

HMG Affiliate Summary of Evaluations

HMG Study 1	
Responder Information	Name: Nadia Thind Affiliate: San Francisco
Status (select one)	Completed In process
Study Focus (select one)	HMG independent HMG in combination with other initiative
Model Relevance (Select one)	HMG Call Center Physician Outreach Family Engagement Community Outreach Developmental Screening Other (please specify):
Study Framework (Describe each)	Primary research question: to describe the current state of the project, identify information about current referrals to the warmline from the HMG age group (families with children ages 0-5), and better understand how SFCD - HMG is perceived in the community Target population: Steering Committee members, Early Education Care providers, family members Sample size (if applicable): Study design: Baseline process evaluation
Key Findings	<p>About half of Early Childhood Education staff interviewed for this study had heard of the Help Me Grow Project, a strong finding given that the Help Me Grow San Francisco began only a year earlier. Early Childhood Education and Family Resource Center staff were enthusiastic about the Help Me Grow model.</p> <p>The pilot of the Family Empowerment Scale strongly suggests that families that receive services from SFCD feel more positive about and in control of their family's needs and their interactions with their child's service providers. These results may be of interest to Help Me Grow affiliates nationally, as they seek to measure family protective factors that contribute to positive outcomes for children.</p> <p>The Help Me Grow Steering Committee feels that the warmline and related data collection are</p>

	going well, although Help Me Grow leaders – staff at both SFCD and First 5 San Francisco – hope to improve the data collection moving forward. The Steering Committee feels that Help Me Grow needs to focus on outreach to the community and especially to pediatricians in the coming months.
Other <i>Please describe other relevant information such as budgets, consults, etc.</i>	The report was generated by an outside evaluation team. Budget for the evaluation: approximately \$15,000-16,000 for more than 100 hours of work

Help Me Grow: Baseline Findings Report

PREPARED FOR SUPPORT FOR FAMILIES OF CHILDREN WITH
DISABILITIES | FALL 2015

[public
profit]

[measure and manage
what matters.]

Table of Contents

<u>REPORT HIGHLIGHTS</u>	<u>2</u>
<u>ABOUT HELP ME GROW AND THE EVALUATION</u>	<u>3</u>
<u>REFERRALS: CALLS TO THE WARMLINE.....</u>	<u>5</u>
<u>COMMUNITY OUTREACH</u>	<u>7</u>
<u>FAMILY PROTECTIVE FACTORS</u>	<u>9</u>
<u>STEERING COMMITTEE</u>	<u>11</u>
<u>APPENDIX A: DATA SOURCES AND DATA LIMITATIONS.....</u>	<u>13</u>
<u>APPENDIX B: CHILD CARE AND FAMILY RESOURCE CENTER INTERVIEW PROTOCOL</u>	<u>15</u>
<u>APPENDIX C: FAMILY EMPOWERMENT SCALE</u>	<u>17</u>
<u>APPENDIX D: STEERING COMMITTEE SURVEY.....</u>	<u>20</u>

REPORT HIGHLIGHTS

About the Project Evaluation

Public Profit, an external program evaluation firm, undertook a baseline evaluation that describes the state of the Help Me Grow system in San Francisco one year into implementation. A project of Support for Families of Children with Disabilities (SFCD), and funded by First 5 San Francisco, Help Me Grow connects young children, who are at risk for developmental or behavioral challenges, to existing services in their community.

The evaluation team collected data on calls to the centralized referral line; interviewed staff from family support and early childhood education; surveyed families receiving services from SFCD; and surveyed Help Me Grow Steering Committee members. All together, data from these sources will allow SFCD to better understand Help Me Grow's direction in the coming years.

For more information on Help Me Grow and the evaluation project, turn to page 3.

Calls to the Warmline and Other Referrals

Core to the Help Me Grow model is a central referral and support line, SFCD's existing warmline. Between January and September 2015, SFCD received 1,351 calls from parents and other caregivers of children ages 0-5 and from health care, child care and other professionals serving this same age group.

However, SFCD recently migrated to a new database, a process that interrupted at least some data collection. Therefore, calls may be under-reported here. Given this, Help Me Grow might consider setting higher goals for incoming calls in 2015-16 than this data would suggest.

For more information on warmline referrals, turn to page 5.

Community Outreach

SFCD is well known to early childhood and family service providers in San Francisco. About half of Early Childhood Education staff interviewed for this study had heard of the Help Me Grow Project, a strong finding given that the Help Me Grow San Francisco began only a year earlier. Early Childhood Education and Family Resource Center staff were enthusiastic about the Help Me Grow model. This enthusiasm, coupled with SFCD's strong reputation, suggest that Help Me Grow is well situated to become a valuable resource and to connect service providers across sectors.

For more information on outreach to FRCs and CDCs, turn to page 7.

Family Empowerment Scale

The pilot of the Family Empowerment Scale strongly suggests that families that receive services from SFCD feel more positive about and in control of their family's needs and their interactions with their child's service providers. These results may be of interest to Help Me Grow affiliates nationally, as they seek to measure family protective factors that contribute to positive outcomes for children.

For more information on this family survey, turn to page 9.

Help Me Grow Steering Committee and Leadership Team: Reflections and Next Steps

The Help Me Grow Steering Committee feels that the warmline and related data collection are going well, although Help Me Grow leaders – staff at both SFCD and First 5 San Francisco – hope to improve the data collection moving forward. The Steering Committee feels that Help Me Grow needs to focus on outreach to the community and especially to pediatricians in the coming months.

For more information on the Steering Committee recommendations, turn to page 11.

INTRODUCTION: ABOUT HELP ME GROW AND THIS REPORT

Help Me Grow is a national program model, implemented through local affiliates. The model connects young children, who are at risk for developmental or behavioral challenges, to existing services in their community. Through each affiliate, Help Me Grow operates a centralized referral line to connect families to needed services and conducts comprehensive outreach to families, physicians and the community. This model builds collaboration among many sectors including health care, early care and education, and family support. The model also emphasizes use of regular data collection and analysis to identify service gaps and barriers and improve the overall system of care for young children who may be at risk for developmental delays and their families.

Support for Families of Children with Disabilities (SFCD) is a well-regarded source of information and support for families and their children in San Francisco. Because of the general positive reputation of SFCD, their previous work coordinating agencies across the city¹, and their existing warmline, they were an obvious choice to run the San Francisco affiliate.²

While SFCD - Help Me Grow (SFCD - HMG) builds on existing strengths, implementing the model also requires SFCD to expand its work into new territory. The HMG model relies on pediatric referrals, and while SFCD has close relationships with some pediatricians in San Francisco, it is not yet widely known among pediatricians. Also, the HMG model provides information and referrals for any family that has a question or concern about their child's development. Although SFCD has been serving such families for years, the organization has a reputation for only serving families who have children with an identified disability. Finally, running HMG requires SFCD to track referrals and outcomes aligned to HMG National's specific definitions. SFCD must work to match their new database with the evolving tracking protocols of HMG National.



About the SFCD - HMG Baseline Evaluation: Design and Methods

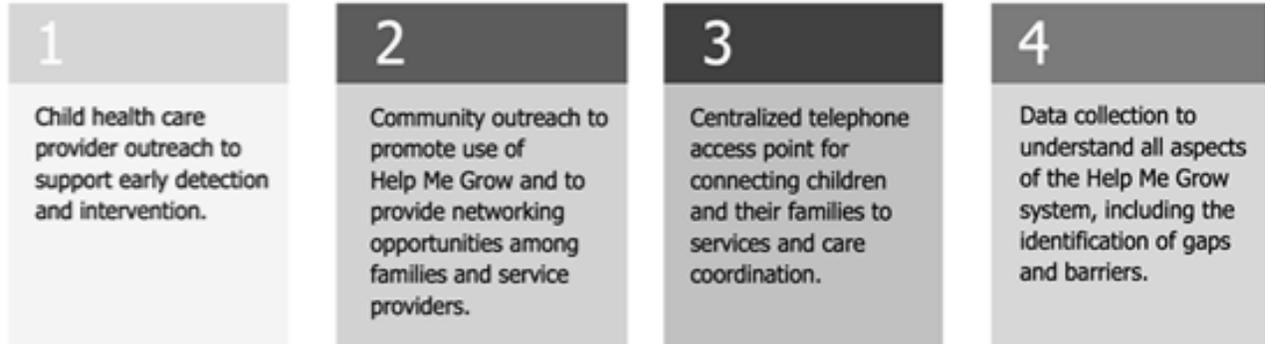
In order to better understand the early months of SFCD – HMG's work and guide the ongoing development of HMG within San Francisco, SFCD enlisted Public Profit to undertake a baseline process evaluation. The specific objectives of the evaluation were to describe the current state of the project, identify information about current referrals to the warmline from the HMG age group (families with children ages 0-5), and better understand how SFCD - HMG is perceived in the community. We collected several types of data for this evaluation:

- **Warmline referral data** from January – September 2015 with a particular focus on calls from families with children ages 0-5 and their services providers (child care, family resource center and pediatric staff);
- **Semi-structured interviews** with Child Care Center staff (9 individual interviews) and Differential Response Liaisons from various Family Resource Centers (1 group interview with 8 Liaisons); these staff were asked to describe their familiarity with SFCD and Help Me Grow;
- **The Family Empowerment Scale:** a retrospective pre and post survey measuring parents' protective factors and resilience, which may be of particular interest to Help Me Grow nationally;
- **A Steering Committee survey** completed by 7 members about successes, challenges and next steps for the SFCD - HMG program.

¹ SFCD ran the High Risk Infant Interagency Council (HRIIC) for 18 years. Help Me Grow picks up the work of HRIIC – and expands on it – to include families with children birth to age 5.

² First 5 San Francisco identified Help Me Grow as a promising model for San Francisco and SFCD as the agency that could best implement the model. Together, SFCD and First 5 San Francisco worked with Help Me Grow National to create the local affiliate.

Core Components



Guiding Evaluation Questions addressed in this report

Referrals to the Warmline

- What is the nature of incoming referrals to the SFCD warmline?
- Do the number (overall call volume) and type of referrals increase over time?

Community Outreach

- What is the nature of the relationship between SFCD - HMG and key community stakeholders: Family Resource Centers and Early Childhood Education? How familiar are these stakeholders with the HMG model and SFCD's role in implementing the model?
- What is the extent of referrals from these key stakeholders? Does this change over time?
- What might be the next steps in strengthening community stakeholders' awareness of SFCD – HMG?

Family Protective Factors

- What is SFCD's impact on families as measured by the Family Empowerment Scale?
- How might the Family Empowerment Scale be useful for HMG nationally?

Steering Committee Feedback

- To what extent does SFCD - HMG achieve the four HMG goal areas: pediatric outreach, community outreach, centralized telephone access and data collection?
- What might be the next steps in strengthening the work in these areas?

REFERRALS: CALLS TO THE WARMLINE

HMG affiliates operate a centralized telephone access point to connect families to needed services. In San Francisco, SFCD - HMG leverages the existing warmline – a resource and referral phone line - already operated by SFCD. The warmline operates Monday through Friday with varying hours to match both professional and personal schedules. The phone is answered by staff who are themselves parents of children with disabilities, many of whom are bilingual. These staff receive extensive training in peer counseling as well as training on how to help families negotiate systems such as Special Education, the Regional Center and California Children’s Services.

The warmline has a strong reputation as a resource for all families of children who have a diagnosis and for families seeking support to navigate specific institutions such as the school district. In addition, the warmline has always provided information and referrals for all families, community members and pediatricians who have concerns or questions about a child’s development. Under HMG, SFCD makes this broad reach more explicit.

In order to measure progress in the coming years, this report describes the current state of the calls to the warmline that align with the HMG model: calls from families with children ages 0-5 and calls from health care providers, child care provider staff and family resource centers, about children ages 0-5. So far in 2015, recorded calls to the warmline have increased, while the small volume of calls from health care providers, child care providers and family resource centers have remained steady.

Between January and September 2015, SFCD recorded 1,351 warmline calls for children ages 0-5. Sixty-one percent (61%) of the callers were parent caregivers, with the remaining calls from some type of professional. Of these, 13% were from doctors, staff at their offices or some other health care provider, while only 2% were from either child care providers or family resource center staff (see Figure 1 on the following page).

Data Limitations & Planning for the Future



Who refers the parents and caregivers?

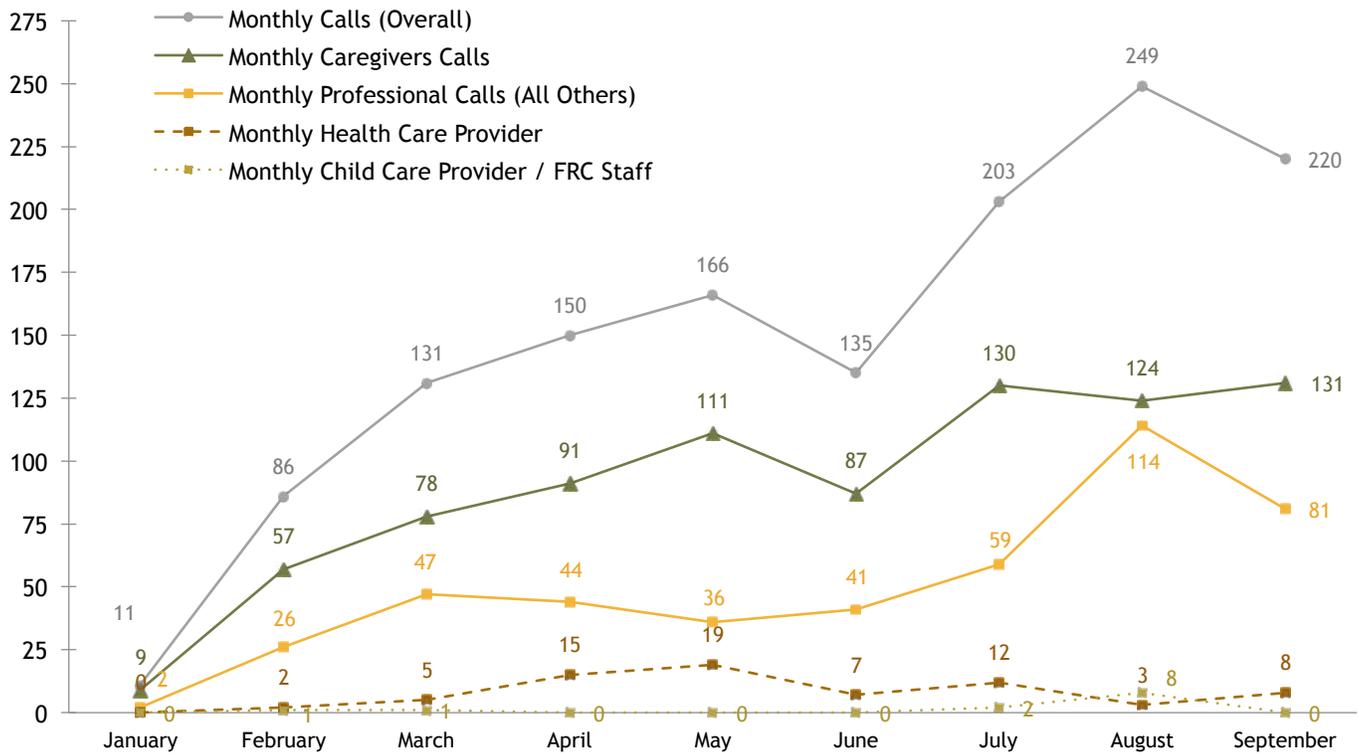
Not all families remember or report who originally referred them to the warmline. So, unless a professional refers a family directly, it can be challenging to discern if a new parent called as a result of a professional referral. Therefore, it is not known how many of the parent or caregiver calls were the result of referrals from specific professionals; the full extent of community referrals may not be accurately represented here.

SFCD would like to better track referrals and improve reciprocity with professionals in the community, a key step in engaging those professionals with SFCD - HMG. With that in mind SFCD staff are encouraging professionals to make direct referrals (as opposed to just telling families to call). SFCD has created procedures to systematically respond to each professional referral to let providers know that SFCD received the referral and to let them know when they have contacted the family.

Data Collection for Help Me Grow National

HMG National requires that affiliates monitor data on referrals. However, this is a relatively new requirement and the HMG National definitions are still in flux. The constant changes create challenges for SFCD as they seek to align their data collection with the national model even as they must continue to collect data in alignment with other stakeholders and funders.

FIGURE 1. WARMLINE CALLS ABOUT CHILDREN AGES 0-5 BY TYPE (COUNT OF CALLS)* **



Source: Support for Families of Children with Disabilities Warmline Caller Database, January – September 2015. (N=1,351).

*Categories in figure above have been modified from original caller data. See appendix for details. “

** The categories “All Other Professional Calls,” “Health Care Provider,” and “Child Care Provider / FRC Staff” are sub-categories of Professional Calls.

Database Migration and Staff Turnover

Support for Families has been engaged in developing and implementing a new Salesforce database to better track family interactions, services, referrals, and outcomes. In November 2014, SFCD began to migrate their former database to this new Salesforce database, a one-month process that stretched to more than three months. During the migration, data continued to be entered into the former database, but it was not feasible to import this data into the new database. Moreover, several staff left in the spring and early summer of 2015. Because of these challenges, the available data does not reflect the full extent of calls made to the warmline during this period.

Next Steps



To address ongoing database changes and the need to align data with HMG National and other stakeholders, SFCD now implements regular data quality meetings to ensure that the data will be entered completely and consistently in the future, allowing for reliable comparisons over time.

SFCD-HMG will continue to monitor referrals and compare the extent of calls and contacts to this baseline data. However, given that these numbers may not reflect all the calls received, SFCD may want to consider a higher goal for 2015-16 than might be suggested by this baseline data.

COMMUNITY OUTREACH: CHILD CARE AND FAMILY RESOURCE CENTERS

In addition to the centralized phone line, the HMG model conducts outreach to families, physicians and the community and builds collaboration among many sectors including health care, early care and education, and family support. As part of the baseline evaluation, SFCD - HMG sought to understand if Early Childhood Education (ECE) and Family Resource Center (FRC) staff knew about SFCD - HMG and how these staff had used the warmline in the past.

To this end, the evaluation team conducted a series of semi-structured interviews with 9 ECE and 8 FRC staff at various agencies across San Francisco during spring 2015. These staff were selected based on their familiarity with SFCD and the likelihood that they already used the SFCD warmline in some capacity prior to the interviews. Specifically, ECE staff had received services through SFCD's Inclusion Networks. SFCD - Inclusion Networks builds the capacity of ECE programs to effectively serve children with disabilities and/or children who may be at risk of developmental delays. A primary component of the on-site technical assistance is establishing protocols for developmental screening as well as for referrals and follow-up supports when concerns or questions arise as a result of screening.

Similarly, selected FRC staff were Differential Response Liaison Case Managers who had all received training and support to administer developmental screening tools to the children they serve. Differential Response Liaison Case Managers work with families that have been referred from Child Welfare for lower risk situations, with the goal that children are not removed from the home unnecessarily. While risk for abuse may be lower, these children may still be at heightened risk for developmental delays. Therefore the Liaison's case management procedures require developmental screening for all children, age 5 or younger. These protocols also stipulate that Liaisons contact SFCD when concerns or questions arise as a result of the screening process.

Help Me Grow: Set Up for Success



Both ECE and FRC staff agreed that SFCD is a high quality resource for families with children with disabilities in San Francisco. Families who call are treated with respect and generally get the resources they need. As one FRC staff said, "If the parent has a child with a disability, that's the first thing that comes up in my mind, to ask them if they know about Support for Families." Nearly all (14 out of 17) people interviewed had called SFCD or referred a family to the warmline. Of the 3 who had not, two noted that others in their agency made referrals, while one stated that she was now reminded that SFCD could be a resource for her in the future.

About half of the ECE staff interviewed had heard of HMG, a strong finding given that the SFCD - HMG began only a year earlier and was not fully staffed until a few months before the interviews. Meanwhile, the remaining ECE staff and all 8 FRC staff – none of whom had heard of HMG previously – responded enthusiastically to the program concept when it was explained to them.

Family Resource
Center staff:

“

If the parent has a child with a disability, that's the first thing that comes up in my mind, to ask them if they know about Support for Families.

”

Early Childhood Education staff:

“

There [are] often times where we feel like some child...there is something...and we don't quite know what is going on. We like to call somebody and assess the child to see if they need some extra supports, and maybe there is a learning disability. How could Support for Families help us and help support them? I would like to know more and Help Me Grow sounds great.

”

At the same time, a couple of ECE staff wondered whether SFCD was the right place to refer families when there was a developmental concern, but no clear diagnosis. While some interviewees were clear that SFCD is such a resource, SFCD - HMG will need to clarify the full range of the warmline services so that more people understand the full potential of this resource.

Given the outstanding reputation of SFCD on the one hand and the enthusiasm for the HMG model on the other, SFCD - HMG is well situated to have a strong and useful impact on families and on the systems that support them. While this baseline information shows that SFCD - HMG needs to inform additional early childhood and family service providers about the HMG model, it also shows that this information will likely be received well. SFCD - HMG may wish to conduct a similar round of interviews in early 2017 – two years after the initial interviews were conducted – to measure how well ECE and FRC staff understand the work of HMG at that time.

Feedback about the Warmline



While many people were extremely positive about SFCD, its services and its staff, two did report frustrating experiences. One was not able to satisfactorily get the referral they needed, and the other one mentioned that when she called, no one answered. One of these Early Childhood Education staff said, “It’s better when I refer directly [to someone I know at Support for Families] because I have given parents the phone number to call and they get lost sometimes in the system and [don’t] get connected with the right person.”

Next Steps



As mentioned earlier, SFCD is working to fully staff the warmline and improve the systems for training warmline staff and ensuring that they are providing referrals consistently and well.

Meanwhile, SFCD - HMG has embarked on renewed outreach and marketing efforts as the warmline returns to full staff capacity. The final section outlines SFCD – HMG’s next steps in this area.

FAMILY PROTECTIVE FACTORS

SFCD works to ensure that families of children with any kind of disability or special health care need have the knowledge and support to make informed decisions that enhance their children’s development and well-being. In addition, SFCD seeks to instill the confidence families need to continue to advocate for needed services when they encounter barriers. Moreover, HMG National seeks to measure and enhance family protective factors, which will help ensure positive outcomes for children.

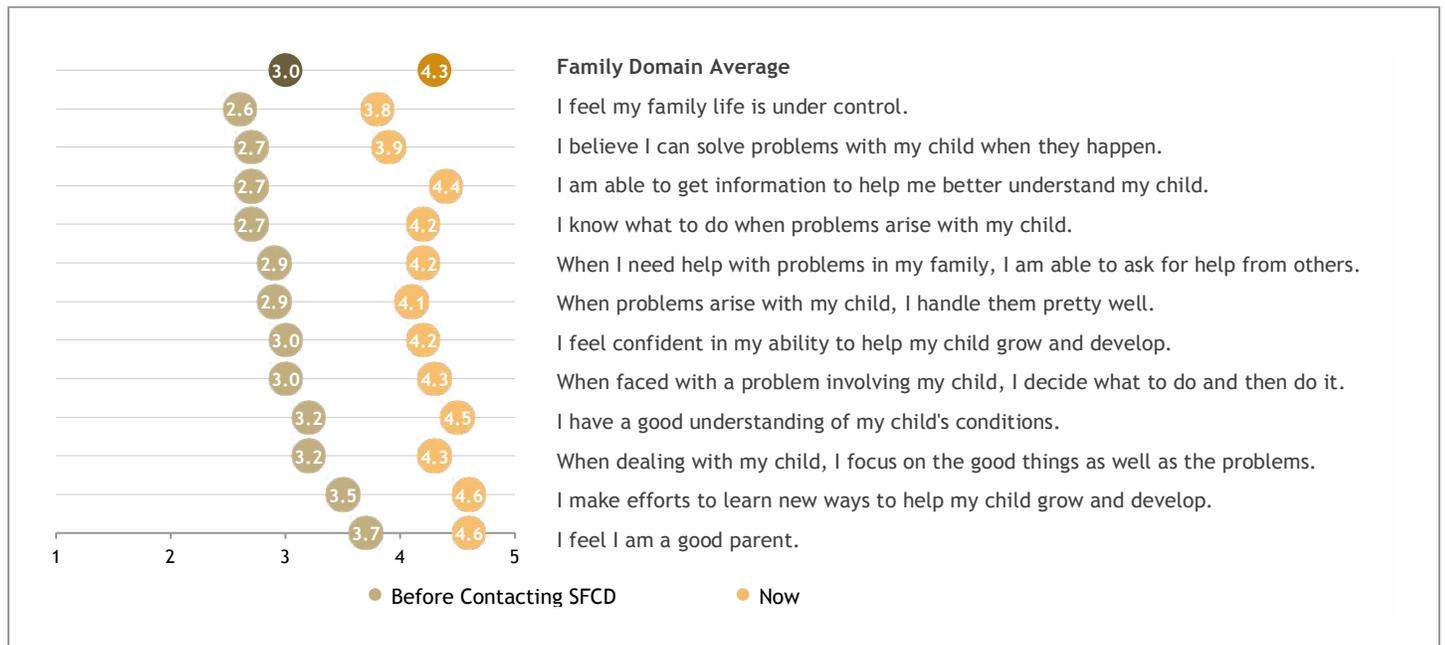
In 2015, SFCD piloted the Family Empowerment Scale (FES) to measure the extent to which families felt empowered after accessing services. SFCD opted to include questions related to two themes or domains of the FES: Family and Service System. The former asks questions about the family and the parents’ interactions with their child. The latter asks questions about how well the parent feels they can advocate for their child within the service system. The third theme, “Community and Political,” covered concepts outside the scope of this project.



Results

Across the board, parents rated themselves much higher at the time of the survey compared to before they received services. In the Family domain, average ratings went from 3.0 to 4.3 across all items. Notably, while families rated their ability “to get information to help me better understand my child” before receiving services only 2.7, they rated this ability 4.4 after receiving services (Figure 1).

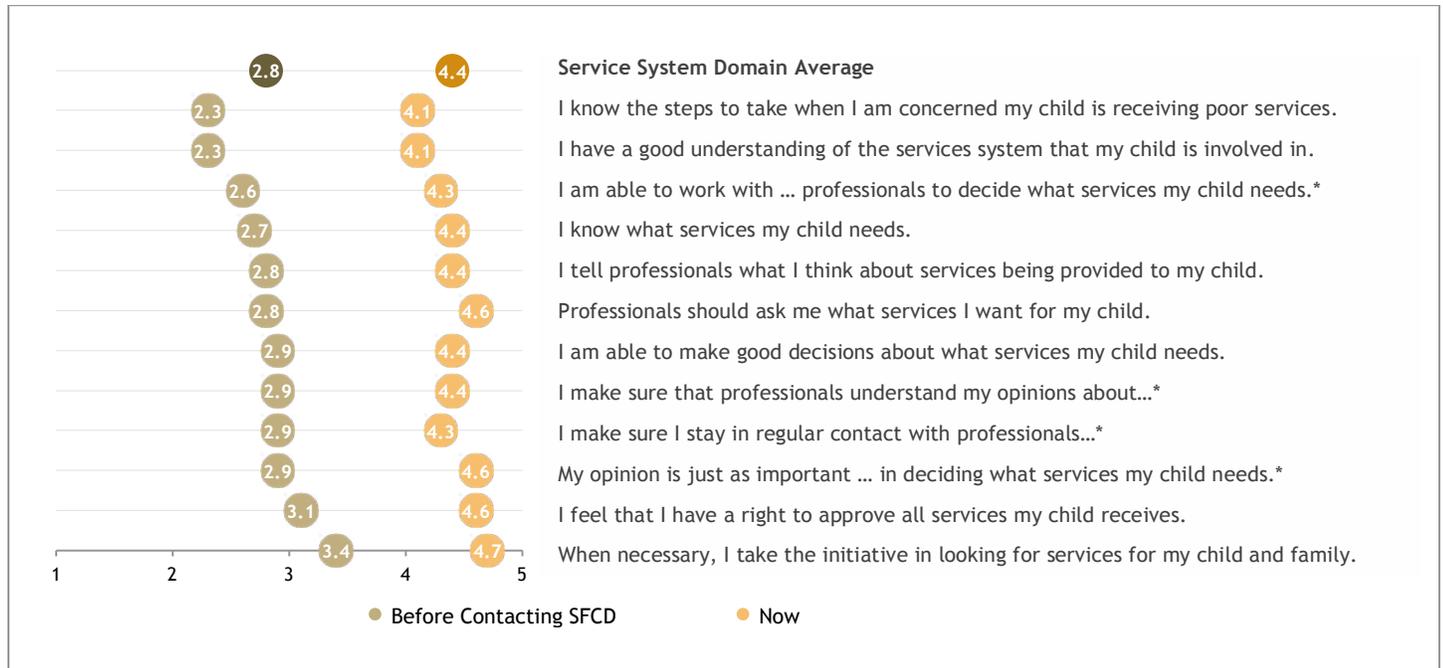
FIGURE 2. FAMILY EMPOWERMENT SCALE: QUESTIONS ABOUT THE FAMILY



Source: Family Empowerment Scale surveys, administered Spring 2015; n=59. Domain average displayed represents average of averaged ratings for each question in the domain. For each question, available responses were on a 5-point scale, from 1 ‘Not True at All’ through 5 ‘Very True.’ Difference between pre and post averages statistically significant, $p < 0.05$ for all questions. See Appendix for more information on this survey.

Families feel more confident about their ability to navigate service systems for their family. Compared to the Family Domain above, parents rated themselves lower on this domain before receiving services. They then rated themselves generally as high as they rated themselves on the Family Domain, after receiving services. The average rating on those items grew from 2.8 before to 4.4 after receiving services. In particular, parent responses showed a large jump for the statement “Professionals should ask me what services I want for my child” (Figure 2).

FIGURE 3. FAMILY EMPOWERMENT SCALE: QUESTIONS ABOUT SERVICES



Source: Family Empowerment Scale surveys, administered Spring 2015; n=59. Domain average displayed represents average of averaged ratings for each question in the domain. For each question, available responses were on a 5-point scale, from 1 ‘Not True at All’ through 5 ‘Very True.’ Difference between pre and post averages statistically significant, $p < 0.05$ for all questions.

* Some questions are truncated, see Appendix for full text.

This sample strongly suggests that SFCD empowers families, helping parents feel better about their own family’s strengths and interactions and improving the quality of the interactions with professionals providing services for their child. Ideally, this will contribute to positive outcomes for the family and for the child.

Next Steps



SFCD plans to continue to use the Family Empowerment Scale. This will allow the agency to verify whether these results are universal and to monitor the effectiveness of its various programs, at least as far as these programs empower families.

Moreover, these findings may be useful at the national level. HMG National and many local affiliates want to better understand parent resilience and protective factors that support children’s outcomes. First, the FES closely aligns with the components of the HMG model. Second, the FES can serve both as a baseline assessment of attitudes and beliefs that are likely to be protective factors. Finally, the FES can measure impact on families once they have been connected to a local HMG system.

STEERING COMMITTEE: LOOKING AHEAD

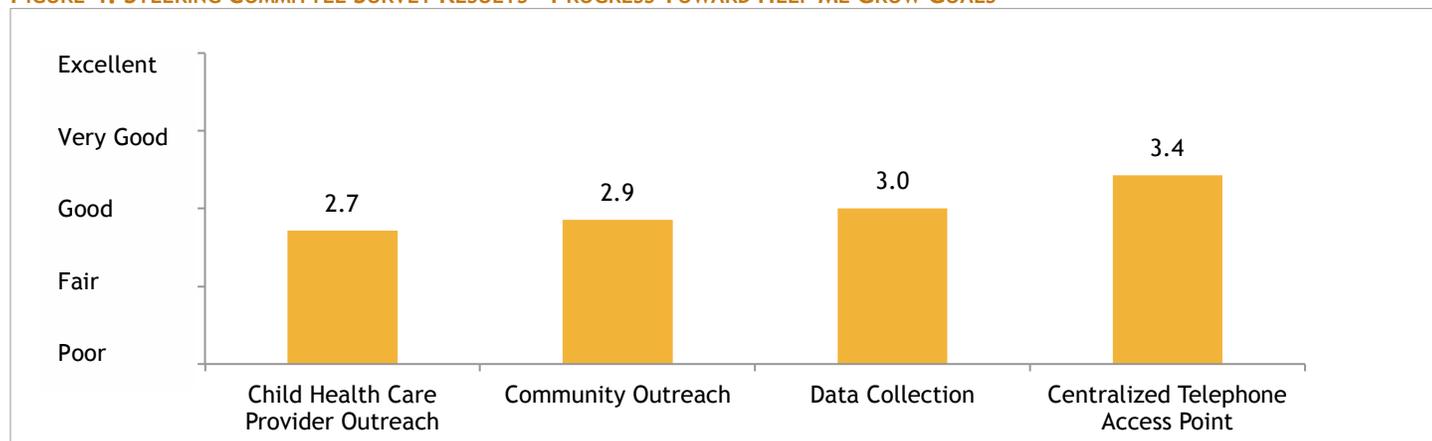
As the culmination of the baseline evaluation, the SFCD - HMG Steering Committee provided feedback on a) how well SFCD - HMG was accomplishing the work of its four components and b) their experience being on the Steering Committee. Steering Committee responses were generally positive. In particular, Steering Committee members noted that the coordination and oversight of the various HMG components has greatly improved since SFCD brought on a new HMG Coordinator in fall 2014. The responses also revealed some areas for improvement moving forward.



Progress toward Help Me Grow Components

The national HMG model divides the work of the model into four main components: outreach to pediatric health care providers, community outreach to families and child care providers, a telephone line for referrals, and on-going data collection about HMG activities. Steering Committee members generally feel that the telephone line – SFCD’s existing warmline – was the strongest SFCD - HMG activity, generally rating it Good to Very Good. The Steering Committee members felt that outreach generally, and pediatric outreach in particular, could be strengthened (Figure 4).

FIGURE 4. STEERING COMMITTEE SURVEY RESULTS - PROGRESS TOWARD HELP ME GROW GOALS



Source: Steering Committee Survey, July/August 2015, n=7. Respondents answered the question: “Rate the quality of work in this area” on a 5-point scale (from 1=Poor to 5=Excellent). Note: 7 members of the Steering Committee who were invited to respond did not respond.

Centralized Telephone Access Point and Data Collection (Warmline)

SFCD - HMG leaders, including staff at SFCD and First 5 San Francisco, agree with Steering Committee members that the centralized telephone access point (warmline) and data tracking are currently the strongest components of the affiliate. Yet, leaders also acknowledged that the phone line and data collection could be strengthened further. As discussed earlier, leaders pointed to two recent challenges that have prevented the warmline from working as well as they had hoped: a recent migration to a new tracking database and challenges with staff retention. SFCD is looking into increasing the number of warmline staff to address an anticipated increase in referrals of families 0-5.

Community Outreach

Through SFCD's existing networks, HMG has access to a wide range of childcare providers, Family Resource Centers, city institutions, and other groups working to support young children and families in San Francisco. SFCD also has a strong reputation for supporting families who have children with disabilities, and can leverage this reputation as they explicitly reach out to families of children ages 0-5 – and their child care and health care providers – who have questions about a child's development.

Both the Steering Committee and SFCD - HMG leaders know this is an area that could be strengthened. While SFCD - HMG leaders have developed some outreach materials and attended outreach events, the group agreed to start slow to ensure the phone and tracking were in place before embarking on extensive outreach. While Steering Committee members are available to take materials to their respective agencies, their respective agencies already know about SFCD. Therefore, the group is interested in employing innovative strategies. However, SFCD - HMG needs to be thoughtful, because while other affiliates in California have engaged in highly visible marketing campaigns, SFCD - HMG has a relatively small budget.

Pediatric Health Care Provider Outreach

Started by a pediatrician, the HMG model relies on pediatrician referrals. Ideally, pediatricians throughout San Francisco are screening all children as soon as possible and referring families with any questions or concerns to SFCD - HMG for support and resources. However, SFCD - HMG is not yet receiving many referrals from pediatricians. SFCD - HMG leaders speculate that pediatricians may not yet know about SFCD - HMG.

Steering Committee Membership

SFCD - HMG relies on the Steering Committee to further its work. Steering Committee members contribute ideas and suggestions, connect SFCD - HMG to people at their or other agencies, or spread the word about Help Me Grow through presentations. Therefore, Steering Committee members can be critical to the success of the project. Given this, members should clearly feel that their participation is meaningful and that they are furthering the Help Me Grow mission.

Steering Committee members generally felt that being a part of the Steering Committee was important to them. They were also generally satisfied and understood their role, although at least some of the members would appreciate further clarification of what they could do to contribute.



Next Steps

As of writing of this report, SFCD is fully staffed, is managing and tracking additional referrals, and is improving the quality of the referral data, allowing SFCD - HMG to more accurately monitor its progress. Moreover, with a fully staffed phone line, SFCD - HMG can now embark on more extensive outreach.

SFCD - HMG is also developing two strategies to increase pediatric referrals. First, SFCD - HMG is implementing a new protocol for pediatric referrals. When they receive a referral from a pediatrician, warmline staff will contact the pediatrician and keep the pediatrician informed –with the family's consent – as they move through the process of being connected to services. Second, SFCD - HMG is looking at other opportunities to serve pediatricians by providing trainings such as Family Centered Care, which provides an overview of the experiences and perspectives of families of children with disabilities and special health care needs. Third, SFCD - HMG is looking at other affiliates across the country to learn how they work with their provider networks.

Finally, SFCD - HMG leaders are developing a clear job description for Committee members. SFCD - HMG leaders may also consider specific requests or tasks for each member so they feel their unique talents are contributing to the greater mission.

APPENDIX A: Data Sources and Data Limitations

Warmline Call Data

Between December 2014 and January 2015 SFCD upgraded warmline call data storage to a new system. Due to data quality issues inherent to this transition, we advise caution when interpreting warmline call data.

The table below describes the manner in which the categories were constructed, based on original caller categories.

TABLE 1. REPORTED WARMLINE CATEGORIES BY ORIGINAL CALLER CATEGORIES

Caregiver Calls		Caregiver calls reported in 1 category
Professional Calls	Child Care Provider	Child Care Provider, Child Care Resource and Referral Counselor, Childcare Director
	Health Care Provider	Doctor, Dr., Hematology/Oncology Clinical Social Worker, Medical doctor, Nurse (0-5), Pediatrician
	All Other Professional Calls	Administrator, Assistant Clin Professor, Behavioral Assistant, Bi-lingual social worker, case manager, Content Specialist, Director, Director of Pupil Personnel Services, Early Intervention Program Manager, Early Start content specialist, Early Start Service Coordinator, Education Coordinator, EI supervisor, Family Advocate, GGRC Social worker, Inclusion Enhanced Referral Manager, Intake Unit Coordinator Manager, Mental Health/Disabilities Manager, OUSD SPED Admin, Over five-Intake, Professor - Special Ed Depart. , Program Assistant, Psychologist, School Teacher, Social Worker for EI, Social Worker, Supervising Social Worker, Supervisor-Intake Unit, Teacher

SFCD continues to develop and clarify the definitions of callers and of those who refer families who call. Call data in the future may not exactly align with the data in this report as titles like “social worker” or “administrator” are clarified in the future.

Semi-Structured Interviews with ECE and FRC staff

Semi-structured interviews were conducted February – March, 2015. The interviews were transcribed then reviewed by a 2-person evaluation team, which identified main themes and recommendations from the transcripts. These findings were then reviewed with SFCD - HMG leadership to elicit additional context, presented in this report alongside the interview findings. See Appendix B for the interview protocol.

Family Empowerment Scale

The FES is a self-administered survey asking parents to rate a series of statements from ‘Not True at all’ to ‘Very True.’ The FES was modified from other versions as a retrospective pre and post survey. In other words, parents took the survey at only one point in time, after receiving services from SFCD. They rated themselves on each survey item in relation to two points in time: in the present (at the time of the survey) and retrospectively (thinking back to before they started receiving services).³

All told, 59 families submitted responses in English (n=42), Spanish (n=11) and Chinese (n=6). A majority of families (56) responded to the survey via the online survey platform, Survey Monkey. Three of the 59 surveys were completed via hard copy paper surveys. See Appendix C for a copy of the survey.

Steering Committee Survey

The Steering Committee members completed the online survey (see Appendix D) July - August 2015. At the September Steering Committee meeting, members responded to the survey findings and offered context and suggestions for how to move SFCD - HMG forward. The survey results and reflections from the September meeting are both included in this report.

APPENDIX B: Child Care and Family Resource Center Interview Protocol

Help Me Grow
Interview Protocol - FRCs/CDCs
Spring 2015

Interview Questions

Opening

1. Introduce self and the project
 - Briefly explain the study and Public Profit's role
 - Clarify confidentiality: both for the focus group participants and the families they may discuss
 - Ask for permission to record
2. Please describe your role, and 2 words that describe what you most enjoy about working with families. How long they've been in the role, and at this current role.

Transition

3. Have you heard of Support for Families of Children with Disabilities?
 - If "yes", what are some key services they provide? In addition to the Inclusion Networks.
4. Have you heard of Help Me Grow?
 - How did you first learn about Help Me Grow?
 - What other information do you want to know about Help Me Grow?

If they have not heard: "Help Me Grow" is a system that connects at-risk children with services they need by promoting a system for improving access to existing resources and services for children through age 8. Help Me Grow does this through a) outreach to support early detection and intervention, b) networking opportunities among families, service providers and medical providers, c) a centralized telephone line for connecting families to services, and d) data collection to identify gaps and barriers in the system.

Key Questions

5. Have you called Support for Families to get information so you could better support a family or child. Can you tell me what prompted you to call?
 - What was particularly helpful about your experience?
 - What was particularly frustrating about your experience?
 - *[if they have not called] When you've needed to get information to better support a family or child, who have you called?*
6. Have you referred families to Support for Families? Can you tell me what prompted you to refer a family to Support for Families?
 - As best as you can tell, were the families satisfied with the services they received? Do you know why?
 - *[if they have not referred] When you've needed to refer a family for support, who have you referred them to?*

If families won't call, how do you explain the call? Do you prepare the families, or coach them as to what they should say when they call?

Would it be helpful to have a family that did contact Support for Families give feedback to the Center? Or for the SFF to let the Center know? How would you like to hear that feedback back?

7. How often do you refer families to Support for Families?
 - Why don't you refer more often?
 - *[if they have not referred, skip to the next question]*
 - What could Support for Families do to make it more likely that you would refer families to them?

Ending

8. If you had a chance to give advice to Support for Families' director, what advice would you give?
9. We want to know how to improve Support for Families services and what difference the service makes to families. Is there anything we missed? Is there anything that you came wanting to say that you didn't get a chance to say?

APPENDIX C: Family Empowerment Scale

Support for Families of Children with Disabilities Family Survey

Today's Date: ___/___/_____

Instructions: The statements below describe how a parent or caregiver of a child with emotional, behavioral and/or developmental challenges may feel about his or her situation. For each statement, please circle the response that best describes how the statement applies to you NOW and BEFORE contacting Support for Families.

	NOW					BEFORE contacting Support for Families				
	Not True At All	Mostly Not True	Somewhat True	Mostly True	Very True	Not True At All	Mostly Not True	Somewhat True	Mostly True	Very True
1. I feel that I have a right to approve all services my child receives.	1	2	3	4	5	1	2	3	4	5
2. When problems arise with my child, I handle them pretty well.	1	2	3	4	5	1	2	3	4	5
3. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5	1	2	3	4	5
4. I know the steps to take when I am concerned my child is receiving poor services.	1	2	3	4	5	1	2	3	4	5
5. I make sure that professionals understand my opinions about what services my child needs.	1	2	3	4	5	1	2	3	4	5
6. I know what to do when problems arise with my child.	1	2	3	4	5	1	2	3	4	5
7. I feel my family life in under control.	1	2	3	4	5	1	2	3	4	5
8. I am able to make good decisions about what services my child needs.	1	2	3	4	5	1	2	3	4	5
9. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5	1	2	3	4	5
10. I make sure I stay in regular contact with professionals who are providing services to my child.	1	2	3	4	5	1	2	3	4	5
11. I am able to get information to help me better understand my child.	1	2	3	4	5	1	2	3	4	5
12. My opinion is just as important as professionals' opinions in deciding what services my child needs.	1	2	3	4	5	1	2	3	4	5
13. I tell professionals what I think about services being provided to my child.	1	2	3	4	5	1	2	3	4	5

	NOW					BEFORE contacting Support for Families				
	Not True At All	Mostly Not True	Somewhat True	Mostly True	Very True	Not True At All	Mostly Not True	Somewhat True	Mostly True	Very True
14. I believe I can solve problems with my child when they happen.	1	2	3	4	5	1	2	3	4	5
15. I know what services my child needs.	1	2	3	4	5	1	2	3	4	5
16. When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5	1	2	3	4	5
17. I make efforts to learn new ways to help my child grow and develop.	1	2	3	4	5	1	2	3	4	5
18. When necessary, I take the initiative in looking for services for my child and family.	1	2	3	4	5	1	2	3	4	5
19. When dealing with my child, I focus on the good things as well as the problems.	1	2	3	4	5	1	2	3	4	5
20. I have a good understanding of the services system that my child is involved in.	1	2	3	4	5	1	2	3	4	5
21. When faced with a problem involving my child, I decide what to do and then do it.	1	2	3	4	5	1	2	3	4	5
22. Professionals should ask me what services I want for my child.	1	2	3	4	5	1	2	3	4	5
23. I have a good understanding of my child's disorders.	1	2	3	4	5	1	2	3	4	5
24. I feel I am a good parent.	1	2	3	4	5	1	2	3	4	5

Services you and your family receive at SFCD: _____

Race/Ethnicity	
<input type="checkbox"/> African American	<input type="checkbox"/> Other Black (specify: _____)
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian - Other (specify: _____)
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Mexican/Mexican American <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Caribbean <input type="checkbox"/> Hispanic/Latino - Other (specify: _____)
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Iranian <input type="checkbox"/> Middle Eastern - Other (specify: _____)
<input type="checkbox"/> Native American	
<input type="checkbox"/> Native Alaskan	
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Tongan <input type="checkbox"/> Samoan <input type="checkbox"/> Pacific Islander - Other (specify: _____)
<input type="checkbox"/> White	<input type="checkbox"/> European American <input type="checkbox"/> White - Other (specify: _____)
<input type="checkbox"/> Multiracial/Multiethnic	
<input type="checkbox"/> Other (specify: _____)	
<input type="checkbox"/> Declined to state	

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female
<input type="checkbox"/> Transgender F to M
<input type="checkbox"/> Transgender M to F
<input type="checkbox"/> Unknown/Declined to state

Age of Child(ren)
(check all that apply)
<input type="checkbox"/> 0-5
<input type="checkbox"/> 6-10
<input type="checkbox"/> 11-15
<input type="checkbox"/> 16-18
<input type="checkbox"/> 18+

What is your home zip code? _____

What is your date of birth? ___/___/___

APPENDIX D: Steering Committee Survey

Welcome

Welcome to the Help Me Grow Steering Committee survey!

Thank you for taking the time to complete this survey. We are gathering your thoughts and opinions to ensure that Help Me Grow is moving in the right direction. This survey should only take 10-12 minutes to complete.

Help Me Grow staff will be viewing the raw data, after any identifiable information has been removed, therefore your responses will be anonymous. We hope you will feel comfortable responding honestly to this survey.

We will be presenting the aggregate information at a future Steering Committee meeting to guide upcoming decisions.

Please click Next to begin.

Help Me Grow Core Components

The following questions are about the 4 Core Components of Help Me Grow (HMG).

1. **Child health care provider outreach** to support early detection and intervention.
2. **Community outreach** to promote use of Help Me Grow and to provide networking opportunities among families and service providers.
3. **Centralized telephone access point** for connecting children and their families to services and care coordination.
4. **Data collection** and analysis to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers.

You will be asked to rate the quality of HMG's work in each of the four areas. Then, to share with us what is working, what are some current challenges and what are some successes in each area.

1. Child Health Care Provider Outreach

The questions on this page are about the 1st component: **Child health care provider outreach** to support early detection and intervention

Please rate the quality of the work in this area:

5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor

What is working in this area?

What are some challenges in this area?

What are some successes so far in this area?

2. Community Outreach

The questions on this page are about the 2nd Component: **Community outreach** to promote use of Help Me Grow and to provide networking opportunities among families and service providers.

Please rate the quality of the work in this area:

5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor

What is working in this area?

What are some challenges in this area?

What are some successes so far in this area?

3. Centralized Telephone Access Point

The questions on this page are about the 3rd Component: **Centralized telephone access point** for connecting children and their families to services and care coordination.

Please rate the quality of the work in this area:

- 5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor

What is working in this area?

What are some challenges in this area?

What are some successes so far in this area?

4. Data Collection

The questions on this page are about the 4th Component: **Data collection** and analysis to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers.

Please rate the quality of the work in this area:

- 5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor

What is working in this area?

What are some challenges in this area?

What are some successes so far in this area?

Being a Steering Committee Member

This next set of questions is measures your experience being a part of the Steering Committee. Please select how strongly you agree or disagree with each of the following statements:

	5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree
5. HMG staff listen to what I have to say.	<input type="radio"/>				
6. I understand my role on the Steering Committee.	<input type="radio"/>				
7. HMG staff take action quickly to get things done.	<input type="radio"/>				
8. Being a part of the Steering Committee is important to me.	<input type="radio"/>				
9. I feel that I have been able to represent my agency and/or department as a steering committee member.	<input type="radio"/>				
10. I am satisfied with my contribution to the committee.	<input type="radio"/>				

Being a Steering Committee Member

Please complete these sentences about your experience on the Steering Committee.

11. The best thing about being on the Steering Committee is...

12. The most challenging thing about being on the Steering Committee is...

13. I would feel even better about being on the Steering Committee if HMG staff...

Additional Input

14. What is one thing HMG staff could do in order for you to feel *more* engaged?

15. Is there anything else you would like to add?

Thank you for taking the time to complete this survey!