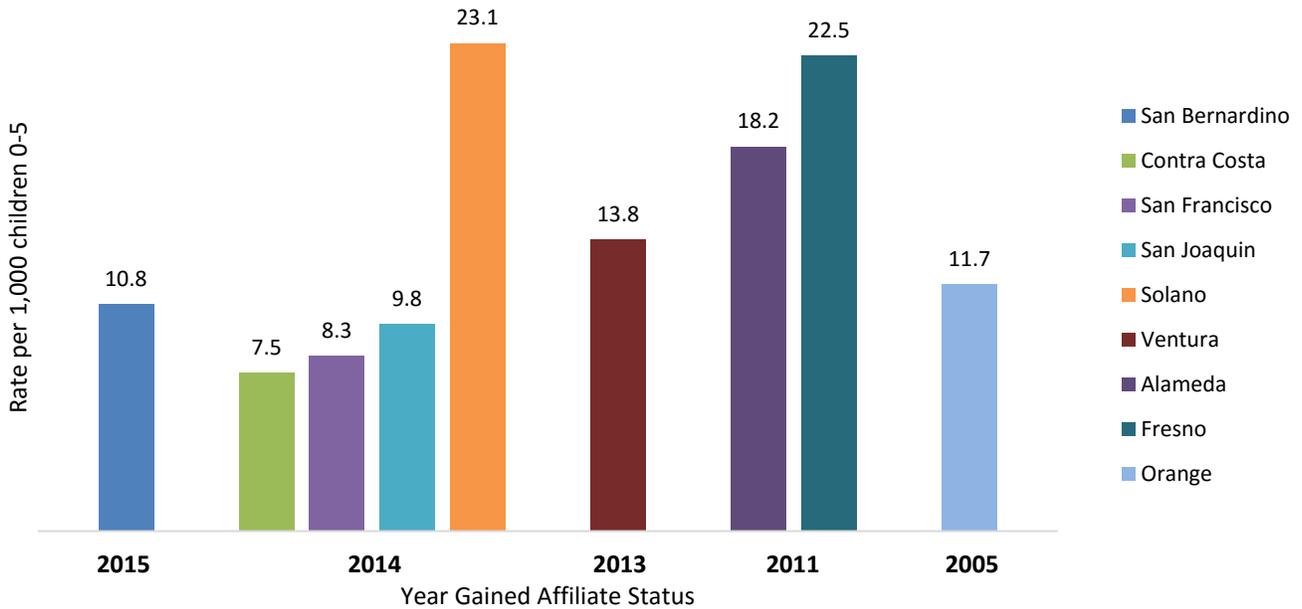
How is Help Me Grow Solano structured and administered, and how does it compare to other county models?

Leadership	Alameda	– First 5 Alameda
	Orange	– Children & Families Commission of Orange County; Children’s Hospital of Orange County and University of California, Irvine (CHOC-UCI)
	San Joaquin	– First 5 San Joaquin
	Solano	– First 5 Solano
Funding	ALL	– Local First 5 provides the majority of funding
	Alameda	– Medicaid Administrative Activities (MAA), Child Health and Disability Prevention Program, foundation funding
	Orange	– MAA, foundation funding, training fees, database royalties, foundation funding
Administration and call center	Alameda	– Administered by First 5 Alameda, which also houses its call center
	Orange	– Administered by CHOC-UCI; call center is located at 211
	San Joaquin	– Administered by Family Resource and Referral Center, which also houses its call center and 211
	Solano	– Administered by CNP, which also houses its call center
Resource directory	Alameda	– Online and community owned (i.e., providers can contribute and edit); automatic reminders sent to providers to update their information
	Orange	– Contributes to and utilizes the 211 directory; updates their resources at least annually by calling or meeting with providers in person
	San Joaquin	– Built own system; emailing providers to update their information
	Solano	– Resources stored in iCarol database; verifying resources by phone or asking providers to submit updates by paper or email
Staffing	Alameda	– 4 FTE call center staff; 3 FTE Community Outreach Liaisons; Developmental Screening Coordinator; formal HMG-specific training
	Orange	– 2.5 FTE call center staff; 3 FTE Community Outreach Liaisons; Developmental Screening Coordinator; formal HMG-specific training
	San Joaquin	– 1 FTE call center staff
	Solano	– 1 FTE call center staff
Developmental screenings	Alameda	– Screenings typically conducted by other providers, but tracked in an online system by Help Me Grow
	Orange	– Screenings typically conducted by other providers, but tracked in an online system by Help Me Grow
	San Joaquin	– HMG conducts and tracks the majority of developmental screenings
	Solano	– Some providers complete their own screenings, while others refer to HMG to do the screening

Call Center Services and Outcomes

Compared to other counties with Help Me Grow affiliates, Solano receives a high call volume relative to its population size. The chart below shows that approximately 23 per 1000 children age 0-5 were entered into Help Me Grow Solano’s system in 2015 (716 cases), a rate higher than in all other counties. About 85% of these cases agreed to care coordination, meaning Help Me Grow would follow up with them regarding the referral provided.

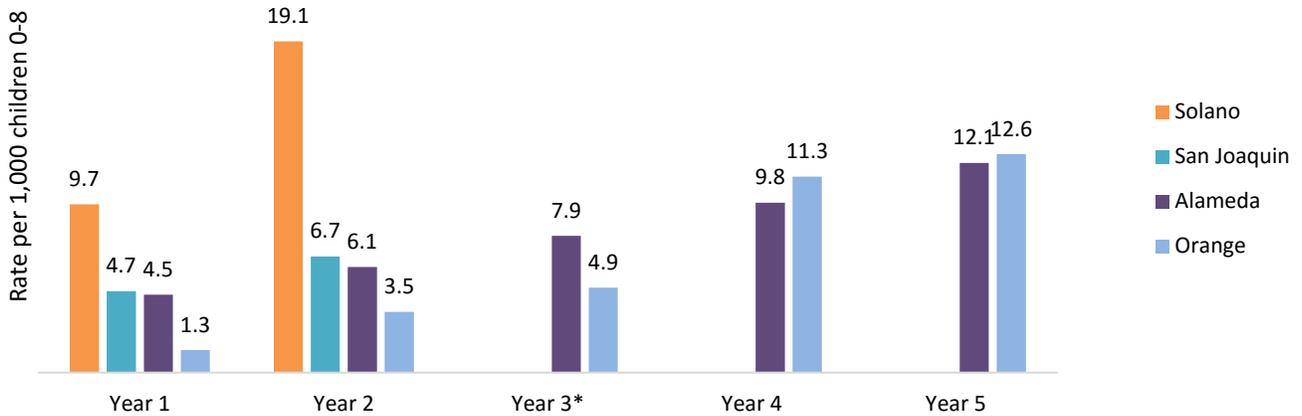
Figure 2: Rate of Calls for Children 0-5, per 1000 Children 0-5 in the County, 2015



Sources: 2015 Help Me Grow National Indicators California Affiliates data; CA Department of Finance, State and County Total Population Projections by Race/Ethnicity and Detailed Age.

The chart below compares Help Me Grow Solano’s total call volume over the past two years to that of San Joaquin, Orange, and Alameda in their first years as Help Me Grow affiliates. In all counties, call volume increased each year, but the rate of calls relative to the child population was actually higher each year in Solano compared to the other counties.

Figure 3: Rate of All Calls, per 1000 Children 0-8 in the County, by Year of Operation as HMG Affiliate



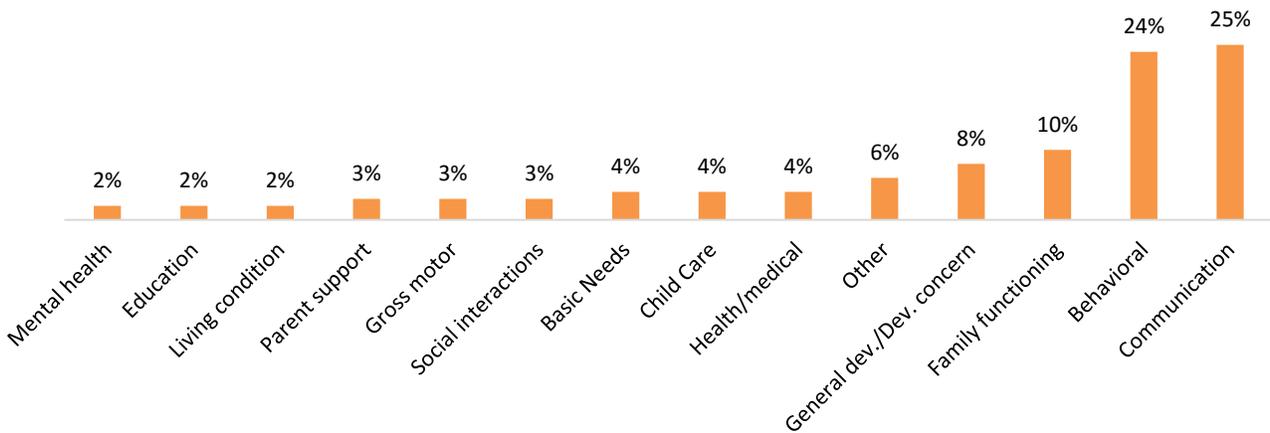
Sources: Help Me Grow affiliates call center data; CA Department of Finance, State and County Total Population Projections by Race/Ethnicity and Detailed Age; CA Department of Finance, California and Counties by Age and Race/Ethnicity-Total Only: 2000-2010.

*Only Jan-Sept data for Orange available due to database transition.

Note: Help Me Grow serves children up to 8, and a breakdown of the number of calls for children 0-5 was not available; a small number of calls each year are for children older than 8. Year 1: 2014 for Solano and San Joaquin, 2011 for Alameda, and 2007 for Orange. Year 3 data will be available for Solano and San Joaquin in 2017.

The charts on the following pages illustrate additional details on the calls received in Solano and the outcomes of these cases. It should be noted however, complete data were not available for all calls. The majority of callers in Solano were concerned about the child’s behavior or communication skills. Smaller percentages of callers were concerned about family functioning or general development.

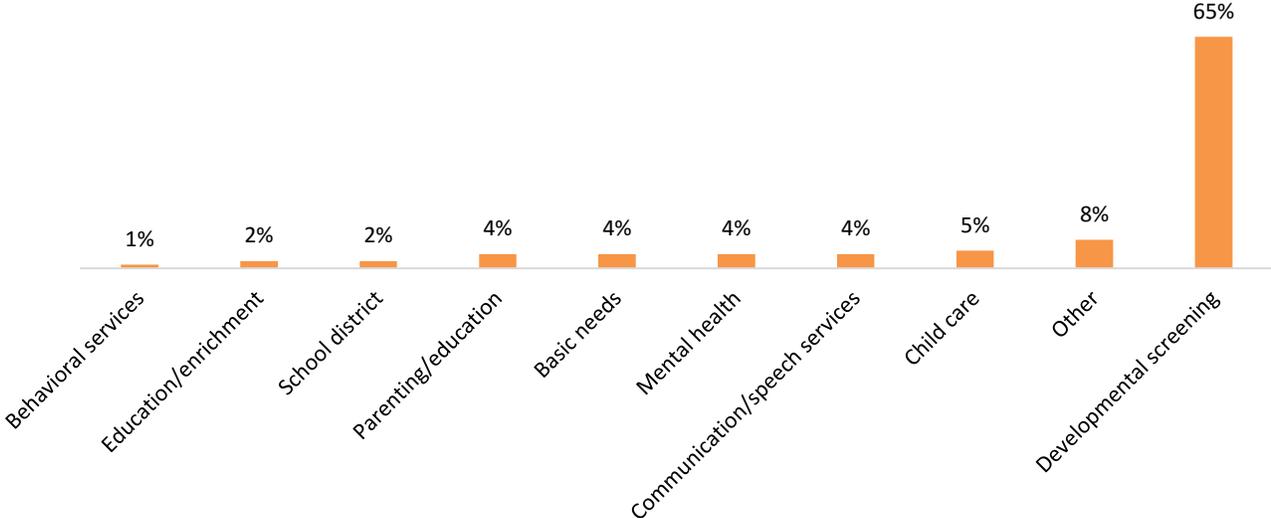
Figure 4: Help Me Grow Solano Callers’ Primary Concern, 2015



N=567. “Other” includes fine motor, hearing, cognitive/learning, diagnosis, general information, and concerns that were not specified.

The vast majority of referrals provided to families in Solano were for a developmental screening (65%). Small percentages of the referrals were for child care, developmental and behavioral services, mental health, basic needs, and parenting.

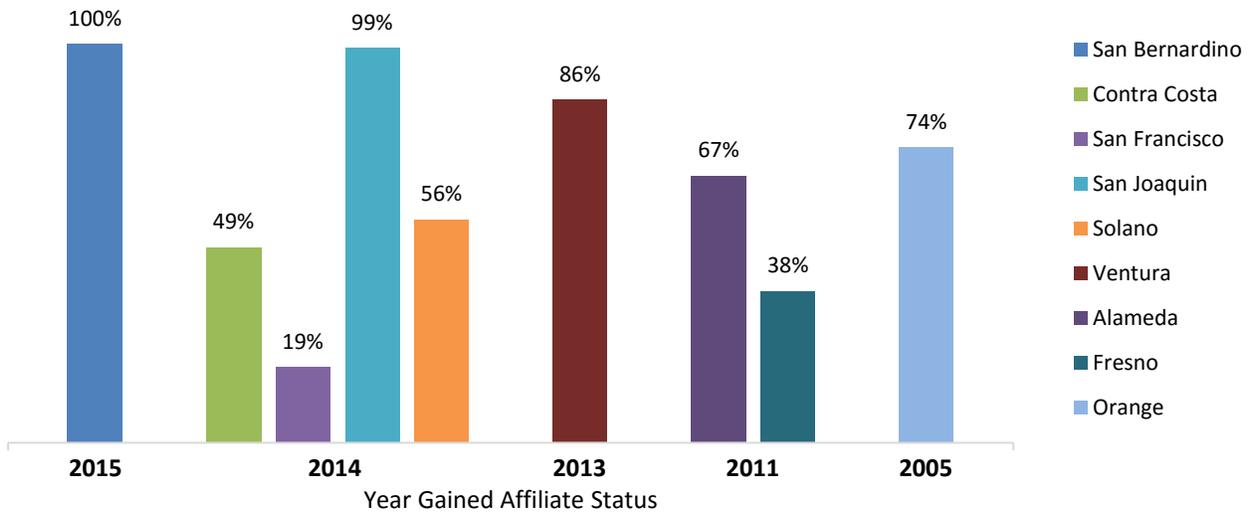
Figure 5: Help Me Grow Solano Referrals Provided, 2015



N=312.

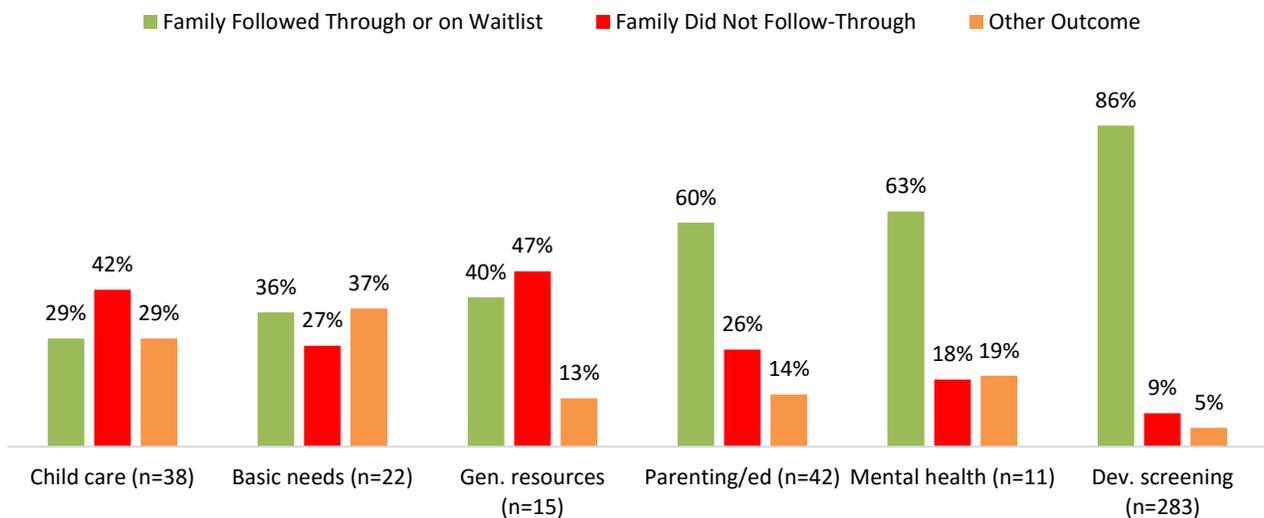
Families who agreed to care coordination were called several weeks later to determine whether they were successfully connected to a service. In Solano, approximately 56% of families who agreed to care coordination said that they were either connected to the service or pending connection (e.g., were on a waiting list, but planned to utilize the service). When considering only the counties that gained affiliate status the same year as Solano (2014), this rate of connection is higher than in San Francisco and Contra Costa, but lower than in San Joaquin, where nearly all children were connected to a service.

Figure 6: Percent of Children Successfully Connected to Service or Pending Start of Service, 2015



The most successful type of referral in Solano was for developmental screenings (86% of families receiving this referral followed through or were on a waiting list). The majority of parents (60-63%) also followed through on referrals for parenting support and education and mental health services. Parents were least likely to follow through on referrals for child care or preschool; just 29% of families offered this referral were connected to the service or on a waiting list.

Figure 7: Referral Outcomes in Solano for Most Common Referrals, by Referral Type, 2015



Note: this chart only includes data for families that accepted the referral offered and agreed to a follow-up. "Other Outcome" includes client ineligible for services, service not available, and family unavailable for follow-up.

What are the outcomes of Help Me Grow Solano’s call center, and how do these compare with those from other affiliates?

Call Volume	Alameda	– 18 per 1000 children 0-5
	Orange	– 12 per 1000 children 0-5
	San Joaquin	– 10 per 1000 children 0-5
	Solano	– 23 per 1000 children 0-5
Connection to Services	Alameda	– 67% connected or pending start of service
	Orange	– 74% connected or pending start of service
	San Joaquin	– 99% connected or pending start of service
	Solano	– 56% connected or pending start of service

Outreach and Engagement

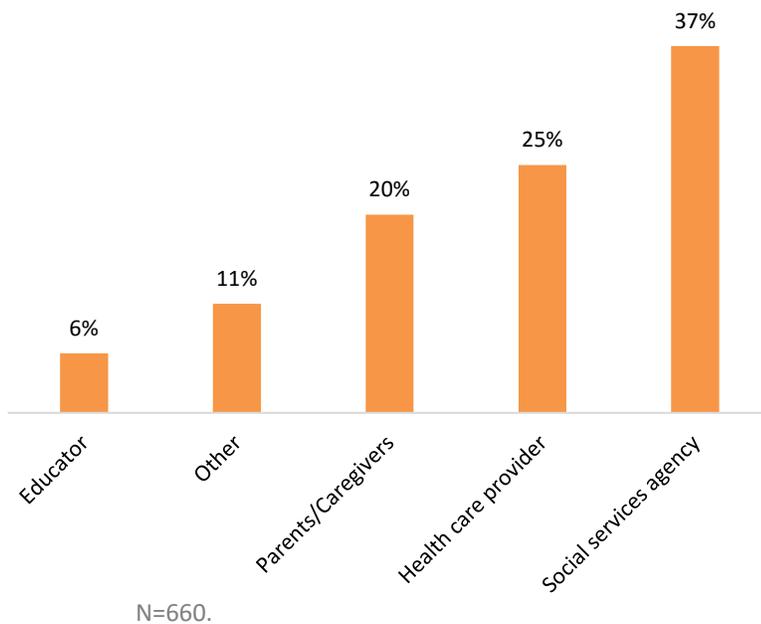
Solano County, like other Help Me Grow affiliates, utilizes a variety of methods to reach out to child service providers and families. This section first describes the Help Me Grow outreach that has taken place in Solano, as well as perceptions of Help Me Grow among service providers in Solano. It then addresses the following question: What are the common challenges affiliates experience in implementing the core components, and what are the best strategies for addressing these challenges?

Outreach Efforts in Solano

In 2015, Help Me Grow Solano outreach efforts included 13 presentations throughout the county, including at public agencies such as WIC, child welfare, the community college, and local libraries. Help Me Grow staff also delivered marketing materials throughout the community, including flyers in English and Spanish, brochures, bookmarks, pens, prescription note pads, advertisements in a local newsletter, and table toppers at the Solano Town Center and libraries. In addition, Help Me Grow staff attended about 40 community events and fairs throughout the year.

First 5 Solano also participated in Help Me Grow outreach efforts in the community including the distribution of 20,000 calendars which featured Help Me Grow, advertising on the radio station KUIC, and the distribution of outreach materials and information on Help Me Grow to community partners. First 5 Solano grantee partners distributed Help Me Grow materials at outreach events throughout the County. First 5 Solano also helped fund and organize quarterly Help Me Grow provider meetings that involved opportunities for networking and coordination.

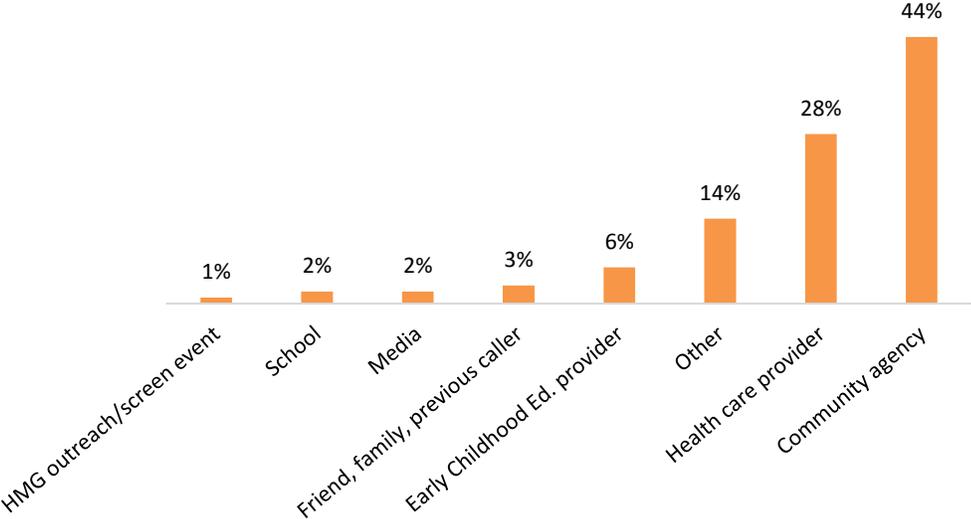
Figure 8: Help Me Grow Solano Callers, 2015



The impact of these outreach efforts to families and providers can be partially assessed from data on who calls Help Me Grow Solano and where the callers first heard about Help Me Grow. As illustrated, in 2015, most of the callers in Solano were social service or healthcare providers (62%). About one in five callers was a parent or other caregiver.

Likewise, in 72% of cases, callers first heard about Help Me Grow Solano from a provider. Just 3% of callers said they learned of Help Me Grow from a friend, family member or previous caller, and another 3% had heard about it via Help Me Grow outreach or the media.

Figure 9: Where Callers Heard About Help Me Grow Solano, by Source, 2015



N=660. “Other” includes sources that were not specified.

Outreach and Engagement of Providers

Common Challenges

A common challenge in engaging providers emerged from interviews with Help Me Grow Alameda, Orange, San Joaquin, and Solano: nearly all affiliates struggled to bring providers into their Help Me Grow network, often because providers felt that Help Me Grow was providing a service they already offered. Consequently, they perceived going through Help Me Grow as an unnecessary and added step for families. For example, five respondents in Solano indicated in their survey responses that they have not referred to Help Me Grow because their program offers the same services. These respondents said they believe referring to Help Me Grow would be an additional burden for families. Both Help Me Grow Alameda and Help Me Grow Orange said they have faced similar comments. This perception seemed to be less of an issue in San Joaquin, where Help Me Grow is administered by an organization that already was a resource and referral agency prior to Help Me Grow’s development.

Recommended Strategies

To address challenges in engaging providers, Help Me Grow affiliates described various strategies:

All programs had a collaborative of providers that meet on a regular basis to talk about Help Me Grow. In Orange County, *Connection Cafés* occur every other month, and include an update on services

from Help Me Grow, a “Family Showcase” (case study), a networking activity, and a speaker on a topic related to child development. Alameda has similar *Connection Cafés* four times a year, while First 5 San Joaquin puts together a *Connection Café* every six months. In Solano, Help Me Grow collaborative meetings like these had taken place quarterly, but they are set to end in July 2016. However, Solano staff report that they speak about Help Me Grow at other regular convenings in the county as well, including at the Solano Kids Thrive Collective Impact bimonthly meetings of providers.

One-on-one meetings are the best strategy for building partnerships with community providers, according to Help Me Grow Alameda and Help Me Grow San Joaquin. All programs interviewed said that providers need to meet with Help Me Grow staff to understand what it is and the value of its service. In several counties, staff said it took time for other providers to see the contribution Help Me Grow could make to the community. When Help Me Grow Orange staff meet in person or over the phone with organizations to update the resource directory, for example, they use it as an opportunity to build relationships with these providers.

“[HMG] is not just something you can read about and then just say oh yeah that’s great, I’ll just send all my families to you.”

-HMG Alameda staff on why one-on-one meetings are necessary

In these one-on-one meetings, Help Me Grow staff can better demonstrate how they can add value to, rather than duplicate, the services already provided in the community. In response to concerns about Help Me Grow duplicating services provided by other referral and case management programs, like family resource centers (FRC), Help Me Grow Orange sent staff out to the FRCs to offer their services, including developmental screenings, on-site. By providing on-site assistance to the FRCs, they built a positive relationship with these providers. In addition, the program manager in Orange said that relationships with providers improved when Help Me Grow staff validated the work other entities were doing in the county. They offered to be a support for providers should they need it, but not a

replacement. As a result, Help Me Grow Orange allows providers to call just for information about resources, and then lets providers make referrals and coordinate care, if so desired. Help Me Grow Orange also contends that there are enough families in the community with needs, and that all providers have a role to play in the system. In addition, Help Me Grow Alameda said one-on-one meetings and ongoing communication help service providers to see how Help Me Grow and community partners can complement one another in their support of children and families.

“Our strategy was we’re here to support you.”

-HMG Orange staff on working with providers in the community

Maintaining relationships with providers also involves keeping providers in the loop on the outcomes of their clients. Alameda and San Joaquin affiliates said provider engagement is improved when providers are informed of the outcomes of the families they refer to Help Me Grow. One respondent to the survey in Solano also recommended increasing communication with agencies around referrals.

Outreach and Engagement of Families

Common Challenges

Reaching families directly has been difficult for nearly all affiliates interviewed. Challenges in outreach to and engagement of families are described below:

Reaching families directly has been a challenge for Help Me Grow Alameda, Orange, and Solano. In these counties, Help Me Grow has tried to rely on providers to find families in need of Help Me Grow services. In contrast, Help Me Grow San Joaquin targets its program towards low income families, to whom they have direct access via the administrative agency's CalWORKs contract.

Reaching families for follow-up and helping families follow through on referrals is a continued challenge in all counties interviewed

Reaching families for follow-up and connecting them immediately to services can be difficult. Many families cannot be reached for follow-up because their phones have been disconnected or they have moved. Some families simply do not answer their phones at follow-up, though all affiliates said they notify parents that they will be called at a later date to check in. Even if they are reached at follow-up, many families do not get connected to services because they are put on long waiting lists, the services they want are not available, or the parent has simply not followed through.

Help Me Grow affiliates also faced linguistic and cultural barriers in reaching families. For example, in San Joaquin, Help Me Grow was struggling to reach Asian populations; they did not yet have staff who spoke Asian languages. They also mentioned that they found it difficult to explain to immigrant parents the importance of developmental screenings, even if they believe the child is healthy. Help Me Grow Solano also mentioned challenges in reaching undocumented immigrants, who are often fearful of giving personal information.

Recommended Strategies

As with provider engagement, Help Me Grow affiliates offered strategies to address family engagement challenges:

Partnering with county agencies provides direct access to families in need of support. San Joaquin's Help Me Grow site is partnered with several county agencies, including Child Protective Services (CPS) and CalWORKs. In fact, Help Me Grow San Joaquin conducts mass mailings to all participants on CalWORKs, in which they include a developmental screening tool for parents to complete and send back. They report a 75% response to this mailing from parents. San Joaquin staff also sits in on intakes at CalWORKs once a month to offer Help Me Grow services. In addition, partnering with county agencies has helped Help Me Grow San Joaquin locate families that they are unable to reach for follow-up.

Partnering with 211 similarly provides access to families in need of support. Because of the cross referral capabilities of 211 and Help Me Grow in San Joaquin and Orange, they are able to reach a greater number of families directly.

Other strategies suggested by Help Me Grow Affiliates are listed in the table below:

Outreach and Engagement – What are the common challenges affiliates experience and what are the best strategies for addressing these challenges?

Outreach and Engagement of Providers	Challenges	<ul style="list-style-type: none"> – Providers’ perception that Help Me Grow is providing a service they already offer
	Strategies	<ul style="list-style-type: none"> – Hold more one-on-one meetings with providers – Support the work of other agencies without attempting to duplicate their services – Keep providers informed of the outcomes of the clients they refer – Ensure presentations to providers are done by knowledgeable staff and are of benefit to the providers (e.g., on a topic of interest to service providers)
Outreach and Engagement of Families	Challenges	<ul style="list-style-type: none"> – Unable to reach families for follow-up – Families not following through on the referrals provided – Linguistic and cultural barriers
	Strategies	<ul style="list-style-type: none"> – Partner with 211 and county agencies who serve the needy families – Find families at community events – Help families overcome barriers to getting services, including offering warm handoffs (i.e., calling the provider with the family) – Ensure staff are culturally and linguistically competent and/or utilize culturally and linguistically competent paraprofessionals – Institute a customer service model in the call center – Provide incentives to families – leave them with something they can use even if the service they want is not available

Data for Quality Improvement

All Help Me Grow affiliates are required to track, at a minimum, basic demographics of their callers, where the callers heard about Help Me Grow, primary concerns of the caller, referrals given, and the outcome of those referrals.

In all interviewed counties, Help Me Grow staff review the data with their funders, partners, and staff.

Help Me Grow Alameda and Help Me Grow Orange also collect data beyond what is required by Help Me Grow National. For example, Alameda collects data on whether the child is in child care, whether the child has health insurance, the results of any screenings the child has had, and the format in which they had contact with families and providers (in person versus over the phone). Help Me Grow Orange collects data on the child's living situation, health insurance, previous efforts to seek help, and gaps and barriers to connecting families to services.

HMG Alameda and HMG Orange collect data beyond what is required by Help Me Grow National

Common Challenges

Incomplete or inconsistent information in the database. Help Me Grow Alameda reported that in their first two years of collecting data, the results of many referrals were not being entered into the database. Similarly, San Joaquin said in the past they have not fully tracked information about follow ups with families in the database. In Solano, staff were also not consistently entering the outcomes of referrals, nor the gaps and barriers experienced by families who were not connected to services. Furthermore, only in the current fiscal year, did Solano begin indicating in the database when they were not able to reach a family for follow-up. Solano staff admitted that consistent data collection is an area for growth for them.

Recommended Strategies

Demonstrate to staff that good data can help their work, as opposed to being a burden. Help Me Grow Alameda said that showing staff how data can be used for practice reduced problems in data collection. Solano similarly said that by discussing the importance and significance of data collection with staff, they hope to improve the quality of the data they collect. There are many ways in which data can help inform practice. For example, data can reveal the most common types of barriers families face in accessing services, which can prompt a discussion about strategies to address those barriers. Likewise, a data review can determine the types of referrals that are most commonly associated with service gaps or barriers. When these are identified, Help Me Grow can assess whether they are in a position to address the gaps or barriers or whether staff should consider redirecting those referrals to another agency or type of support.

Data for Quality Improvement – What are the common challenges affiliates experience and what are the best strategies for addressing these challenges?

Data Collection and Analysis	Challenges	– Incomplete or inconsistent information in the database is a common problem. Affiliates admitted there were gaps in their data collection in the first few years of their programs.
	Strategies	– Share data with staff regularly – Demonstrate how quality data can inform and improve the services they provide

Conclusion and Recommendations

Evidence from national studies suggest that the Help Me Grow system can be an important means for increasing access to developmental screening and early intervention for young children in the community. It can prevent children at risk of developmental or behavioral problems from falling through the cracks, by connecting those who might otherwise remain unserved to community services. Our research with affiliates in California indicates that communities often face challenges in implementing the Help Me Grow model. Challenges common to California affiliates include overcoming skepticism among providers about the need for Help Me Grow's services, reaching and maintaining contact with high-need families, and consistently and thoroughly tracking client data. Yet this evaluation also revealed approaches that are working well for affiliates.

Where can changes be implemented in the Solano model, based on lessons learned locally and from other counties?

Representatives for the Help Me Grow affiliates who were interviewed for this evaluation offered a range of potential strategies for addressing common challenges, including:

- ◆ **Diversifying funding sources**, including looking for funding that would allow Help Me Grow Solano to hire Community Outreach Liaisons
- ◆ **Providing staff with additional training** on effective call center practices (e.g., handling difficult calls, active listening skills and various interviewing techniques, cultural sensitivity, etc.), data collection and entry, and Solano County resources
- ◆ **Deepening relationships with providers** through one-on-one meetings and conversations that explore how Help Me Grow and other agencies can work together and support one another, without duplicating services
- ◆ **Regularly reaching out to providers** – preferably in person – to update their information in the resource directory
- ◆ **Reaching high-need populations through partnerships** with 211, county agencies (e.g., CalWORKs and CPS), and other providers
- ◆ **Providing families with information, coaching, and supports**, even if the services they need or desire are not available
- ◆ **Building greater cultural and linguistic competency** to better communicate with and serve immigrant families, who may be unfamiliar with Help Me Grow services and hesitant about providing personal information
- ◆ **Collecting complete and accurate data**, and showing staff how data can be used to inform and improve the services they provide

Help Me Grow in Solano has improved since its inception (as evidenced by their relatively high call volume and positive perceptions among providers who have used the service), and the program is taking steps to address continued challenges. By learning best practices from successful affiliates, it can further evolve and actualize its unique potential to impact the lives of children and families in Solano.

Appendix A – HMG National Model Description

What is Help Me Grow?

First developed in Connecticut in 1998, Help Me Grow (HMG) is a coordinated system of early identification and referral for children age 0-5 at risk of developmental or behavioral challenges and their families. Help Me Grow expanded to California in 2005, with an affiliate based in Orange County. Since then, the model has been replicated in eight other counties throughout the state: Alameda, Contra Costa, Fresno, San Bernardino, San Francisco, San Joaquin, Solano, and Ventura. It is intended to ameliorate such challenges to promote optimal development and reduce the need for more costly interventions later in life. Efforts to achieve these goals are guided by four core components:²

- ◆ **Child health care provider outreach to support early detection and intervention.** This can entail training providers in developmental screening or ensuring providers know they can contact Help Me Grow for screening.
- ◆ **Community outreach to promote the use of Help Me Grow** and to provide networking opportunities among families and service providers. This component may include convening multi-disciplinary meetings of providers and utilizing marketing materials and presentations to inform the community about Help Me Grow. Parents, caregivers, or providers who have concerns about a child’s development can call the Help Me Grow call center, discuss their concerns, and receive information and referrals for various services including screening, assessment, and treatment, as well as supports for the family if needed. If referrals are provided and the family agrees, Help Me Grow follows up with the family to see if they were successfully connected to services.
- ◆ **Centralized telephone access point** for connecting children and their families to services and care coordination. Staff members at the call center provide education and support to callers, in addition to referrals for needed services in the community.
- ◆ **Data collection and analysis** to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers. At a minimum, data are collected on how the callers heard about the service, caller demographics, information about the person’s needs and services requested, record of actions taken to assist callers, and outcomes of contacts with the call center. Data can then be used to improve the services Help Me Grow provides.

These components are intended to be the foundation for a centralized system of care that connects children and families in need to valuable community services, including developmental screening and early intervention.

The Benefits of Help Me Grow

Help Me Grow’s model is backed by evidence that screening and early intervention are essential to address the developmental and psychosocial needs of young children. When children at risk for a developmental disability or psychosocial disorder are identified through early screening, and subsequently receive needed services, a range of cognitive, social, and emotional problems can be prevented or ameliorated.

The benefits of early intervention can be pervasive and long-lasting. For example, receiving early intervention services has been shown to improve cognitive development, language development, and social skills in children with autism,³ improve adjustment to home and school among children exhibiting behavioral problems,⁴ and reduce the risk of future child welfare involvement among families affected by child maltreatment.⁵ Each of the immediate impacts of early intervention can then result in a range of long-term benefits to the individual, family, and community.

In addition to direct benefits to the child and family, there is substantial evidence for cost-savings associated with early identification and treatment of developmental problems. These savings include the costs associated with:

- ◆ Grade retention (\$9,600 per student, per year)⁶
- ◆ Special education (\$22,300 per student, per year)⁷
- ◆ High school dropout (\$9,250 per person, per year)⁸
- ◆ Criminal activity (\$60,000 per inmate, per year)⁹
- ◆ Child welfare involvement (\$210,012 per person, over a child's lifetime)¹⁰

While children with developmental challenges require treatment and education services to address their needs, it is clear there are significant cost-savings associated with improved outcomes over the life span.

Help Me Grow evaluations have similarly demonstrated the program provides wide-ranging benefits to the child, family, and healthcare and social services systems. The program has been shown to not only detect problems early and enable early intervention,¹¹ but also improve child development by increasing parental capacity (e.g., knowledge of parenting and child development).¹² In addition, Help Me Grow provides alternatives to unneeded and costly medical and behavioral specialty referrals. Data from Help Me Grow Orange County demonstrated this savings by showing that 10% of children presenting mild to moderate behavioral or developmental issues – who might otherwise receive specialist services – were referred to more easily accessed, cost-effective community-based programs and services, thereby freeing specialists to address more severe cases. In doing so, Help Me Grow National estimated a cost savings of over \$1,700 per child.¹³ This estimate of cost-savings is in addition to the aforementioned savings from early detection and intervention. The body of evidence suggests the value of Help Me Grow accrues not only to children and families served, but also to the community as a whole.

Appendix B – Details of HMG Structure Across 4 Counties

Organization and Oversight

	Solano County	Orange County	Alameda County	San Joaquin County
Year attained affiliate status	2014 (December 2013)	2005 (call center established in 2007)	2011	2014
Leadership	First 5 Solano	Children & Families Commission of Orange County in partnership with Children's Hospital of Orange County and University of California, Irvine (CHOC-UCI)	First 5 Alameda	First 5 San Joaquin
Backbone agency	Children's Nurturing Project (CNP)	CHOC-UCI	First 5 Alameda	Family Resource & Referral Center
Call center location	CNP	211 Orange County	First 5 Alameda	Family Resource & Referral Center (also site of 211)
Staffing	<p>1 PT HMG director</p> <p>1 PT HMG program manager (~.5 FTE)</p> <p>1 FTE call center staff</p> <p>1 PT (~.2 FTE) administrative assistant</p>	<p>1 FTE HMG program manager</p> <p>.5 FTE developmental screening coordinator</p> <p>.75 FTE screening registry coordinator</p> <p>1 FTE physician outreach (trains physicians and CHOC-UCI residents on screening tools)</p> <p>3 FTE Community Liaisons (assigned to county regions)</p>	<p>1 FTE HMG coordinator</p> <p>1 FTE HMG program administrator</p> <p>1 FTE call center supervisor</p> <p>1 FTE prevention manager (oversees screenings)</p> <p>3 FTE Community Liaisons</p> <p>4 FTE call center staff</p>	<p>1 PT HMG director/program manager (also 211 manager)</p> <p>1 FTE call center staff</p>

	Solano County	Orange County	Alameda County	San Joaquin County
		2.5 FTE call center staff .5 FTE administrative assistant	3 FTE F5 administrative staff 1 PT communications and social marketing coordinator	
Call center staff background and training	<ul style="list-style-type: none"> - AA and BA level - Child development background - Bilingual in English and in Spanish - Staff are also direct service providers for the Partnership for Early Access for Kids (PEAK), screening and early intervention program - Utilizes resources from HMG National - Case conference meetings weekly 	<ul style="list-style-type: none"> - BA level - Child development background - Bilingual in English and in Spanish - Two years direct experience with children and families - 2-3 weeks of training on 16 topics - Case conference meetings weekly with case coordinators (i.e., call center staff) and Community Liaisons - Monthly team meetings with a guest speaker 	<ul style="list-style-type: none"> - BA level - Child development background - Bilingual in English and in Spanish - Three months of training on early childhood issues, development, behavior, community resources, and eligibility issues - Weekly meetings with call center supervisor - Monthly team meetings with case presentations 	<ul style="list-style-type: none"> - BA level - Child development background - Bilingual in English and in Spanish - Attends 6-10 trainings per year in special needs, trauma, and other topics related to child development
Funding	\$100,000-First 5 Solano	\$700,000-Children & Families Commission of Orange County ~36,000-HCSA Medicaid Administrative Activities ~\$5000-training fees ~\$15,000-royalty fees from database subscriptions	\$1,432,359-First 5 Alameda \$693,597-Alameda County Public Health CHDP \$220,434-HCSA Medicaid Administrative Activities	\$186,032-First 5 San Joaquin

Note: Alameda County also receives funding from the Thomas J. Long Foundation Endowment for enhanced services (family navigation). Orange County also receives funding from Lucile Packard Foundation for systems change efforts focused on children with special health care needs.

Call Center

	Solano County	Orange County	Alameda County	San Joaquin County
Year call center established	2014 (end of 2013)	2007	2009	2013
Call center origins	Developed out of PEAK phone line, which provided quick referrals, but no follow-up	Developed along with 211 Orange County	Began as line for Screening, Assessment, Referral, and Treatment program	There was no call center before Help Me Grow
Resource directory	<ul style="list-style-type: none"> - Recently began using the iCarol database system - Distributes "Program Profile" forms to agencies in the community so that they can verify their information - Currently contacting programs directly by phone to verify that information is up-to-date - Will be meeting with 211 to learn about methods of keeping resources updated, including sending out emails to organizations 	<ul style="list-style-type: none"> - Merged with 211's resource directory and added resources relevant to HMG - Community Liaisons call or meet in person with providers to update resource directory - Reminds providers at Connection Cafés to update their records - Updates resources at least annually and tracks when they have been updated 	<ul style="list-style-type: none"> - Searchable and on the web: Alamedakidsorg. - Community owned: organizations create accounts and enter their own programs and services - Developed as a resource for the larger community, not just HMG - Tickler system built in: organizations receive automated reminders to keep profile up-to-date and creates expiration dates for listings - Two staff do quality assurance to make sure listings are updated and clearly written - Community Liaisons recruit new agencies or new programs for inclusion 	<ul style="list-style-type: none"> - Built their own database from the ground-up, spending three months going out to CBOs in person to collect information - Providers can also make changes on their website or call or email to make changes - Currently sending out emails to verify all resources
Relationship with 211	In 2016, developing a relationship with 211. In the process of cross referring and learning strategies from them for managing resources in the iCarol database	HMG call center developed out of 211. They share a resource directory and cross refer.	In 2016, developing a partnership with 211, which is run through a local CBO – Eden I&R. 211 will refer families with young kids directly to HMG.	In 2016, they began merging HMG and 211. 211 was first developed in the county in April 2015. They will be hiring more HMG staff to fully merge with 211.

		Solano County	Orange County	Alameda County	San Joaquin County
Number of calls annually	Year 1 (as HMG)	143 (Oct-Dec)	464	779	~450
	Year 2	665	1298	1066	631
	Year 3	N/A	1745 (Jan-Sept)	1371	N/A
	Year 4	N/A	3930	1718	N/A
	Year 5	N/A	4400	2113	N/A

Developmental Screenings

Solano County	Orange County	Alameda County	San Joaquin County
<ul style="list-style-type: none"> - Some providers do their own screening and when delays are indicated they refer to HMG to connect with additional services. HMG will then refer to Family Resource Center, PEAK services, etc. These providers sometimes fax in the results of the screening. - Other providers refer to HMG to do the screening - HMG staff ask families about their screening history to avoid duplication 	<ul style="list-style-type: none"> - Has a dedicated part time developmental screenings coordinator - Trains physicians on the importance of developmental screening - Sends out screenings directly to families via online link or hard copy - Screenings are also distributed to state preschools and processed at HMG - Screenings sometimes done at health fairs - Most screenings done by providers in the community - Screens are entered into a centralized, online system 	<ul style="list-style-type: none"> - Has a dedicated full-time prevention manager that oversees screenings - Uses an online system for their developmental screening program: families can enroll and can get screened by mail or email - Supports screenings in 47 pediatric practices - Supports ECE training on implementing screening as part of their quality improvement plans - Only screening that HMG does is when a provider refers a family that they are unable to screen because of literacy or language 	<ul style="list-style-type: none"> - Screenings are mailed out to all CalWORKs recipients - Screenings are also distributed to families and conducted at ECE sites - Screenings sometimes done at health fairs - Screenings are conducted by just two providers in the county (including HMG), and most are entered into HMG's database

Outreach and Engagement of Providers

	Solano County	Orange County	Alameda County	San Joaquin County
Methods	<ul style="list-style-type: none"> - Help Me Grow Solano Leadership Team meetings had taken place quarterly - Leadership Team is now the Solano Kids Thrive Collective Impact steering committee, which meets every other month - Starting in July 2016, newsletter will be developed and distributed for regular communication and updates - HMG services are also discussed at PEAK collaborative meetings with providers - HMG presents at providers' professional development trainings - Staff attend community events/resource fairs - Other media materials used: brochures, flyers, website 	<ul style="list-style-type: none"> - Connection Cafés – bimonthly networking meetings with a guest speaker offering a presentation relevant to practice - Updates records in the resource directory in person and uses this as an opportunity to build relationships with providers - Community Liaisons meet one-on-one with CBOs at other times as well - Community Liaisons attend community events/resource fairs - Staff cold call organizations to learn about their services - Community Liaisons offer trainings for providers on child development – at these trainings staff will also introduce HMG 	<ul style="list-style-type: none"> - Connection Cafés – networking meetings four times a year - Community Liaisons attend community events/resource fairs - Staff cold call organizations to learn about their services - Community Liaisons meet one-on-one with CBOs - Staff present at other First 5 trainings – at these trainings they will collect sign-ups for more information from attendees. - Topic-specific steering committee meetings every other month - Three workgroups made up of steering committee members that work on goals within HMG strategic plan - Other media materials: pamphlet on parenting, brochures, posters, website, social media 	<ul style="list-style-type: none"> - HMG staff belong to coalitions and committees in the community and attend quarterly and monthly meetings - First 5 San Joaquin puts together a Café Connection for providers every six months - Other media materials used: Flyers, brochures, posters - Staff attend community fairs 1-2 times per month - HMG has close relationships with county services like Child Protective Services and CalWORKs, as well as the school district, the Regional Center, Race to the Top ECE providers, and United Cerebral Palsy - Physician outreach starting in July 2016

	Solano County	Orange County	Alameda County	San Joaquin County
Challenges	<ul style="list-style-type: none"> - Provider concern about the efficiency of referring families to HMG rather than directly to the needed service - Provider concern that HMG is duplicating services in the community - Provider concern that HMG doesn't serve all ages 	<ul style="list-style-type: none"> - Provider concern about the efficiency of referring families to HMG rather than directly to the needed service - Provider concern that HMG is duplicating services in the community 	<ul style="list-style-type: none"> - Provider concern about the efficiency of referring families to HMG rather than directly to the needed service - Provider concern about availability of services in the community - Perception that HMG is only for the neediest families (i.e., those in need of intensive treatment) - HMG has struggled to get early care and education (ECE) providers to refer to them (even though they are connected through QRIS, the state quality improvement program for ECE) 	<ul style="list-style-type: none"> - Initially concern among ECE providers about handling the developmental screenings and talking to parents about them (ECE staff did not feel qualified)
Solutions	<ul style="list-style-type: none"> - Having a dedicated Community Liaison may improve efficiency and effectiveness of outreach - Connection with 211 and working more closely with their resource database may also improve connection to providers - Extend personal invitations to providers to meet and answer questions or address concerns - At meetings, encourage partners to discuss barriers to using HMG - HMG executive team and manager meet regularly to discuss barriers, problem solve, and create new outreach and engagement strategies 	<ul style="list-style-type: none"> - Demonstrate how HMG can offer support, not duplicate services. Approach providers with similar services with the attitude "we will support you in doing that" rather than "you don't need to do that anymore." - Staff have provided developmental screening support and other services on-site at providers' offices - HMG allows providers to call for inquiries, but to make the referral themselves, if so desired 	<ul style="list-style-type: none"> - One-on-one meetings most effective in overcoming challenges: system is complex; takes time for organizations to see how HMG can fit into their work; every organization uses HMG differently. - Relationships with providers matter: "It's not just something you can read about and then just say oh yeah that's great I'll just send all my family to you." - Provider engagement is also improved when they are sent information about the outcomes of referrals for their families. - HMG demonstrated that they don't slow down the process, but rather, because of the case management they do, they are able in some cases to get families connected to services more quickly - HMG demonstrated that there 	<ul style="list-style-type: none"> - HMG offers screenings either onsite at ECE providers, or drops off the screenings for the providers to explain to the parents, but HMG is in charge of scoring the screenings and following up with the parent - HMG finds engagement improved when they follow up with providers to let them know what happened to the family they referred

	Solano County	Orange County	Alameda County	San Joaquin County
			<p>are a lot of resources that people aren't aware of</p> <ul style="list-style-type: none"> - Tell providers that HMG can at least provide families information about supporting child development if there are no services available - Currently conducting focus groups to understand ECE providers' hesitation to refer, but becoming better known and trusted in the ECE community might help - Still working to spread the message that HMG is for all families with questions about child development, not just those that need intensive services 	

Outreach and Engagement of Families

	Solano County	Orange County	Alameda County	San Joaquin County
Methods	<ul style="list-style-type: none"> - Rely on providers to reach families - Staff attend community events/resource fairs - Other media materials used: brochures, flyers, website 	<ul style="list-style-type: none"> - Rely on providers to reach families - Staff attend community events/resource fairs - Other media materials used: brochures, flyers, website 	<ul style="list-style-type: none"> - Staff attend community events/resource fairs - Other media materials used: brochures, flyers, website - Using foundation dollars to work on a public awareness campaign - Also plan to meet with parent groups and create a network of Parent Champions, parents who have been helped by a HMG. These parents would be involved in outreach efforts in their communities. 	<ul style="list-style-type: none"> - Staff attend community events/resource fairs - Other media materials used: brochures, flyers, website - Provide children's books and other age-appropriate activities to every child that gets screening - Do mass mailings with screenings to all CalWORKs recipients - Staff sits in on CalWORKs intakes once a month and offers families screenings - Will meet clients out in the community (e.g., at their job or

	Solano County	Orange County	Alameda County	San Joaquin County
				school)
Challenges	<ul style="list-style-type: none"> – Some families are fearful of seeking services through HMG due to immigration status (e.g., around giving personal information) – Have difficulty reaching families for follow-up (e.g., families often change phone numbers, change jobs, move, have disconnected numbers, or simply don't answer their phones) – Some families disappointed because service they are looking for is not readily available – Some families disappointed because they have been misinformed about what service HMG provides 	<ul style="list-style-type: none"> – Families often don't follow through with referrals or opportunities provided – Sometimes service providers don't answer the phone for families 	<ul style="list-style-type: none"> – Still finding it hard to reach families directly – Have difficulty reaching families for follow-up (e.g., families often change phone numbers, change jobs, move, have disconnected numbers, or simply don't answer their phones) – Some families don't follow through on the referral for a variety of reasons, including being overwhelmed by the system, facing waiting lists that are too long, and dealing with other stressors – Many families don't qualify for Regional Center services even if they have a great need 	<ul style="list-style-type: none"> – Have difficulty reaching families for follow-up (e.g., families often change phone numbers, change jobs, move, have disconnected numbers, or simply don't answer their phones) – Have difficulty explaining to non-English speakers the purpose and importance of HMG services, including developmental screening. Reaching the Asian community is especially challenging. – Sometimes agencies families are referred to don't call parents back – Transportation is a barrier to getting families connected to services
Solutions	<ul style="list-style-type: none"> – Outreach and tabling with Spanish speaking staff who can resolve fears that some Spanish speaking families may have about services – Partner with other agencies that already have connections and trust with immigrant populations – Will be distributing an ad in a Spanish language magazine (both in English and Spanish) to reach immigrant population – Clearly communicate to the community what Help Me Grow is – and is not 	<ul style="list-style-type: none"> – HMG team offers a warm transfer, calling the agency with the parent – Case coordinators follow up with the providers who don't answer their phone to ascertain the problem 	<ul style="list-style-type: none"> – As a staff, HMG has talked about different ways to engage and develop a relationship with families, including using a customer service philosophy in call center – HMG tries to meet the family's needs, by finding a range of services that might be available – Provide parent coaching and information that can help families even if they are not able to connect to a service 	<ul style="list-style-type: none"> – Participate in a variety of multicultural events to reach non-English-speaking population – Connection with CalWORKs helps HMG re-connect to families that couldn't be reached at follow-up – Follow up with the providers who don't call parents back to ascertain the problem – Find solutions for barriers to connecting families to services (e.g., locating transportation support for them)

Data for Quality Improvement

	Solano County	Orange County	Alameda County	San Joaquin County
Methods	<ul style="list-style-type: none"> – Reports back to First 5 Solano quarterly – Quarterly data reports to HMG staff; monthly upon request 	<ul style="list-style-type: none"> – Data shared with advisory board bimonthly – Monthly reports to the Children and Families Commission – Monthly reports to HMG staff to review data on families' connection to services to identify gaps and other challenges – Comprehensive evaluation reports on their services every three years – Has collected data beyond required indicators, including provider satisfaction 	<ul style="list-style-type: none"> – Monthly reports to HMG staff to review data on families' connection to services to identify gaps and other challenges – Has collected data beyond required indicators, including parent satisfaction 	<ul style="list-style-type: none"> – Reports back to partners at Café Connection once per year – Data reviewed with First 5 every five months
Challenges	<ul style="list-style-type: none"> – Did not have flag to track when families could not be reached for follow-up just until FY2015-16 – Data on follow-ups continues to be incomplete – Don't flag care coordination cases in a particular way in their data system 	<ul style="list-style-type: none"> – None mentioned 	<ul style="list-style-type: none"> – Don't flag care coordination cases in a particular way in their data system – In 2012, they couldn't see the results of many referrals. They now have very robust data of what happens to all of their referrals. 	<ul style="list-style-type: none"> – Don't flag care coordination cases in a particular way in their data system – Have had some difficulty capturing follow-up information in the database
Solutions	<ul style="list-style-type: none"> – Discuss with staff the importance of data collection – Will be working on a strategy to survey families about their satisfaction 	<ul style="list-style-type: none"> – Used data to help staff set goals for improving care coordination and monitor their progress 	<ul style="list-style-type: none"> – Discussing data with staff helps them see how it can support their work, as opposed to being a burden; this has resulted in a drop in coding errors 	<ul style="list-style-type: none"> – Works closely with First 5 San Joaquin to improve data collection

Endnotes

¹ Honigfeld, L., & McKay, K. (2006). Barriers to enhancing practice-based developmental services. *Journal of Developmental Behavioral Pediatrics, 27*(1), pp S30-S33; Hughes, M. & Damboise, M.C. (2008). *Help Me Grow: 2008 annual evaluation report*. Hartford, CT: Help Me Grow National; Jones, E. (2013). *Help Me Grow promotes optimal child development by enhancing protective factors*. Hartford, CT: Help Me Grow National; Taylor, C., & Help Me Grow National. (2012). *Cost benefits of "de-medicalizing" childhood developmental and behavioral concerns: National replication of Help Me Grow*. Hartford, CT: Help Me Grow National.

² Help Me Grow National. Help Me Grow System: Core Components. <http://www.helpmegrownational.org/pages/what-is-hmg/core-components.php>

³ Eldevik, S., Hastings, R. P., Hughes, J. C., Jahr, E., Eikeseth, S., & Cross, S. (2009). Meta-analysis of early intensive behavioral intervention for children with autism. *Journal of Clinical Child & Adolescent Psychology, 38*(3), 439–450. doi:10.1080/15374410902851739

Reichow, B., Barton, E. E., Boyd, B. A., & Hume, K. (2012). Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews, 2012*, Issue 10. Art. No.: CD009260. DOI:10.1002/14651858.CD009260.pub2.

Rogers, S. J. (1996). Brief report: Early intervention in Autism. *Journal of Autism and Developmental Disorders, 26*(2), 243–46.

Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 8–38. doi:10.1080/15374410701817808

⁴ Webster-Stratton, C., & Reid, M. J. (2010). The Incredible Years parents, teachers, and children training series: A multifaceted treatment approach for young children with conduct disorders. In J. R. Weisz A. E. Kazdin (Ed.), *Evidence-based psychotherapies for children and adolescents* (2nd ed.) (pp. 194–210). New York: Guilford.

⁵ Fuller, T. L., & Wells, S. J., Cotton, E., (2001). Predictors of maltreatment recurrence at two milestones in the life of a case. *Children and Youth Services Review, 23*(1), 49-78.

⁶ Legislative Analyst's Office. (2013). Overview of special education in California. Sacramento, CA: Author. Retrieved from <http://www.lao.ca.gov/reports/2013/edu/special-ed-primer/special-ed-primer-010313.aspx>

⁷ Ibid.

⁸ Bureau of Labor Statistics, Current Population Survey. (2015). Earnings and unemployment rates by educational attainment. Retrieved from http://www.bls.gov/emp/ep_chart_001.htm

⁹ California Budget & Policy Center. (2013). Fewer state prisoners, higher cost per inmate. Retrieved from <http://calbudgetcenter.org/blog/fewer-state-prisoners-higher-cost-per-inmate/>

¹⁰ Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*(2), 156–165. doi:10.1016/j.chiabu.2011.10.006

¹¹ Honigfeld, L., & McKay, K. (2006). Barriers to enhancing practice-based developmental services. *Journal of Developmental Behavioral Pediatrics, 27*(1), pp S30-S33.

Hughes, M. & Damboise, M.C. (2008). Help Me Grow: 2008 annual evaluation report. Retrieved from http://www.ct.gov/ctf/lib/ctf/HMG_Report_2007-2008.pdf

¹² Jones, E. (2013). Help Me Grow promotes optimal child development by enhancing protective factors. Hartford, CT: Help Me Grow National.

¹³ Taylor, C., & Help Me Grow National. (2012). Cost benefits of "de-medicalizing" childhood developmental and behavioral concerns: National replication of Help Me Grow. Hartford, CT: Help Me Grow National.