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# HELP ME GROW THREE-YEAR REPORT

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2013 through 2015



May 2016

# Contents

<b>I.</b>	<b>Introduction .....</b>	<b>1</b>
	Methodology .....	1
<b>II.</b>	<b>How Much Did Help Me Grow Do? .....</b>	<b>3</b>
<b>A.</b>	<b>Total Number of Contacts.....</b>	<b>3</b>
<b>B.</b>	<b>Type of Contact.....</b>	<b>3</b>
<b>C.</b>	<b>Children’s Demographics .....</b>	<b>4</b>
	<i>Children’s Age.....</i>	<i>4</i>
	<i>Children’s Gender.....</i>	<i>5</i>
	<i>Children’s Ethnicity.....</i>	<i>5</i>
	<i>Children’s Primary Language .....</i>	<i>6</i>
	<i>Family Types .....</i>	<i>6</i>
	<i>Children’s Health Insurance .....</i>	<i>7</i>
	<i>Children’s Locations.....</i>	<i>7</i>
	<i>Existing Health-Related Issues and Disabilities.....</i>	<i>9</i>
<b>D.</b>	<b>Children’s Concerns .....</b>	<b>11</b>
	i. Children’s Concerns—Help Me Grow Core Program.....	11
	ii. Children’s Concerns—ECE Partnerships.....	13
	iii. Concerns by Duration, Efforts to Seek Help and Medical Provider Response.....	15
<b>III.</b>	<b>How well is HMG doing it?.....</b>	<b>17</b>
<b>A.</b>	<b>Types of Intake .....</b>	<b>17</b>
	Reasons Intakes are Closed.....	17
<b>B.</b>	<b>Referrals Provided .....</b>	<b>18</b>
	i. Referrals for Help Me Grow Core Clients.....	19
	ii. Referrals for ECE Partnership Clients .....	22
<b>C.</b>	<b>What community outreach efforts were made? .....</b>	<b>25</b>
	<i>Number and Types of Contacts .....</i>	<i>25</i>
	<i>Family Members and Providers Served.....</i>	<i>26</i>
	<i>Types of Outcomes.....</i>	<i>26</i>
	<i>Trainings and Seminars Attended .....</i>	<i>26</i>
	<i>Number/Types of Connection Café Networking Events.....</i>	<i>27</i>
<b>D.</b>	<b>Physician Outreach Efforts .....</b>	<b>28</b>
<b>E.</b>	<b>How Clients Learn about Help Me Grow .....</b>	<b>29</b>
<b>F.</b>	<b>Help Me Grow Concerns and Early Development Index Vulnerabilities .....</b>	<b>29</b>
<b>IV.</b>	<b>Are children and families better off as a result of using HMG?.....</b>	<b>31</b>
<b>A.</b>	<b>Follow-up Care Coordination .....</b>	<b>31</b>
<b>B.</b>	<b>Service Outcomes .....</b>	<b>32</b>

<b>C. Referral Outcomes</b> .....	33
i. Referral Outcomes: Help Me Grow Core.....	33
<i>Referrals Completed or in Process by Referral Category</i> .....	34
<i>Referrals Where the Caregiver Did Not Use or Pursue Services, by Referral Category</i> .....	36
ii. Referral Outcomes: ECE Partnership .....	38
<i>Referrals Completed or in Process, by Referral Category</i> .....	39
<i>Referrals Where Caregiver Did Not Use or Pursue Services, by Referral Category</i> .....	40
<b>D. Barriers and Gaps</b> .....	42
i. Barriers: HMG Core Clients.....	42
ii. Barriers: ECE Partnership.....	45
iii. Gaps .....	48
<b>E. Developmental Screenings</b> .....	50
<b>V. Summary</b> .....	<b>52</b>

**Appendices**

Appendix A: Definitions for Presenting Issues/Concerns
Appendix B: Referral Categories by Types of Service
Appendix C: Details of How Callers Learn About Help Me Grow
Appendix D: Concerns by Demographics—Help Me Grow Core
Appendix E: Concerns by Demographics—ECE Partnership
Appendix F: Combined Concerns for Overall Help Me Grow Program
Appendix G: Reasons Intakes are Closed, by Demographics
Appendix H: Referrals Provided by Demographics—Help Me Grow Core
Appendix I: Referrals by Demographics—ECE Partnership
Appendix J: Combined Referrals for Overall Help Me Grow Program
Appendix K: How Clients Learn about Help Me Grow, By Demographics
Appendix L: Agree to Follow Up Care, by Demographics
Appendix M: Service Outcomes by Demographics
Appendix N: Combined Referral Outcomes for Overall Help Me Grow Program
Appendix O: Combined Service Barriers for Overall Help Me Grow Program

## EXECUTIVE SUMMARY

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

This report provides information about the children and families served by Help Me Grow in calendar years 2013 through 2015 as captured in its System for Tracking Access to Referrals (STAR) database. Using the Results-Based Accountability™ framework, this evaluation documents and measures HMG’s *efforts* and *impacts* by answering the following questions:

- How much did Help Me Grow do?
- How well did Help Me Grow do it?
- Are children and families better off as a result of using Help Me Grow?

**Key Trends.** While data findings for the concerns, referrals, connections to services and barriers tended to vary year by year, some trends have emerged:

- There was an increase in the percentage of Help Me Grow contacts for behavioral concerns (18% of all concerns in 2015, up from 15% in 2013).
- In 2015, 57% of those who sought prior help for a child’s concern were referred to HMG, up from 53% in 2013. This could indicate greater community awareness of Help Me Grow services.
- There were increases in the percentages of referrals for mental health counseling (11% in 2015, up from 5% in 2013) and for parent-child participation (11% in 2015, up from 2% in 2013).
- More families are agreeing to follow-up care from HMG (88% in 2015, up from 77% in 2013).
- More children are being linked with services. 81% of children receiving care coordination by HMG had at least one referral that was connected or pending in 2015, up from 78.5% in 2013.

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

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

- More than 9,500 children received services from Help Me Grow;
- Most of the children served were age five and younger, with a plurality (22%) being four years old;
- Boys received more services than girls (62% and 38%, respectively);
- Two thirds of the children served were Hispanic or Latino;
- Approximately 60% of the children spoke English as their primary language;
- Almost all of the children had health insurance (97%);
- Most of the children lived in the central Orange County cities of Santa Ana, Anaheim, Tustin, and Huntington Beach; and
- Approximately 19% to 25% of children for whom there was a Help Me Grow contact had an existing health related issue and/or disability.

**Types of Concerns.** Callers to Help Me Grow describe their concern(s) about their respective children to the Child Development Care Coordinators (CDCC) and the CDCCs identify a category for these concern(s). Figure 1 lists the top ten concerns identified, by entry point between 2013 and 2015 (information in parentheses indicates the numbers of each concern reported and their percentage of *all* concerns reported):

**Figure 1: Top Ten Concerns to Help Me Grow, by Entry Type (2013-2015)**

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

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

**Referrals Provided.** When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the client’s expressed concern(s). Many times, a single concern will receive multiple referrals. For instance, a child with a behavioral concern may receive a referral for mental health counseling, behavioral services and parent/caregiver support.

From 2013 through 2015, Help Me Grow provided a total of 28,925 referrals, with the highest number of referrals in 2014. Figure 2 below presents the top ten referrals provided, by entry point, during the three-year period (information in parentheses indicates the numbers of each concern reported and their percentage of *all* concerns reported):

**Figure 2: Top Ten Referrals by Help Me Grow, by Entry Type (2013-2015)**

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

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

**Figure 3. Key Findings from Referrals Provided, by Demographics**

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

**Follow-up care coordination.** When families call Help Me Grow, the Child Development Care Coordinator listens to each caller's issues and concerns and then requests their consent to have a child's information entered into the Help Me Grow data system (STAR) and to share the referrals provided and case outcomes with the child's primary health care provider. If the caller gives this verbal consent, that record is considered an *intake*. If the caller does not consent, then that record is considered an *inquiry* and no follow-up care coordination is provided. Follow-up care coordination is offered to all entries marked in STAR as *intake* or *intake and screening*. The percentage of families agreeing to follow-up care has increased over the past few years to 88% in 2015. Overall, the following types of clients have higher rates of consenting to follow-up care coordination: females, Asians / Pacific Islanders, Spanish speaking children, and children with public health insurance.

**Service and Referral Outcomes and Referral Barriers.** Overall, **81%** of children who received follow-up care coordination by Help Me Grow between 2013 and 2015 had positive service outcomes—that is, they had at least one referral connected or pending. The most common referral outcomes included connection to services, caregivers' preference to pursue the referral at a later time, and caregivers' decisions to use a different Help Me Grow referral.

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

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

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



# HELP ME GROW

## THREE YEAR REPORT (2013 THROUGH 2015)

### I. Introduction

Help Me Grow Orange County (“HMG”) was established in 2005 as one of the CHOC/UCI Neurodevelopmental Programs, later called Early Developmental Services, of Children’s Hospital of Orange County and University of California-Irvine Medical Center. The program is funded by the Children and Families Commission of Orange County (“the Commission”) and was the first site in the nation to replicate the national Help Me Grow model established in Hartford, Connecticut, in 1998. Help Me Grow provides a comprehensive, countywide, coordinated system for early identification, referral and care coordination of children at risk for developmental, behavioral and learning problems from birth through age five. For fidelity to the system model as described by the Help Me Grow National Center, Orange County has implemented the required four components of the Help Me Grow system and has expanded with a fifth component. These program components are:

1. Child health care provider outreach to support early detection and intervention;
2. Community outreach to promote HMG and provide networking opportunities among service providers;
3. Centralized telephone access for connecting children and their families to services and care coordination;
4. Data collection to facilitate understanding of the entire HMG system, including identification of gaps and barriers; and
5. Promote developmental surveillance and screening to ensure availability to all children in Orange County.

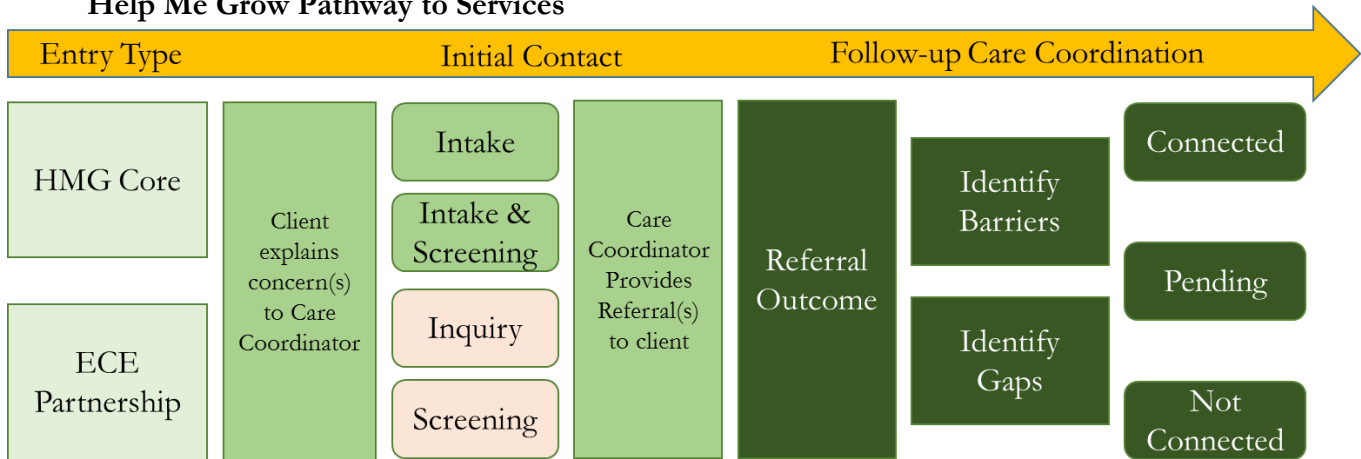
Individuals are encouraged to contact Help Me Grow if they have questions or concerns about their children’s development, behavior or learning; need support to access services; are helping a client, family member or friend to seek information about developmental services; or want to have their organization included in the developmental services database used for referrals. The HMG team listens to the concerns, helps callers decide which referral(s) are right for their children, and assists families in getting connected to services.

In 2009 Help Me Grow developed the System for Tracking Access to Referrals (STAR) database in order to gather information about the children and families it serves, the referrals and care coordination it provides, and connections to services as a result of the referrals. In March 2014, Help Me Grow was awarded a Department of Health and Human Services/ HRSA award as part of the Healthy Tomorrows Partnership for Children Program, which provides funding for a developmental screening network as well as a registry (OC Children’s Screening Registry) to improve physician engagement and cross-sector collaboration, link electronic health records among Orange County service providers, encourage primary care providers to use evidence-based developmental screening tools, and refer children for services when needed.

The graphic below presents the pathway Help Me Grow clients typically follow, including the documentation of services and access that occurs, as presented in this report. Note: Inquiry and Screening contacts do not receive follow-up care coordination.



## Help Me Grow Pathway to Services

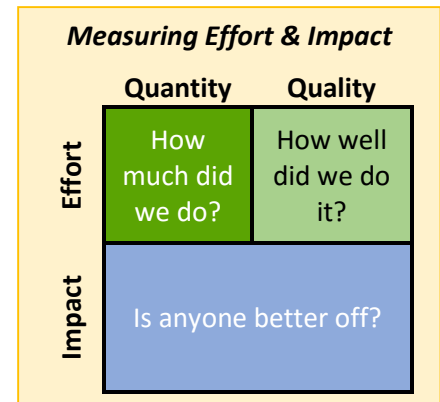


### Methodology

This report provides information on the children and families served by Help Me Grow in calendar years 2013 through 2015. The format is similar to that of the two previous Help Me Grow reports, but includes additional analysis using SPSS statistical software, which looks at differences in key activities by subpopulations.<sup>1</sup>

The intent of this review of Help Me Grow data is to document the successes and challenges ensuing from the HMG model in order to ensure that the results and impacts of these investments are communicated to HMG and the Commission, and to provide documentation for use in fundraising opportunities. As in prior HMG reports, this evaluation uses the Results-Based Accountability™ (RBA) framework developed by Mark Friedman. The RBA framework can assist HMG with documenting and measuring its efforts and impacts in answering the following questions:

- How much did Help Me Grow do?
- How well did Help Me Grow do it?
- Are children and families better off as a result of using Help Me Grow?



The primary source of data for this report is Help Me Grow's STAR system. Additional information about community and physician outreach efforts comes from Help Me Grow spreadsheets, which are completed on a monthly basis by the HMG Community Liaisons and Educating Providers in the Community (EPIC) Coordinator. Where possible, depending on if there is a large enough sample size, this report considers whether data are statically significant at the  $p=.05$  level using the Pearson Chi-Square test.

<sup>1</sup> For prior reports, see, Help Me Grow Orange County, 3-Year Evaluation Report: 2010-2012; Help Me Grow Orange County 2009 Annual Evaluation Report (January 2007 through September 2009).

## II. How Much Did Help Me Grow Do?

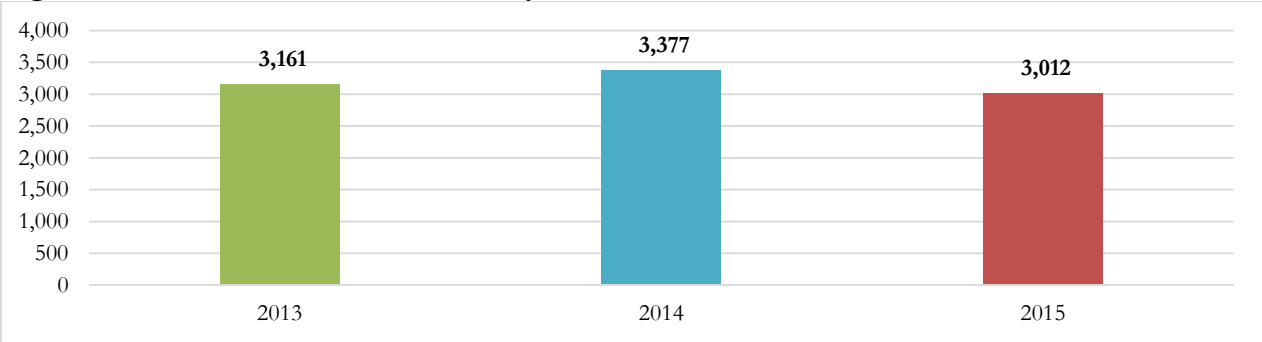
When families or providers call Help Me Grow, basic information is requested from them. If the caller prefers to remain anonymous and provide only minimal detail (e.g., a child’s age range and immediate concerns, zip code, etc.), then that contact is considered an *inquiry*. When a caller provides their full information (including child’s name, date of birth, address and demographics) and has the opportunity to agree to follow-up care coordination from Help Me Grow, the contact is considered an *intake*. An overwhelming majority of contacts with parents are entered as *intakes* in *STAR*.

Data in this report are based on data available for given variables under review. Sample sizes therefore vary.

### A. Total Number of Contacts

During the three-year period of 2013 to 2015, more than 9,500 children received services from Help Me Grow (unduplicated count within each year).

**Figure 1. Number of children served, by Year**



### B. Type of Contact

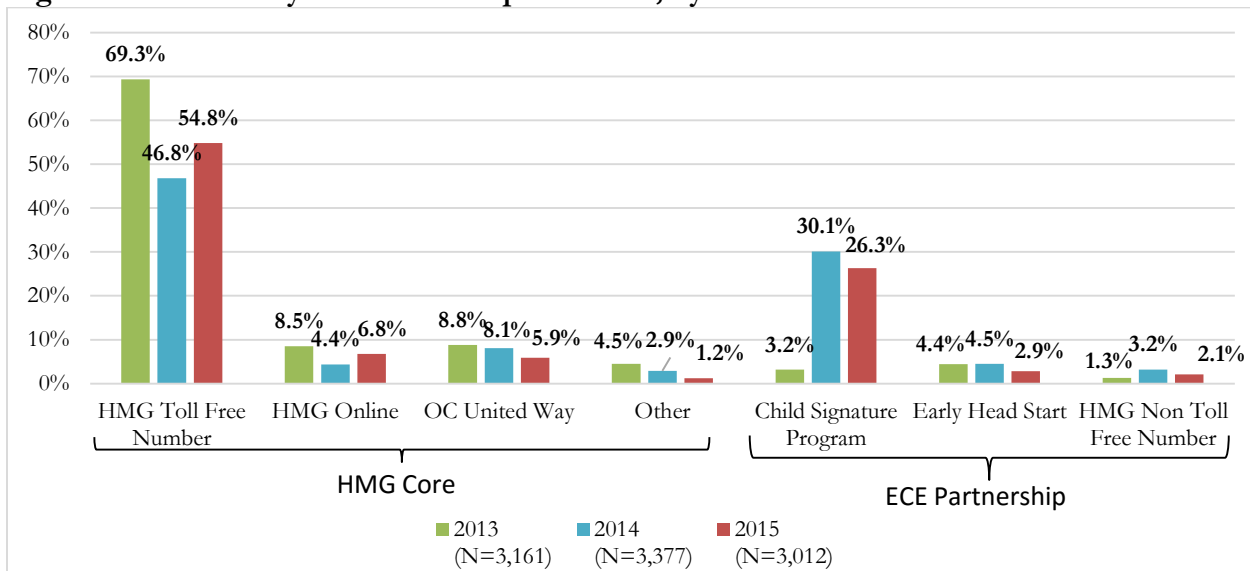
Clients who reach Help Me Grow through the toll free number or online or through the Orange County Screening Project (funded by United Way) or some other community-based agency are considered part of the “Help Me Grow Core” program. The “Early Care and Education (ECE) Partnership” includes clients enrolled in the Child Signature Program (CSP)<sup>2</sup> or Early Head Start or through a non-HMG toll-free contact (e.g. walk-ins at ECE sites and children are not enrolled in the CSP program).<sup>3</sup>

Most families and providers reached Help Me Grow through the toll-free number. In 2015, for example, 54.8% of callers accessed Help Me Grow through the toll-free number while only 6.8% had used Help Me Grow’s online portal, available on their website. Also in 2015, more than one quarter (26.3%) of clients reached Help Me Grow through participation in the Child Signature Program.

<sup>2</sup> Child Signature Program is a Quality Improvement Program dedicated to supporting early educators, young children, and their families. The comprehensive program includes case management, parent and staff education and coaching, home visitation, mental health resources, early identification and physical health and nutrition support.

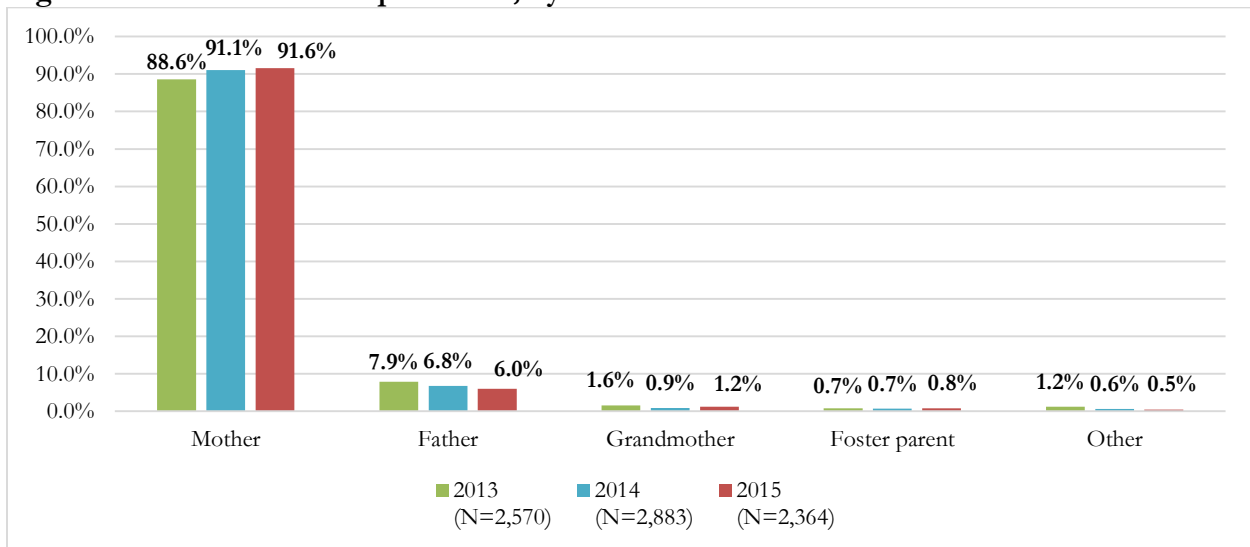
<sup>3</sup> For the duration of this report, *contacts* and *callers* are used inter-changeably and are understood as being those individuals contacting Help Me Grow by phone, online portal or in-person at an ECE site.

**Figure 2. Client Entry Point into Help Me Grow, by Year**



A large majority of those who contacted Help Me Grow were the mothers of the children they were calling about (91.6% in 2015). Less frequently, it was the father (6.0% in 2015) or the grandmother, foster parent or other relative (2.5% combined) of the child who reached out to Help Me Grow.

**Figure 3. Caller Relationship to Child, by Year**

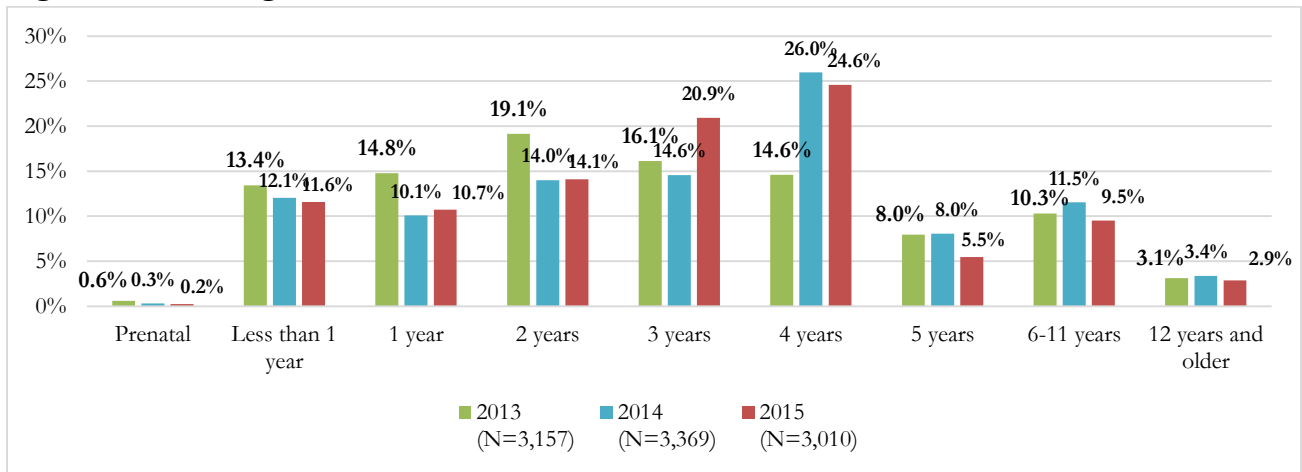


### C. Children’s Demographics

#### *Children’s Age*

Most of the children served by Help Me Grow were ages five and younger, consistent with the mission of the Children & Families Commission of Orange County, which targets children younger than six years of age. In 2015 a plurality (24.6%) of those who contacted Help Me Grow had concerns about a four-year-old.

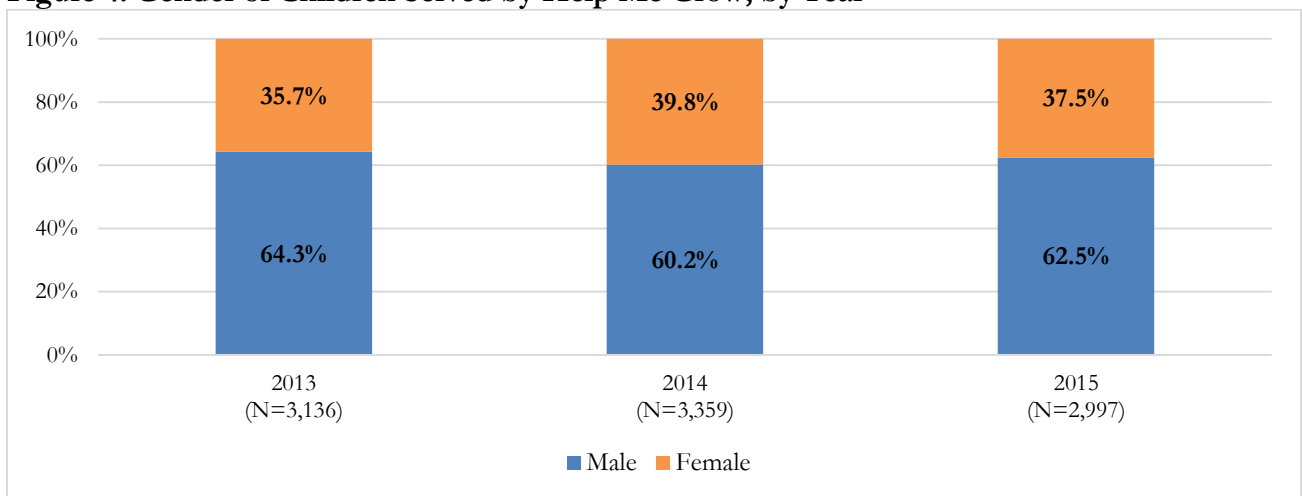
**Figure 5. Child's Age**



*Children's Gender*

While gender is fairly evenly split in the overall population, Help Me Grow consistently serves more boys than girls. In 2015, 62.5% of children served by Help Me Grow were boys, 37.5% girls.

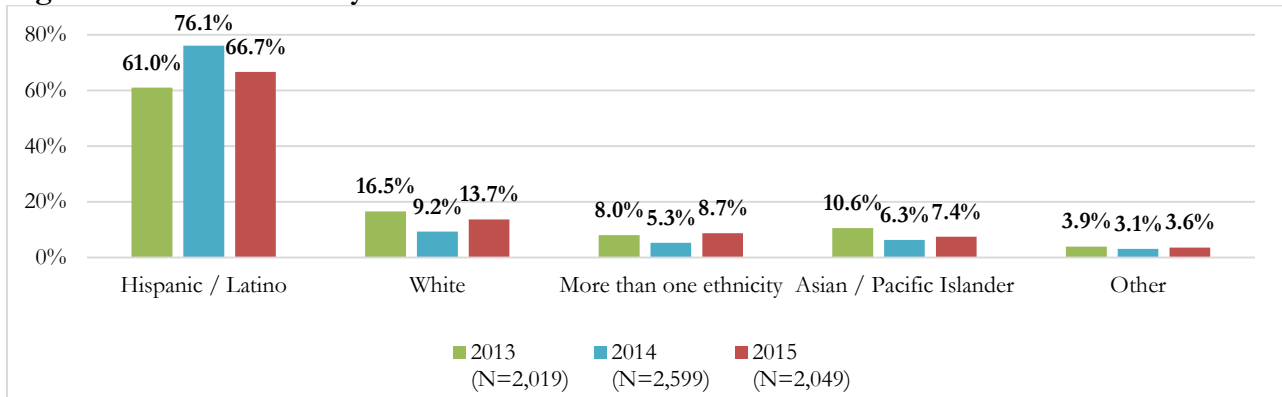
**Figure 4. Gender of Children Served by Help Me Grow, by Year**



*Children's Ethnicity*

During the three-year period between 2013 and 2015, most of the children served by Help Me Grow were Hispanic or Latino (66.7% in 2015). Children whose parents identified them as white made up the next largest ethnic category (13.7%), followed by those of more than one ethnicity (8.7%) and Asian / Pacific Islanders (7.4%). In all of Orange County, by contrast, among children ages five and younger 48% are Hispanic, 29% white, 17% Asian, 5% two or more ethnicities and 1% other (Department of Finance, 2015).

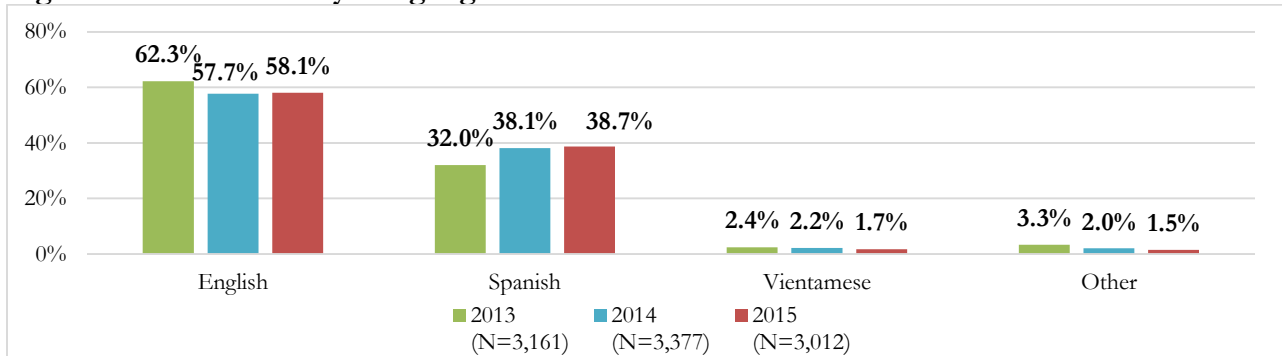
**Figure 6. Child's Ethnicity**



*Children's Primary Language*

While a majority of children for whom someone contacted Help Me Grow were Hispanic or Latino, almost 60% of the children served in 2015 spoke English as their primary language.

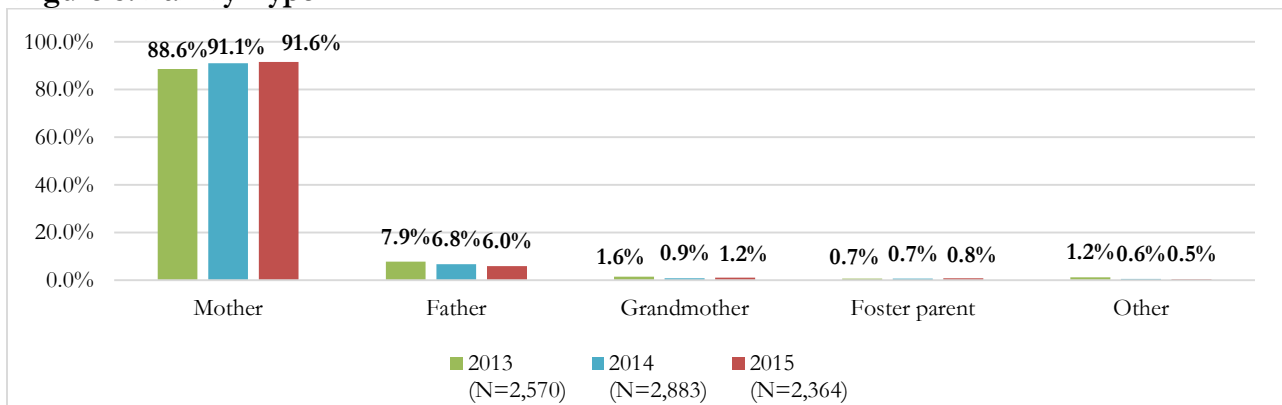
**Figure 7. Child's Primary Language**



*Family Types*

Three quarters of the children for whom someone contacted Help Me Grow in 2015 lived in two-parent families, with another 23% living in single-parent families and 2% living with a relative caregiver, a foster placement or a relative foster placement. These family situations remained fairly constant during the three-year period reviewed.

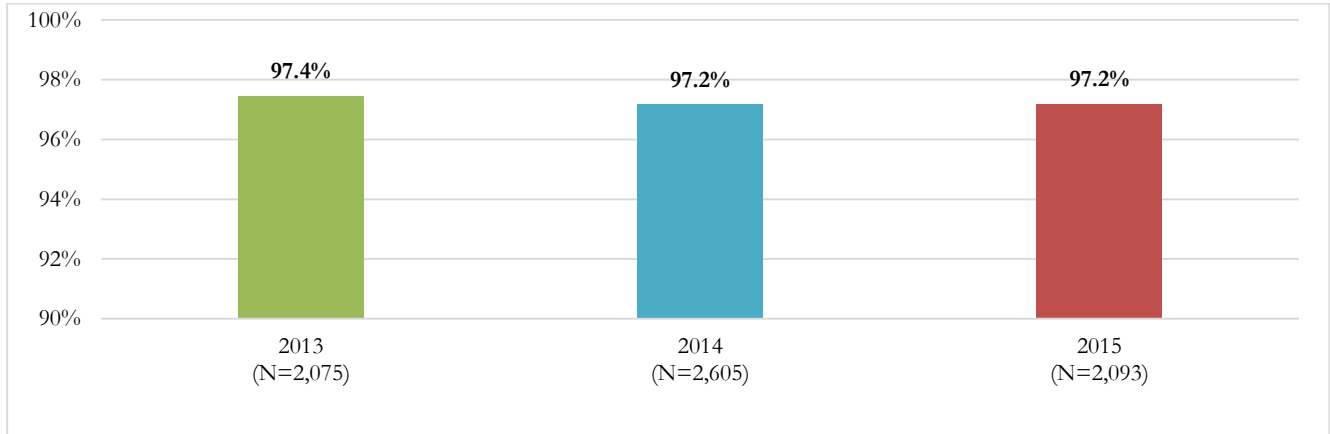
**Figure 8. Family Type**



### Children's Health Insurance

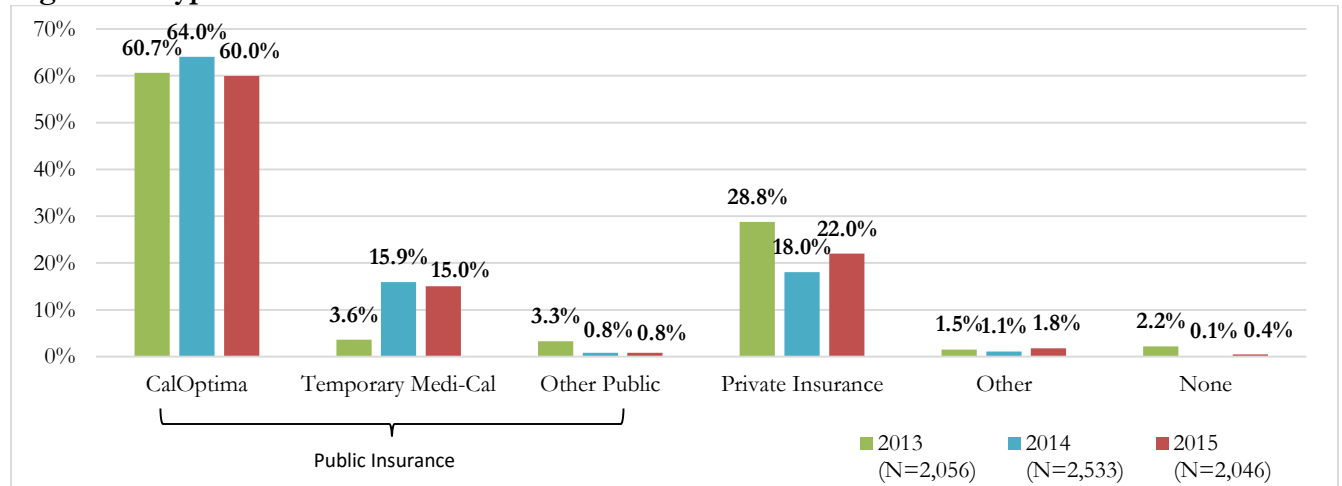
Almost all of the children (97.2% in 2015) who had an intake with Help Me Grow had health insurance. This figure was consistent over the whole three-year period reviewed.

**Figure 9. Child Has Health Insurance**



By far, public insurance (e.g., CalOptima [full scope Medicaid], Temporary Medi-Cal [limited scope Medicaid], or some other public health insurance) was the most common type of insurance covering children for whom someone had contacted Help Me Grow (60% in 2015). 22% of HMG-serviced children in 2015 were covered by private insurance, and less than 1% were uninsured.

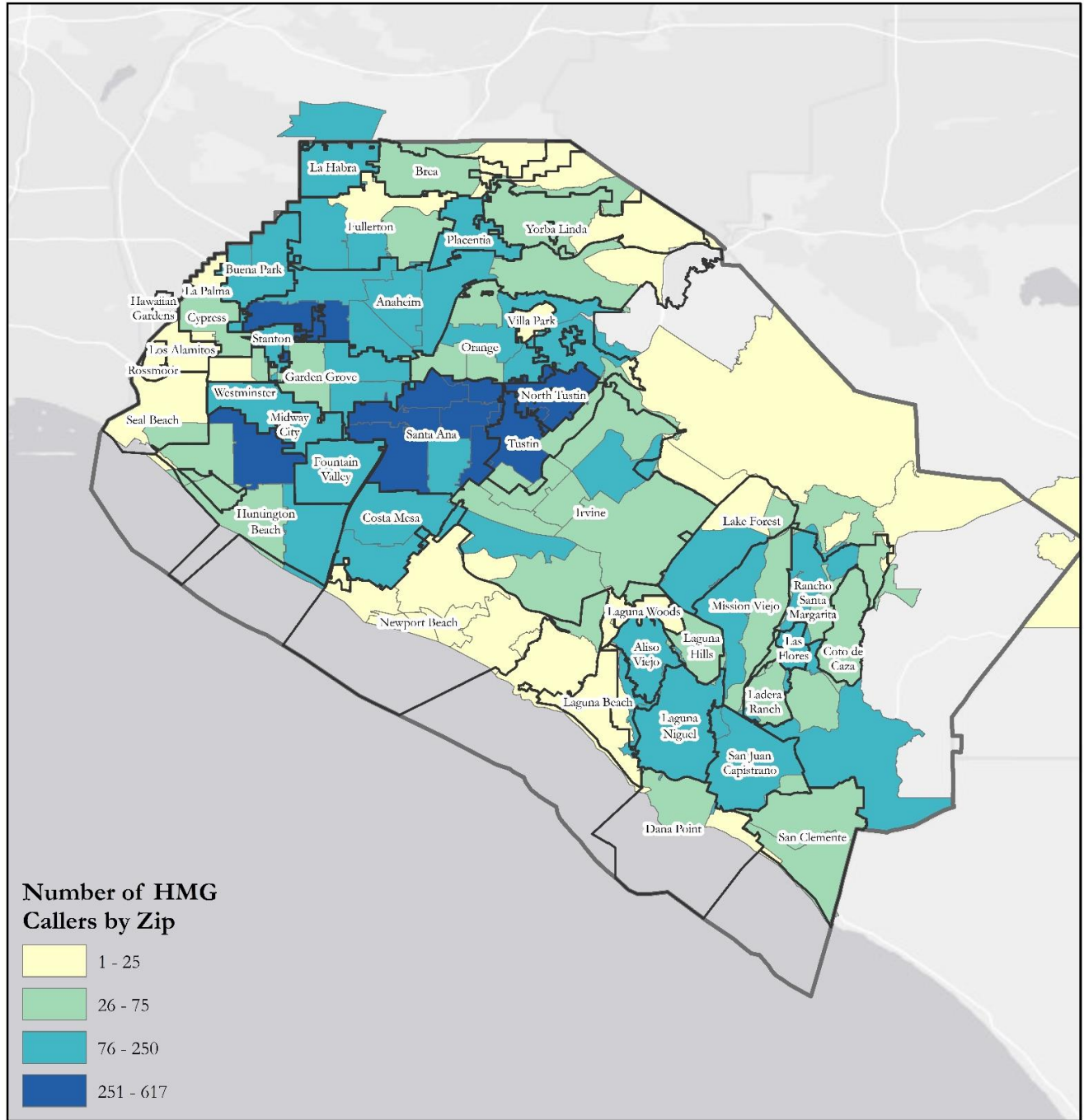
**Figure 10. Type of Health Insurance**



### Children's Locations

The largest population of children for whom someone contacted Help Me Grow lives in the central Orange County cities of Santa Ana, Anaheim, Tustin, and Huntington Beach. Figure 11 below breaks down numbers of callers between 2013 and 2015 based on zip code and city.

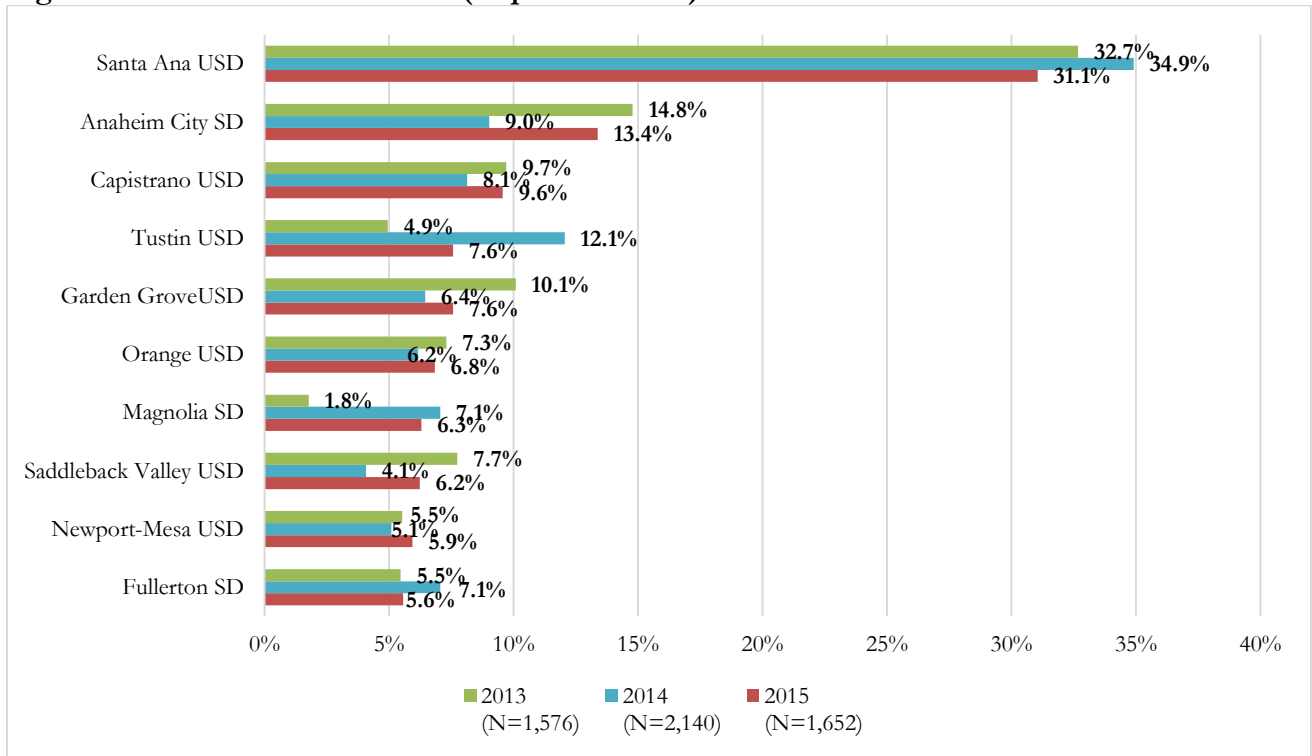
Figure 11. Number of Help Me Grow Callers, by Orange County Zip Code, 2013 to 2015



More than half of the children for whom someone had a concern attended Santa Ana Unified School District, Anaheim City School District, or Capistrano Unified School District.



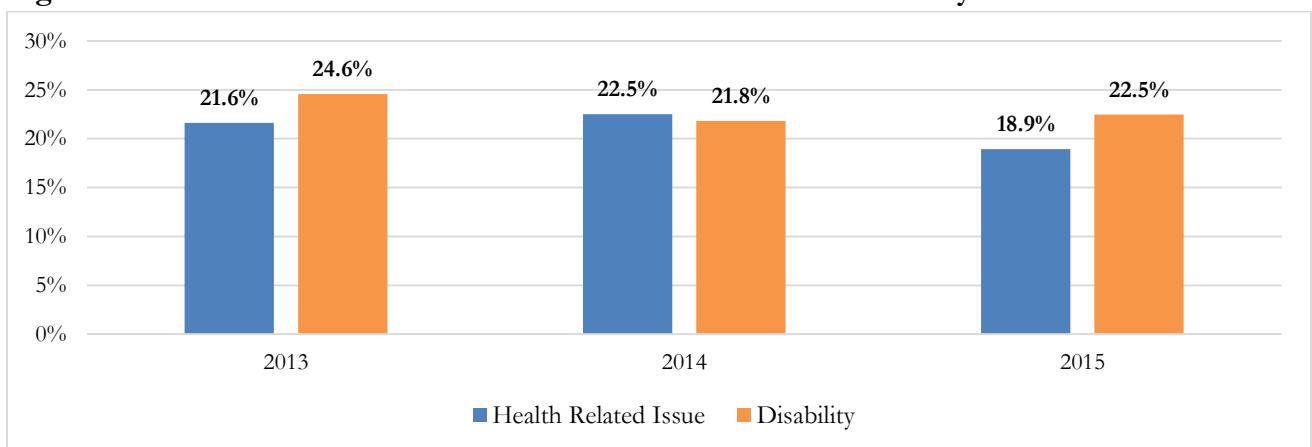
**Figure 12. Child’s School District (Top 10 Districts)**



*Existing Health-Related Issues and Disabilities*

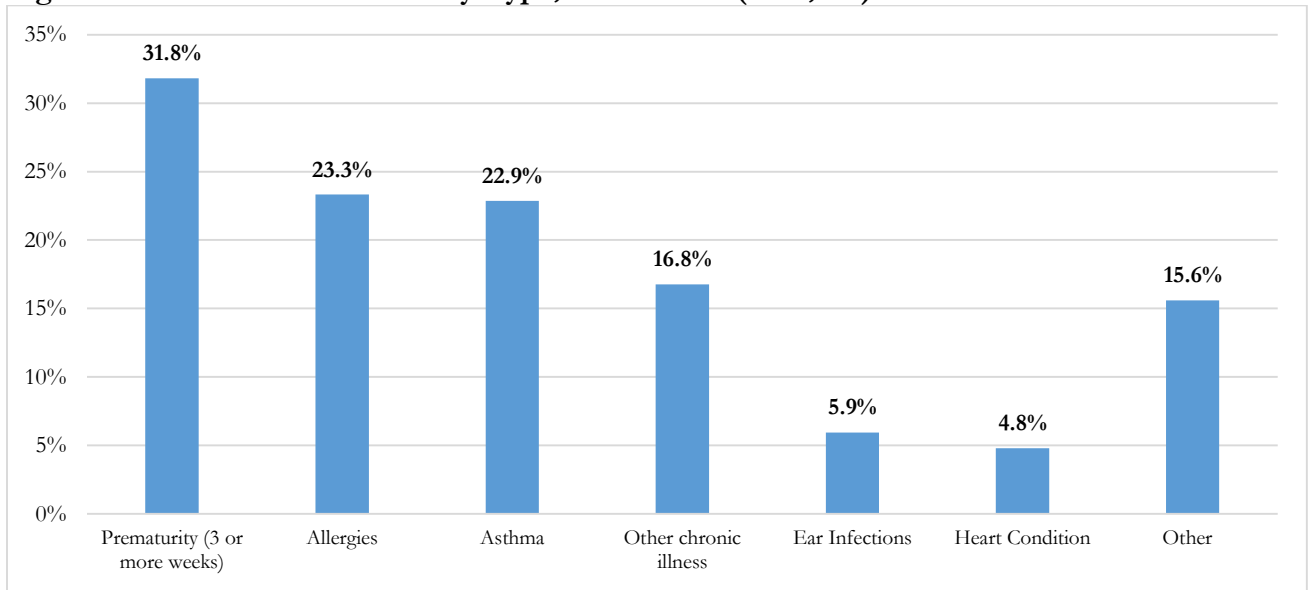
Approximately 19% to 25% of children for whom there is a Help Me Grow contact have an existing health related issue and/or disability.

**Figure 13. Percent of Children with a Health Related Issue or Disability**



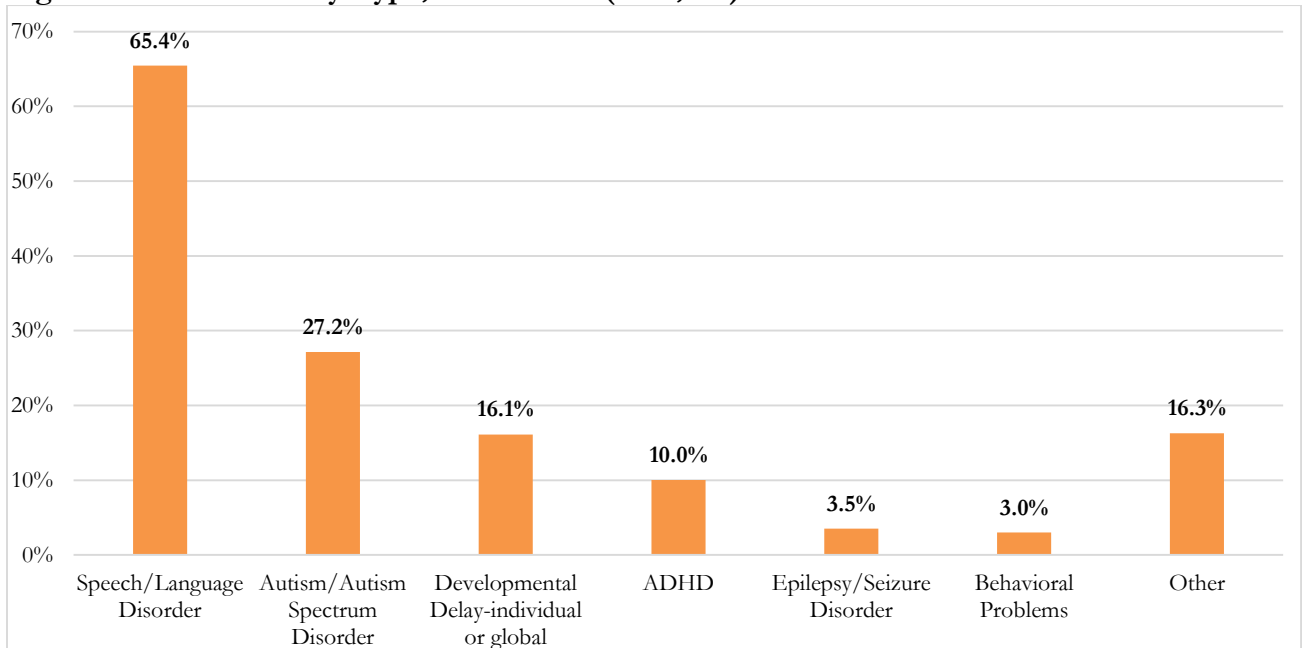
Of those children with a health related issue, prematurity (born three or more weeks prior to the due date) accounted for almost one-third of the health issues, followed by allergies at 23.3% and asthma at 22.9% of health related issues. “Other” accounted for 15.6% of health-related issues, including reflux, obesity, cancer, feeding disorder, and other health issues. (Because children may have more than one health-related issue, the percentages add up to more than 100%.)

**Figure 14. Health Related Issue by Type, 2013 to 2015 (N=1,295)**



Among children with disabilities, more than 65% had speech or language disorders and 27.2% had autism or autism spectrum disorder. “Other” accounted for 16.3% of disabilities, including learning disabilities, Down Syndrome, deafness, and blindness, among others. (Because children could have more than one disability, the percentages add up to more than 100%.)

**Figure 15. Disabilities by Type, 2013 to 2015 (N=1,395)**



## D. Children’s Concerns

As indicated in Figure 2 on page 4, there are different entry points into Help Me Grow. Almost three quarters (74%) of Help Me Grow clients are considered part of the “Help Me Grow Core” program (i.e. they reached Help Me Grow through the toll-free number or online, through the Orange County Screening Project or some other community-based agency). The remaining 26% of clients accessed Help Me Grow through an “Early Care and Education (ECE) Partnership” including clients enrolled in the Child Signature Program (CSP) or Early Head Start, or through a non-HMG toll-free contact (e.g. walk-ins at ECE sites or parents whose children are not enrolled in the CSP program).

These two entry points serve very different populations. For instance, children served through ECE Partnerships are typically female, four years old, Hispanic, and speak Spanish as their primary language. On the other hand, clients who access Help Me Grow through the Core program are typically male, from a range of ages, Hispanic and speak English as the primary language. In addition, ECE partnership clients typically receive developmental services through CSP or Early Head Start, so the concerns they express to Help Me Grow are very different from those of the HMG Core clients. Because of these differences, this *Children’s Concerns* section distinguishes between types of entry points (i.e. between HMG Core and ECE Partnership entry points). Appendix F provides information about the concerns for the combined entry points.

### i. Children’s Concerns—Help Me Grow Core Program

Callers to Help Me Grow describe their concern(s) about their respective children to the Child Development Care Coordinators (CDCC) and the CDCCs identify a category for these concern(s) as defined by the HMG National Data Indicators. (Because children may have more than once concern, the population (N) listed in this section is generally higher than that presented in the Demographics section.) Figure 16 below tabulates the number of children with each reported concern as well as the percentage of these respective concerns among all reported concerns (i.e., each column’s percentages add up to 100%). The top ten concerns identified among the three-year combined data are listed in dark green. By far the most common concern reported for HMG Core clients is behavioral (19.1% of all concerns for 2013 through 2015), followed by communication (15.2% during the same time period). See Appendix A for definitions of these concerns.

**Figure 16. HMG Core: Type of Concerns, HMG Core, by Year**

		2013	2014	2015	Three-year Combined
Behavioral	#	481	557	624	1,662
	%	16.3%	20.6%	20.3%	19.1%
Communication	#	466	421	438	1,325
	%	15.8%	15.6%	14.3%	15.2%
Developmental Concerns	#	311	233	265	809
	%	10.6%	8.6%	8.6%	9.3%
General Development	#	302	230	262	794
	%	10.3%	8.5%	8.5%	9.1%

		2013	2014	2015	Three-year Combined
Parental Support	#	278	164	219	661
	%	9.4%	6.1%	7.1%	7.6%
Hearing	#	86	246	256	588
	%	2.9%	9.1%	8.3%	6.7%
General Information	#	311	51	34	396
	%	10.6%	1.9%	1.1%	4.5%
Child Care	#	140	113	103	356
	%	4.8%	4.2%	3.4%	4.1%
Education	#	42	120	184	346
	%	1.4%	4.4%	6.0%	4.0%
Diagnosis	#	101	85	156	342
	%	3.4%	3.1%	5.1%	3.9%
Health / Medical	#	52	93	96	241
	%	1.8%	3.4%	3.1%	2.8%
Mental Health	#	85	56	83	224
	%	2.9%	2.1%	2.7%	2.6%
Social Interactions	#	53	38	63	154
	%	1.8%	1.4%	2.1%	1.8%
Basic Need	#	53	65	35	153
	%	1.8%	2.4%	1.1%	1.8%
Family Functioning	#	14	71	55	140
	%	0.5%	2.6%	1.8%	1.6%
Cognitive (Learning)	#	28	50	46	124
	%	1.0%	1.8%	1.5%	1.4%
Gross Motor	#	37	23	56	116
	%	1.3%	0.8%	1.8%	1.3%
Health Insurance	#	33	40	28	101
	%	1.1%	1.5%	0.9%	1.2%
Adaptive	#	40	21	22	83
	%	1.4%	0.8%	0.7%	1.0%
Fine Motor	#	12	3	26	41
	%	0.4%	0.1%	0.8%	0.5%
Other	#	15	12	2	29
	%	0.5%	0.4%	0.1%	0.3%
Vision	#	4	11	13	28
	%	0.1%	0.4%	0.4%	0.3%
Living Condition	#	0	3	1	4
	%	0.0%	0.1%	0.0%	0.0%
<b>Total</b>	<b>#</b>	<b>2,944</b>	<b>2,706</b>	<b>3,067</b>	<b>8,717</b>
	<b>%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*HMG Core Concerns, by Key Demographics*

The types of concerns Help Me Grow Core callers had varied by demographics (Refer to Appendix D for detailed charts and descriptions for HMG Core clients, by demographics). Below are the key findings.

- *Age:* Help Me Grow Core callers' concerns varied by children's ages. For instance, behavior appears to be the most prevalent concern among children who are three years old, while communication concerns are most prevalent among two-year-old children. Children two years old have the most concerns overall.
- *Gender:* Help Me Grow receives calls about concerns for boys (66%) much more frequently than for girls (34%). Moreover, three quarters of children identified with behavioral or diagnosis concern are boys.
- *Ethnicity:* Behavior is the main concern cited by all ethnicities except for Asian/Pacific Islanders, who indicated communication as the main concern.
- *Language:* Behavior was the concern cited most by callers who were English and Spanish speakers, whereas communication is cited most by callers who speak some other language.

## ii. Children's Concerns—ECE Partnerships

ECE Partnership contacts include children enrolled in the Child Signature Program (CSP) and Early Head Start, walk-ins at ECE sites or from parents whose children are not enrolled in the CSP program (also known as non-HMG toll-free contacts). Figure 17 below tabulates the numbers of children with each concern as well as the percentage of each concern among all concerns (each column's percentages add up to 100%). The top ten concerns among ECE Partnerships are noted in **brown**. By far the most common type of concern is Family Functioning (20.6% of all concerns for 2013 through 2015), followed by concerns about parental support (11.6% during the same time period).

**Figure 17. Type of Concerns, ECE Partnership, by Year**

		2013	2014	2015	Three-year Combined
Family Functioning	#	106	525	154	785
	%	20.8%	21.5%	17.8%	20.6%
Parental Support	#	58	255	128	441
	%	11.4%	10.4%	14.8%	11.6%
Behavioral	#	45	258	112	415
	%	8.8%	10.6%	13.0%	10.9%
General Development	#	55	286	72	413
	%	10.8%	11.7%	8.3%	10.8%
Basic Need	#	80	225	103	408
	%	15.7%	9.2%	11.9%	10.7%
Health / Medical	#	29	191	69	289
	%	5.7%	7.8%	8.0%	7.6%
Communication	#	34	115	70	219
	%	6.7%	4.7%	8.1%	5.7%
General Information	#	11	157	4	172
	%	2.2%	6.4%	0.5%	4.5%
Mental Health	#	20	58	31	109
	%	3.9%	2.4%	3.6%	2.9%

		2013	2014	2015	Three-year Combined
Education	#	13	66	13	92
	%	2.5%	2.7%	1.5%	2.4%
Health Insurance	#	18	47	21	86
	%	3.5%	1.9%	2.4%	2.3%
Social Interactions	#	4	61	17	82
	%	0.8%	2.5%	2.0%	2.1%
Developmental Concerns	#	10	43	6	59
	%	2.0%	1.8%	0.7%	1.5%
Child Care	#	4	29	13	46
	%	0.8%	1.2%	1.5%	1.2%
Adaptive	#	3	23	5	31
	%	0.6%	0.9%	0.6%	0.8%
Hearing	#	1	14	16	31
	%	0.2%	0.6%	1.9%	0.8%
Cognitive (Learning)	#	2	24	4	30
	%	0.4%	1.0%	0.5%	0.8%
Fine Motor	#	4	20	3	27
	%	0.8%	0.8%	0.3%	0.7%
Vision	#	0	14	11	25
	%	0.0%	0.6%	1.3%	0.7%
Gross Motor	#	3	12	2	17
	%	0.6%	0.5%	0.2%	0.4%
Diagnosis	#	3	8	4	15
	%	0.6%	0.3%	0.5%	0.4%
Living Condition	#	2	5	6	13
	%	0.4%	0.2%	0.7%	0.3%
Other	#	5	7	0	12
	%	1.0%	0.3%	0.0%	0.3%
<b>Total</b>	<b>#</b>	<b>510</b>	<b>2,443</b>	<b>864</b>	<b>3,817</b>
	<b>%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### *ECE Partnership Concerns, by Key Demographics*

The types of concerns ECE Partnership clients had also varied by demographics. See Appendix E for detailed charts and description of the types of concerns ECE Partnership clients had by select demographics.

- *Gender:* Help Me Grow learns about concerns for girls (53%) more frequently than for boys (47%) through their ECE Partnerships. While almost two thirds of children with a reported communication or behavioral concern are boys, more than half of mental health concerns (54%) reported are for girls.
- *Ethnicity.* More than 90% of children who are part of Help Me Grow’s ECE Partnership programs and have one or more concerns are Hispanic/Latino. Family functioning is the concern cited most frequently by all ethnicities except for whites, who most frequently reported behavior concerns.

- *Language:* English and Spanish-speaking clients are most likely to cite a family functioning concern, whereas clients who speak some “other” language are most likely to have a communication concern.

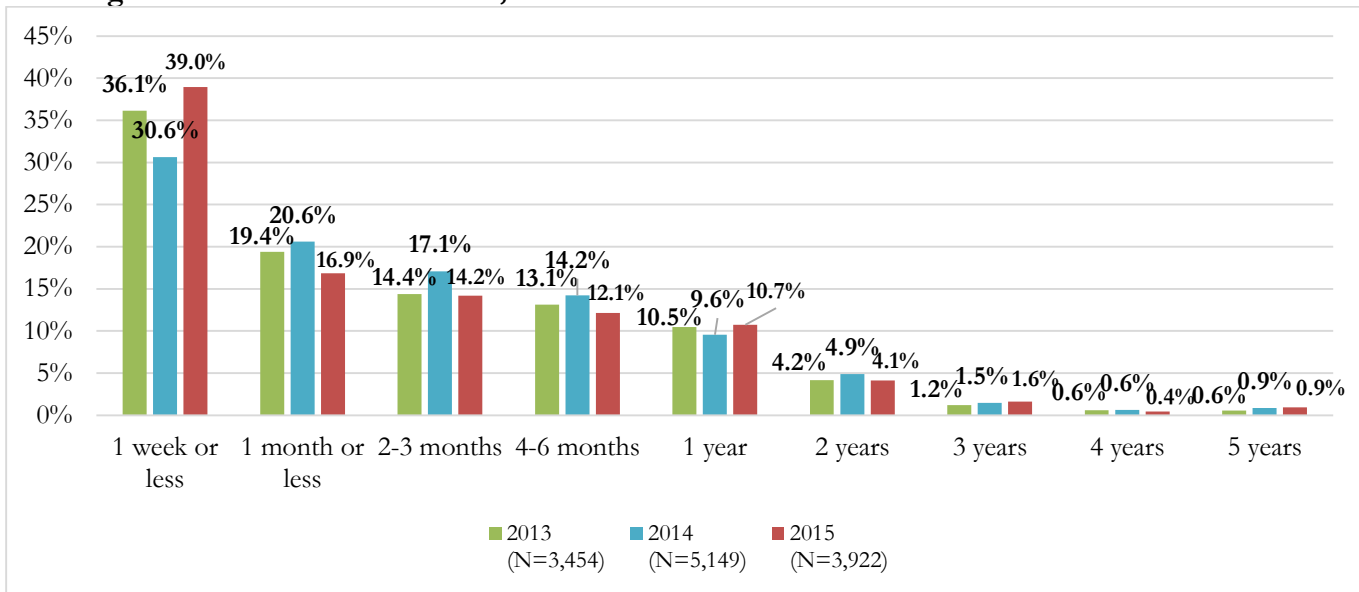
### iii. Concerns by Duration, Efforts to Seek Help and Medical Provider Response

The remainder of this Concerns section re-combines HMG Core and ECE Partnership clients and presents the information for the totality of the Help Me Grow clients in the STAR system from 2013 through 2015.

#### *Duration of Concerns*

A plurality of contacts to Help Me Grow were for concerns that had arisen relatively recently, up to one month prior. In 2015, only 3% of callers’ concerns endured three years or longer. Among callers whose concerns did endure three years or longer, the main concerns were cognitive (18% of these reported concerns endured three years or longer), diagnosis (9% of these reported concerns endured three years or longer), and gross motor (7% of these reported concerns endured three years or longer).

**Figure 18. Duration of Concern, 2013 to 2015**

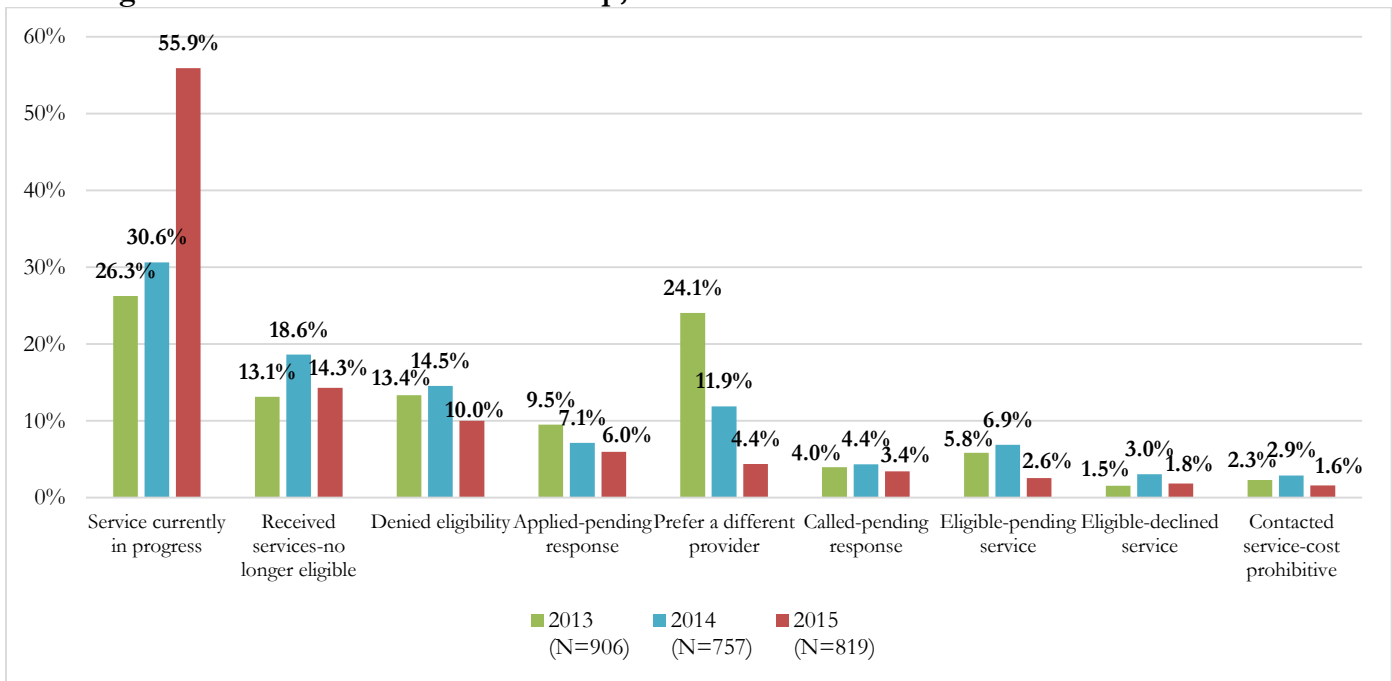


#### *Previous Efforts to Seek Help*

In 2015, 21% of callers reporting concerns had sought previous help for their given concerns. More than half (55.9%) of those who had sought previous help are currently being served. Another 14.3% received a service but their children are no longer eligible (for example, children who received services from the Regional Center of Orange County (IDEA Part C) but then turned three years old and were therefore no longer eligible for these services).



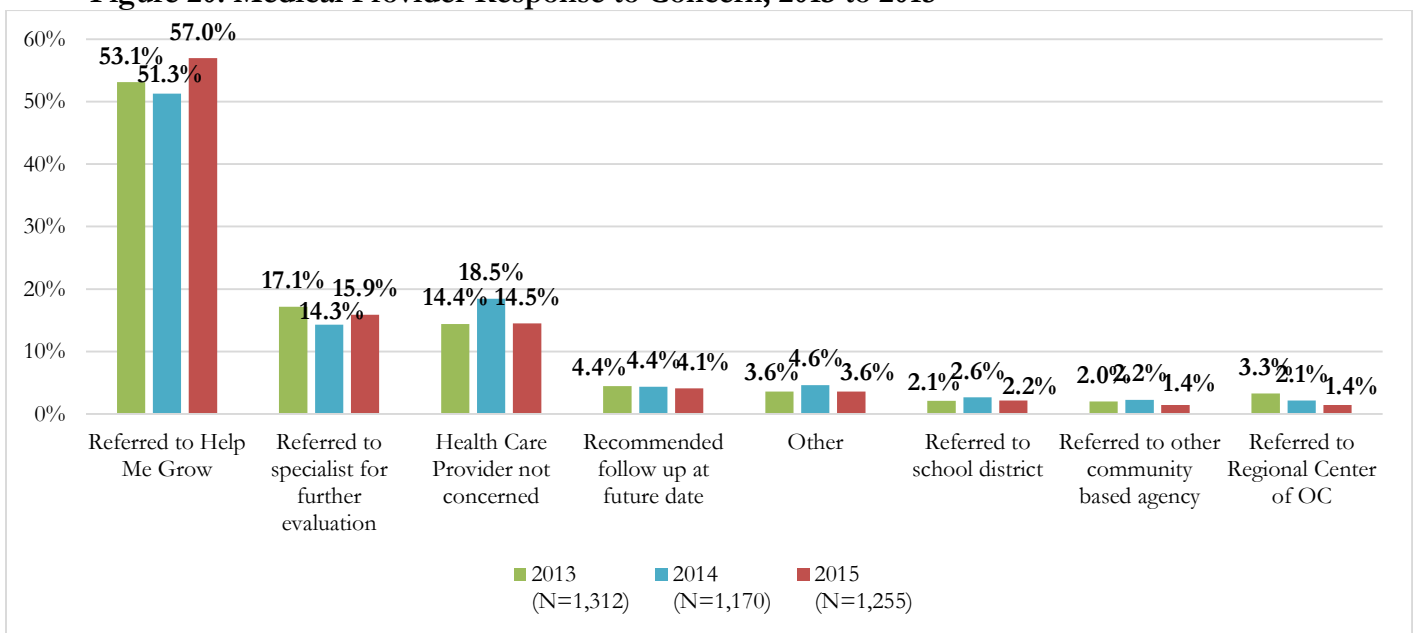
**Figure 19. Previous Effort to Seek Help, 2013 to 2015**



*Medical Provider Responses to Concerns*

57% of those who sought prior help in 2015 were referred to Help Me Grow. This figure is higher than in prior years and could indicate greater community awareness of Help Me Grow services. Also in 2015, 16% of those who sought help were referred to a specialist and in 15% of those cases the health care provider was not concerned (e.g. took a “wait and see” approach).

**Figure 20. Medical Provider Response to Concern, 2013 to 2015**



### III. How well is HMG doing it?

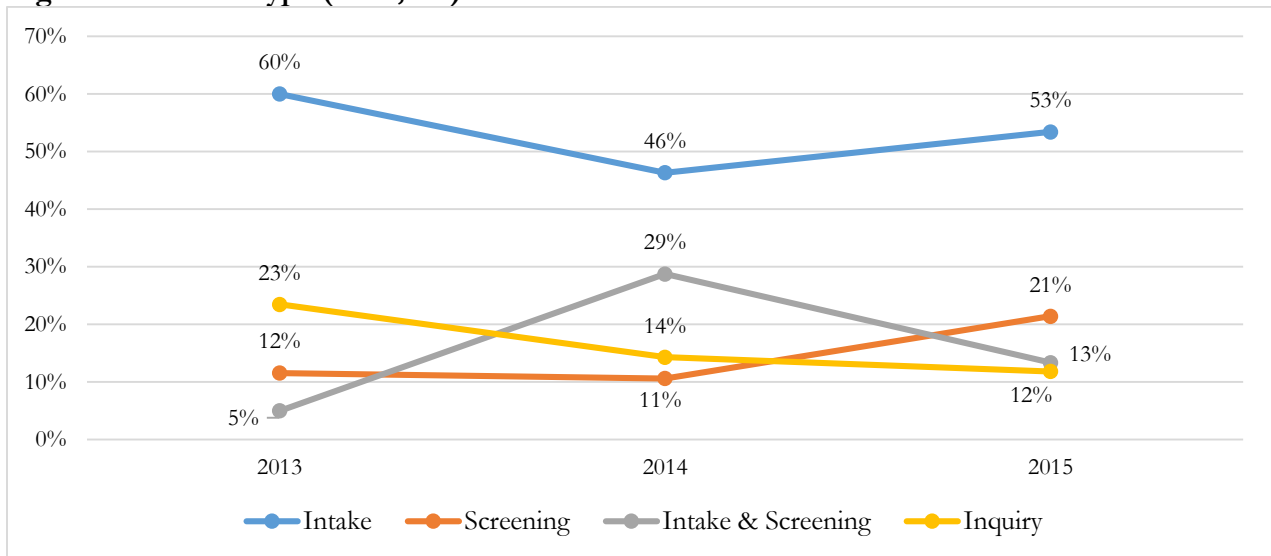
#### A. Types of Intake

In 2015, more than half (53%) of all contacts to Help Me Grow resulted in an intake, meaning that the caller provided detailed information about the concern and had the opportunity to agree to receive a follow up call from Help Me Grow. Another 21% of callers were requesting a screening and 13% had both an intake and a screening. Only 12% of contacts consisted of an inquiry, meaning the caller wanted to remain anonymous and not receive a follow up from a Help Me Grow Child Development Care Coordinator (CDCC).

**Types of Intakes**

- **Intake.** Complete intake information is collected on the child, including demographics and follow-up information
- **Inquiry.** Child receives referral(s), but no follow-up, and only minimal data are collected. Inquiries typically occur because the caregiver prefers to remain anonymous or the provider does not have consent to provide child information.
- **Screening.** Developmental screening. Concern is not entered into data system. If results are typical, no additional information is collected.
- **Intake & Screening.** Complete intake information **and** screening. Either first had a developmental screening with concerns identified and referrals made **or** had a complete intake and then Help Me Grow staff sent screening to family.

**Figure 21. Intake Type (N=8,559)**



#### *Reasons Intakes Are Closed*

When it is time to follow up with families (typically within two weeks following the initial call to Help Me Grow), the CDCCs make up to five attempts to contact the family—four contacts by phone and one by hardcopy letter in the mail. When intakes are closed, the reasons are documented in Help Me Grow’s data system. The main reason an intake is typically closed is because the CDCC was able to reach the caregiver who provides the CDCC with the status of the referrals, which includes the outcome information (53.2% of closed cases over the three-year period). The second most common reason intakes are closed is that the caregiver cannot be reached after multiple messages are left (15%).

**Figure 22. Reasons Intakes Are Closed, by Year**

	2013 (N=1,846)	2014 (N=2,196)	2015 (N=1,872)	3-Year Total
Reached caregiver—provided information	45.8%	61.9%	50.2%	53.2%
Unable to reach after multiple messages	22.0%	12.0%	11.5%	15.0%
Reached caregiver-no further follow-up available	7.7%	11.1%	15.2%	11.4%
Declined follow up at initial call	17.1%	3.4%	12.8%	10.7%
Agency provided outcome information	1.2%	3.3%	5.6%	3.4%
Phone out of service	2.5%	2.3%	1.4%	2.1%
Provided information—no referrals given	1.0%	2.0%	1.5%	1.6%
Child moved	0.5%	2.3%	0.7%	1.2%
Unable to reach—no message on phone line	2.0%	1.1%	0.5%	1.2%
Not available to respond to questions	0.1%	0.5%	0.5%	0.4%
<b>Total</b>	<b>1,846</b>	<b>2,196</b>	<b>1,872</b>	<b>5,914</b>

*Reasons Intakes Are Closed, by key demographics*

Appendix G provides detailed charts and descriptions about the reasons child intakes are closed by select demographics. Below are the key findings.

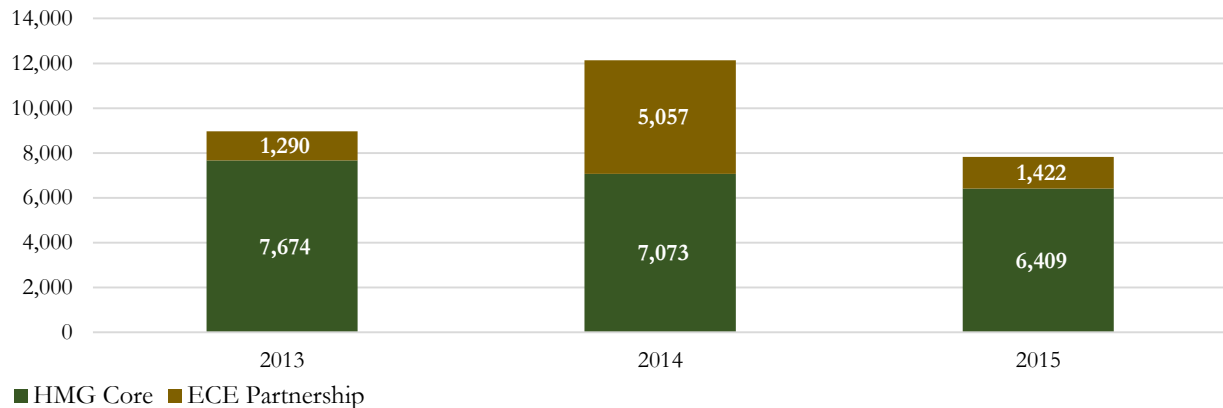
- *Gender:* More girls (55%) than boys (52%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.
- *Ethnicity:* More than one fifth of clients who identify their children as white or Asian / Pacific Islander declined follow-up care coordination in their initial calls (22% and 21%, respectively). Only 6% of families with Hispanic/Latino children declined follow-ups in their initial calls.
- *Language:* Spanish-speaking families were reached and provided referral outcome information at a much higher rate than English-speaking families (63% and 46%, respectively).
- *Health Insurance:* Families with private health insurance were more likely to decline follow-ups in their initial calls than those with public insurance (20% compared to 8%).
- All of the above results are statistically significant at the  $p \leq .05$  level.

**B. Referrals Provided**

When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the client’s expressed concern. Many times, a single concern will receive multiple referrals. For instance, a child with a behavioral concern may receive a referral for mental health counseling, behavioral services and parent/caregiver support.

From 2013 through 2015, Help Me Grow provided a total of 28,925 referrals, with the highest number of referrals in 2014.

**Figure 23. Number of Help Me Grow Referrals, by Entry Point and Year**



As in the Concerns section (Section D), the types of referrals provided vary depending on the entry point to Help Me Grow and will be split out by entry type in the section that follows. Appendix J provides information about referrals for the combined entry points.

**i. Referrals for Help Me Grow Core Clients**

Figure 24 below presents the number and percentage of each type of referral provided among all referrals overall (so each column's percentages add up to 100%). The top ten referrals are noted in dark green. By far the most common type of referral provided to is for parenting/education (15.8% of all HMG Core concerns), followed by a mental health counseling referrals (8.0% of all referrals during the same time period). See Appendix B for definitions of these referral categories.

**Figure 24. Type of Help Me Grow Referral, HMG Core, by Year**

	2013	2014	2015	3-Year Total
Parenting/Education	1,319 17.2%	1,038 14.7%	990 15.4%	3,347 15.8%
Mental Health/counseling	348 4.5%	628 8.9%	718 11.2%	1,694 8.0%
Parent/Child Participation	184 2.4%	640 9.0%	813 12.7%	1,637 7.7%
Developmental Screening	709 9.2%	495 7.0%	388 6.1%	1,592 7.5%
Health/Primary Care	509 6.6%	545 7.7%	460 7.2%	1,514 7.2%
School District	621 8.1%	474 6.7%	350 5.5%	1,445 6.8%
Communication/Speech & Language	653 8.5%	324 4.6%	183 2.9%	1,160 5.5%
Behavioral Services	451 5.9%	387 5.5%	248 3.9%	1,086 5.1%
Part C: Regional Center of OC	423 5.5%	312 4.4%	264 4.1%	999 4.7%
Childcare	378 4.9%	248 3.5%	199 3.1%	825 3.9%

	2013	2014	2015	3-Year Total
Educational/Enrichment	258	288	268	814
	3.4%	4.1%	4.2%	3.8%
Recreation/Sports/After School/Camps	333	236	218	787
	4.3%	3.3%	3.4%	3.7%
Parent/Caregiver (Family) Support	170	232	245	647
	2.2%	3.3%	3.8%	3.1%
Advocacy	78	208	208	494
	1.0%	2.9%	3.2%	2.3%
Health/Neurodevelopmental Subspecialists	239	98	123	460
	3.1%	1.4%	1.9%	2.2%
Early Literacy	170	91	109	370
	2.2%	1.3%	1.7%	1.7%
Basic Needs	122	166	65	353
	1.6%	2.3%	1.0%	1.7%
Allied Health Professionals	87	98	117	302
	1.1%	1.4%	1.8%	1.4%
Social Skills	78	110	97	285
	1.0%	1.6%	1.5%	1.3%
Occupational/Physical Therapy	65	59	95	219
	0.8%	0.8%	1.5%	1.0%
Out of Area Referral (county)	80	66	46	192
	1.0%	0.9%	0.7%	0.9%
Access to Health Insurance	48	56	41	145
	0.6%	0.8%	0.6%	0.7%
Specialized Services	37	20	51	108
	0.5%	0.3%	0.8%	0.5%
Funding	70	24	11	105
	0.9%	0.3%	0.2%	0.5%
Psycho-educational Testing	64	17	5	86
	0.8%	0%	0.1%	0.4%
Legal Assistance	6	33	27	66
	0.1%	0.5%	0.4%	0.3%
Feeding	30	25	10	65
	0.4%	0.4%	0.2%	0.3%
Other	32	24	1	57
	0.4%	0.3%	0.0%	0.3%
Physical Therapy	24	14	17	55
	0.3%	0.2%	0.3%	0.3%
Psychiatry	32	20	0	52
	0.4%	0.3%	0.0%	0.2%
Health/Medical Subspecialists	25	19	5	49
	0.3%	0.3%	0.1%	0.2%
Inclusion Support	0	30	19	49
	0.0%	0.4%	0.3%	0.2%
Home Visitation	6	40	0	46
	0.1%	0.6%	0.0%	0.2%
Equipment	17	4	9	30

	2013	2014	2015	3-Year Total
	0.2%	0.1%	0.1%	0.1%
Respite/Care Giving Services	6	2	7	15
	0.1%	0.0%	0.1%	0.1%
Augmentative Communication	0	1	2	3
	0.0%	0.0%	0.0%	0.0%
Private Schools	2	0	0	2
	0.0%	0.0%	0.0%	0.0%
Infant Follow-up Clinic	0	1	0	1
	0.0%	0.0%	0.0%	0.0%
<b>TOTAL</b>	<b>7,674</b>	<b>7,073</b>	<b>6,409</b>	<b>21,156</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*HMG Core Referrals, by Key Demographics*

Appendix H provides details on the referrals provided to HMG Core clients by select demographics. Below are the key findings.

- *Gender:* Boys and girls have somewhat similar rates for receiving health/primary care referrals. More boys, however, received communication/speech and language referrals than girls, while girls more frequently received parent/child participation referrals than boys.
- *Age:* Referrals to Help Me Grow Core clients also varied based on children’s ages. For instance, communication/speech and language referrals appear to be the most prevalent referrals among children two and three years old, while parent/child participation referrals are most prevalent with the one and two year olds, and school district referrals most often provided to 3 year olds.
- *Ethnicity.* Parenting/education is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom developmental screenings are the most common type of referral. More than one quarter of all referrals to Hispanic callers are for parenting/education, followed at a distant second by mental health counseling, which were 12% of all referrals.
- *Language:* English-language callers make up the largest proportion of referrals for behavioral services (73%). As a percent within referrals, English- and Spanish-speaking callers are most likely to receive parenting/education referrals from Help Me Grow. Callers who speak some other language most often received referrals for the Regional Center of Orange County.
- *Health Insurance:* Parenting/education referrals were most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have. Among families without insurance, the largest percentage of referrals was provided for developmental screenings.
- *Reported Concerns.* The top 10 reported concerns and top 10 referrals provided were tabulated to identify which types of referrals were provided for the different given concerns. In general Help Me Grow’s Child Development Care Coordinators are providing appropriate referrals for the stated concerns. For instance, 85% of communication concerns receive communication /

speech & language referrals, and 94% of reported behavioral concerns receive behavioral services referrals.

## ii. Referrals for ECE Partnership Clients

Figure 25 below presents the number and percentage of referrals provided within the overall referral categories (making each column's percentages add up to 100%) for ECE Partnerships. The top ten referrals are in brown. The most common type of referral is parenting/education (17.0% of all ECE Partnership clients' concerns between 2013 and 2015), followed by a basic needs referral (15.9%). See Appendix B for descriptions of these referrals.

**Figure 25. Type of Help Me Grow Referral, ECE Partnership, by Year**

	2013	2014	2015	3-Year Total
Parenting/Education	188	900	229	1,317
	14.6%	17.8%	16.1%	17.0%
Basic Needs	313	674	250	1,237
	24.3%	13.3%	17.6%	15.9%
Mental Health/counseling	140	401	165	706
	10.9%	7.9%	11.6%	9.1%
Parent/Caregiver (Family) Support	57	531	79	667
	4.4%	10.5%	5.6%	8.6%
Recreation/Sports/After School/Camps	101	459	64	624
	7.8%	9.1%	4.5%	8.0%
Health/Primary Care	96	390	70	556
	7.4%	7.7%	4.9%	7.2%
Educational/Enrichment	46	275	45	366
	3.6%	5.4%	3.2%	4.7%
Allied Health Professionals	27	198	70	295
	2.1%	3.9%	4.9%	3.8%
Behavioral Services	30	140	49	219
	2.3%	2.8%	3.4%	2.8%
Legal Assistance	53	104	62	219
	4.1%	2.1%	4.4%	2.8%
Communication/Speech & Language	37	123	39	199
	2.9%	2.4%	2.7%	2.6%
Health/Medical Subspecialists	29	136	33	198
	2.2%	2.7%	2.3%	2.5%
Access to Health Insurance	24	133	35	192
	1.9%	2.6%	2.5%	2.5%
Developmental Screening	17	77	37	131
	1.3%	1.5%	2.6%	1.7%
Parent/Child Participation	14	77	34	125
	1.1%	1.5%	2.4%	1.6%
School District	10	65	41	116
	0.8%	1.3%	2.9%	1.5%
Advocacy	17	57	30	104
	1.3%	1.1%	2.1%	1.3%
Childcare	9	66	21	96
	0.7%	1.3%	1.5%	1.2%



	2013	2014	2015	3-Year Total
Early Literacy	7	72	10	89
	0.5%	1.4%	0.7%	1.1%
Part C: Regional Center of Orange County	14	21	18	53
	1.1%	0.4%	1.3%	0.7%
Social Skills	1	44	7	52
	0.1%	0.9%	0.5%	0.7%
Other	16	28	1	45
	1.2%	0.6%	0.1%	0.6%
Equipment	9	26	8	43
	0.7%	0.5%	0.6%	0.6%
Home Visitation	15	15	5	35
	1.2%	0.3%	0.4%	0.5%
Funding	1	3	15	19
	0.1%	0%	1.1%	0.2%
Feeding	0	14	3	17
	0.0%	0.3%	0.2%	0.2%
Occupational/Physical Therapy	11	3	0	14
	0.9%	0.1%	0.0%	0.2%
Health/Neurodevelopmental Subspecialists	4	7	2	13
	0.3%	0.1%	0.1%	0.2%
Specialized Services	0	7	0	7
	0.0%	0.1%	0.0%	0.1%
Psychiatry	0	6	0	6
	0.0%	0.1%	0.0%	0.1%
Physical Therapy	3	0	0	3
	0.2%	0.0%	0.0%	0.0%
Respite/Care Giving Services	0	3	0	3
	0.0%	0.1%	0.0%	0.0%
Augmentative Communication	0	1	0	1
	0.0%	0.0%	0.0%	0.0%
Out of Area Referral (county)	1	0	0	1
	0.1%	0.0%	0.0%	0.0%
Psycho-educational Testing	0	1	0	1
	0.0%	0.0%	0.0%	0.0%
Inclusion Support	0	0	0	0
	0.0%	0.0%	0.0%	0.0%
Infant Follow-up Clinic	0	0	0	0
	0.0%	0.0%	0.0%	0.0%
Private Schools	0	0	0	0
	0.0%	0.0%	0.0%	0.0%
<b>TOTAL</b>	<b>1,290</b>	<b>5,057</b>	<b>1,422</b>	<b>7,769</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### *ECE Partnership Referrals, by Key Demographics*

Appendix I provides details on the referrals provided to ECE Partnership clients by select demographics. Below are the key findings.

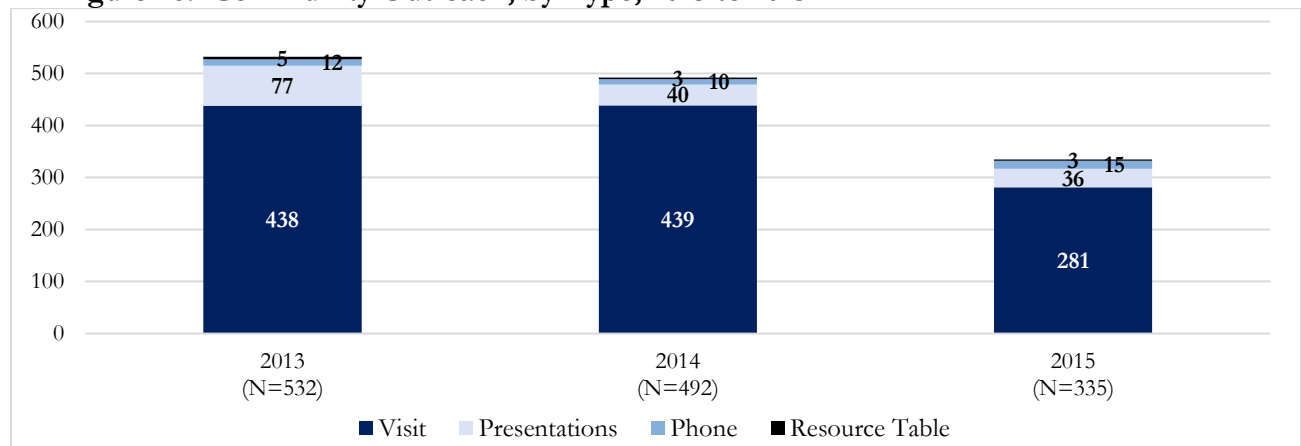
- *Gender:* Boys and girls received referrals for parent/caregiver support at the same rates. Boys, however, received basic needs referrals more than girls (21% to 18%), while girls received more mental health referrals than boys (12% to 11%).
- *Age:* Children who access Help Me Grow through an ECE Partnership are typically 4 years old. Parenting/ education referrals are provided most for children ages 3 to 5 years and 12 years and older. Basic needs referrals are the most common among children ages one and younger as well as for prenatal mothers.
- *Ethnicity:* Parenting/education referrals are most frequently provided to Hispanics and Asian/Pacific Islanders. Mental health counseling is the referral most often provided to children whose caregivers identify as white.
- *Language:* English-speaking clients and clients who speak some “other” language are most likely to receive basic needs referrals from Help Me Grow (26% and 32% respectively, compared to 17% for those who speak Spanish). Clients who speak Spanish received most of their referrals for parenting/education (23%).
- *Health Insurance:* Parenting/education was the referral type most frequently provided to clients with both public and private health insurance coverage as well as the uninsured. ECE partnership clients with “Other” health coverage most often received basic needs referrals.
- *Reported Concerns:* The top 10 types of reported concerns and the top 10 types of referrals for ECE Partnership clients were tabulated to identify the types of referrals provided for each given concern. In general, Help Me Grow’s Child Development Care Coordinators are providing appropriate referrals for reported concerns. For instance, 75% of basic needs concerns received basic needs referrals and 92% of family functioning concerns received legal assistance referrals.

### C. What community outreach efforts were made?

Help Me Grow’s three Community Liaisons are responsible for “building the network.” They develop ongoing relationships with community programs to help maintain the inventory of resources available to care coordinators, meet with community-based providers to learn about available programs, update the Help Me Grow resources inventory, and help increase awareness of Help Me Grow and access through its toll-free line and of the importance of developmental screenings in the community through presentations and one-on-one meetings with providers. The Community Liaisons also facilitate Connection Cafés, networking opportunities held throughout the county six times per year, which bring together providers for relationship building, learning about resources, facilitated networking and sharing information about programs and services.

From 2013 through 2015, Help Me Grow’s Community Liaisons had more than 1,300 contacts with providers. Visits are consistently the most common form of outreach, followed by presentations, phone calls, and working at resource tables. Note that the annual numbers presented in this section fluctuate when a community liaison is unavailable (e.g. on vacation, medical or family leave) or outreach cannot be provided.

**Figure 26. Community Outreach, by Type, 2013 to 2015**



#### *Number and Types of Contacts*

Between 2013 and 2015, the Community Liaisons provided outreach to more than 2,000 new agencies and programs, 454 early care and education sites, and nine faith-based sites. In addition, more than 900 of the contacts were to repeat agencies or programs.

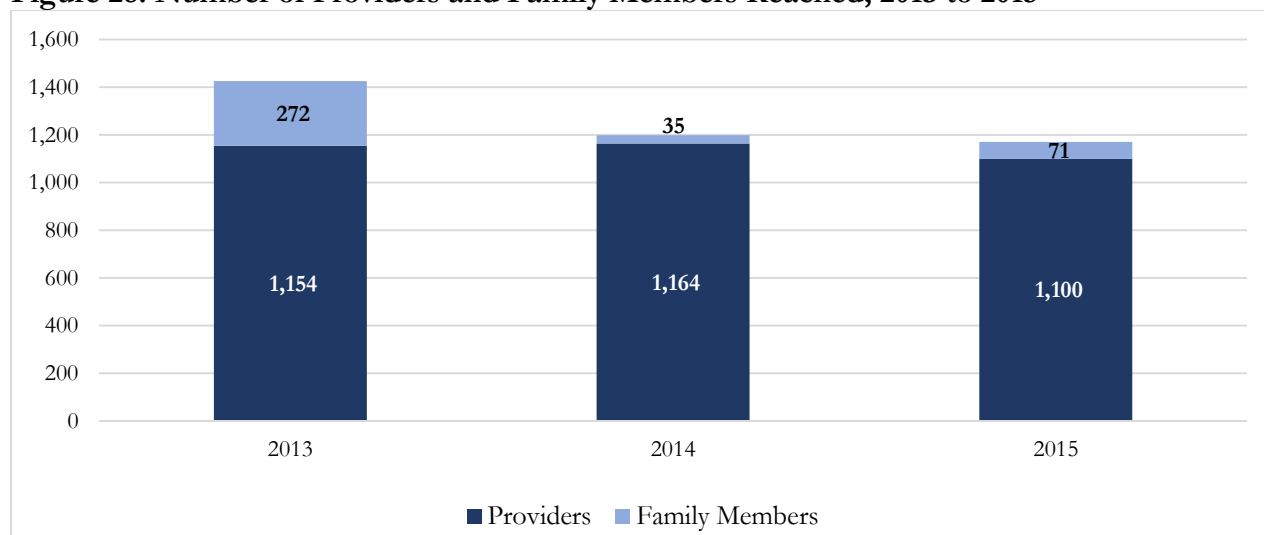
**Figure 27. Type of Contact, by Year**

	2013	2014	2015	3-Year Total
New Agency/Program Outreach	564	765	702	2,031
New ECE Sites (Preschool/Child Care)	226	89	139	454
New Faith Based Sites	4	0	5	9
Repeat Agency/Program Outreach	360	310	254	924
<b>Total Providers Reached, by Agency Type</b>	<b>1,154</b>	<b>1,164</b>	<b>1,100</b>	<b>3,418</b>

### *Family Members and Providers Served*

Between 2013 and 2015, almost 3,800 community-based providers (non-healthcare providers) and family members were reached through the efforts of Help Me Grow’s Community Liaisons.

**Figure 28. Number of Providers and Family Members Reached, 2013 to 2015**



### *Types of Outcomes*

Community Liaisons document the types of outcomes for each of their outreach efforts (which can have multiple outcomes). These outcomes include updating agency/program information in Help Me Grow’s resource inventory, providing materials, and educating providers about Help Me Grow.

**Figure 29. Type of Community Outreach Outcome, by Year**

	2013	2014	2015	3-Year Total
Update Agency/ Program	483	367	242	1,092
Provided Materials	409	404	235	1,048
Education about HMG	371	401	243	1,015
Learn/ collect information about program or services	250	320	180	750
Inform about HMG special event	194	183	132	509
Networking	83	175	92	350
Program/ Event planning	36	54	15	105
Learning Opportunity	8	36	38	82
Scheduled Presentation	9	5	56	70
Sub-committee/workgroup	10	1	13	24
Conducted Screenings	1	0	0	1
Intake	1	0	0	1

### *Trainings and Seminars Attended*

Community Liaisons attended 271 community events, 125 collaborative meetings and 51 trainings/seminars between 2013 and 2015. There were fewer trainings and seminars in 2015 than in other years because one of the liaisons was out for much of the year.

**Figure 30. Number of Trainings and Seminars Attended by Community Liaisons**

	2013	2014	2015	3-Year Total
Community Events	97	97	77	271
Collaborative Meetings	57	52	16	125
Trainings/Seminars	22	19	10	51
<b>Total</b>	<b>176</b>	<b>168</b>	<b>103</b>	<b>447</b>

*Number/Types of Connection Café Networking Events*

Between 2013 and 2015, Connection Café networking events drew almost 1,000 participants and featured diverse topics of discussion as documented in Figure 31 below.

**Figure 31. Connection Café Networking Events, Topics and Number of Attendees, 2013 to 2015**

Year	Date	Region	Topic of presentation	# of Attendees
2013	5/10/2013	North/ Central	At Wit's End, Ending the Struggles of Learning Disabilities	53
	9/18/2013		Cultural Conversation: Understanding Social & Cultural Aspects of the Diverse Latin Population We Serve	53
	3/28/2013	South	Understanding Sensory Integration Therapy	70
	10/15/2013		The Power of Art Therapy for Behavioral and Communication Issues	60
	1/15/2013	West	The Effects of Violence on the Developing Brain	54
	12/15/2013		My Child Won't Behave, A Pediatrician's Approach to Early Mental Health	85
	<b>Total attendees in 2013</b>			
2014	2/4/2014	North/ Central	The Development of Hearing in Children & How Important Is It Anyway?	49
	9/10/2014		The ABC's of Bullying Prevention, Warning Signs and Characteristics	48
	10/16/2014	South	Second Language Acquisition in Early Childhood	50
	3/27/2014		Music: The Benefits in Early Childhood and Special Needs	53
	6/19/2014	West	Nutrition Matters: The Psychology of Feeding Children	43
	12/4/2014		Eligibility Criteria for Early Start Restored	68
<b>Total attendees in 2014</b>				<b>311</b>
2015	1/28/2015	North/ Central	Responding to Worries About Childhood Vaccines	68
	9/1/2015	North	Better Understanding of Executive Functioning in ASD and ADHD	57
	3/26/2015	South	Understanding and Managing Behavioral Challenges in Children with Autism.	70
	10/29/2015		Any Place Can Become a Play Space	38
	5/6/2015	West	Early Intervention: Language & Play	47
	12/3/2015		Promoting a Healthy Relationship with Food: The Role of Behavioral Health Providers	30
	<b>Total attendees in 2015</b>			
<b>Total attendees 2013 through 2015:</b>				<b>996</b>

## D. Physician Outreach Efforts

Help Me Grow employs one EPIC (Educating Providers in the Community) Coordinator, who is responsible for informing health care providers (pediatricians, family physicians, nurse practitioners, physicians' assistants, nurses, and other office staff) about the importance of developmental surveillance and screening and the availability of Help Me Grow for access to community-based programs and services. Between 2013 and 2015, the EPIC coordinator successfully reached out to a total of 210 physicians' practices, most of which were pediatricians.

**Figure 32. Number and Type of Physician Practices that Received Help Me Grow Outreach**

	2013	2014	2015	3-Year Total
Pediatrics	40	1	93	134
Family Practice	40	1	34	75
OB/ GYN	0	0	1	1
<b>Total</b>	<b>80</b>	<b>2</b>	<b>128</b>	<b>210</b>

Most of the providers who received Help Me Grow outreach were office staff, followed by physicians, nurse practitioners, and physicians' assistants.

**Figure 33. Number of Health Providers Reached, by Role**

	2013	2014	2015	3-Year Total
Staff	391	15	419	825
Physicians/NP/PA	191	3	225	419
<b>Total</b>	<b>621</b>	<b>19</b>	<b>734</b>	<b>1,374</b>

Most of the outreach efforts were presentations, as indicated in Figure 34 below.

**Figure 34. Outreach Effort by Type**

	2013	2014	2015	3-Year Total
Presentation	43	N/A	97	140
Short Office Visit	N/A	N/A	9	9
Follow-up	N/A	N/A	3	3
<b>Total</b>	<b>43</b>	<b>N/A</b>	<b>109</b>	<b>152</b>

The EPIC coordinator also provided trainings on developmental screening tools, as indicated in Figure 35 below.

**Figure 35. Developmental Screening Trainings, by Tool**

Name of Screening Tool	2013	2014	2015	3-Year Total
ASQ:SE	3	1	2	6
ASQ-3	6	1	14	21
PEDS	2	1	4	7
<b>Total</b>	<b>11</b>	<b>3</b>	<b>20</b>	<b>34</b>

## E. How Clients Learn about Help Me Grow

Help Me Grow Community Liaisons spend a significant amount of time on outreach in the community in order to increase awareness of access to services through the use of Help Me Grow in Orange County as well as promote the importance of developmental screenings. It is therefore important to document how callers have learned about Help Me Grow in order to evaluate outreach efforts. See Appendix K for a detailed discussion, by demographics, of how clients learn about Help Me Grow. Most of the clients to Help Me Grow found out about the agency through a community agency or hospital/ health care provider. Less than 1% learned about Help Me Grow through a media source.<sup>4</sup> See Appendix C for a description of the categories listed below.

**Figure 36. How Clients Learn about Help Me Grow, by Year**

	2013 (N=2,846)	2014 (N=3,121)	2015 (N=2,447)	3-Year Total
Community Agency	27.5%	24.4%	25.3%	25.7%
Hospital / Health Care Provider	29.6%	19.1%	27.3%	25.0%
School	7.1%	30.6%	8.9%	16.3%
ECE Provider	6.7%	8.7%	16.3%	10.2%
Previous Caller	6.4%	5.0%	8.5%	6.5%
Family or Friend	5.5%	4.0%	5.8%	5.0%
2-1-1 Orange County	5.4%	3.5%	3.3%	4.1%
HMG Outreach	5.0%	3.1%	3.4%	3.8%
Developmental Screening	4.4%	0.4%	0.4%	1.8%
Regional Center of Orange County	2.2%	1.1%	0.7%	1.3%
Media (print, TV, web, etc.)	0.2%	0.1%	0.2%	0.2%

## F. Help Me Grow Concerns and Early Development Index Vulnerabilities

The Early Development Index (EDI) is a population measure of school readiness, which means that it collects information about kindergarten-age children and then creates an overall snapshot of their developmental progress. The EDI does not label or identify individual children with specific problems. Instead, it looks at how experiences at home and in the community can help prepare children for the school environment. The EDI provides information about children in five developmental areas known to affect well-being and school performance:

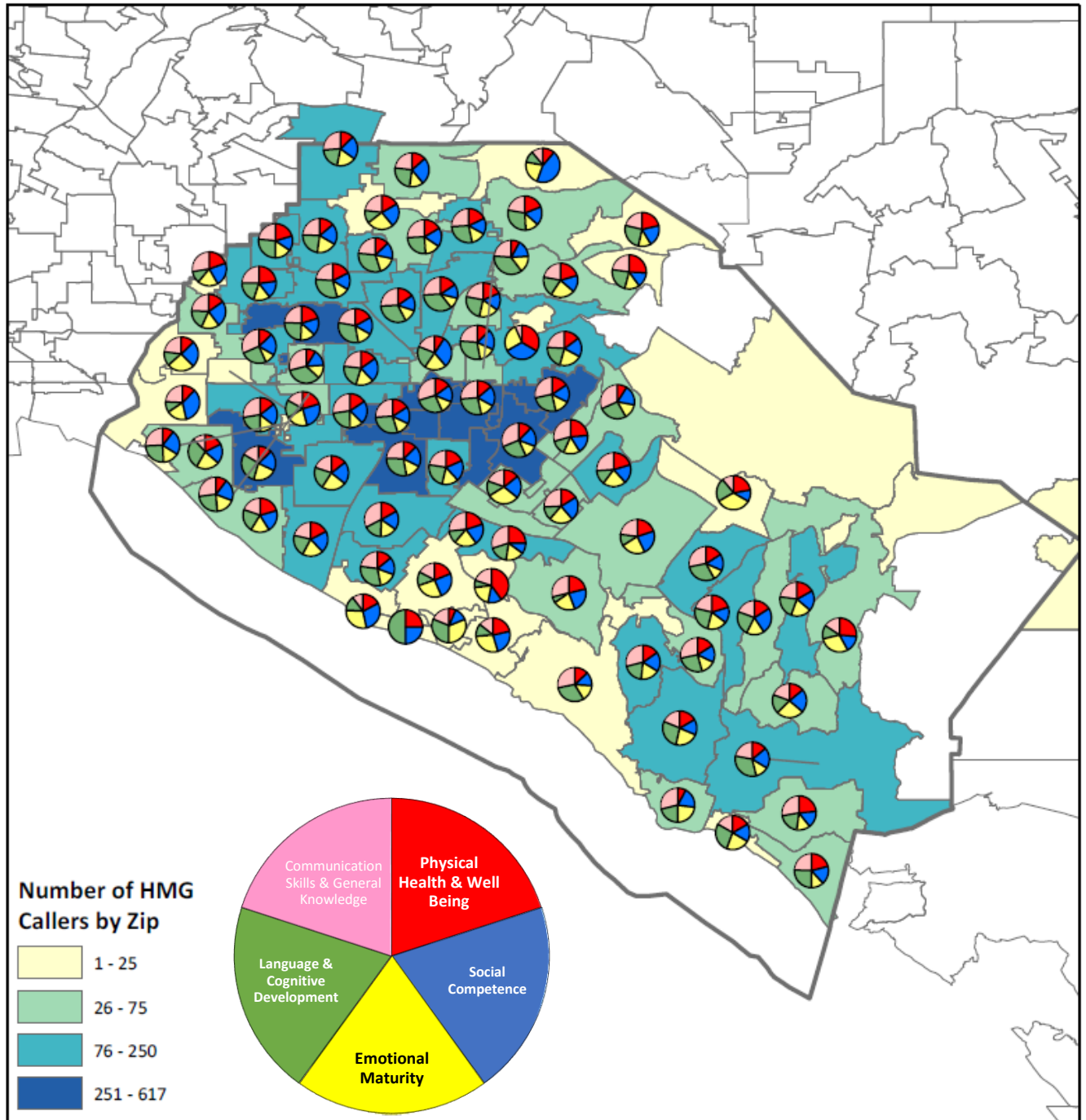
- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge

<sup>4</sup> Due to some small cell sizes, significance testing is not included in this “how clients find out about Help Me Grow” section.



Figure 37 maps out EDI vulnerabilities by developmental area and zip code. For example, in many of the areas with high volumes of Help Me Grow callers (dark blue), emotional maturity is the largest issue of developmental vulnerability in children.

**Figure 37. Number of Callers to Help Me Grow and Proportion of Vulnerabilities by Area, by Zip Code (2013 to 2015)**



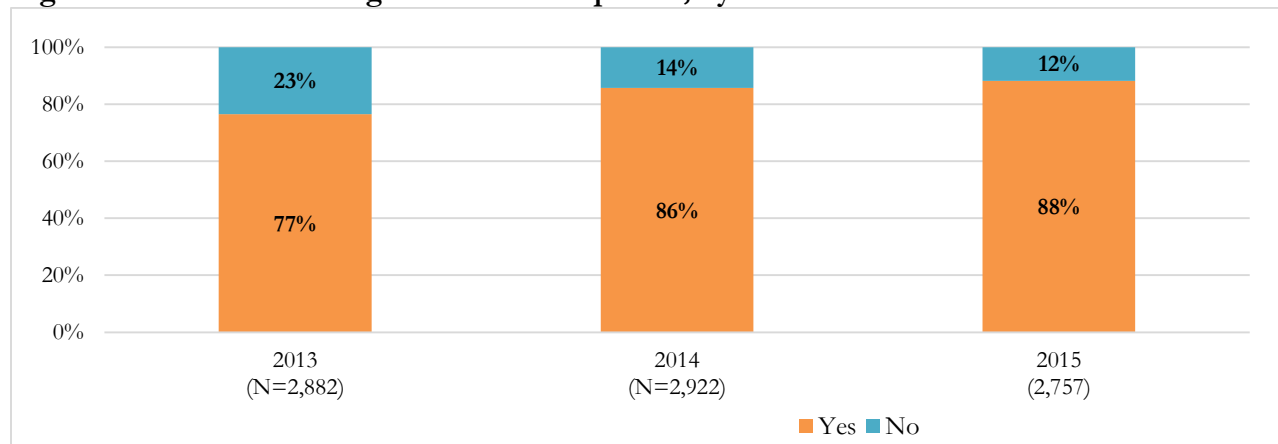
## IV. Are children and families better off as a result of using HMG?

### A. Follow-up Care Coordination

When families call Help Me Grow, the Child Development Care Coordinator (CDCC) listens to each caller's issues and concerns and then requests their consent to have the child's information entered into the Help Me Grow data system and to share the referrals provided and case outcomes with the child's primary health care provider. If the caller gives this verbal consent, that record is considered an *intake*. If the caller does not consent, then that record is considered an *inquiry* and no follow up care coordination is provided. Follow-up care coordination is offered to all entries marked in STAR as *intake* or *intake and screening*.

The percentage of families who agree to follow-up care has increased slightly over the past few years, with 88% agreeing to follow-up in 2015.

**Figure 38. Families who Agree to Follow-Up Care, by Year**



Overall, the following clients have higher rates of consenting to follow-up care: females; children identified as Asians / Pacific Islanders; Spanish speaking children, and children with public health insurance. These results, aside from ethnicity, are statistically significant. See Appendix L for a detailed discussion, by demographics, of the families who agree to follow up care from Help Me Grow.

\*\*\*\*\*

This final section of the report considers whether children were successfully connected to the service or services for which they received referrals as well as the outcomes of their referrals and any barriers and gaps to receiving services they may have encountered.

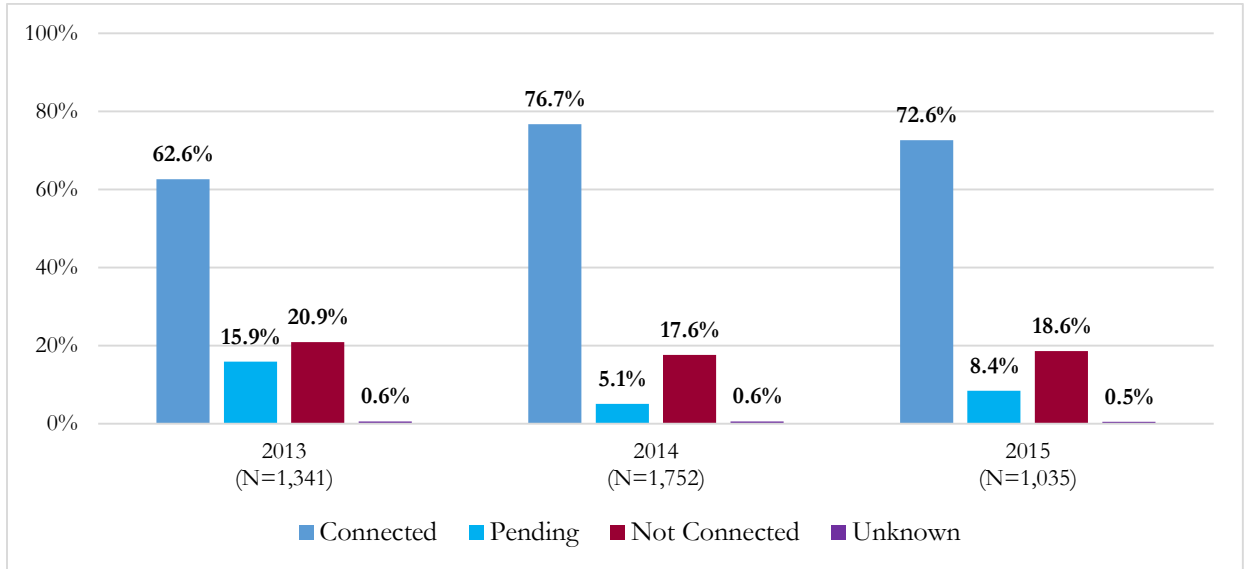
#### Types of Service Outcomes

- **Connected.** Child is receiving at least one service; additional referrals may be pending, not connected or connected.
- **Pending.** At least one referral for service to the child is pending; additional referrals may be not connected or pending; no referrals are connected.
- **Not Connected.** All referrals are not connected and no referrals are connected or pending.
- **Unknown.** Outcome of referral is unknown of those who began the follow-up care coordination.

## B. Service Outcomes

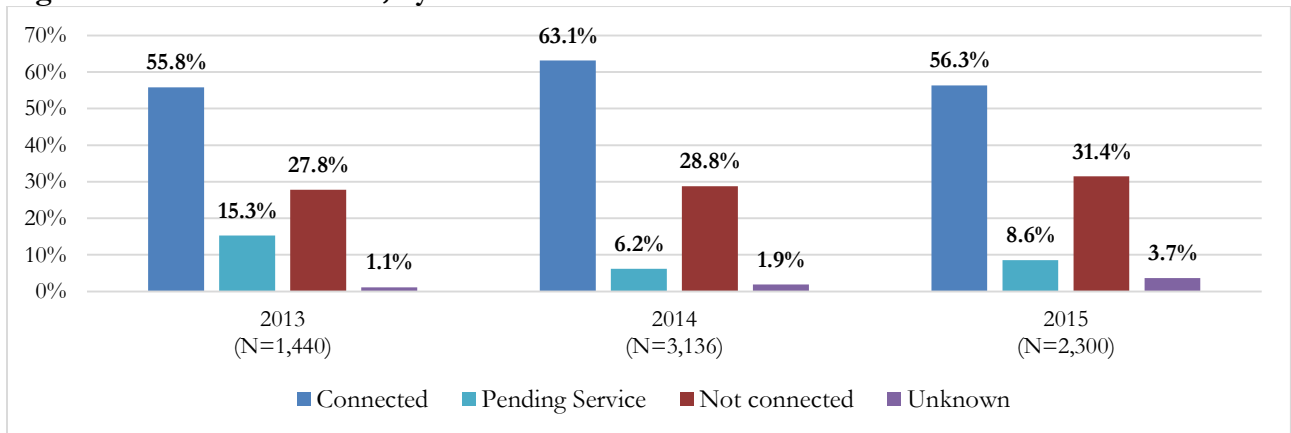
In 2015, 81% of children entered in STAR as an “intake” or “intake and screening” and received care coordination had a positive outcome with referrals—that is, they had *at least one* referral connected or pending. This figure is slightly lower than in 2014 (81.8%) but higher than in 2013 (78.5%).

**Figure 39: Overall Service Outcome, by Year**



When looking at service outcomes for *individual* referrals, more than half of the children were connected to the services for which they received referrals. From 2013 to 2014 the percentage of cases where families were connected to services increased, but the percentage then dropped from 2014 to 2015. The number of children with pending services was highest in 2013. The overall percentage of children who were not connected to services has increased from 2013 to 2015. The analysis in this Service Outcomes section includes only records that were marked “intake” or “intake and screening” because of the availability of the follow-up care coordination to obtain outcomes from the family.

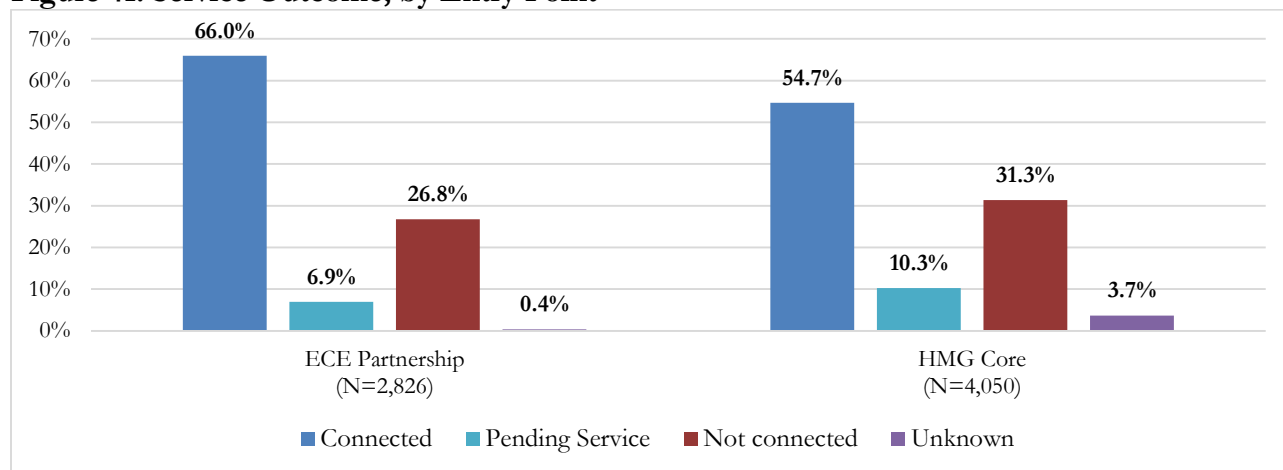
**Figure 40. Service Outcome, by Year**



### Service Outcome, by Entry Point

Families with children who accessed Help Me Grow through an ECE Partnership were more likely to have their referrals connected or pending than families who reached Help Me Grow through the core program.

**Figure 41. Service Outcome, by Entry Point**



Results are statistically significant at the  $p \leq .05$  level

### Service Outcome, by Key Demographics

Overall, the following clients have higher rates of being connected with services or pending services: girls; children identified as Asian / Pacific Islander; children who primarily speak some “Other” language (including an Asian language); and children with public health insurance. All of these results are statistically significant. See Appendix M for a detailed discussion, by demographics, of service outcomes for Help Me Grow clients.

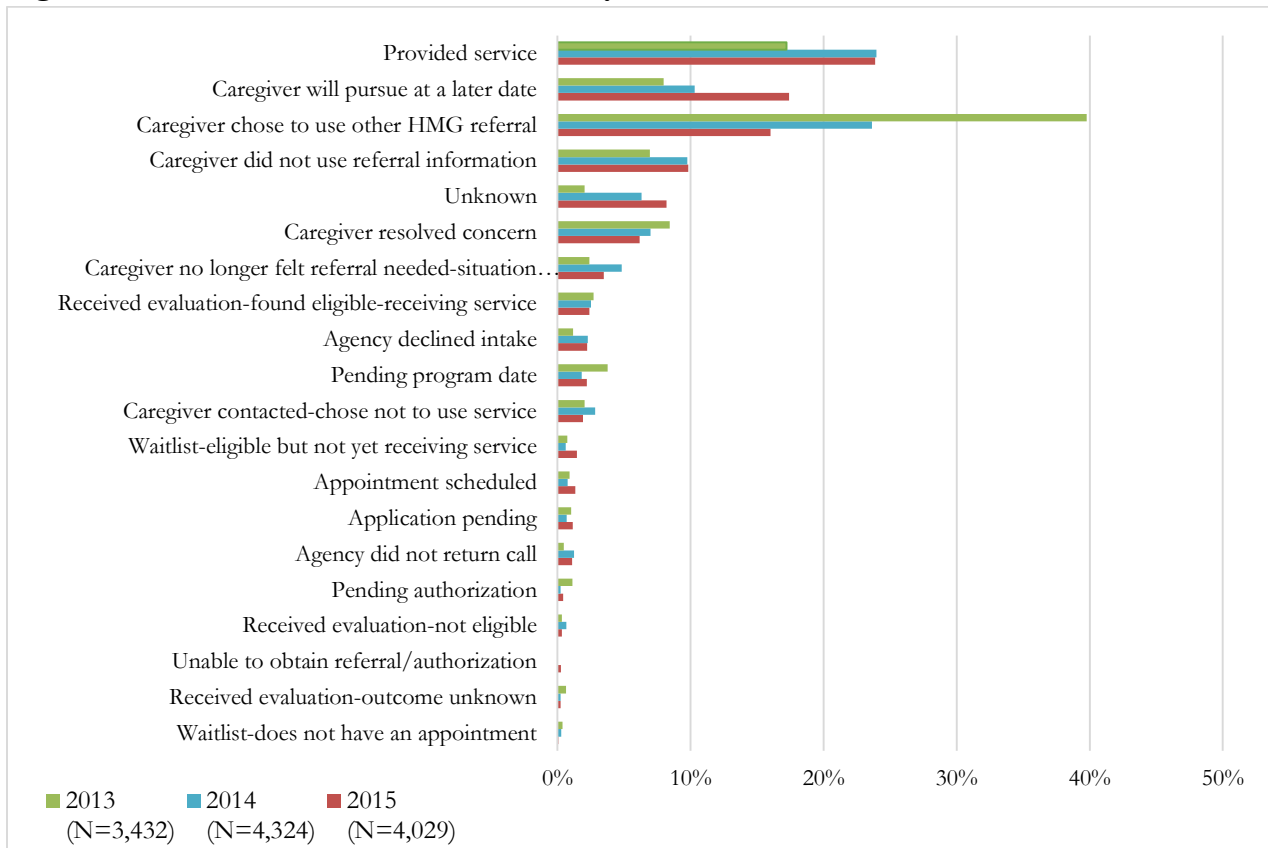
### C. Referral Outcomes

When Child Development Care Coordinators conduct follow-up calls with caregivers, they document the outcomes of each referral provided. Because referral outcomes vary by type of entry in Help Me Grow, this section categorizes referral outcomes by entry point into Help Me Grow by the HMG Core program and through the ECE Partnership. See Appendix N for the combined referral outcomes for the two types of entry points.

#### i. Referral Outcomes: Help Me Grow Core

In 2013 and 2014, the main referral outcome for individual referrals provided by Help Me Grow Core clients was connection between families and referral sources and the provision of services. In 2013 the main outcome was the caregiver’s choice to use some other Help Me Grow referral.

**Figure 42. Referral Outcome, HMG Core, by Year**



*Referrals Completed or in Process by Referral Category*

As indicated in Figure 42 above, most Help Me Grow referrals resulted in either connection to services, the caregiver’s decision to pursue referrals at a later time or the caregiver’s choice to use a different Help Me Grow referral. This section examines referral outcomes within the different referral categories. Figure 43 below presents referral outcomes where connections were made or are pending, Figure 44 presents outcomes where caregivers had issues accessing the referral and Figure 45 looks at problems with the agencies and availability of services.

These tables present the information as a percentage of the total number of referrals that resulted in that particular outcome (e.g., the percentages in each column add up to 100%). The first data column in each table presents the percentage of successful referrals made for each referral category where there is follow-up information. The *percent of all referrals* column can be used to compare the referral process for the different results. For instance, in Figure 43, parenting/education referrals accounted for 15.8% of all referrals with known outcomes and 27.9% of referrals with pending program dates. Similarly, while referrals to the Regional Center of Orange County accounted for only 4.7% of total referrals, these accounted for more than 80% of referrals where children received an evaluation, were found eligible and were receiving services. Additionally, the number of referrals in each cell can be calculated by using the **Total** row at the bottom (e.g., there were approximately 14 referrals for behavioral services that had a pending program date—4.4% of 297 total referrals that had pending program date).

**Figure 43. Percent of Referrals that were Completed or in Process by Referral Category, HMG Core, 2013 to 2015**

	Percent of all Referrals	Service Provided	Pending program date	Pending authorization	Received eval.-found eligible-receiving service	Appointment scheduled	Application pending
Access to Health Insurance	0.7%	1.2%	0.3%			0.8%	0.9%
Advocacy	2.3%	3.8%	1.3%				0.9%
Allied Health Professionals	1.4%	1.9%	2.0%	1.5%		2.5%	
Augmentative Communication	0.0%						
Basic Needs	1.7%	1.5%				0.8%	2.7%
Behavioral Services	5.1%	4.2%	4.4%	6.2%		5.9%	1.8%
Childcare	3.9%	0.9%	0.3%				10.8%
Communication/Speech & Language	5.5%	3.1%	2.7%	16.9%		4.2%	1.8%
Developmental Screening	7.5%	17.5%	2.4%				1.8%
Early Literacy	1.7%	2.2%	0.3%				
Educational/Enrichment	3.8%	4.3%	8.1%	4.6%		0.8%	20.7%
Equipment	0.1%	0.2%					
Feeding	0.3%	0.3%				0.8%	
Funding	0.5%	0.2%					5.4%
Health/Medical Subspecialists	0.2%	0.3%	0.3%	1.5%		1.7%	
Health/Neurodevelopmental Subspecialists	2.2%	1.3%	2.7%	13.8%		5.9%	
Health/Primary Care	7.2%	15.0%	3.4%	43.1%		16.9%	0.9%
Home Visitation	0.2%	0.1%				2.5%	
Inclusion Support	0.2%	0.1%					
Infant Follow-up Clinic	0.0%						
Legal Assistance	0.3%	0.2%				0.8%	
Mental Health/counseling	8.0%	10.7%	4.0%	1.5%		16.1%	4.5%
Occupational/Physical Therapy	1.0%	0.3%	0.3%	4.6%			0.9%
Other	0.3%	0.1%					
Out of Area Referral (county)	0.9%	0.1%					
Parent/Caregiver (Family) Support	3.1%	2.8%	1.0%			2.5%	1.8%
Parent/Child Participation	7.7%	4.7%	12.5%			0.8%	2.7%
Parenting/Education	15.8%	11.9%	27.9%		0.3%	9.3%	0.9%
Regional Center of OC	4.7%	7.0%	8.1%	6.2%	83.2%	8.5%	18.0%
Physical Therapy	0.3%	0.1%					
Private Schools							
Psychiatry	0.2%					0.8%	
Psycho-educational Testing	0.4%	0.1%				0.8%	
Recreation/Sports/After School/Camps	3.7%	1.7%	2.7%				1.8%
Respite/Care Giving Services	0.1%						
School District	6.8%	1.2%	12.8%		16.4%	16.1%	20.7%
Social Skills	1.3%	0.7%	2.0%			0.8%	0.9%
Specialized Services	0.5%	0.2%	0.3%				
<b>Total</b>	<b>21,156</b>	<b>2,589</b>	<b>297</b>	<b>65</b>	<b>298</b>	<b>118</b>	<b>111</b>

*Referrals Where the Caregiver Did Not Use or Pursue Services, by Referral Category*

Childcare referrals accounted for 3.9% of all referrals with known outcomes and 12.0% of those referrals where the caregiver chose not to use the service.

**Figure 44. Referrals that Caregiver did not Use or Pursue, by Referral Category, HMG Core, 2013 to 2015**

	Percent of all Referrals	Did not use referral information	Chose not to use service	No longer felt referral needed (situation changed)	Chose to use other HMG referral	Resolved concern	Will pursue at a later date
Access to Health Insurance	0.7%	0.1%		0.5%	0.2%	1.4%	0.9%
Advocacy	2.3%	3.5%	0.05%	4.2%	1.2%	3.6%	2.1%
Allied Health Professionals	1.4%	0.8%	0.05%	2.3%	1.8%	1.3%	1.0%
Augmentative Communication	0.0%						0.1%
Basic Needs	1.7%	1.4%	0.05%	0.7%	1.1%	1.8%	1.8%
Behavioral Services	5.1%	4.2%	0.6%	6.0%	4.4%	7.5%	3.1%
Childcare	3.9%	2.5%	12.0%	3.5%	2.4%	11.7%	2.7%
Communication/Speech & Lag.	5.5%	4.6%	7.9%	5.3%	12.4%	4.8%	2.5%
Developmental Screening	7.5%	11.8%	0.4%	7.9%	10.7%	3.2%	6.8%
Early Literacy	1.7%	1.9%	0.2%	2.1%	1.7%	0.5%	2.7%
Educational/Enrichment	3.8%	6.6%	7.2%	4.9%	7.4%	13.7%	11.5%
Equipment	0.1%	0.1%	1.4%		0.1%		0.1%
Feeding	0.3%			0.2%	0.7%		0.4%
Funding	0.5%	0.3%			0.4%	0.1%	0.8%
Health/Medical Subspecialists	0.2%	0.6%			0.2%	0.4%	
Health/Neurodevelopmental Subspecialists	2.2%	1.9%	0.2%	1.9%	3.5%	2.0%	1.4%
Health/Primary Care	7.2%	6.5%	1.6%	7.7%	8.9%	6.1%	4.9%
Home Visitation	0.2%	0.2%		0.2%	0.1%		0.1%
Inclusion Support	0.2%	0.3%	0.9%	0.2%	0.2%	0.6%	0.1%
Infant Follow-up Clinic	0.0%						
Legal Assistance	0.3%	0.6%		0.5%	0.1%	0.2%	0.7%
Mental Health/counseling	8.0%	4.8%	2.6%	9.0%	7.6%	11.9%	5.6%
Occupational/Physical Therapy	1.0%	0.7%	2.6%	2.3%	1.5%	1.7%	1.1%
Other	0.3%	0.4%		0.2%		0.2%	0.2%
Out of Area Referral (county)	0.9%	0.1%			0.1%		0.2%
Parent/Caregiver Support	3.1%	5.0%	0.4%	1.9%	1.2%	2.0%	5.9%
Parent/Child Participation	7.7%	9.7%	4.6%	9.3%	8.4%	3.2%	13.0%
Parenting/Education	15.8%	16.3%	44.8%	15.5%	15.6%	15.0%	16.9%
Regional Center of OC	4.7%	5.3%	8.1%	3.0%	1.0%	1.4%	0.9%
Physical Therapy	0.3%	0.3%		0.2%	0.3%	0.7%	0.1%
Private Schools	0.0%						
Psychiatry	0.2%		0.3%	0.7%	0.3%		
Psycho-educational Testing	0.4%		0.1%		0.3%	0.6%	0.3%
Recreation/Sports/After School/Camps	3.7%	6.0%	1.3%	1.9%	3.4%	1.7%	4.8%
Respite/Care Giving Services	0.1%			0.5%			
School District	6.8%	2.4%	0.6%	3.9%	1.6%	1.0%	4.0%
Social Skills	1.3%	0.4%	0.6%	3.5%	0.8%	1.4%	2.7%
Specialized Services	0.5%	0.9%	1.3%		0.5%	0.4%	0.6%
<b>Total</b>	<b>21,156</b>	<b>1,056</b>	<b>2,218</b>	<b>431</b>	<b>3,032</b>	<b>840</b>	<b>1,421</b>



*Referrals Encountering Problems with Agencies, by Referral Category*

Figure 45 below tabulates referrals that did not get connected either because a child was not eligible or there was a problem accessing the proper agency. For instance, health/primary care referrals accounted for 7.2% of all referrals with known outcomes and 45.5% of referrals where the caregiver was unable to obtain a proper referral or authorization.

**Figure 45. Referrals Not Connected Because Child Not Eligible or Issue with Agency, by Referral Category, HMG Core, 2013 to 2015**

	Percent of all Referrals	Agency declined intake	Agency did not return call	Received evaluation-not eligible	Waitlist-eligible but not yet receiving service	Waitlist-does not have an appointment	Received evaluation-outcome unknown	Unable to obtain referral /authorization
Access to Health Insurance	0.7%	0.4%	0.9%					
Advocacy	2.3%	0.4%	5.3%					
Allied Health Professionals	1.4%	0.9%	0.9%					9.1%
Augmentative Communication	0.0%							
Basic Needs	1.7%	8.3%	7.0%		0.9%			
Behavioral Services	5.1%	7.9%	8.8%	11.3%	8.1%	7.4%		27.3%
Childcare	3.9%	1.8%			6.3%			
Communication/Speech & Language	5.5%							
Developmental Screening		3.1%	5.3%			3.7%	2.4%	9.1%
Early Literacy	7.5%	2.2%	0.9%				2.4%	
Early Literacy	1.7%	0.4%	0.9%					
Educational/Enrichment	3.8%	10.1%	11.4%	1.9%	18.0%	3.7%		
Equipment	0.1%							
Feeding	0.3%	0.9%	0.9%					
Funding	0.5%							
Health/Medical Subspecialists	0.2%							
Health/Neurodevelopmental Subspecialists	2.2%	1.8%			9.0%	44.4%		9.1%
Health/Primary Care	7.2%	7.0%	0.9%					45.5%
Home Visitation	0.2%				2.7%			
Inclusion Support	0.2%		0.9%					
Infant Follow-up Clinic	0.0%							
Legal Assistance	0.3%	0.9%	0.9%					
Mental Health/counseling	8.0%	19.7%	16.7%	7.5%	1.8%	3.7%		
Occupational/Physical Therapy	1.0%	4.8%	0.9%		0.9%			
Other	0.3%	0.4%						
Out of Area Referral (county)	0.9%							
Parent/Caregiver (Family) Support	3.1%	1.8%	6.1%					
Parent/Child Participation	7.7%	5.3%	9.6%	1.9%	4.5%	3.7%		
Parenting/Education	15.8%	7.9%	13.2%		42.3%	7.4%		
Regional Center of Orange County	4.7%	8.3%		41.5%	2.7%	7.4%	29.3%	
Physical Therapy	0.3%	1.8%						
Private Schools	0.0%							
Psychiatry	0.2%	0.9%	1.8%					

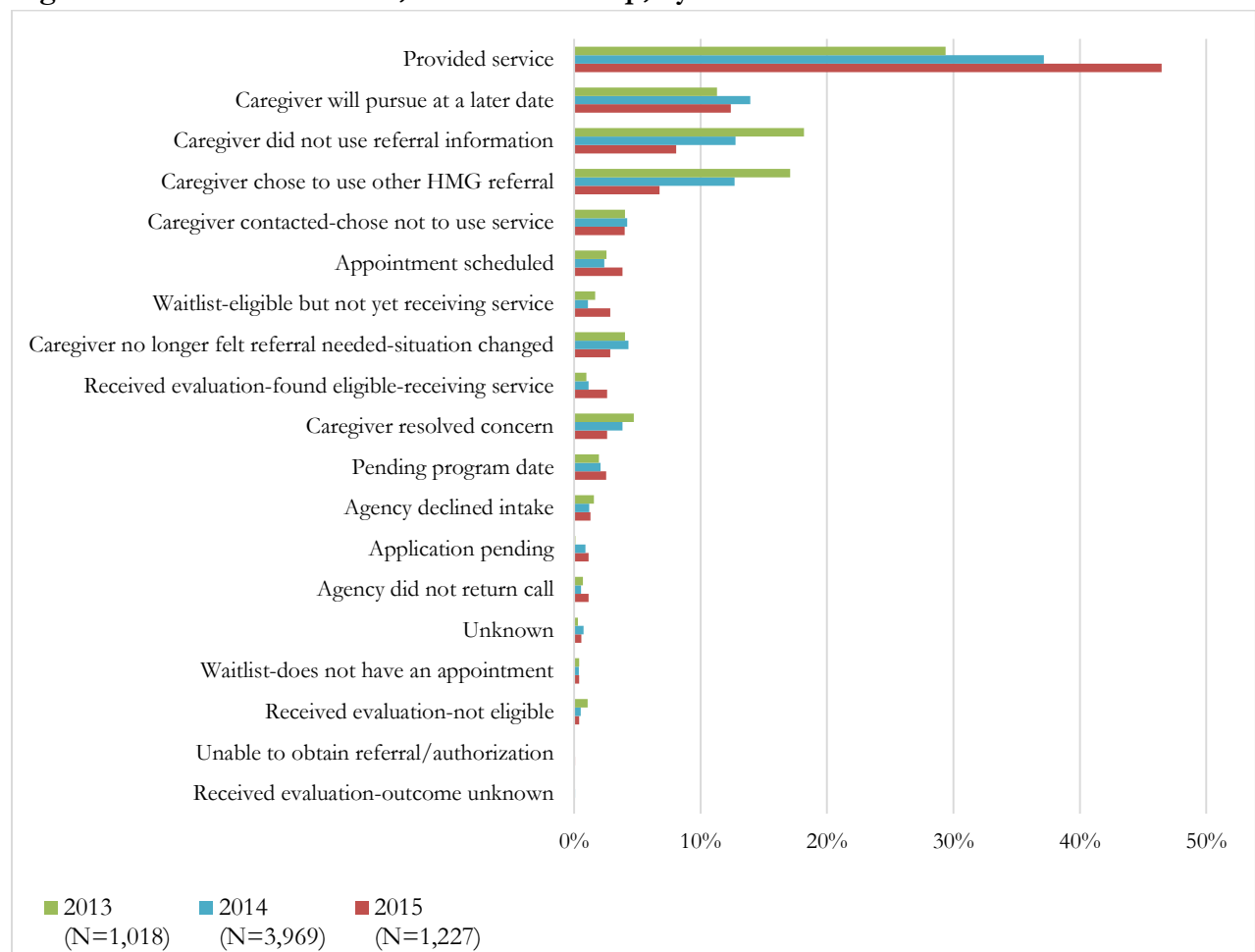


	Percent of all Referrals	Agency declined intake	Agency did not return call	Received evaluation-not eligible	Waitlist-eligible but not yet receiving service	Waitlist-does not have an appointment	Received evaluation-outcome unknown	Unable to obtain referral /authorization
Psycho-educational Testing	0.4%							
Recreation/Sports/After School/Camps	3.7%	0.9%	2.6%	1.9%				
Respite/Care Giving Services	0.1%		1.8%					
School District	6.8%	0.9%		32.1%	1.8%	18.5%	65.9%	
Social Skills	1.3%	0.9%	0.9%	1.9%	0.9%			
Specialized Services	0.5%	0.4%	1.8%					
<b>Total</b>	<b>21,156</b>	<b>228</b>	<b>114</b>	<b>53</b>	<b>111</b>	<b>27</b>	<b>41</b>	<b>11</b>

## ii. Referral Outcomes: ECE Partnership

Like the referral outcomes for HMG Core clients, the main outcomes for individual referrals provided by Help Me Grow through ECE Partnerships were the connection of families with referral sources and the provision of services.

**Figure 46. Referral Outcome, ECE Partnership, by Year**



### *Referrals Completed or in Process, by Referral Category*

As indicated in Figure 46, most Help Me Grow referrals to ECE Partnership clients resulted in connection to services. This section considers types of referral outcomes by the different referral categories. Figure 47 below tabulates referral outcomes where a connection was made or is pending, Figure 48 shows the outcomes where caregivers had issues accessing referrals, and Figure 49 looks at problems with agencies and availability of services.

These tables present the information as a percentage of the total number of referrals that resulted in that particular outcome (e.g., the percentages in each column add up to 100%). The first data column in each table presents the percentage of referrals made for each referral category for which there is follow-up information. The percent of all referrals column can be used to compare the referral process for the different results. For instance, in Figure 47, access to health insurance referrals accounted for 2.5% of all referrals with known outcomes and 25.0% of the referrals with a pending authorization.

**Figure 47. Percent of Referrals that were Completed or in Process by Referral Category, ECE Partnerships, 2013 to 2015**

	Percent of all Referrals	Service Provided	Pending program date	Pending authorization	Received eval.-found eligible-receiving service	Appointment scheduled	Application pending
Access to Health Insurance	2.5%	2.7%	0.7%	25.0%	2.3%	3.6%	5.9%
Advocacy	1.3%	1.3%		5.0%	3.4%		
Allied Health Professionals	3.8%	6.6%	3.0%			4.2%	
Basic Needs	15.9%	12.1%	9.0%	5.0%	2.3%	15.5%	37.3%
Behavioral Services	2.8%	4.3%	3.0%		2.3%	1.8%	2.0%
Childcare	1.2%	0.3%	0.7%	5.0%	1.1%		2.0%
Communication/Speech & Language	2.6%	3.1%	2.2%	5.0%	4.6%	6.0%	5.9%
Developmental Screening	1.7%	2.6%	0.7%		3.4%		
Early Literacy	1.1%	1.5%					
Educational/Enrichment	4.7%	4.3%	1.5%		8.0%	1.8%	2.0%
Equipment	0.6%	0.9%	0.7%			1.2%	
Feeding	0.2%	0.2%				0.6%	
Funding	0.2%	0.4%			3.4%	0.6%	
Health/Medical Subspecialists	2.5%	2.1%	2.2%			3.0%	
Health/Neurodevelopmental Subspecialists	0.2%	0.1%	1.5%			1.8%	
Health/Primary Care	7.2%	7.6%	6.7%	20.0%		14.9%	2.0%
Home Visitation	0.5%	0.6%	1.5%		2.3%	1.2%	
Legal Assistance	2.8%	1.6%	1.5%		1.1%	7.1%	3.9%
Mental Health/counseling	9.1%	11.6%	3.7%	10.0%	2.3%	6.5%	2.0%
Occupational/PT	0.2%						
Other	0.6%	0.8%				0.6%	
Out of Area Referral (county)	0.0%						
Parent/Caregiver (Family) Support	8.6%	7.0%	16.4%		5.7%	7.7%	9.8%
Parent/Child Participation	1.6%	1.0%				0.6%	2.0%
Parenting/Education	17.0%	19.4%	26.1%	10.0%	31.0%	11.9%	2.0%
Regional Center of OC	0.7%	0.7%			14.9%	0.6%	
Physical Therapy	0.0%	0.1%					
Psychiatry	0.1%	0.0%					

	Percent of all Referrals	Service Provided	Pending program date	Pending authorization	Received eval.-found eligible-receiving service	Appointment scheduled	Application pending
Recreation/Sports/After School/Camps	8.0%	3.6%	16.4%	5.0%	2.3%	3.0%	11.8%
Respite/Care Giving Services	0.0%						
School District	1.5%	2.2%	2.2%	10.0%	9.2%	6.0%	11.8%
Social Skills	0.7%	1.0%					
Specialized Services	0.1%	0.2%					
<b>Total</b>	<b>7,769</b>	<b>2,344</b>	<b>134</b>	<b>20</b>	<b>87</b>	<b>168</b>	<b>51</b>

*Referrals Where Caregiver Did Not Use or Pursue Services, by Referral Category*

While basic needs referrals accounted for 15.9% of all referrals with known outcomes, they accounted for 29.6% of those referrals where the caregiver who chose not to use the service.

**Figure 48. Referrals that Caregiver did not Use or Pursue, by Referral Category, ECE Partnerships, 2013 to 2015**

	Percent of all Referrals	Did not use referral information	No longer felt referral needed (situation changed)	Chose to use other HMG referral	Chose not to use service	Resolved concern	Will pursue at a later date
Access to Health Insurance	2.5%	1.4%	2.0%	4.1%	3.1%	4.7%	1.8%
Advocacy	1.3%	0.6%	0.4%	2.2%	1.2%	2.2%	1.6%
Allied Health Professionals	3.8%	2.4%	1.2%	2.2%	0.8%	3.4%	1.6%
Basic Needs	15.9%	17.6%	29.6%	15.3%	20.2%	22.8%	12.7%
Behavioral Services	2.8%	1.8%	4.9%	2.5%	2.7%	1.3%	1.1%
Childcare	1.2%	0.6%	2.8%	1.2%	2.3%	4.3%	0.9%
Communication/Speech & Language	2.6%	2.1%	0.4%	4.8%	1.2%	0.9%	1.0%
Developmental Screening	1.7%	1.4%	2.8%	2.1%	0.8%	1.3%	0.6%
Early Literacy	1.1%	1.1%	0.4%	1.3%	0.4%	1.7%	1.2%
Educational/Enrichment	4.7%	3.3%	4.0%	5.3%	4.7%	5.6%	5.2%
Equipment	0.6%	0.3%		0.5%		1.3%	
Feeding	0.2%	0.1%	0.4%	0.7%			
Funding	0.2%			0.1%	0.4%		
Health/Medical Subspecialists	2.5%	2.5%	2.0%	2.5%	2.7%	5.2%	4.1%
Health/Neurodevelopmental Subspecialists	0.2%			0.3%	0.8%		0.1%
Health/Primary Care	7.2%	4.6%	2.4%	6.2%	5.1%	12.1%	12.7%
Home Visitation	0.5%	0.3%		0.1%			0.1%
Legal Assistance	2.8%	3.2%	3.2%	2.2%	2.3%	4.7%	4.8%
Mental Health/counseling	9.1%	9.4%	10.5%	6.6%	7.4%	5.2%	6.1%
Occupational/Physical Therapy	0.2%	0.9%		0.3%			0.5%
Other	0.6%	0.9%	0.4%	0.1%	0.8%	0.9%	0.2%
Out of Area Referral (county)	0.0%						
Parent/Caregiver (Family) Support	8.6%	9.1%	11.3%	9.3%	6.2%	15.5%	11.7%
Parent/Child Participation	1.6%	2.3%	2.4%	3.7%	1.6%		1.7%
Parenting/Education	17.0%	22.8%	8.1%	15.1%	18.7%	3.9%	17.7%
Regional Center of Orange County	0.7%	0.1%	0.4%	0.3%			0.1%
Physical Therapy	0.0%			0.1%			

	Percent of all Referrals	Did not use referral information	No longer felt referral needed (situation changed)	Chose to use other HMG referral	Chose not to use service	Resolved concern	Will pursue at a later date
Psychiatry	0.1%						0.4%
Recreation/Sports/After School/Camps	8.0%	9.4%	8.1%	10.3%	15.2%	1.7%	10.6%
Respite/Care Giving Services	0.0%			0.3%			
School District	1.5%	0.4%	1.6%	0.1%	0.8%	0.9%	0.7%
Social Skills	0.7%	1.6%	0.4%			0.4%	0.4%
Specialized Services	0.1%				0.4%		0.4%
<b>Total</b>	<b>7,769</b>	<b>791</b>	<b>247</b>	<b>756</b>	<b>257</b>	<b>232</b>	<b>820</b>

*Referrals Where Issues with Agencies Were Encountered, by Referral Category*

Figure 49 below identifies the percentage of referrals that were not connected because the child was not eligible or there was a problem with accessing the agency. For instance, childcare referrals accounted for 1.2% of all referrals with known outcomes and 12.6% of referrals where the caregiver was eligible but the child was waitlisted.

**Figure 49. Referrals Not Connected Because Child Not Eligible or Issue with Agency, by Referral Category, ECE Partnerships, 2013 to 2015**

	Percent of all Referrals	Agency declined intake	Waitlist-eligible; not yet receiving service	Waitlist-does not have an appointment	Unable to obtain referral/ authorization	Received evaluation-not eligible	Received evaluation-outcome unknown	Agency did not return call
Access to Health Insurance	2.5%	2.5%		3.1%		8.1%		2.3%
Advocacy	1.3%			1.2%				2.3%
Allied Health Professionals	3.8%	2.5%	2.1%	0.8%		2.7%	33.3%	4.7%
Basic Needs	15.9%	29.1%	28.4%	20.2%		13.5%		39.5%
Behavioral Services	2.8%	7.6%	4.2%	2.7%				
Childcare	1.2%		12.6%	2.3%		2.7%		2.3%
Communication/Speech & Language	2.6%	1.3%	3.2%	1.2%		2.7%		2.3%
Dev Screening	1.7%		2.1%	0.8%				
Early Literacy	1.1%			0.4%				
Educational/Enrichment	4.7%	3.8%	6.3%	4.7%				
Equipment	0.6%	3.8%				2.7%		
Feeding	0.2%	1.3%						2.3%
Funding	0.2%			0.4%				
Health/Medical Subspecialists	2.5%	2.5%		2.7%				4.7%
Hlth/ Neurodv. Subspec	0.2%			0.8%				
Health/Primary Care	7.2%	5.1%	2.1%	5.1%		5.4%		
Home Visitation	0.5%		2.1%					
Legal Assistance	2.8%	7.6%		2.3%		5.4%		2.3%
Mntl Health/counseling	9.1%	12.7%	6.3%	7.4%				4.7%
Occupational/PT	0.2%							
Other	0.6%			0.8%				

	Percent of all Referrals	Agency declined intake	Waitlist-eligible; not yet receiving service	Waitlist-does not have an appointment	Unable to obtain referral/ authorization	Received evaluation-not eligible	Received evaluation-outcome unknown	Agency did not return call
Parent/Caregiver (Family) Support	8.6%	3.8%	2.1%	6.2%		8.1%		16.3%
Parent/Child Participation	1.6%	2.5%	1.1%	1.6%				
Parenting/Education	17.0%	6.3%	18.9%	18.7%		5.4%		11.6%
Regional Center of OC	0.7%	3.8%				13.5%		
Psychiatry	0.1%							
Recreation/Sports/After School/Camps	8.0%	3.8%	8.4%	15.2%		2.7%		4.7%
Respite/Care Services	0.0%					2.7%		
School District	1.5%			0.8%		24.3%	66.7%	
Social Skills	0.7%				100.0%			
Specialized Services	0.1%			0.4%				
<b>Total</b>	<b>7,769</b>	<b>79</b>	<b>95</b>	<b>257</b>	<b>1</b>	<b>37</b>	<b>3</b>	<b>43</b>

#### D. Barriers and Gaps

At follow-up, the Child Development Care Coordinator (CDCC) asks caregivers about any barriers they encountered in seeking to access referrals. Gaps are identified by staff at the time of case closure as well. This Barriers section breaks down the type of barriers, by entry point. See Appendix O for the combined service barriers for the two entry points.

##### i. Barriers: HMG Core Clients

Of the 21,156 referrals provided to HMG Core clients between 2013 and 2015, 4,961 (23%) recorded some type of barrier.

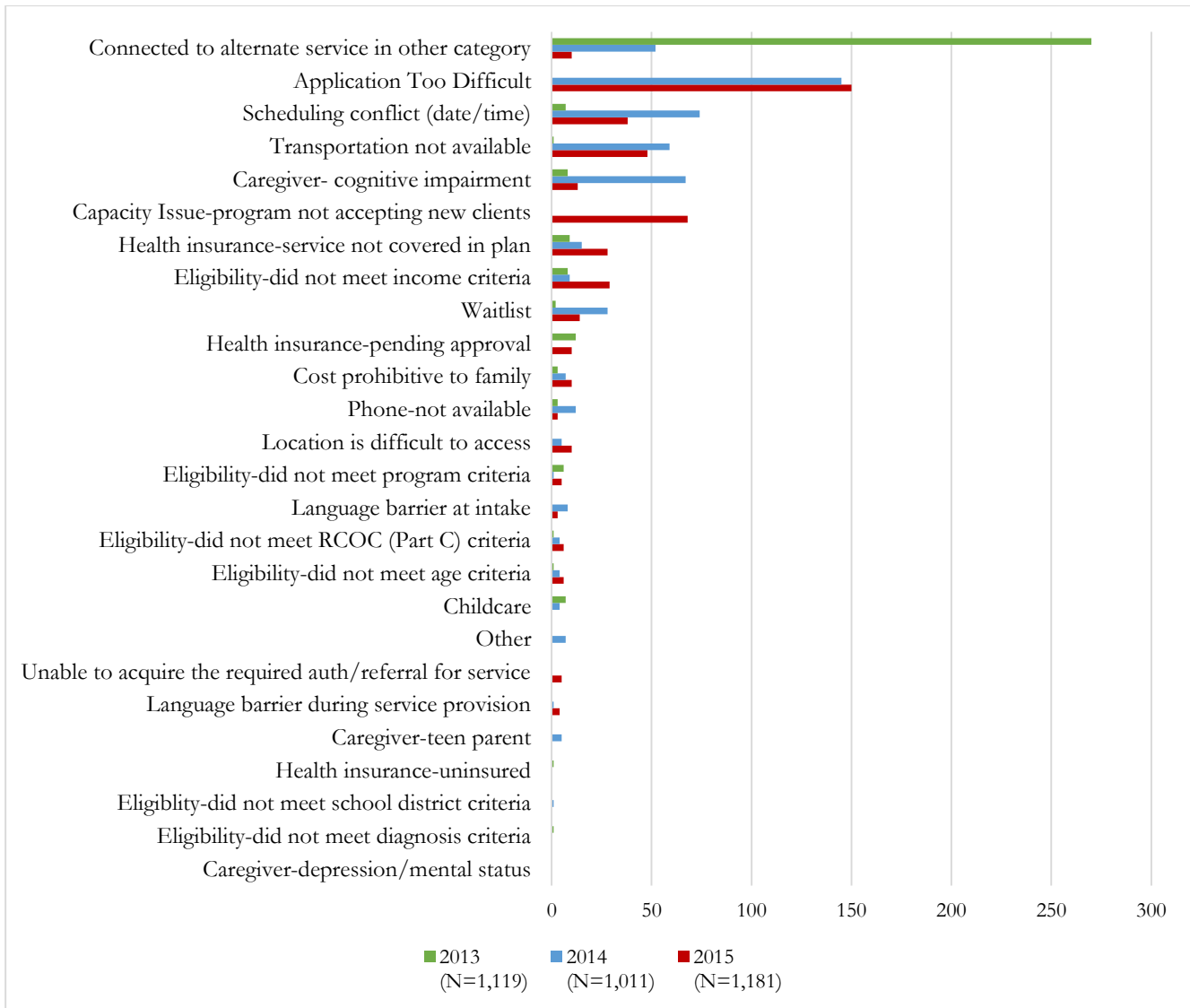
The most common barrier recorded was lack of caregiver follow-through (74% of barriers). Figure 50 below provides information on how many times different barrier—other than lack of caregiver follow-through—were recorded each year. Client connections to alternative services in another category were the main barrier identified in 2013, while difficulty of completing applications was the main barrier identified in 2014 and 2015. Note that the barrier “Capacity Issue: Program Not Accepting New Clients” was identified and added as a choice in November 2014.

**Barriers and Gaps**

**Barriers** are reasons why a caregiver is not connected to a service, including transportation issues, scheduling conflicts, and failure to meet certain eligibility criteria.

**Gaps** indicate the unavailability of services, whether the services are not available at all, are available only in an inaccessible place (e.g. far away), or are not covered by a health insurance type.

**Figure 50. Number of Times Each Barrier was Recorded (Excluding Caregiver Not Following Through), HMG Core, 2013 to 2015**



Because lack of follow-through is such a significant barrier, the tables below present “caregiver did not follow through” in a separate column. Figure 51 presents the percentage of HMG Core referrals that had a barrier, by referral category as well as the percentage of referrals where the caregiver did not follow through. For instance, the referral category Regional Center of Orange County accounted for 4.7% of all referrals 2.9% of the referrals for which there was a barrier, and 1.7% of the referrals for which the caregiver did not follow through. This suggests that caregivers were more likely to follow through on a Regional Center referral than other types of referrals. On the other hand, caregivers were less likely to follow through on referrals for parent/caregiver support, which accounted for 3.1% of all referrals, but 3.4% of referrals identifying barriers and, 4.4% of referral where caregivers did not follow through.

**Figure 51. Rates at which Referral Categories Were Associated with Barriers, HMG Core, 2013 to 2015**

	Percent of all Referrals (base)	Percent of referrals with barriers	Percent of referrals with “caregiver did not follow through”
Access to Health Insurance	0.7%	0.7%	1.0%
Advocacy	2.3%	2.8%	2.8%
Allied Health Professionals	1.4%	1.5%	1.7%
Augmentative Communication	0.0%	0.0%	0.0%
Basic Needs	1.7%	2.0%	2.7%
Behavioral Services	5.1%	5.2%	5.3%
Childcare	3.9%	3.4%	4.2%
Communication/Speech & Language	5.5%	6.7%	6.1%
Developmental Screening	7.5%	7.3%	7.1%
Early Literacy	1.7%	1.8%	1.5%
Educational/Enrichment	3.8%	8.7%	8.4%
Equipment	0.1%	0.1%	0.1%
Feeding	0.3%	0.5%	0.2%
Funding	0.5%	0.4%	0.5%
Health/Medical Subspecialists	0.2%	0.3%	0.4%
Health/Neurodev. Subspecialists	2.2%	1.6%	2.2%
Health/Primary Care	7.2%	7.8%	6.7%
Home Visitation	0.2%	0.3%	0.4%
Inclusion Support	0.2%	0.2%	0.2%
Infant Follow-up Clinic	0.0%	0.0%	0.0%
Legal Assistance	0.3%	0.3%	0.2%
Mental Health/counseling	8.0%	7.8%	7.7%
Occupational/Physical Therapy	1.0%	1.1%	1.5%
Other	0.3%	0.2%	0.3%
Out of Area Referral (county)	0.9%	0.1%	0.1%
Parent/Caregiver (Family) Support	3.1%	3.4%	4.4%
Parent/Child Participation	7.7%	7.8%	7.7%
Parenting/Education	15.8%	16.8%	16.9%
Regional Center of Orange County	4.7%	2.9%	1.7%
Physical Therapy	0.3%	0.3%	0.2%
Private Schools	0.0%	0.0%	0.0%
Psychiatry	0.2%	0.1%	0.1%
Psycho-educational Testing	0.4%	0.2%	0.1%
Recreation/Sports/After School/Camps	3.7%	3.4%	3.5%
Respite/Care Giving Services	0.1%	0.2%	0.5%
School District	6.8%	2.4%	1.5%
Social Skills	1.3%	1.4%	2.0%
Specialized Services	0.5%	0.4%	0.6%
<b>Total</b>	<b>21,156</b>	<b>4,961</b>	<b>3,653</b>

Figure 52 below tabulates percentages of children whose referrals encountered at least one barrier, by demographics. Boys' referrals tended to meet with more barriers, as did referrals for Hispanic children, children whose primary language is Spanish, and children with public health insurance.

**Figure 52. Children with Barriers to Accessing Referrals, by Demographics, HMG Core, 2013 to 2015**

Demographics		Percent with Barriers
Gender	Female	16.5%
	Male	19.1%
Race/ Ethnicity	Asian / Pacific Islander	15.5%
	White	16.8%
	Other / Multiracial	19.0%
	Hispanic / Latino	23.2%
Language	English	16.3%
	Other	18.7%
	Spanish	22.5%
Health Care Insurance	None	10.1%
	Private	17.4%
	Other	16.0%
	Public	22.0%

All results are statistically significant at the  $p < .05$  level

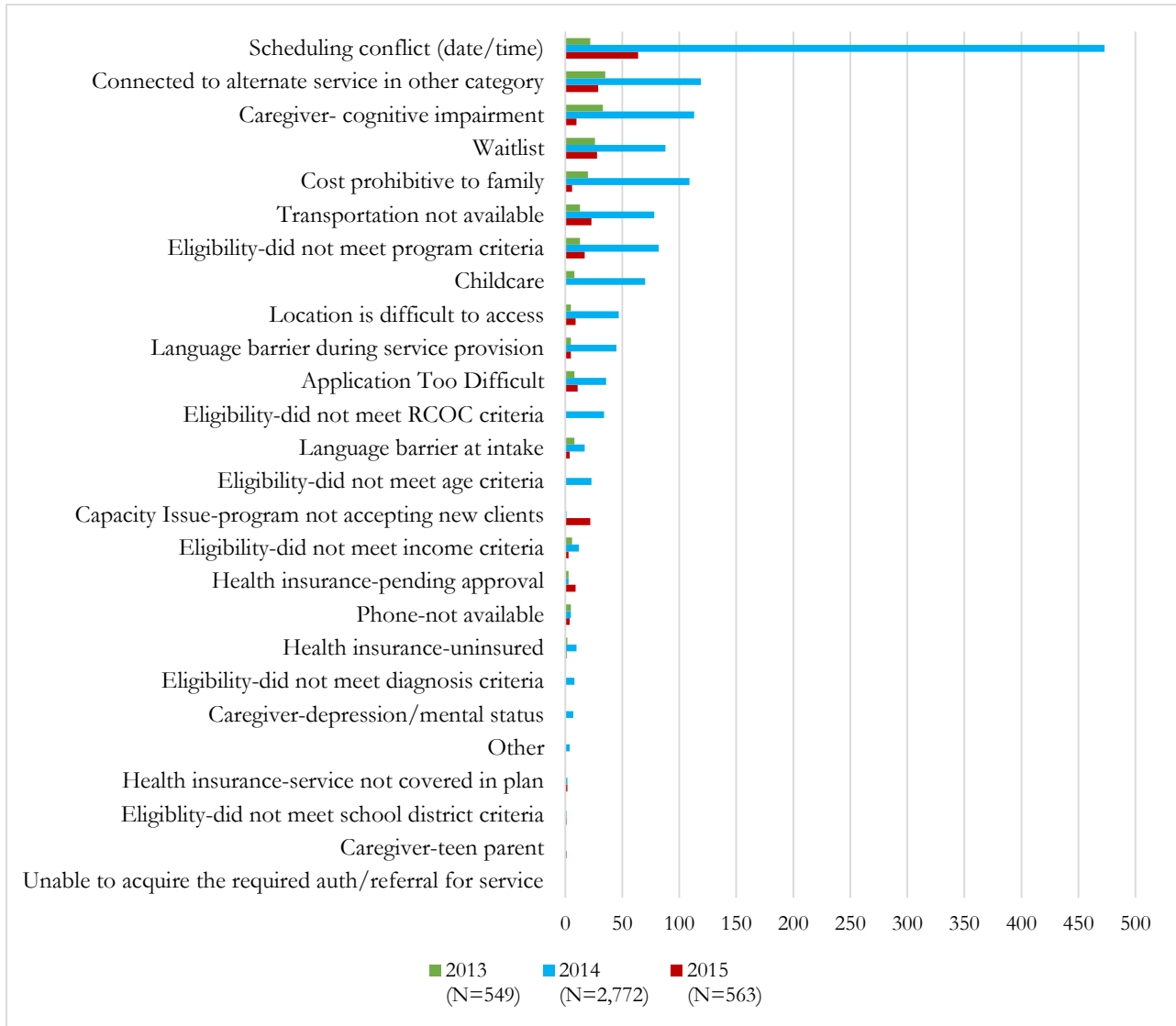
### ii. Barriers: ECE Partnership

Of the 7,769 ECE Partnership referrals provided between 2013 and 2015, 3,884 (50%) identified some type of barrier. The percentage of ECE Partnership referrals encountering barriers is more than double that of HMG Core referrals (50% and 23%, respectively).

The most common barrier recorded was caregiver failure to follow through (52% of barriers). Figure 53 below provides information on how many times different kinds of barriers—other than caregiver failure to follow through—were encountered each year. Scheduling conflicts were by far the most prevalent barrier in 2014 and 2015. Note that the barrier “Capacity Issue: Program Not Accepting New Clients” was identified and added as a choice in November 2014.



**Figure 53. Number of Times Each Barrier was Recorded (Excluding Caregiver Not Following Through), ECE Partnership, 2013 to 2015**



Because lack of follow through is such a significant barrier, the tables below present “caregiver did not follow through” as its own column. Figure 54 presents the percentage of ECE Partnership referrals that had a barrier, by referral category as well as the percentage of referrals where the caregiver did not follow through. For instance, category parent/ caregiver support accounted for 8.6% of all referrals, but 10.2% of referrals encountering barriers and 12.4% of referrals where caregivers did not follow through.

**Figure 54. Rates at which Referral Categories Were Associated with Barriers, ECE Partnership, 2013 to 2015**

	Percent of all Referrals	Percent of referrals with barriers	Percent of referrals with “caregiver did not follow through”
Access to Health Insurance	2.5%	2.0%	2.0%
Advocacy	1.3%	1.0%	1.0%
Allied Health Professionals	3.8%	2.3%	2.0%
Augmentative Communication	0.0%	0.0%	0.0%
Basic Needs	15.9%	13.9%	15.2%
Behavioral Services	2.8%	2.3%	1.9%
Childcare	1.2%	1.8%	1.8%
Communication/Speech & Language	2.6%	2.0%	1.7%
Developmental Screening	1.7%	1.2%	1.3%
Early Literacy	1.1%	1.4%	1.5%
Educational/Enrichment	4.7%	5.3%	4.0%
Equipment	0.6%	0.3%	0.2%
Feeding	0.2%	0.1%	0.1%
Funding	0.2%	0.2%	0.0%
Health/Medical Subspecialists	2.5%	2.1%	2.7%
Health/Neurodevelopmental Subspecialists	0.2%	0.1%	0.1%
Health/Primary Care	7.2%	8.3%	9.1%
Home Visitation	0.5%	0.3%	0.3%
Legal Assistance	2.8%	2.2%	2.7%
Mental Health/counseling	9.1%	9.2%	10.7%
Occupational/Physical Therapy	0.2%	0.2%	0.4%
Other	0.6%	0.6%	0.2%
Out of Area Referral (county)	0.0%	0.0%	0.0%
Parent/Caregiver (Family) Support	8.6%	10.2%	12.4%
Parent/Child Participation	1.6%	1.9%	2.5%
Parenting/Education	17.0%	18.5%	16.8%
Regional Center of Orange County	0.7%	0.3%	0.1%
Physical Therapy	0.0%	0.0%	0.0%
Psychiatry	0.1%	0.1%	0.1%
Psycho-educational Testing	0.0%	0.0%	0.0%
Recreation/Sports/After School/Camps	8.0%	10.3%	7.4%
Respite/Care Giving Services	0.0%	0.1%	0.0%
School District	1.5%	1.0%	0.7%
Social Skills	0.7%	0.6%	0.6%
Specialized Services	0.1%	0.1%	0.1%
<b>Total</b>	<b>7,769</b>	<b>3,730</b>	<b>2,036</b>

Figure 55 below identifies percentages of referrals encountering at least one barrier, by demographics. Girls tended to have more referrals that encounter barriers, as did Hispanic children, children whose primary language is Spanish, and children with public health insurance.

**Figure 55. Children with Barriers to Accessing Referrals, by Demographics, ECE Partnership, 2013 to 2015**

Demographics		Percent with Barriers
Gender	Male	42.0%
	Female	45.7%
Race/ Ethnicity	White	28.2%
	Other / Multiracial	36.2%
	Hispanic / Latino	44.3%
	Asian / Pacific Islander	47.0%
Language	Other	41.8%
	English	42.1%
	Spanish	44.4%
Health Care Insurance	None	15.0%
	Private	40.8%
	Public	43.9%
	Other	55.6%

All results are statistically significant at the  $p < .05$  level except for Language

### iii. Gaps

Of the 28,925 referrals provided (HMG Core and ECE Partnership combined) between 2013 and 2015, less than 1% (264 referrals) had documented gaps. Because of the small number of gaps recorded, data are presented in numbers rather than percentages. The most common gap identified was unavailability of a specific service.

**Figure 56. Number of Times Each Gap was Documented, 2013 to 2015**

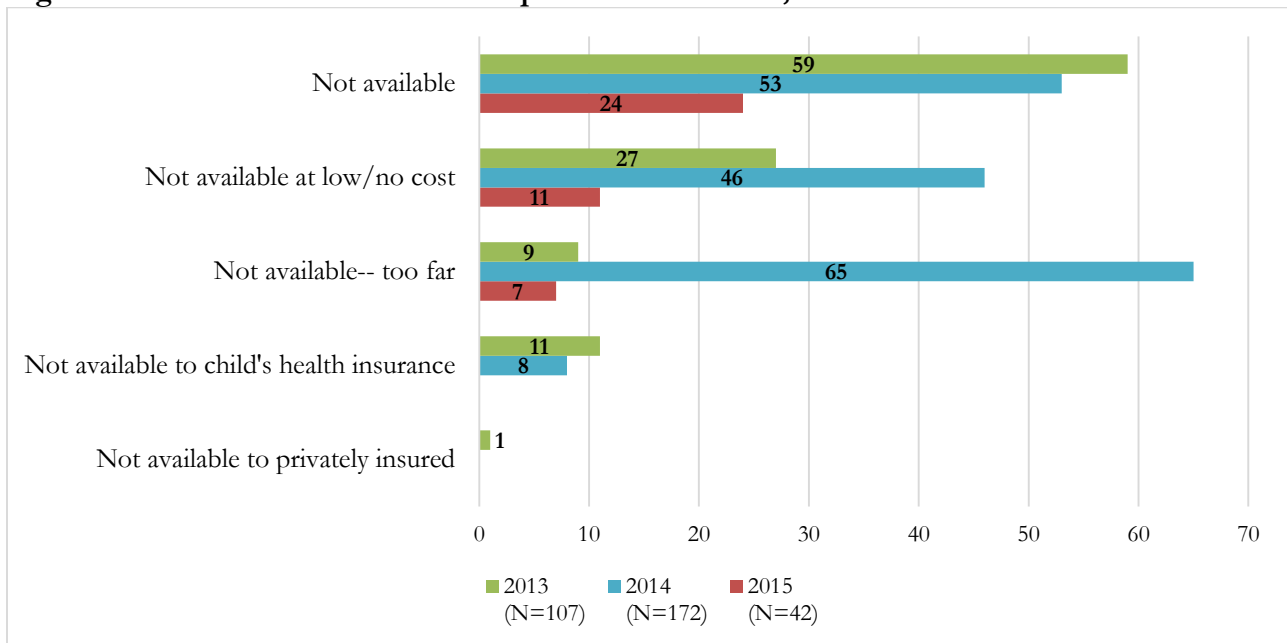


Figure 57 presents the number of gaps documented in different referral categories. Basic needs referrals had the most gaps documented, with 41 referrals having services not available and 34 referrals having services unavailable in the desired area. Note that referrals can have more than one gap, so the individual gap types add up to more than total number of gaps.

**Figure 57. Number of Gaps by Referral Category, 2013 to 2015**

	Number of all referrals	Percent of All Referrals	Has Gap	Not available	Not available in desired area	Not available at low/no cost	Not available to privately insured	Not available to child's type of insurance coverage
Parenting/Education	4,664	16.1%	37	17	15	5		
Mental Health/counseling	2,400	8.2%	27	16	1	12		
Health/Primary Care	2,070	7.4%	17	7	5	5		
Educational/Enrichment	1,180	7.2%	22	10	5	12		
Developmental Screening	1,723	6.1%	3	1		2		
Parent/Child Participation	1,762	6.0%	9	1		9	2	
Communication/Speech & Lang.	1,359	5.2%	5	4				2
Basic Needs	1,590	4.9%	47	41	34	1		2
Behavioral Services	1,305	4.7%	8	3	2		1	5
Parent/Caregiver (Family) Support	1,314	4.4%	10	8	1	1	4	
Recreation/Sports/After School/Camps	1,411	4.4%	26	3	11	12		
Regional Center of Orange County	1052	3.5%						
Childcare	921	2.9%	10	1	1	10		
School District	1561	2.8%	5	6	1			
Advocacy	598	2.1%	2	2				
Allied Health Professionals	597	1.9%	4	3	2			
Health/ Neurodev. Subspecialists	473	1.9%						
Early Literacy	459	1.6%	1	1				
Social Skills	337	1.2%	2	2		4		
Access to Health Insurance	337	1.1%	4	2		2		
Occupational/Physical Therapy	233	0.9%	2				2	
Legal Assistance	285	0.9%	5	4		1		
Health/Medical Subspecialists	247	0.8%	4	1	1	2		
Out of Area Referral (county)	193	0.8%						
Specialized Services	115	0.4%	4					
Funding	124	0.4%	2	2				
Feeding	82	0.3%						
Psycho-educational Testing	87	0.3%	1			1		
Other	102	0.3%	6	1	2	4	2	
Home Visitation	81	0.2%						
Equipment	73	0.2%	1			1		
Physical Therapy	58	0.2%						
Psychiatry	58	0.2%						
Inclusion Support	49	0.2%						
Respite/Care Giving Services	18	0.1%						
<b>Total</b>	<b>28,925</b>	<b>100%</b>	<b>264</b>	<b>136</b>	<b>81</b>	<b>84</b>	<b>11</b>	<b>9</b>

## E. Developmental Screenings

In addition to linking families with needed services, Help Me Grow also plays an important role in promoting and providing developmental screenings in Orange County for young children using tools approved by the American Academy of Pediatrics. The two formal screening tools used include the Ages and Stages Questionnaire-3 (ASQ-3) and the Ages and Stages Questionnaire: Social Emotional (ASQ:SE). Between 2013 and 2015 a vast majority of the children who received developmental screenings and were entered into the STAR database were also enrolled in the Child Signature Program (CSP) and part of the ECE partnership.

**Figure 58. Screenings Entered into STAR by Entry Point and Tool, 2013 to 2015**

	ASQ-3	ASQ:SE
ECE Partnership	74.3%	86.2%
HMG Core	25.7%	13.8%
<b>Total</b>	<b>2,089</b>	<b>1,069</b>

### *Ages and Stages Questionnaire-3*

Between 2013 and 2015, 2,089 children had at least one ASQ-3 completed and scored.<sup>5</sup> A child's score above the ASQ-3 cutoff represents typical development and a referral is not necessary, unless requested by a parent or caregiver.

Figure 59 below identifies the ASQ-3 domains and the percentages of children who scored below the cutoff, within the monitoring zone, or above the cutoff.

**Figure 59. ASQ-3 Results, by Domain**

	Below Cutoff	Monitoring	Above Cutoff
Communication (N=2,378)	6%	11%	83%
Gross Motor (N=2,380)	5%	7%	88%
Fine Motor (N=2,379)	6%	16%	78%
Problem Solving (N=2,379)	7%	13%	80%
Personal Social (N=2,377)	4%	10%	86%

Figure 60 below lists the percentages of children who scored below the cutoff on the ASQ-3 and received at least one referral. Eight out of ten children who scored below cutoff on the ASQ-3's communication domain received a referral, while two thirds of those scoring below cutoff on the gross motor domain received a referral.

<sup>5</sup> This 2,089 figure is an unduplicated count of the children who received an ASQ-3 screening. Additional ASQ-3 data presented in this report is looking at the total number of screenings conducted (one child can have had more than one ASQ-3), hence the population size (N) is smaller here than in subsequent figures.

**Figure 60. Percentage of Children Who Scored Below Cutoff and Received Referrals, by ASQ-3 Domain, 2013 to 2015**

	Percent scored below cutoff and received referral
Communication (n=145)	80.0%
Problem Solving (n=166)	72.3%
Personal Social (n=95)	68.4%
Fine Motor (n=151)	66.9%
Gross Motor (n=118)	66.1%

Figure 61 below presents the percentage of ASQ-3's where a parent wrote in a developmental concern in the open-ended questions on the tool and the child received a referral based on that type of developmental concern. Children with reported articulation concerns received referrals most frequently (78.5% of reported articulation concerns received some type of referral), while medical concerns received the least amount of referrals (52.8%). As indicated above, a large majority of the children receiving the ASQ-3 are enrolled in the Child Signature Program, which assists children and families with many developmental concerns and has the assistance of a School Readiness Nurse. Hence the rate of referral is probably not higher because the services the child may already be receiving.

**Figure 61. Received Referral by Type of Concern on ASQ-3, 2013 to 2015**

	Have concern and received referral
Articulation (n=279)	78.5%
Hearing (n=71)	76.1%
Behavior (n=351)	75.5%
Expressive Language (n=321)	74.1%
Vision (n=88)	71.6%
General / Overall (n=340)	69.1%
Motor Neurological (n=102)	65.7%
Medical (n=212)	52.8%

Of the 384 children with referrals whose records were converted to intakes in the STAR data system, 72.7% had been connected with at least one of the referrals; 33.9% of the children had not been connected with at least one referral and 11.7% of the children had a referral still pending.

**Figure 62. Status of Referrals for Children with ASQ-3, 2013 to 2015 (N=384)**

	Number	Percent
Connected	279	72.7%
Pending	45	11.7%
Not connected	130	33.9%

Note: a child could have more than one referral, hence the percentages add up to more than 100%.

When children score above the cutoff on the ASQ:SE, that means they are *not* scoring where they should be and a referral and/or further evaluation is warranted. Between 2013 and 2015 there were 1,069 children who received an ASQ:SE screening, with 1,203 ASQ:SE screenings conducted overall. Unlike the ASQ-3, where an above the cutoff score is positive, on the ASQ:SE a child who scores above the cutoff is atypical on the ASQ:SE. Of the 1,203 ASQ:SE screenings conducted, 20% (241 ASQ:SEs) registered scores above the cutoff. Figure 62 below identifies actions taken for children with ASQ:SE screenings. Of those who were below the cutoff, 10.5% still received a referral (usually because of a parent’s concern). On the other hand, slightly less than half (48.5%) of those children who scored above the cutoff on the ASQ:SE were referred for services, with 51.5% not receiving a referral. Again, this is a function of the partnership that Help Me Grow has with the Child Signature Program where the services are being provided.

**Figure 63. ASQ:SE Cutoff and Referrals**

	Above Cutoff	Below Cutoff
Converted to Intake (received referral)	48.5%	10.5%
No Referral Necessary	51.5%	89.5%
<b>Total</b>	<b>241</b>	<b>962</b>

#### IV. Summary

For calendar years 2013 through 2015, more than 9,500 children received services from Help Me Grow. About three quarters of these clients entered the Help Me Grow system through its Core program (i.e. called the toll free number or accessed HMG online), with the other quarter entering the Help Me Grow system through an ECE partnership, such as the Child Signature Program or Early Head Start.

Families accessing Help Me Grow through the Core program and ECE Partnerships had very different needs and demographic makeups. For instance, children served through ECE Partnerships were typically female, four years old, Hispanic, and primarily Spanish speakers. On the other hand, clients who accessed Help Me Grow through the Core program were typically male, varying in age, Hispanic and primarily English-speaking. The ECE partnership clients typically received developmental services through CSP or Early Head Start, so the concerns they had for Help Me Grow were very different from those of HMG Core clients.

The top three concerns for HMG Core clients were behavioral, communication, and developmental, whereas the ECE Partnership clients were most likely to have family functioning, parent support and behavioral concerns. Regardless of entry point, clients tended to contact Help Me Grow fairly soon—typically less than a month—after their concerns arose.

During the same period, Help Me Grow care coordinators provided almost 29,000 referrals (a reported concern can have multiple referrals). The top three referrals for HMG Core clients were parenting/education, mental health counseling, and parent/child participation, while the top three referrals for ECE Partnership clients were parenting/education, mental health counseling, and basic needs.

Overall, 81.3% of children had a positive service outcome—that is, they had at least one referral connected or pending. The most common referral outcomes included connection to services, a caregiver’s choice to pursue the referral at a later time, and a caregiver’s decision to use a different Help Me Grow referral.

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

Between 2013 and 2015, a total of 2,089 ASQ-3s and 1,069 ASQ:SE screenings were completed and entered in STAR by the HMG team. Problem solving was the main concern identified on the ASQ-3. In addition, 20% of children who took the ASQ:SE had concerns identified.

Between 2013 and 2015, Help Me Grow’s Community Liaisons had more than 1,300 contacts with providers. During the same period, the EPIC coordinator successfully reached out to 210 physicians’ practices reaching almost 1,400 office staff, physicians, nurse practitioners, and physicians’ assistants.

While data findings for the concerns, referrals, connections to services and barriers tended to vary year by year, some trends have emerged:

- There was an increase in the percentage of Help Me Grow contacts for behavioral concerns (18% of all concerns in 2015, up from 15% in 2013).
- In 2015, 57% of those who sought prior help for a child’s concern were referred to HMG, up from 53% in 2013. This could indicate greater community awareness of HMG services.
- There were increases in the percentages of referrals for mental health counseling (11% in 2015, up from 5% in 2013) and for parent-child participation (11% in 2015, up from 2% in 2013).
- More families are agreeing to follow-up care from Help Me Grow (88% in 2015, up from 77% in 2013).
- Most children are being linked with services. **81%** of children who received care coordination by Help Me Grow had at least one referral that was connected or pending.



## Appendix A: Definitions for Presenting Issues/Concerns

Concern	Definition
Adaptive	Feeding self-help and self-regulation, includes potty training. Activities of daily living.
Basic Needs	Can include basic needs to survive such as food, shelter, diapers, transportation, etc.
Behavioral	Can include maladaptive behavior, elopes, aggressive, shoves, hits, self-injurious, tantrums, rebellious, hyperactive, or disruptive, etc.
Child Care	Seeking information about child care.
Cognitive/ learning	Concern about how child is learning. Can include mental retardation, learning disability, etc. Communication: The ability to talk and be understood and the ability to understand others (speech & language)
Diagnosis	Concern about diagnosis (Autism Spectrum Disorder, Attention Deficit Disorder, etc.) or because no diagnosis.
Education	Concern about educational services, special education services, evaluation, Individual Education Plan, tutoring (includes early childhood education/pre-school).
Family Functioning	Includes parent education level, parent with developmental disability, substance abuse, child abuse, domestic violence, and mental health issues of family members, etc.
Fine Motor	Movement and coordination of hands and fingers.
General Development	Parent is requesting information for typically developing child. Can include information for activities, milestones, general development, as well as developmental screening.
Developmental Concern	Parent is concerned because unsure if child is typically developing or not (Includes sensory issues). Can include request for activities/programs/agencies to address developmental concern. Includes parent seeking a developmental screening or evaluation.
General Information	Can include general information about Help Me Grow, community partners, etc. Gross Motor Movement and coordination using large muscles.
Health/Medical	Physical well-being, including issues related to chronic health conditions such as asthma, high lead levels, fetal exposure, nutrition, weight gain/loss, obesity, etc.
Health Insurance	Can include lack of health insurance, ability to complete insurance enrollment forms, etc. Hearing Can include concerns about ability to hear.
Living Condition	Can include unsafe conditions in the home, lead in the home, second hand smoke, etc.
Mental Health	Seeking information on child mental health evaluation and/or requiring linkage to mental health professional (e.g psychologist, psychiatrist, or social worker).
Parent Support	Support groups, advocacy, parent education, respite, etc.
Social Interactions	Concern about interaction with others. Can include child with ADD, ADHD & Autism.
Vision	Blind, visual impairment, ROP (Retinopathy of Prematurity) or concerns about ability to see.
Other	Any other concern that does not fit in categories listed above.

## Appendix B: Referral Categories by Types of Service

Referral	Description
Allied Health Professionals	Health professionals such as Audiologist, Nutritionist, Dietician, Optometrist, Ophthalmologist.
Access to Health insurance	Enrollment in health insurance.
Advocacy	Guidance, advice, and/or support to obtain desired service. Includes Child Protective Services if educating on reporting.
Basic Needs	Services to address basic needs such as clothing, food, housing and utilities.
Behavioral Services	Direct service to a child to address maladaptive behaviors (e.g., Applied Behavior Analysis).
Childcare	Parent/caregiver in need of childcare services.
Communication/Speech and Language	Services and therapies to address communication and/or speech and language issues.
Developmental Screening	A service and/or program where an evidence based tool is used to screen a child's development Early Literacy- Program or agency that focuses on child and/or family literacy. *note- not parent only Educational/Enrichment- Any program that focuses on enhancing education for the child. Includes general school district information and enrollment (e.g., Preschool, Tutoring).
Equipment	Programs that provide items that support the child's daily living, including augmentative communication (e.g., strollers, car seats, wheelchairs).
Feeding	Any service to a child to assist in successful feeding. Providers can be Speech/Language Pathologist, Occupational Therapy, Lactation Specialist.
Funding	Program that helps pay or connects to grants or payments for service or equipment.
Health/Primary Care	A healthcare provider or physician that addresses child's medical needs.
Health/Medical Subspecialist	A health care provider that isn't a primary care physician (e.g., Cardiologist, Orthopedist).
Health/Neurodevelopmental Subspecialist	Pediatric Neurologist, Developmental Behavioral Pediatrician, Neurologist.
IDEA/Part C- (Regional Center)	Referral for eligibility evaluation (intake).
Infant Follow-up Clinic	Comprehensive, multidisciplinary clinic that provides developmental evaluations for children at risk for delay following NICU stay, drug exposure during pregnancy, etc.
Legal Assistance	Legal representation or advice (e.g., due process, family law, custody).
Mental Health/Counseling	Program that provides diagnosis, evaluation or treatment, including psychiatrist (e.g., play therapy, individual and/or family therapy, cognitive therapy, psycho analysis).

Referral	Description
Occupational Therapy/ Physical Therapy	Services conducted or supervised by a licensed occupational therapist or physical therapist that provides therapy for motor functions, sensory, adaptive/functional skills (does not include feeding).
Out of County Referrals	Any general referral given that is not in geographically assigned region (e.g., county/state) and referral information is not a known.
Parent/Caregiver Support	Groups or programs that support the needs of caregiver (all support groups).
Parent/Child Participation	Program that requires parent participation (e.g., Mommy and me).
Parenting/Education	Programs that provide information or education related to family and/or child. Can include individual or group parenting classes.
Private Schools	Any non-public school that charges a fee. Includes private schools for children with special needs or typical.
Psycho-educational Testing	Person and/or group that provides educational assessments or evaluations. Can include cognitive and/or behavioral assessments. (e.g., Educational Psychologist)
Recreation	Includes sports, after school programs and camps. Any type of recreation that child is doing independently. No parent participation.
School District (Public)	Evaluation and eligibility for special education services.
Respite/Care Giving Services	Programs that provide care above and beyond typical childcare.
Social Skills	Programs or services that teach and/or assist children to interact appropriately with others.
Specialized Services	Programs or workshops that provide “therapy type” service to a child that is may not necessarily provided by a licensed professional (e.g., Equestrian, Aquatic, Music, Art, Dance).
Other	Anything that does not fit in above categories

## Appendix C: Details of How Callers Learn About Help Me Grow

Category	Examples
Community Agency	Child Care & Referral Agency Community Agency (not listed in drop down) Faith-based organizations Family Resource Center Library Speech and Hearing Center Social Service Agency WIC
Developmental Screening	ASQ Developmental Screening Project/Pilots Developmental Screening in Community
Early Care and Education Provider	Childcare Provider Head Start/Early Head Start Preschool
Friend or Family	Friend Family member Neighbor
Health Care Provider	Pediatrician Nurse Practitioner Family Practice Physician Pediatric Subspecialist
Help Me Grow Outreach	Help Me Grow Presentation Help Me Grow Website Resource fair/table
Hospital	Local Hospitals
Idea Part C	Birth to Three Regional Center (California) Prevention Program (CA)
Media	Bus (wrap, shelter) Television Magazine Newspaper Facebook/Twitter Online media/Advertisement
Mental Health Provider	Independent practitioner that includes: Counselor/Therapist Psychologist Marriage and Family Therapist
Previous Caller	Previous Caller to Help Me Grow
School	School District – public Private School
2-1-1	2-1-1 telephone prompt 2-1-1 transfer or toll free number given
Other	Any other entity not listed above

## Appendix D: Concerns by Demographics—Help Me Grow Core

Appendix D breaks down HMG Core callers' concerns by select children's demographics, including age, gender, ethnicity, primary language and geographic areas of residence. In an effort to make the report more meaningful and ensure stability of data, only the top 10 concerns are analyzed and presented.

### *Concerns by age*

*Help Me Grow Core* callers' concerns varied by children's ages. For instance, behavioral concerns appear to be the most prevalent concern among children who are three years old, while communication concerns are most prevalent among two-year-old children. Children two years old appear to have the most concerns (see red shaded cells in table below).

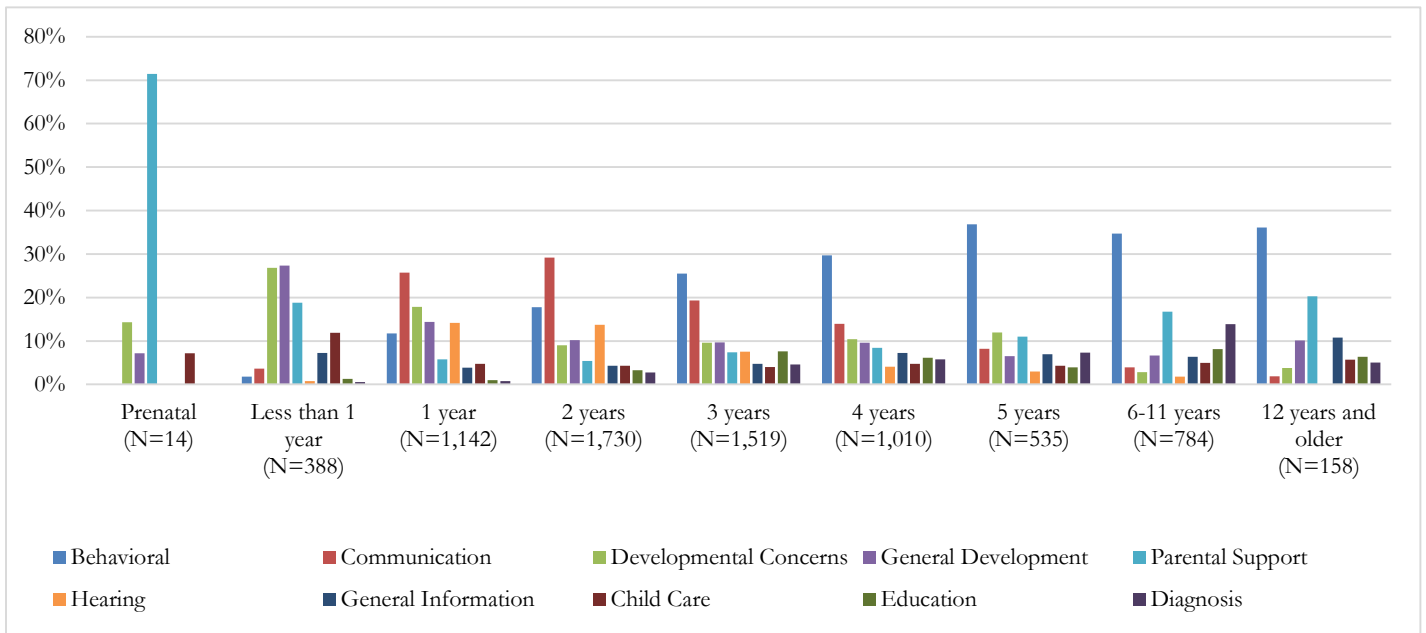
**Figure 1. Concern, by Age (Percent within Age), HMG Core, 2013 to 2015 (N=7,280)**

	Prenatal (n=14)	<1 year (n=388)	1 year (n=1,142)	2 years (n=1,730)	3 years (n=1,519)	4 years (n=1,010)	5 years (n=535)	6-11 years (n=784)	12-18 years (n=158)
Behavioral	0.0%	0.4%	8.1%	18.5%	23.3%	18.1%	11.9%	16.4%	3.4%
Communication	0.0%	1.1%	22.2%	38.1%	22.1%	10.6%	3.3%	2.3%	0.2%
Developmental Concerns	0.2%	12.9%	25.2%	19.3%	18.0%	13.0%	7.9%	2.7%	0.7%
General Development	0.1%	13.4%	20.7%	22.2%	18.5%	12.2%	4.4%	6.5%	2.0%
Parental Support	1.5%	11.0%	10.0%	14.1%	16.9%	12.9%	8.9%	19.8%	4.8%
Hearing	0.0%	0.5%	27.5%	40.4%	19.5%	7.0%	2.7%	2.4%	0.0%
General Information	0.0%	7.1%	11.1%	18.9%	18.2%	18.4%	9.3%	12.6%	4.3%
Child Care	0.3%	12.9%	15.2%	21.1%	17.1%	13.5%	6.5%	11.0%	2.5%
Education	0.0%	1.4%	3.2%	16.5%	33.5%	17.9%	6.1%	18.5%	2.9%
Diagnosis	0.0%	0.6%	2.6%	13.7%	20.5%	17.0%	11.4%	31.9%	2.3%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each row. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

When individual concerns are identified by age *and* percentage among all concerns, behavior is the most frequent concern for children ages 3, 4, 5, 6-11 and 12-18. Communication is the most common concern for children one and two years old.

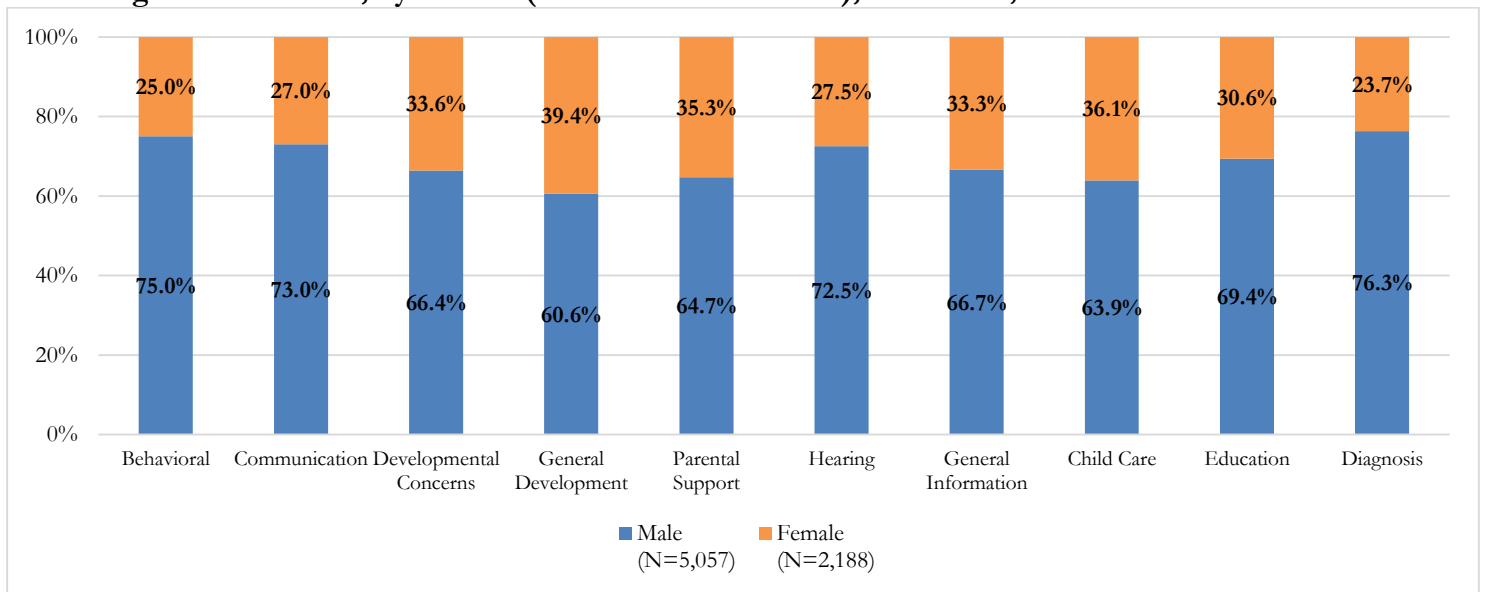
**Figure 2. Concerns, by Age (Percent within Concern), HMG Core, 2013 to 2015**



*Concerns by gender*

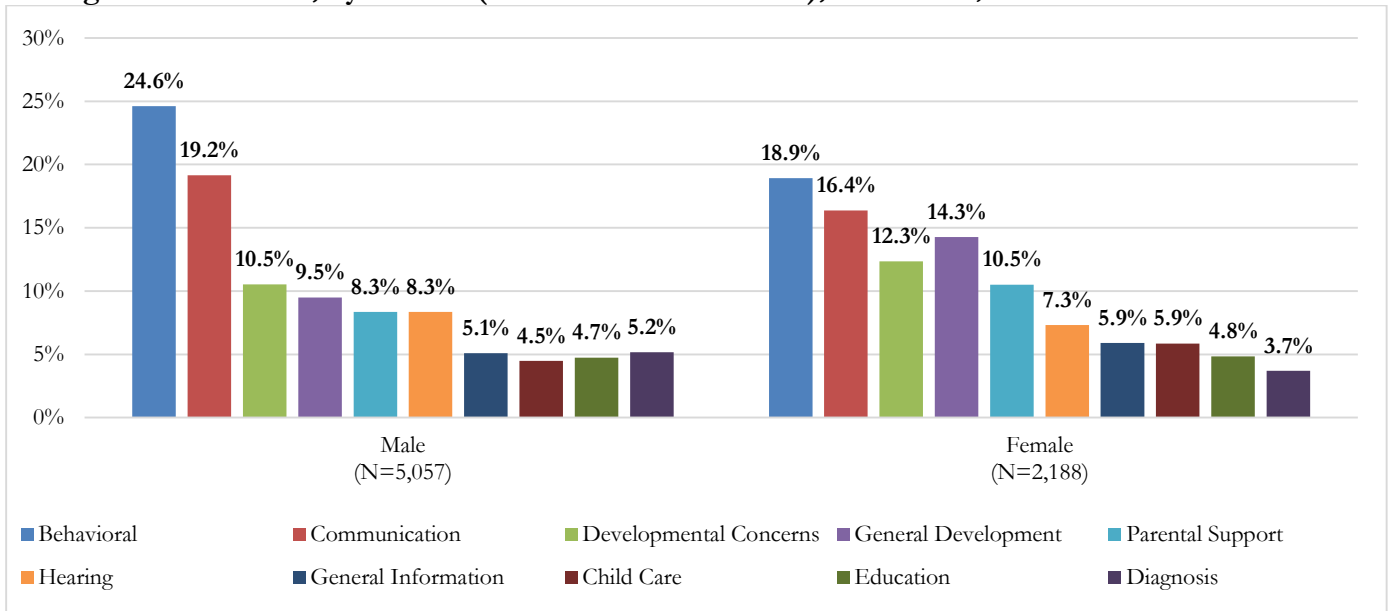
Help Me Grow receives calls about concerns for boys (66%) much more frequently than for girls. Moreover, three quarters of children identified with behavioral or diagnosis concern are boys. On the other hand, general development concern calls are more evenly split between the genders.

**Figure 3. Concerns, by Gender (Percent within Gender), HMG Core, 2013 to 2015**



When individual concerns are identified by gender *and* as a percentage of all reported concerns, 24.6% of callers' reported concerns are about boys' behavior and 18.9% for girls' behavior. On the other hand, developmental concerns and general development concerns are more frequent for girls than for boys.

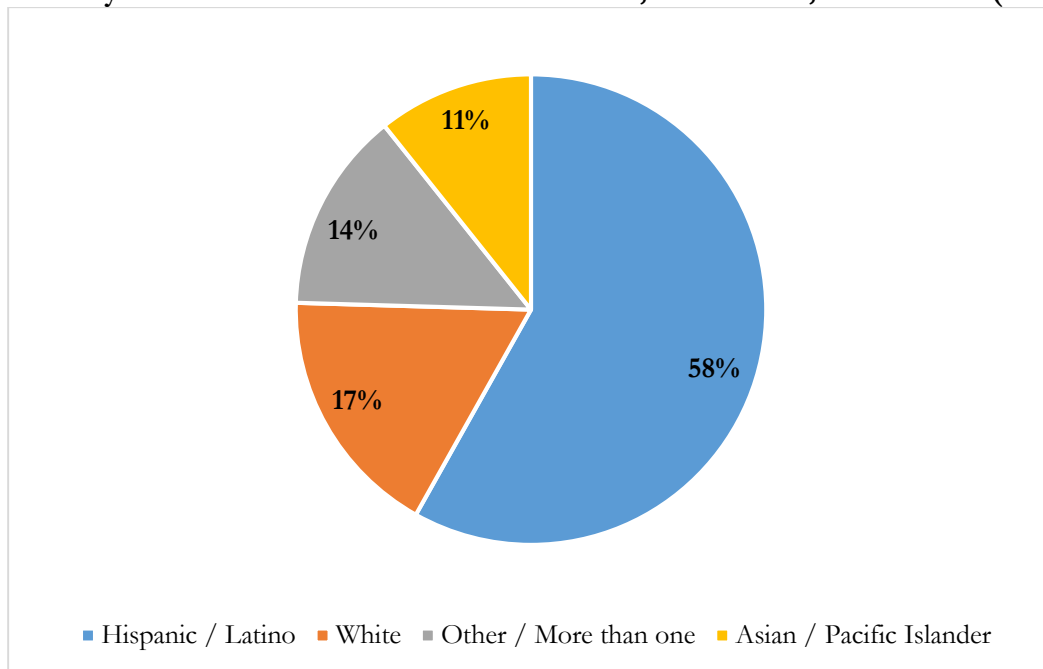
**Figure 4. Concerns, by Gender (Percent within Concern), HMG Core, 2013 to 2015**



*Concerns by Ethnicity*

Among *HMG Core* clients, 58% of children who have one or more concerns are Hispanic/Latino, 17% are identified as white, 14% as other or multiracial, and 11% are Asian or Pacific Islander.

**Figure 5. Ethnicity of Children with at least One Concern, HMG Core, 2013 to 2015 (N=4,630)**



More than two thirds of general development concerns are from HMG Core clients who identify their child as Hispanic/Latino. Fewer than half of the developmental concerns (43.7%) are from clients who identify their child as Hispanic/Latino.

**Figure 6. Concern, by Ethnicity (Percent within Ethnicity), HMG Core, 2013 to 2015 (N=5,949)**

	Hispanic/ Latino (N=3,532)	White (N=942)	Asian / Pacific Islander (N=677)	Other / Multiracial (N=798)
General Development	68.2%	11.5%	7.6%	12.6%
Behavioral	66.7%	15.7%	6.3%	11.3%
Parental Support	63.9%	18.2%	5.2%	12.6%
Education	62.2%	14.2%	9.5%	14.2%
General Information	59.4%	15.6%	0.0%	25.0%
<b>HMG Core</b>	<b>58.1%</b>	<b>17.3%</b>	<b>10.7%</b>	<b>13.8%</b>
Hearing	56.6%	12.5%	20.1%	10.9%
Communication	55.5%	14.2%	19.4%	10.9%
Child Care	54.0%	21.4%	5.2%	19.4%
Diagnosis	53.4%	18.4%	8.1%	20.1%
Developmental Concerns	43.7%	22.2%	14.1%	20.0%

Behavior is the main concern cited by all ethnicities except for Asian/Pacific Islanders, who indicated communication as the main concern. Hearing has a larger percentage (16.7%) of reported concerns among Asian / Pacific Island children than among other ethnicities. HMG staff (CDCCs) will identify hearing at the time a communication issue is identified to inform the parent about the need to have a hearing evaluation and to provide a referral for this service.

**Figure 7. Concern, by Ethnicity (Percent within Concern), HMG Core, 2013 to 2015 (N=5,949)**

	Hispanic/Latino (N=3,532)	White (N=942)	Asian / Pacific Islander (N=677)	Other / Multiracial (N=798)
Behavioral	28.0%	24.7%	13.9%	21.1%
Communication	19.0%	18.2%	34.6%	16.5%
General Development	13.1%	8.3%	7.7%	10.8%
Hearing	9.0%	7.4%	16.7%	7.6%
Parental Support	8.6%	9.2%	3.7%	7.5%
Developmental Concerns	8.4%	15.9%	14.0%	16.9%
Education	5.2%	4.5%	4.1%	5.3%
Diagnosis	4.3%	5.5%	3.4%	7.1%
Child Care	3.9%	5.7%	1.9%	6.1%
General Information	0.5%	0.5%	0.0%	1.0%

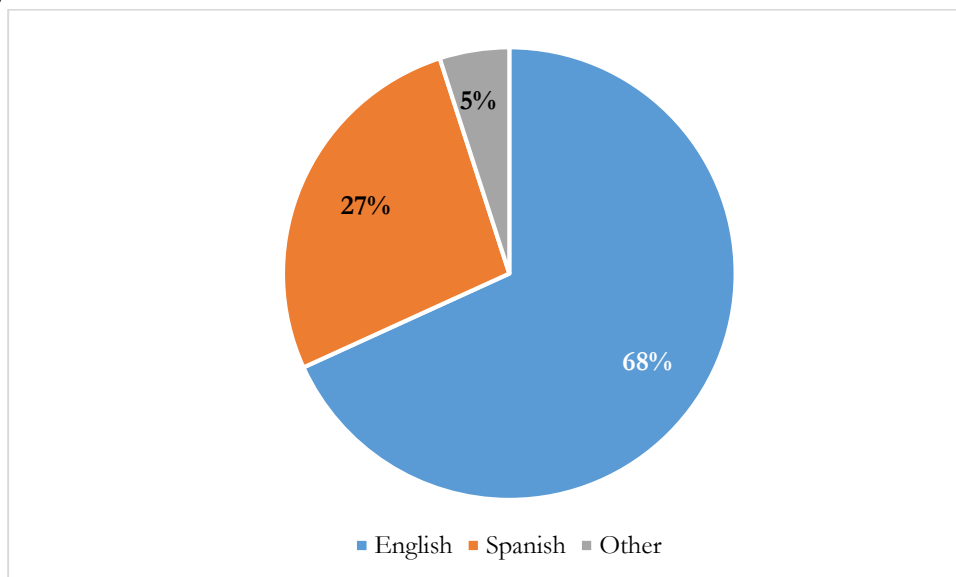
Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.



*Concerns by Language*

While the parents of most Help Me Grow Core clients self-identify as Hispanic/Latino (see Figure 5 above), 68% speak English as their primary language, with another 27% speaking primarily Spanish and 5% speaking some other language.

**Figure 8. Primary Language of Children with at least One Concern, HMG Core, 2013 to 2015 (N=4,630)**



General Information concerns are most likely to be called in by English-speaking clients (78.0%).

**Figure 9. Concern, by Primary Language (Percent within Language), HMG Core, 2013 to 2015 (N=7,280)**

	English	Spanish	Other
General Information	78.0%	19.4%	2.5%
Diagnosis	74.0%	23.1%	2.9%
Child Care	72.5%	24.7%	2.8%
Developmental Concerns	71.4%	20.8%	7.8%
Parental Support	69.0%	28.0%	3.0%
<b>HMG Core</b>	<b>68.2%</b>	<b>26.8%</b>	<b>5.0%</b>
Education	65.3%	30.3%	4.3%
Behavioral	63.8%	33.3%	2.9%
General Development	54.7%	39.9%	5.4%
Communication	54.3%	33.3%	12.5%
Hearing	48.7%	37.4%	13.9%

Behavior is the concern cited most by callers who are primarily English (23.2%) and Spanish (24.8%) speakers, whereas communication is cited most by callers who speak some other language (35.4%).

**Figure 10. Concern, by Primary Language (Percent within Concern), HMG Core, 2013 to 2015 (N=7,280)**

	English	Spanish	Other
Behavioral	23.2%	24.8%	10.3%
Communication	15.7%	19.7%	35.4%
Developmental Concerns	12.6%	7.5%	13.5%
Parental Support	10.0%	8.3%	4.3%
General Development	9.5%	14.2%	9.2%
General Information	6.7%	3.4%	2.1%
Hearing	6.3%	9.9%	17.6%
Child Care	5.6%	3.9%	2.1%
Diagnosis	5.5%	3.5%	2.1%
Education	4.9%	4.7%	3.2%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

*Concerns by City*

Concerns were aggregated based on callers' zip codes and then re-coded by specific city. The figure below presents the top 10 cities reporting concerns. Behavior was the main concern in all the cities analyzed except for Irvine, Garden Grove, and Huntington Beach. Communication was a greater issue in Garden Grove (23.4%) and Huntington Beach (22.9%) than it was in the other eight cities.

**Figure 11. Concerns, by City (Top 10) (Percent within Concern), HMG Core, 2013 to 2015 (N=4,919)**

	Santa Ana (n=1,440)	Anaheim (n=11,07)	Irvine (n=387)	Garden Grove (n=384)	Orange (n=324)	Huntington Beach (n=293)	Costa Mesa (n=257)	Fullerton (n=250)	San Juan Capistrano (n=242)	Mission Viejo (n=235)
Behavioral	26.7%	23.9%	18.1%	19.3%	22.5%	19.8%	26.5%	23.6%	25.2%	25.1%
Communication	19.6%	18.7%	16.3%	23.4%	17.0%	22.9%	16.7%	14.8%	20.2%	20.4%
General Development	10.3%	13.6%	6.7%	9.6%	11.7%	6.8%	11.7%	10.0%	5.4%	5.5%
Hearing	9.4%	9.8%	5.4%	12.2%	6.2%	13.0%	7.4%	7.2%	7.4%	7.7%
Developmental Concern	8.8%	8.1%	19.9%	8.3%	8.6%	8.9%	13.2%	11.6%	14.9%	15.3%
Parental Support	6.9%	9.0%	8.0%	9.1%	11.1%	8.5%	9.7%	12.4%	9.5%	8.9%
Diagnosis	5.7%	3.3%	6.7%	4.2%	3.4%	5.8%	2.7%	7.2%	5.4%	5.1%
General Information	5.3%	5.1%	7.5%	4.9%	9.3%	4.1%	5.8%	4.0%	3.7%	3.4%
Education	5.0%	4.4%	6.5%	4.9%	3.7%	5.1%	2.3%	6.0%	2.1%	2.1%
Child Care	2.3%	3.9%	4.9%	3.9%	6.5%	5.1%	3.9%	3.2%	6.2%	6.4%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

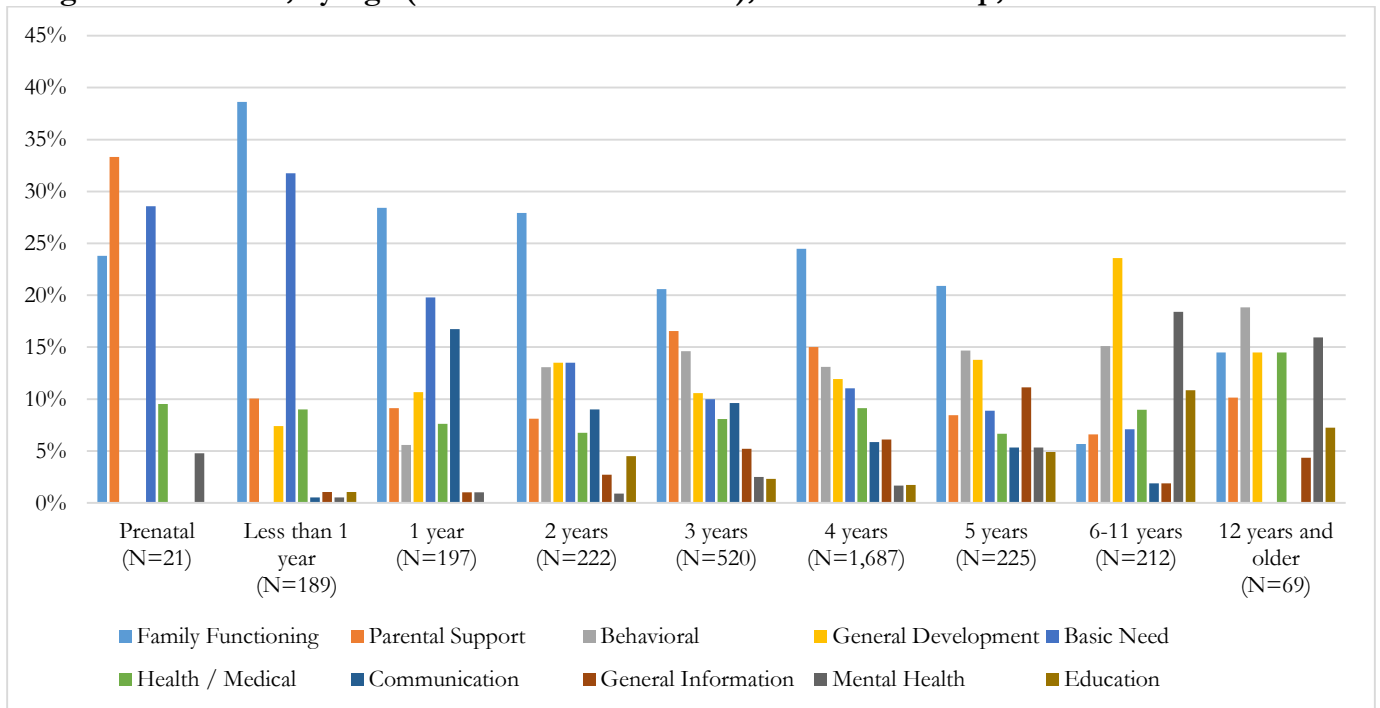
## Appendix E: Concerns by Demographics—ECE Partnership

Appendix E breaks down ECE Partnership clients' concerns by select children's demographics, including age, gender, ethnicity, primary language and geographic areas of residence. In an effort to make the report more meaningful and ensure stability of data, only the top 10 concerns are tabulated and presented.

### *Concerns by age*

Families who access Help Me Grow through an ECE Partnership typically have children who are 4 years old, which reflects the population of children served by the CSP programs. When individual concerns are broken down by age *and* as a percentage of all reported concerns, family functioning is the most frequent concern for children younger than 1, 1, 2, 3, 4, and 5 years old.

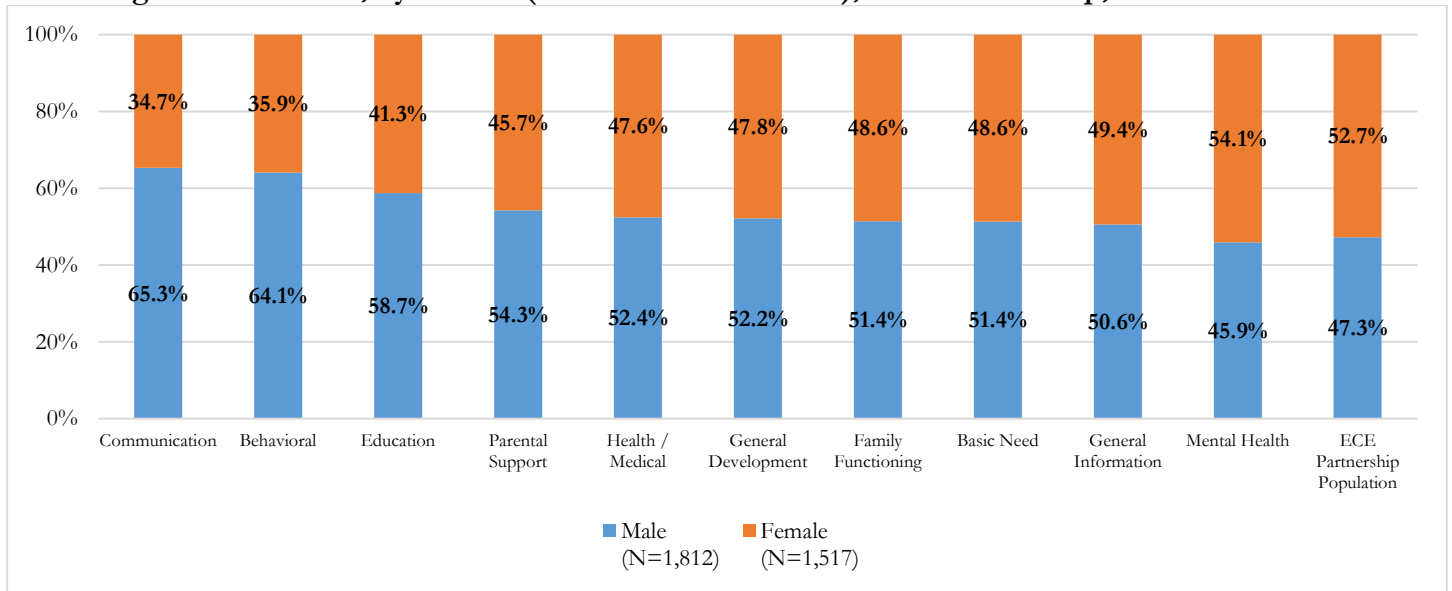
**Figure 1. Concerns, by Age (Percent within Concern), ECE Partnership, 2013 to 2015**



### *Concerns by gender*

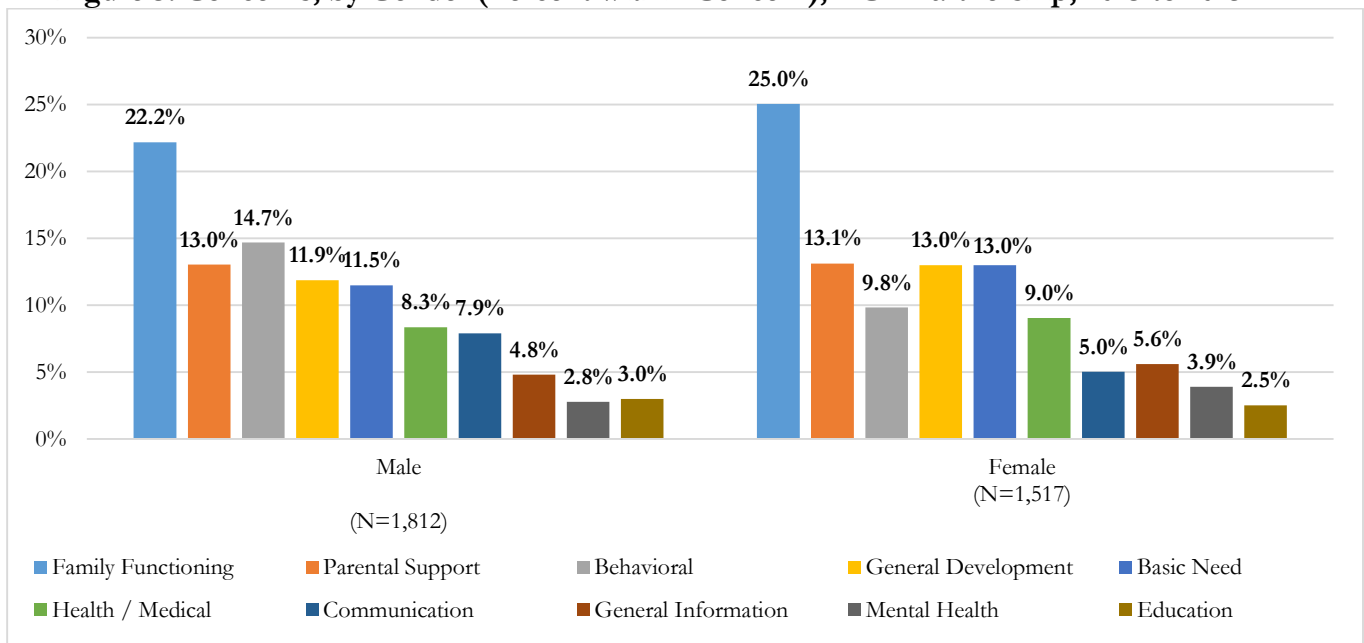
Help Me Grow learns about concerns for girls more frequently than for boys through their ECE Partnerships (52.7% to 47.3%). However, while almost two thirds of children with a reported communication or behavioral concern are boys, 54.1% of mental health concerns reported are for girls.

**Figure 2. Concerns, by Gender (Percent within Gender), ECE Partnership, 2013 to 2015**



When concerns are counted up by gender *and* as a percentage of all reported concerns, 25.0% of concerns identified through the ECE Partnership contacts about girls are for family functioning, compared to 22.2% of those for boys. Behavioral concerns are more common for boys than girls (14.7% and 9.8%, respectively).

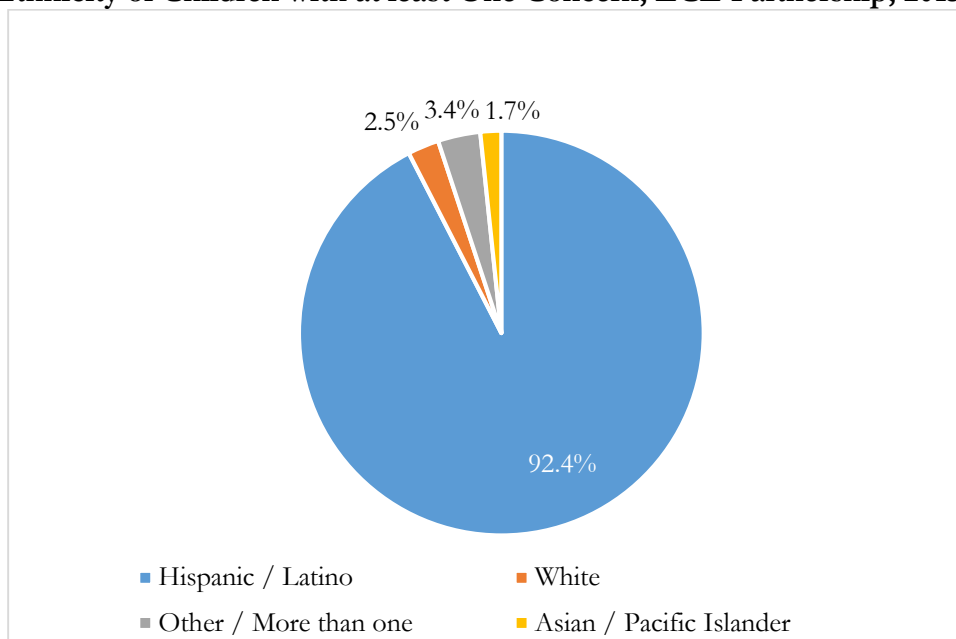
**Figure 3. Concerns, by Gender (Percent within Concern), ECE Partnership, 2013 to 2015**



### Concerns by Ethnicity

More than 90% of children who are part of Help Me Grow’s ECE Partnership programs and have one or more concerns are Hispanic/Latino, with another 2.5% identified as white, 3.4% as other or multiracial, and 1.7% Asian or Pacific Islander.

**Figure 4. Ethnicity of Children with at least One Concern, ECE Partnership, 2013 to 2015 (N=2,037)**



Almost 95% of family functioning or parental support concerns reported by ECE Partnership clients are from Hispanic/Latino families. 85% of education concerns identified are for children in Hispanic families.

**Figure 5. Concern, by Ethnicity (Percent within Ethnicity), ECE Partnership, 2013 to 2015 (N=3,307)**

	Hispanic/ Latino (N=3,054)	White (N=86)	Asian / Pacific Islander (N=55)	Other / More than One (N=112)
Family Functioning	94.7%	1.4%	1.3%	2.6%
Parental Support	94.7%	1.8%	1.6%	1.8%
Basic Need	94.1%	1.7%	1.7%	2.5%
Mental Health	93.6%	5.5%	0.0%	0.9%
Health / Medical	93.0%	2.4%	1.4%	3.1%
<b>ECE Partnership Population</b>	<b>92.4%</b>	<b>2.5%</b>	<b>3.4%</b>	<b>1.7%</b>
Behavioral	91.4%	3.7%	1.2%	3.7%
General Development	90.2%	3.2%	1.7%	4.9%
General Information	88.2%	3.6%	3.0%	5.3%
Communication	86.2%	4.1%	3.2%	6.5%
Education	85.4%	4.5%	3.4%	6.7%

Family functioning is the concern cited most frequently by all ethnicities except for whites, who most frequently reported behavior concerns.

**Figure 6. Concern, by Ethnicity (Percent within Concern), ECE Partnership, 2013 to 2015 (N=3,307)**

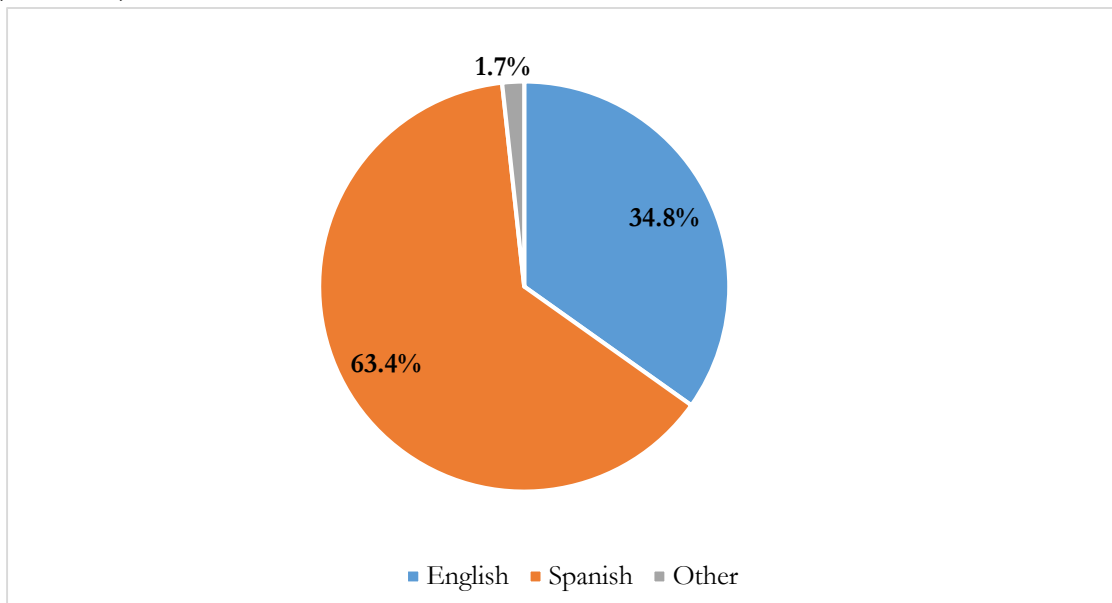
	Hispanic/ Latino (N=3,054)	White (N=86)	Asian / Pacific Islander (N=55)	Other / More than One (N=112)
Family Functioning	24.1%	12.8%	18.2%	17.9%
Parental Support	13.5%	9.3%	12.7%	7.1%
Behavioral	12.2%	17.4%	9.1%	13.4%
General Development	12.1%	15.1%	12.7%	17.9%
Basic Need	12.4%	8.1%	12.7%	8.9%
Health / Medical	8.7%	8.1%	7.3%	8.0%
Communication	6.1%	10.5%	12.7%	12.5%
General Information	4.9%	7.0%	9.1%	8.0%
Mental Health	3.3%	7.0%	0.0%	0.9%
Education	2.5%	4.7%	5.5%	5.4%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

*Concerns by Language*

While most Help Me Grow ECE Partnership contacts self-identify as Hispanic/Latino (see Figure 4 above), 63% speak English as the primary language, with another 35% speaking primarily Spanish and 2% speaking some other language.

**Figure 7. Primary Language of Children with at least One Concern, ECE Partnership, 2013 to 2015 (N=2,492)**



English-speaking clients are more likely to have general developmental concerns: 39.9% of general development concerns are reported by primarily English-speaking clients. Spanish-speaking clients are most likely to report concerns about parental support (70.1%), while clients who speak some other language are most likely to report communication concerns (6.8%).

**Figure 8. Concern, by Primary Language (Percent within Language), ECE Partnership, 2013 to 2015 (N=3,345)**

	English (N=1,097)	Spanish (N=2,171)	Other (N=77)
General Development	39.9%	58.0%	2.2%
Basic Need	37.3%	60.8%	2.0%
Education	37.0%	60.9%	2.2%
General Information	36.4%	60.1%	3.5%
Behavioral	34.5%	63.4%	2.2%
Communication	34.2%	58.9%	6.8%
<b>ECE Partnership Population</b>	<b>34.8%</b>	<b>63.4%</b>	<b>1.7%</b>
Mental Health	30.3%	69.7%	0.0%
Parental Support	28.6%	70.1%	1.4%
Family Functioning	28.5%	69.7%	1.8%
Health / Medical	28.4%	68.9%	2.8%

Family Functioning is the concern cited most by clients who are primarily English (20.4%) and Spanish (25.2%) speakers, whereas communication is cited most by clients who speak some other language (19.5%).

**Figure 9. Concern, by Primary Language (Percent within Concern), ECE Partnership, 2013 to 2015 (N=3,345)**

	English	Spanish	Other
Family Functioning	20.4%	25.2%	18.2%
Parental Support	11.5%	14.2%	7.8%
Behavioral	13.0%	12.1%	11.7%
Basic Need	13.9%	11.4%	10.4%
General Development	15.0%	11.1%	11.7%
Health / Medical	7.5%	9.2%	10.4%
Communication	6.8%	5.9%	19.5%
General Information	5.7%	4.8%	7.8%
Mental Health	3.0%	3.5%	0.0%
Education	3.1%	2.6%	2.6%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

### Concerns by Cities

Concerns were aggregated based on clients' zip codes and then re-coded by specific city. The figure below presents the top 10 cities reporting concerns. Family functioning was the main concern in all the cities analyzed except Mission Viejo, San Juan Capistrano, and Costa Mesa, where parental support calls are the most frequent (24.3%, 24.3%, and 26.1%, respectively).

**Figure 10. Concerns, by City (Top 10) (Percent within Concern), ECE Partnership, 2013 to 2015 (N=2,941)**

	Santa Ana (n=1,342)	Tustin (n=293)	Anaheim (n=232)	Fullerton (n=196)	North Tustin (n=189)	Mission Viejo (n=169)	San Juan Capistrano (n=169)	Costa Mesa (n=119)	Laguna Beach (n=119)	Orange (n=113)
Family Functioning	28.8%	22.2%	22.4%	30.6%	25.9%	16.0%	16.0%	18.5%	17.6%	18.6%
Basic Need	13.0%	10.9%	13.4%	16.3%	7.9%	10.1%	10.1%	5.0%	10.9%	16.8%
Parental Support	12.2%	17.1%	12.9%	17.9%	18.5%	24.3%	24.3%	26.1%	13.4%	9.7%
Behavioral	11.4%	10.2%	12.5%	7.7%	10.1%	9.5%	9.5%	12.6%	12.6%	10.6%
General Development	10.6%	16.0%	12.5%	8.7%	19.0%	11.8%	11.8%	7.6%	14.3%	11.5%
Communication	7.7%	6.5%	7.3%	0.5%	5.3%	7.1%	7.1%	4.2%	7.6%	9.7%
Health/Medical	7.5%	8.5%	11.2%	9.7%	8.5%	7.1%	7.1%	12.6%	7.6%	8.0%
General Information	4.0%	4.4%	5.2%	3.1%	3.2%	11.2%	11.2%	11.8%	11.8%	8.0%
Mental Health	2.5%	2.4%	0.9%	2.0%	1.1%	1.8%	1.8%	1.7%	1.7%	3.5%
Education	2.2%	1.7%	1.7%	3.6%	0.5%	1.2%	1.2%	0.0%	2.5%	3.5%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.



## Appendix F: Combined Concerns for Overall Help Me Grow Program

Appendix F presents Help Me Grow data from 2013 through 2015 for the overall Help Me Grow program (i.e., HMG Core and ECE Partnership clients combined).

Callers to Help Me Grow inform the Child Development Care Coordinators of their concerns about respective children. (Because children may have more than once concern, the population (N) listed in this section is generally higher than that presented in the Demographics section.) Figure 1 below tabulates the number of children with each reported concern as well as the percentage of these respective concerns among all reported concerns (i.e., each column's percentages add up to 100%). The top ten concerns identified among the three-year combined data are listed in blue. By far the most common type of concern is Behavioral (16.6% of all concerns for 2013 through 2015), followed by a Communication concern (12.3% during the same time period).

**Figure 1. Type of Concerns, by Year**

		2013	2014	2015	3 Year Combined
Behavioral	#	526	815	735	2,076
	%	15.2%	15.8%	18.7%	16.6%
Communication	#	500	536	507	1,543
	%	14.5%	10.4%	12.9%	12.3%
General Development	#	357	516	334	1,207
	%	10.3%	10.0%	8.5%	9.6%
Parental Support	#	336	419	347	1,102
	%	9.7%	8.1%	8.8%	8.8%
Family Functioning	#	120	596	209	925
	%	3.5%	11.6%	5.3%	7.4%
Developmental Concerns	#	321	276	271	868
	%	9.3%	5.4%	6.9%	6.9%
Hearing	#	87	261	272	620
	%	2.5%	5.1%	6.9%	4.9%
General Information	#	322	208	38	568
	%	9.3%	4.0%	1.0%	4.5%
Basic Need	#	133	290	138	561
	%	3.9%	5.6%	3.5%	4.5%
Health / Medical	#	81	284	165	530
	%	2.3%	5.5%	4.2%	4.2%
Education	#	55	186	196	437
	%	1.6%	3.6%	5.0%	3.5%
Child Care	#	144	142	116	402
	%	4.2%	2.8%	3.0%	3.2%
Diagnosis	#	104	93	160	357
	%	3.0%	1.8%	4.1%	2.8%
Mental Health	#	105	113	114	332
	%	3.0%	2.2%	2.9%	2.6%
Social Interactions	#	57	99	80	236

		2013	2014	2015	3 Year Combined
	%	1.7%	1.9%	2.0%	1.9%
Health Insurance	#	51	87	49	187
	%	1.5%	1.7%	1.2%	1.5%
Cognitive (Learning)	#	30	74	50	154
	%	0.9%	1.4%	1.3%	1.2%
Gross Motor	#	40	35	58	133
	%	1.2%	0.7%	1.5%	1.1%
Adaptive	#	43	44	27	114
	%	1.2%	0.9%	0.7%	0.9%
Fine Motor	#	16	23	29	68
	%	0.5%	0.4%	0.7%	0.5%
Vision	#	7	31	24	62
	%	0.2%	0.6%	0.6%	0.5%
Other	#	17	13	2	32
	%	0.5%	0.3%	0.1%	0.3%
Living Condition	#	2	8	7	17
	%	0.1%	0.2%	0.2%	0.1%
<b>Total</b>	<b>#</b>	<b>3,454</b>	<b>5,149</b>	<b>3,928</b>	<b>12,531</b>
	<b>%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The remainder of this *Concerns* section explores the concerns clients have based on select children’s demographics including age, gender, ethnicity, primary language and geographic areas of residence. In an effort to make the report more meaningful and ensure stability of data, only the top 10 concerns (as identified in blue above) are analyzed and presented.

### *Concerns by age*

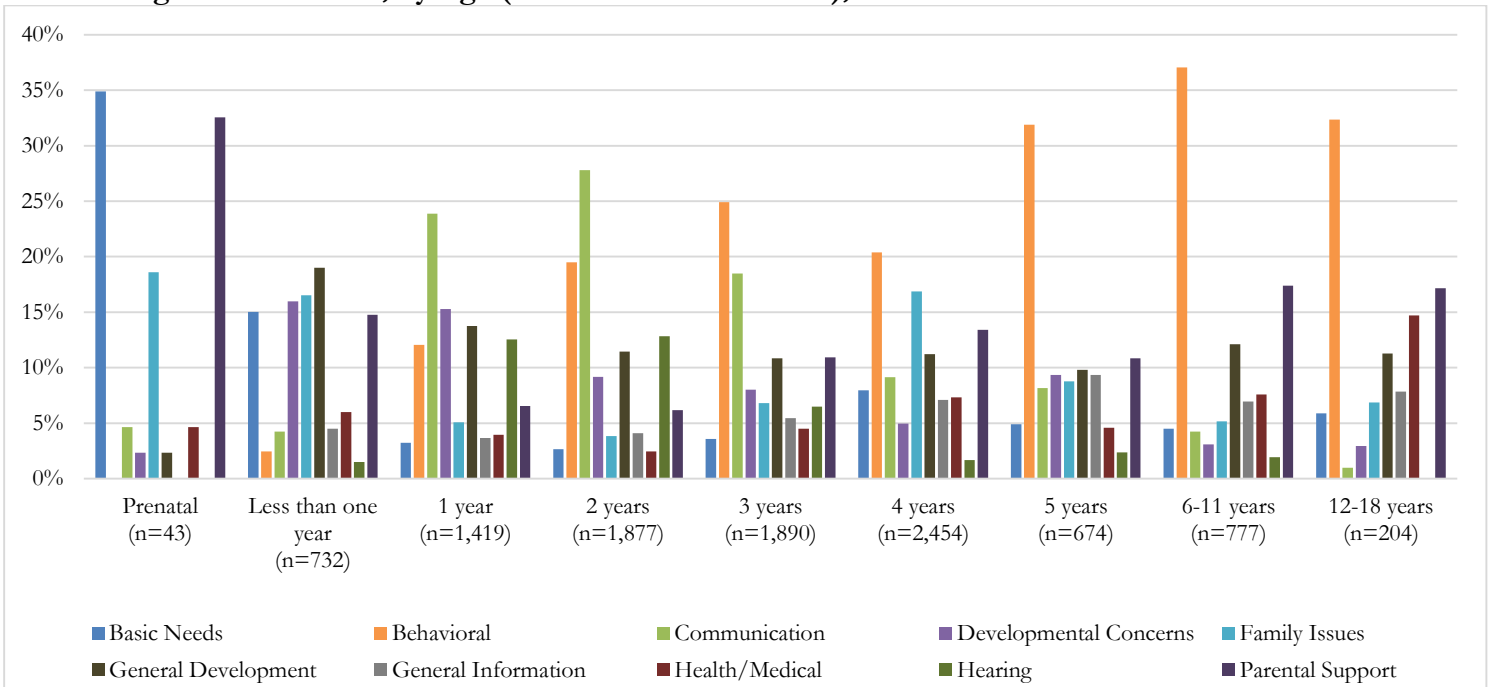
The concerns Help Me Grow clients had varied based on children’s age. For instance, basic needs appears to be the most prevalent concern among children who are four years old (34.8% of basic need concerns), while communication concerns is most prevalent with three year old children.

**Figure 2. Concern, by Age (Percent within Age), 2013 to 2015 (N=9,999)**

	Prenatal	Less than one year	1 year	2 years	3 years	4 years	5 years	6-11 years	12-18 years
Basic Needs	2.7%	19.6%	8.2%	8.9%	11.6%	34.8%	5.9%	6.2%	2.1%
Behavioral	0.0%	0.9%	8.2%	17.6%	21.8%	24.1%	10.4%	13.9%	3.2%
Communication	0.1%	2.0%	22.0%	33.8%	21.8%	14.5%	3.6%	2.1%	0.1%
Developmental Concerns	0.1%	13.5%	25.0%	19.8%	16.8%	14.1%	7.3%	2.8%	0.7%
Family Issues	0.9%	13.1%	7.8%	7.8%	13.4%	44.8%	6.4%	4.3%	1.5%
General Development	0.1%	11.5%	16.2%	17.8%	16.3%	22.8%	5.5%	7.8%	1.9%
General Information	0.0%	5.8%	9.2%	13.6%	17.4%	30.6%	11.1%	9.5%	2.8%
Health/Medical	0.4%	8.3%	10.6%	8.7%	15.5%	34.0%	5.8%	11.1%	5.7%
Hearing	0.0%	1.8%	28.7%	38.9%	19.0%	6.6%	2.6%	2.4%	0.0%
Parental Support	1.3%	9.8%	8.4%	10.5%	18.1%	29.9%	6.6%	12.3%	3.2%

When individual concerns are identified by age *and* within percent of concern, then behavior makes up the largest percentage of concerns for children ages 3 years and older. Communication is the most common concern for children ages one and two years.

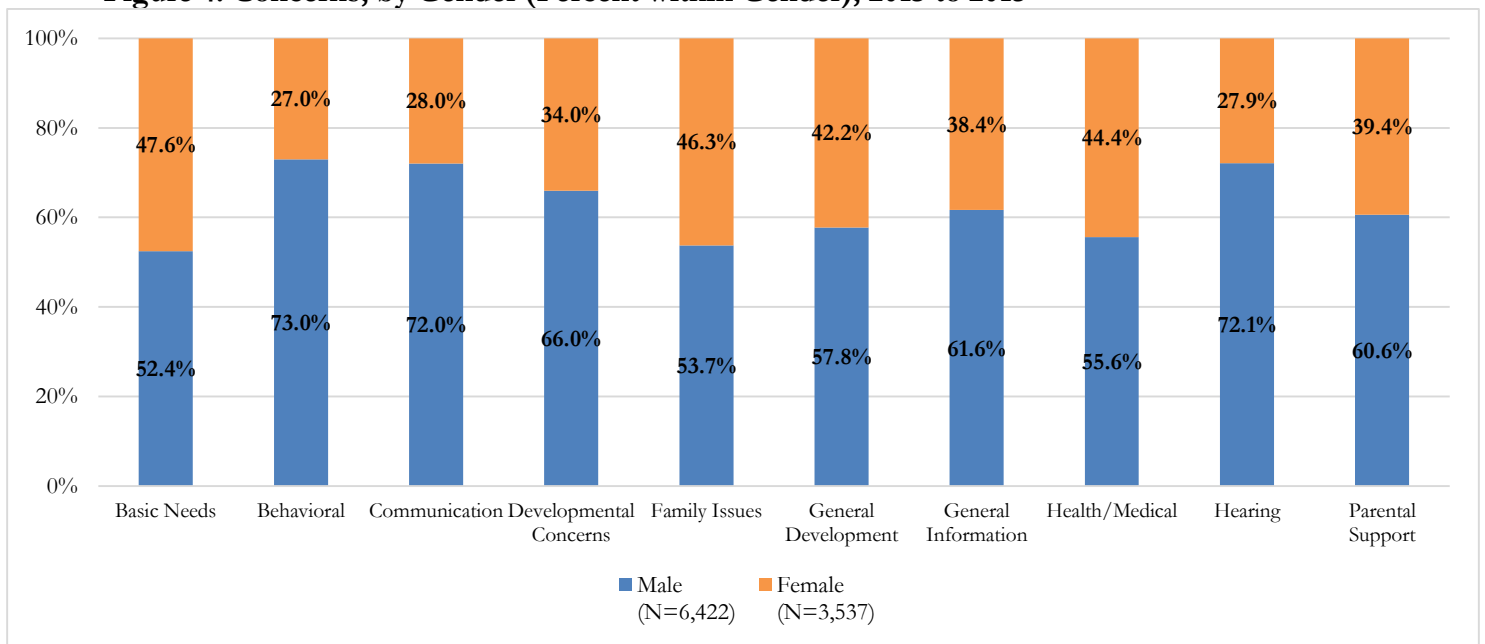
**Figure 3. Concerns, by Age (Percent within Concern), 2013 to 2015**



*Concerns by gender*

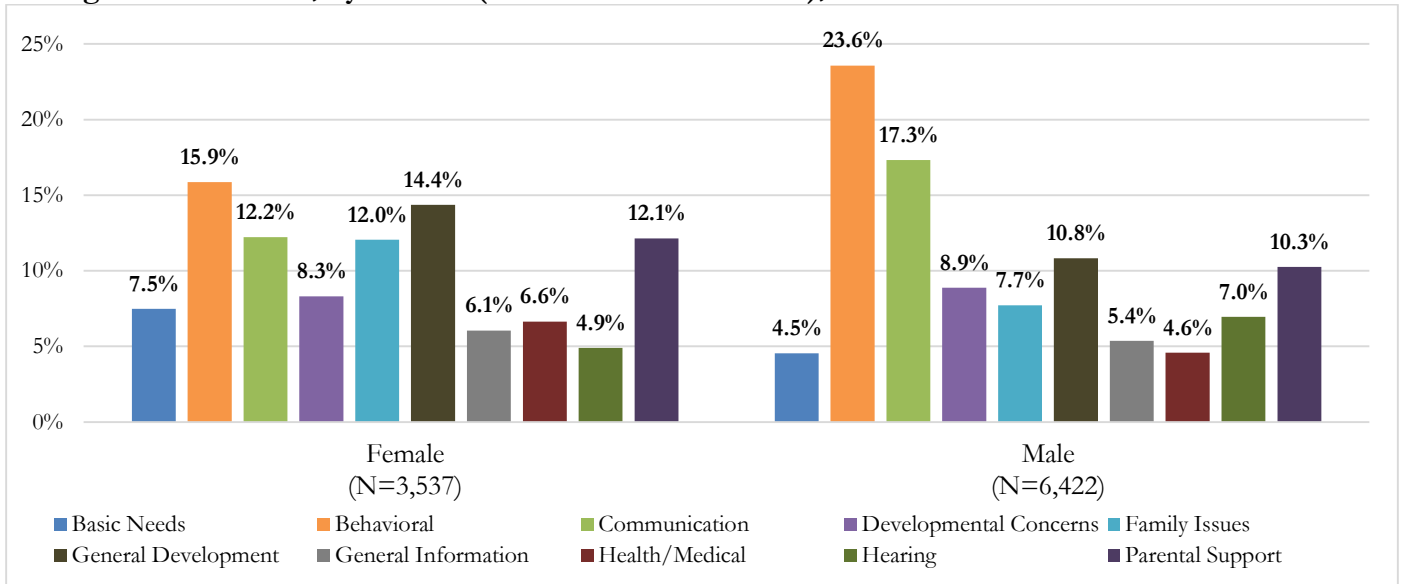
Help Me Grow receives calls about concerns for boys much more frequently than girls (64% versus 36% of calls are regarding boys). Moreover, almost three-quarters of children with an identified behavioral, communication, or hearing concern are boys. On the other hand, family issues/ functioning concerns or basic needs are more evenly split between the genders.

**Figure 4. Concerns, by Gender (Percent within Gender), 2013 to 2015**



When concerns are analyzed by gender *and* within percent of concern, then 23.6% of concerns clients have for boys are for behavior, compared to 15.9% of client concerns for behavior regarding girls. General development concerns are greater for girls than boys (14.4% and 10.8%, respectively).

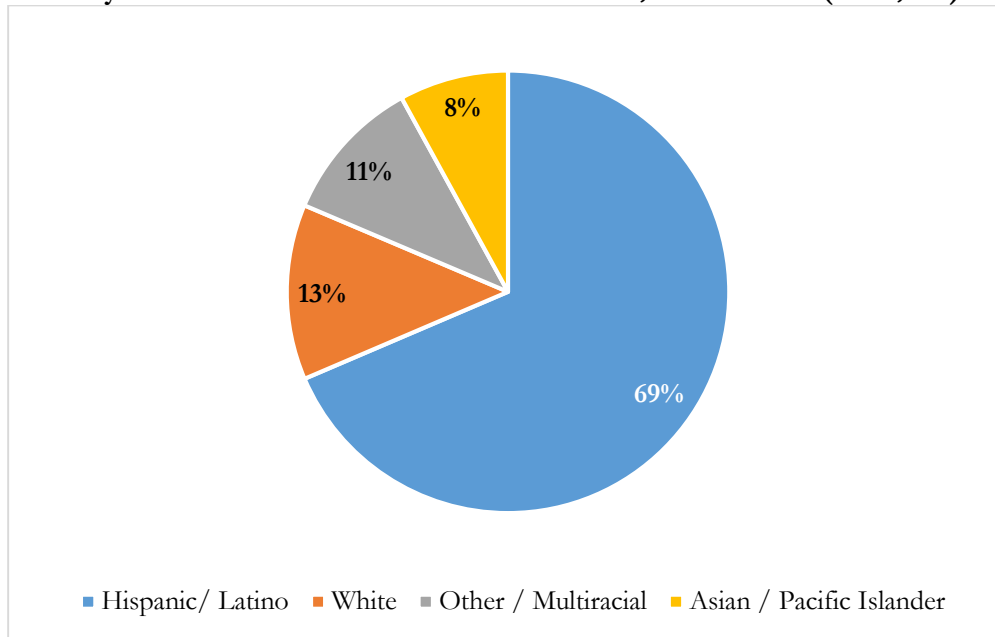
**Figure 5. Concerns, by Gender (Percent within Concern), 2013 to 2015**



*Concerns by Ethnicity*

69% of children who have one or more concerns are Hispanic/Latino with another 13% being identified as White, 11% as other or multiracial, and 8% are Asian or Pacific Islander.

**Figure 6. Ethnicity of Children with at least One Concern, 2013 to 2015 (N=6,637)**



More than nine out of ten callers who have a family functioning or basic need concern are Hispanic/Latino. On the other hand, fewer than half of Hispanic callers (48.2%) have a developmental concern.

**Figure 7. Concern, by Ethnicity (Percent within Ethnicity), 2013 to 2015 (N=8,731)**

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multi- racial
Basic Needs	91.5%	3.8%	1.4%	3.2%
Behavioral	72.1%	13.1%	5.2%	9.6%
Communication	60.2%	12.6%	16.9%	10.3%
Developmental Concerns	48.2%	20.5%	12.9%	18.4%
Family Issues	92.4%	2.1%	1.3%	4.1%
General Development	76.5%	8.4%	5.4%	9.7%
General Information	83.6%	5.5%	2.5%	8.5%
Health/Medical	83.8%	5.9%	3.9%	6.3%
Hearing	59.0%	11.7%	19.1%	10.3%
Parental Support	78.7%	10.4%	3.5%	7.4%

Behavior is the main concern cited by all ethnicities, except Asian/ Pacific Islanders who indicated communication as the main concern. Hearing is a larger percent of concerns (16.6%) among Asian / Pacific Island children than it is among the other ethnicities.

**Figure 8. Concern, by Ethnicity (Percent within Concern), 2013 to 2015 (N=8,731)**

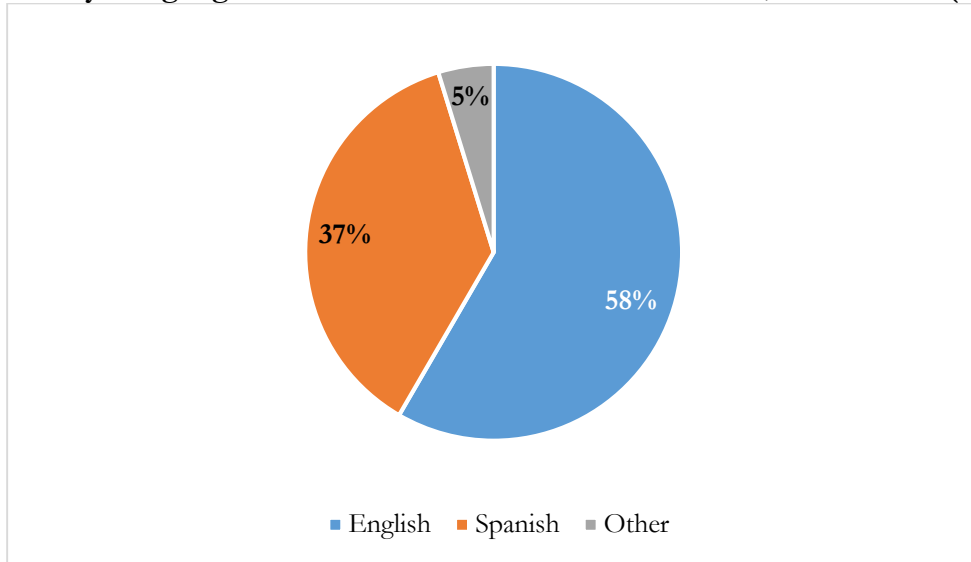
	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial
Basic Needs	7.2%	2.1%	1.0%	2.0%
Behavioral	21.6%	27.2%	14.5%	22.9%
Communication	13.5%	19.7%	35.3%	18.3%
Developmental Concerns	5.6%	16.6%	13.9%	16.9%
Family Issues	13.0%	2.1%	1.8%	4.6%
General Development	13.1%	10.0%	8.7%	13.3%
General Information	2.7%	1.2%	0.7%	2.1%
Health/Medical	6.5%	3.2%	2.8%	3.9%
Hearing	5.5%	7.6%	16.6%	7.6%
Parental Support	11.3%	10.4%	4.7%	8.5%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

### *Concern, by Language*

While most Help Me Grow callers self-identify as Hispanic/Latino (see Figure 6 above), 58 % speak English as the primary language, with another 37% speaking primarily Spanish and 5% speaking some other language.

**Figure 9. Primary Language of Children with at least One Concern, 2013 to 2015 (N=8,166)**



English-speaking callers are more likely to have a developmental concern—69.5% of developmental concerns are for callers who are primarily English speaking, compared to the overall percentage of callers with at least one concern (58%). Spanish speaking callers are most likely to have a concern for family issues/functioning (65.2%), while callers who speak some other language are most likely to be identified with a hearing concern (13.2%) if they have expressed a concern about their child’s communication.

**Figure 10. Concern, by Primary Language (Percent within Language), 2013 to 2015 (N=10,002)**

	English	Spanish	Other
Basic Needs	41.2%	56.1%	2.7%
Behavioral	58.0%	39.3%	2.7%
Communication	51.4%	36.9%	11.7%
Developmental Concerns	69.5%	23.3%	7.3%
Family Issues	33.1%	65.2%	1.7%
General Development	49.6%	46.1%	4.2%
General Information	65.5%	31.9%	2.6%
Health/Medical	43.2%	53.8%	3.0%
Hearing	48.4%	38.4%	13.2%
Parental Support	52.8%	44.8%	2.4%

Behavior is the concern cited most by callers who are primarily English (23.1%) and Spanish (19.2%) speakers, whereas communication is cited most with callers who speak some other language (34.5%).

**Figure 11. Concern, by Primary Language (Percent within Concern), 2013 to 2015 (N=10,002)**

	English	Spanish	Other	All Languages
Basic Needs	4.4%	7.4%	2.9%	5.6%
Behavioral	23.1%	19.2%	10.9%	20.8%
Communication	15.2%	13.4%	34.5%	15.4%
Developmental Concerns	11.6%	4.7%	12.1%	8.7%
Family Issues	5.9%	14.2%	3.1%	9.2%
General Development	11.5%	13.1%	9.8%	12.1%
General Information	7.1%	4.2%	2.9%	5.7%
Health/Medical	4.4%	6.7%	3.1%	5.3%
Hearing	5.7%	5.6%	15.7%	6.2%
Parental Support	11.1%	11.6%	5.0%	11.0%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

*Concerns by Cities*

Concerns were aggregated based on caller’s zip code and then re-coded into a specific city. The figure below presents the Top 10 cities with concerns. Behavior was the main concern in all the cities analyzed except for Garden Grove, which has communication as the greatest concern (27%). Basic needs was a greater issue in Fullerton (10%), Santa Ana (9%) and Tustin (8%) than it was in the other seven cities.

**Figure 12. Concerns, by City (Top 10) (Percent within Concern), 2013 to 2015 (N=6,334)**

	Anaheim	Costa Mesa	Fullerton	Garden Grove	Huntington Beach	Irvine	Mission Viejo	Orange	Santa Ana	Tustin
Basic Needs	4%	2%	10%	1%	4%	1%	6%	6%	9%	8%
Behavioral	24%	23%	17%	22%	22%	23%	19%	21%	21%	17%
Communication	18%	14%	9%	27%	18%	21%	13%	17%	14%	13%
Developmental Concerns	7%	9%	8%	9%	6%	22%	8%	8%	6%	4%
Family Issues	7%	9%	17%	2%	12%	1%	9%	8%	16%	15%
General Development	14%	11%	10%	11%	10%	8%	9%	12%	10%	15%
General Information	2%	5%	2%	1%	3%	3%	6%	5%	2%	3%
Health/ Medical	5%	7%	7%	3%	7%	4%	5%	4%	6%	7%
Hearing	9%	5%	4%	14%	10%	7%	5%	6%	6%	3%
Parental Support	11%	16%	16%	10%	8%	10%	19%	13%	9%	15%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each column. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

## Appendix G: Reasons Intakes are Closed, by Demographics

Appendix G presents details on the reasons intakes are closed, by select demographics.

### *Reasons for Case Closings, by Gender*

More girls (55.2%) than boys (52.0%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.

**Figure 1. Reasons Case Closed, by Gender, 2013 to 2015**

	Female	Male	3-Year Total
Reached caregiver-provided information	55.2%	52.0%	53.1%
Unable to reach-after multiple messages	13.6%	15.7%	15.0%
Reached caregiver-no further follow-up available	10.8%	11.7%	11.4%
Declined follow up at initial call	9.0%	11.6%	10.7%
Agency provided outcome information	3.6%	3.3%	3.4%
Phone out of service	2.3%	1.9%	2.0%
Provided information—no referrals given	2.0%	1.3%	1.6%
Child moved	1.7%	1.0%	1.2%
Unable to reach-no message on phone line	1.3%	1.1%	1.2%
Not available to respond to questions	.5%	.3%	.4%
<b>Total</b>	2,080	3,825	5,905

Results are statistically significant at the  $p \leq .05$  level

### *Reasons for Case Closings, by Ethnicity*

More than one fifth of callers who identify their children as white or Asian / Pacific Islander declined follow-up care coordination in their initial calls (21.9% and 21.4%, respectively). Only 6.2% of families with Hispanic/Latino children declined follow-ups in their initial calls.

**Figure 2. Reasons Case Closed, by Ethnicity, 2013 to 2015**

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial	3-Year Total
Reached caregiver-provided information	57.5%	40.1%	49.8%	42.3%	52.9%
Unable to reach-after multiple messages	13.5%	24.6%	11.8%	17.6%	15.2%
Reached caregiver-no further follow-up available	12.8%	8.0%	8.7%	10.7%	11.6%
Declined follow up at initial call	6.2%	21.9%	21.4%	18.8%	10.9%
Agency provided outcome information	3.5%	2.4%	5.0%	3.5%	3.5%
Phone out of service	2.3%	.5%*	1.5%	3.0%	2.1%
Provided information—no referrals given	1.3%	1.1%	1.0%	1.3%	1.2%
Unable to reach-no message on phone line	1.5%	.5%*	.4%*	1.0%	1.2%
Child moved	1.3%	.4%*	.2%*	1.1%	1.1%
Not available to respond to questions	.2%	.5%*	.2%*	.8%	.3%
<b>Total</b>	3,879	741	482	629	5,731

\*Small cell size, caution should be taken when interpreting  
Results are statistically significant at the  $p \leq .05$  level



*Reasons for Case Closings, by Primary language*

Spanish-speaking families were reached and provided referral outcome information at a much higher percentage than English-speaking families (62.9% and 46.0%, respectively).

**Figure 46. Reasons Case Closed, by Primary Language, 2013 to 2015**

	English	Spanish	Other	3-Year Total
Reached caregiver-provided information	46.0%	62.9%	47.9%	53.2%
Unable to reach-after multiple messages	19.0%	10.7%	8.5%	15.0%
Reached caregiver-no further follow-up available	10.3%	12.7%	11.7%	11.4%
Declined follow up at initial call	14.9%	4.2%	18.9%	10.7%
Agency provided outcome information	3.2%	3.2%	6.9%	3.4%
Phone out of service	2.0%	2.2%	2.2%	2.1%
Provided information—no referrals given	1.8%	1.3%	1.9%	1.6%
Child moved	1.3%	1.1%	1.3%*	1.2%
Unable to reach-no message on phone line	1.0%	1.6%	.3%*	1.2%
Not available to respond to questions	.5%	.2%	.3%*	.4%
<b>Total</b>	3,132	2,465	317	5,914

\*Small cell size, caution should be taken when interpreting  
Results are statistically significant at the  $p \leq .05$  level

*Reasons for Case Closings, by Type of Health Insurance*

Families with private health insurance were more likely to decline follow-ups in their initial calls than those with public insurance (19.6% compared to 8.0%).

**Figure 47. Reasons Case Closed, by Type of Health Insurance, 2013 to 2015**

	Public	Private	3-Year Total
Reached caregiver-provided information	55.3%	47.3%	53.4%
Unable to reach-after multiple messages	13.8%	18.6%	14.9%
Reached caregiver-no further follow-up available	12.5%	8.9%	11.6%
Declined follow up at initial call	8.0%	19.6%	10.7%
Agency provided outcome information	3.7%	2.8%	3.5%
Phone out of service	2.4%	1.1%	2.1%
Unable to reach-no message on phone line	1.5%	.2%*	1.2%
Provided information—no referrals given	1.3%	.8%	1.2%
Child moved	1.3%	.3%*	1.1%
Not available to respond to questions	.3%	.4%	.3%
<b>Total</b>	4,250	1,310	5,560

\*Small cell size, caution should be taken when interpreting  
Results are statistically significant at the  $p \leq .05$  level

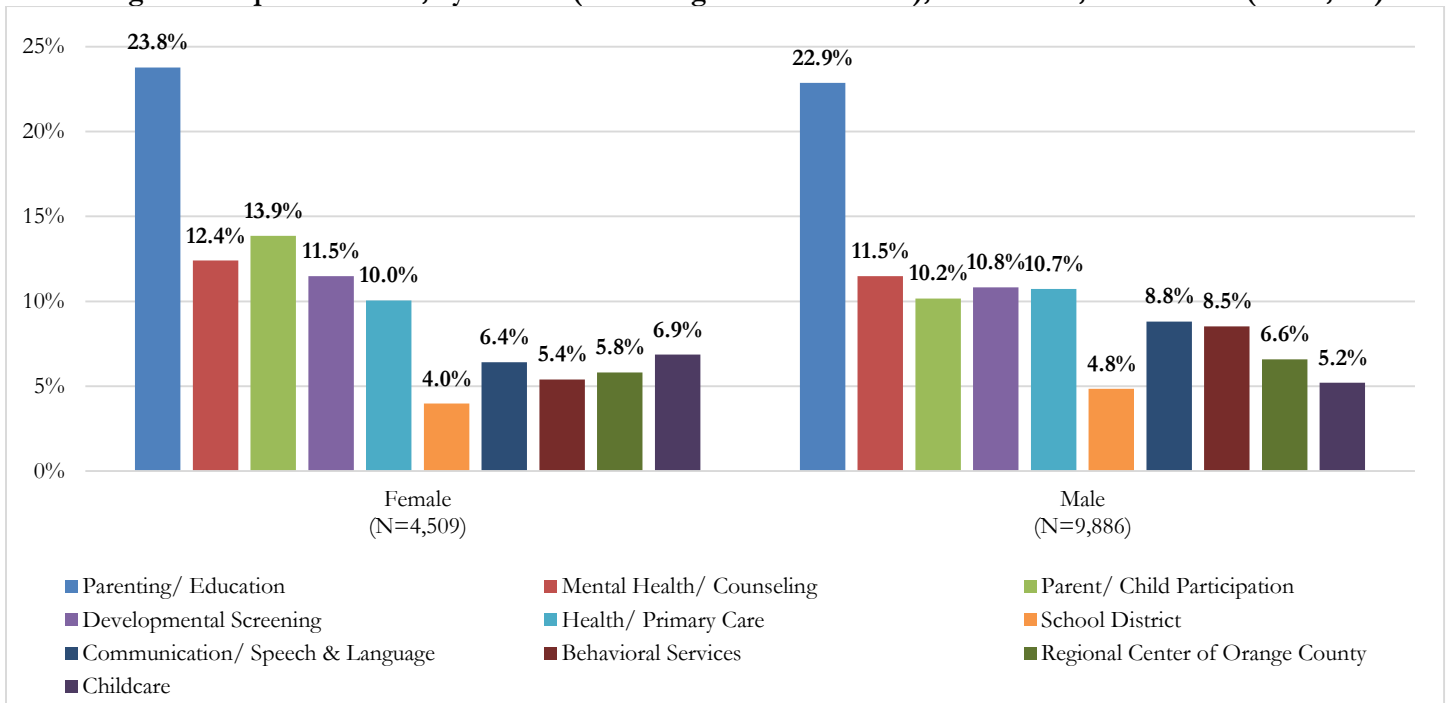
## Appendix H: Referrals Provided by Demographics—Help Me Grow Core

Appendix H breaks down the Help Me Grow Core referrals by select children’s demographics including gender, age, ethnicity, primary language, type of health insurance coverage, and type of reported concern. In an effort to make the report more meaningful and ensure stability of data, only the top 10 referrals are analyzed and presented.

### *Referrals by Gender*

Boys and girls have somewhat similar rates for receiving health/primary care referrals. More boys, however, received communication/speech and language referrals than girls (8.8% to 6.4%), while girls more frequently received parent/child participation referrals than boys (13.9% to 10.2%).

**Figure 1. Top 10 Referrals, by Gender (Percentage within Referral), HMG Core, 2013 to 2015 (N=14,395)**



### *Referrals by Age*

Help Me Grow referrals also varied based on children’s ages. For instance, communication/speech and language referrals appear to be the most prevalent referrals among children two and three years old, while parent/child participation referrals are most prevalent with the one and two year olds.

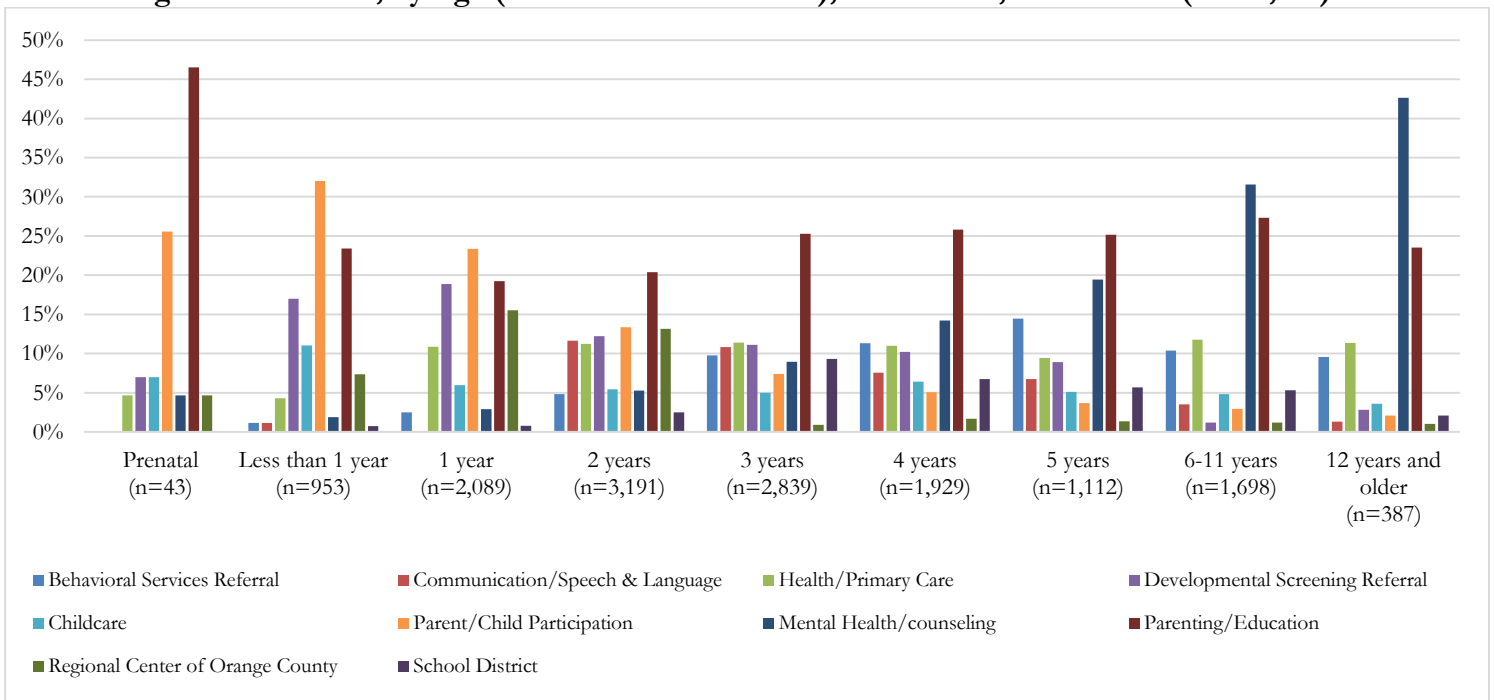
**Figure 2. Referral by Age (Percentage within Age), HMG Core, 2013 to 2015 (N=14,241)**

	Prenatal	< 1 year	1 year	2 years	3 years	4 years	5 years	6-11 years	>12 years
Behavioral Services Referral	0.0%	1.0%	4.8%	14.2%	25.5%	20.1%	14.8%	16.2%	3.4%
Communication/Speech & Language	0.0%	1.1%	0.0%	38.1%	31.5%	15.0%	7.7%	6.2%	0.5%
Health/Primary Care	0.1%	2.7%	15.0%	23.7%	21.4%	14.0%	6.9%	13.2%	2.9%
Developmental Screening	0.2%	10.2%	24.7%	24.5%	19.8%	12.4%	6.2%	1.3%	0.7%
Childcare	0.4%	12.7%	15.2%	21.0%	17.2%	15.0%	6.9%	9.9%	1.7%
Parent/Child Participation	0.7%	18.6%	29.8%	26.0%	12.8%	6.0%	2.5%	3.1%	0.5%
Mental Health/ Counseling	0.1%	1.1%	3.6%	9.9%	15.0%	16.2%	12.8%	31.6%	9.7%
Parenting/Education	0.6%	6.7%	12.0%	19.5%	21.5%	14.9%	8.4%	13.9%	2.7%
Regional Center of OC	0.2%	7.7%	35.5%	46.0%	2.8%	3.5%	1.6%	2.2%	0.4%
School District	0.0%	1.1%	2.4%	12.0%	40.3%	19.8%	9.6%	13.7%	1.2%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each row. Green indicates concerns with the lowest percentages whereas red indicates concerns with highest percentages.

Parenting/education referrals make up the largest percentage of referrals for prenatal moms as well as children ages 2, 3, 4, and 5 years old. Parent/child participation referrals are the most common for children ages birth to one years old.

**Figure 3. Referrals, by Age (Percent within Referral), HMG Core, 2013 to 2015 (N=14,241)**



*Referrals by Ethnicity*

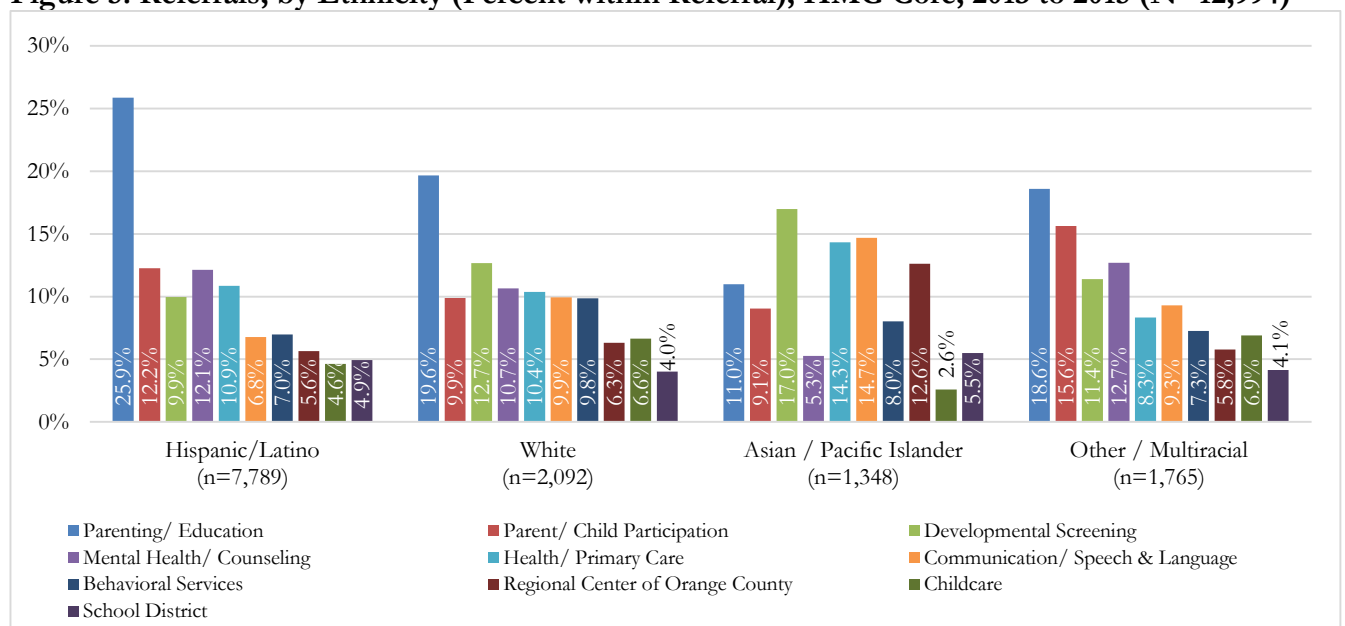
Almost 70% of the callers who received parenting/education referrals from Help Me Grow’s core program are Hispanic/Latino. Hispanics make up smaller proportions of referrals for developmental screenings (52.7%) and communication/speech and language (48.0%) referrals.

**Figure 4. Referrals, by Ethnicity (Percent within Ethnicity), HMG Core, 2013 to 2015 (N=12,994)**

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial
Parenting/ Education	69.4%	14.2%	5.1%	11.3%
Mental Health/ Counseling	64.6%	15.3%	4.9%	15.3%
School District	62.5%	13.6%	12.0%	11.9%
Parent/ Child Participation	61.2%	13.3%	7.8%	17.7%
Health/ Primary Care	60.3%	15.5%	13.8%	10.5%
Behavioral Services	55.2%	20.9%	11.0%	13.0%
Childcare	54.9%	21.2%	5.3%	18.6%
Developmental Screening	52.7%	18.0%	15.6%	13.7%
Regional Center of Orange County	52.1%	15.6%	20.1%	12.1%
Communication/ Speech & Language	48.0%	19.0%	18.0%	14.9%

Parenting/education is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom developmental screenings are the most common type of referral. More than one quarter of all referrals to Hispanic callers are for parenting/education, followed at a distant second by mental health counseling, which were 12% of all referrals.

**Figure 5. Referrals, by Ethnicity (Percent within Referral), HMG Core, 2013 to 2015 (N=12,994)**



*Referrals by Primary Language*

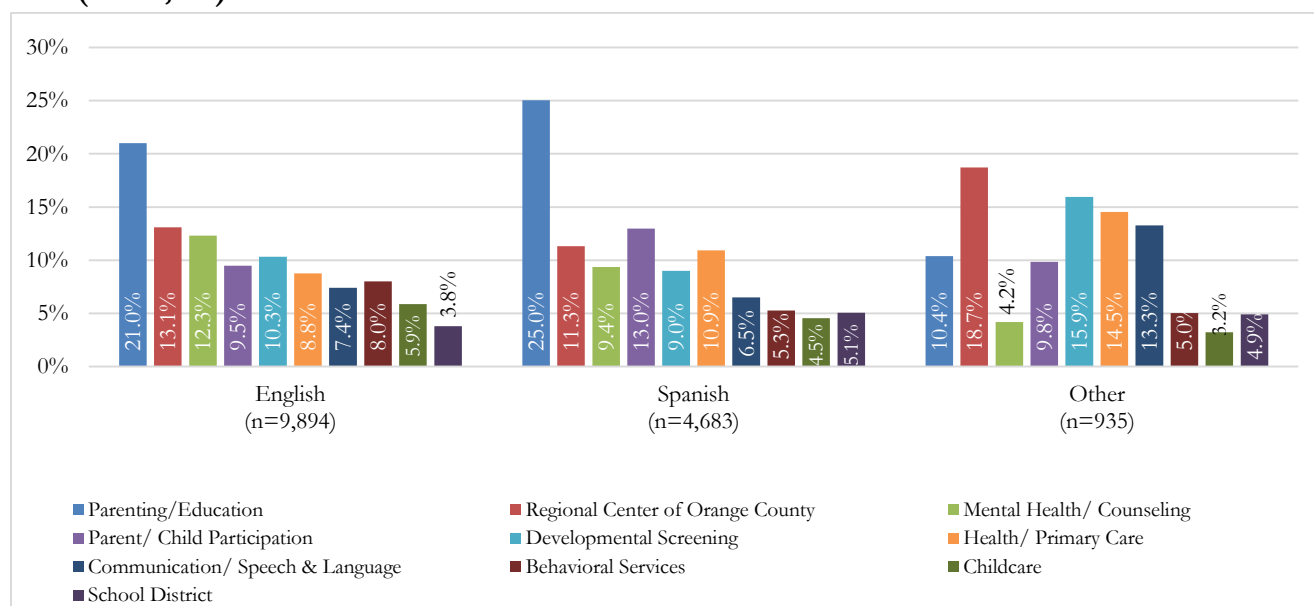
English-language callers make up the largest proportion of referrals for behavioral services (72.9%).

**Figure 6. Top 10 Referrals by Primary Language (Percent within Primary Language), HMG Core, 2013 to 2015 (N=15,512)**

	English	Spanish	Other
Parenting/Education	62.1%	35.0%	2.9%
Regional Center of Orange County	64.7%	26.5%	8.8%
Mental Health/ Counseling	71.8%	25.9%	2.3%
Parent/ Child Participation	57.3%	37.1%	5.6%
Developmental Screening	64.1%	26.5%	9.4%
Health/ Primary Care	57.2%	33.8%	9.0%
Communication/ Speech & Language	63.1%	26.2%	10.7%
Behavioral Services	72.9%	22.7%	4.3%
Childcare	70.5%	25.8%	3.6%
School District	57.0%	36.0%	7.0%

English- and Spanish-speaking callers are most likely to receive parenting/education referrals from Help Me Grow (21.0% and 25.0% respectively, compared with 10.4% of total referrals for those who speak an “other” language). Callers who speak some other language most often received referrals for the Regional Center of Orange County (18.7%).

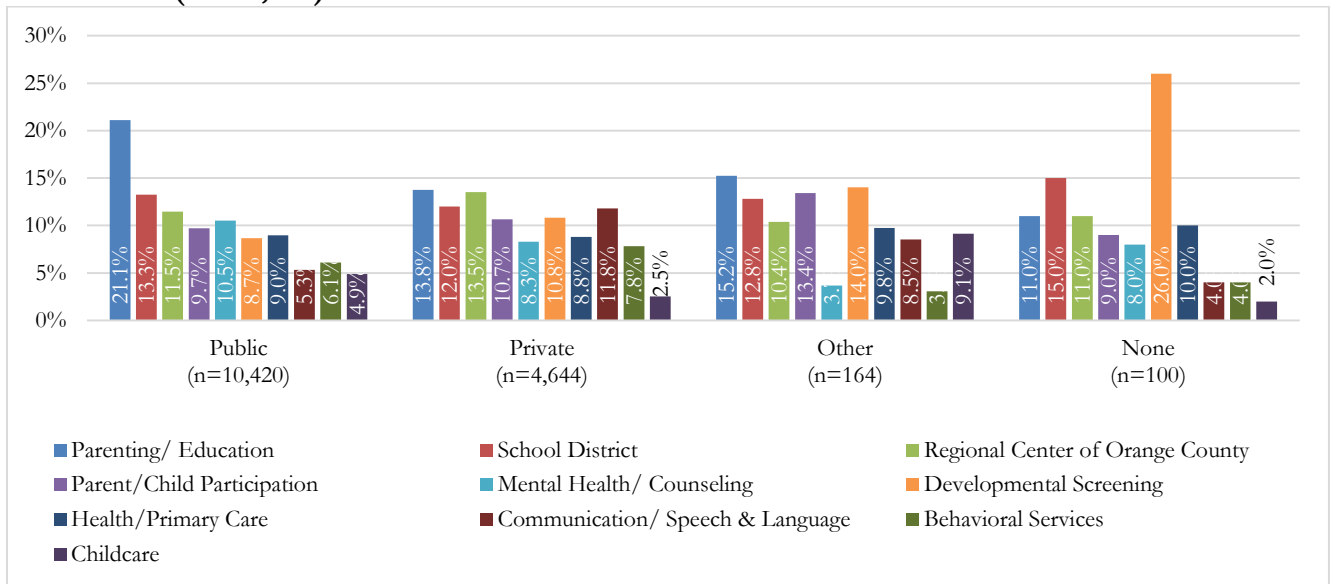
**Figure 7. Top 10 Referrals by Primary Language (Percent within Referral), HMG Core, 2013 to 2015 (N=15,512)**



*Referrals by Type of Health Insurance*

Parenting/education referrals were the most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have. Among families without insurance, the largest percentage of referrals were provided for developmental screenings.

**Figure 8. Referrals by Type of Health Insurance (Percentage within Referral), HMG Core, 2013 to 2015 (N=15,328)**



*Referrals by Reported Concerns*

The top 10 reported concerns (presented in Figure 9 in the rows) and top 10 referrals provided (Figure 9 columns) were tabulated to identify which types of referrals were provided for the different given concerns. In general Help Me Grow’s Child Development Care Coordinators are providing appropriate referrals for the stated concerns. For instance, 85.4% of communication concerns receive communication/speech & language referrals, and 94.0% of reported behavioral concerns receive behavioral services referrals. Figure 9 below shades the cells with the highest percentages within each column (type of concern) in green.

**Figure 9. Referrals by Concern (Percentage within Concerns), HMG Core 2013 to 2015 (N=7,683)**

	Behavio- ral	Child Care	Communi- cation	Dvlpmntl Concern	Diagno- sis	Edu- cation	General Dvlpmnt	General Info	Hearing	Prntl Support	Total
Behavioral Services	94.0%	0.2%		2.3%	0.2%					3.3%	100%
Childcare		94.3%		0.9%		0.3%	4.5%				100%
Communication/ Speech & Lang.	0.3%		85.4%	4.7%			0.3%		9.3%		100%
Dev. Screening	15.2%		34.9%	31.1%	0.7%	0.1%	5.0%	0.2%	12.7%	0.1%	100%
Health/Prim. Care	12.2%		38.4%	9.6%	9.2%	0.8%			29.5%	0.3%	100%
Mental Health/ Counseling	67.3%		0.4%	4.7%	25.0%			0.1%		2.5%	100%
Parent/ Child Participation	2.9%	0.1%	24.2%	11.5%		5.1%	55.3%			0.9%	100%
Parenting/ Ed.	63.3%		3.6%	3.7%	0.3%	1.1%	1.9%	0.2%		26.0%	100%
Regional Center of OC	9.2%		61.0%	21.3%	0.8%			0.2%	7.4%	0.2%	100%
School District	17.2%		55.6%	14.2%	2.7%	5.1%	0.6%		4.2%	0.3%	100%

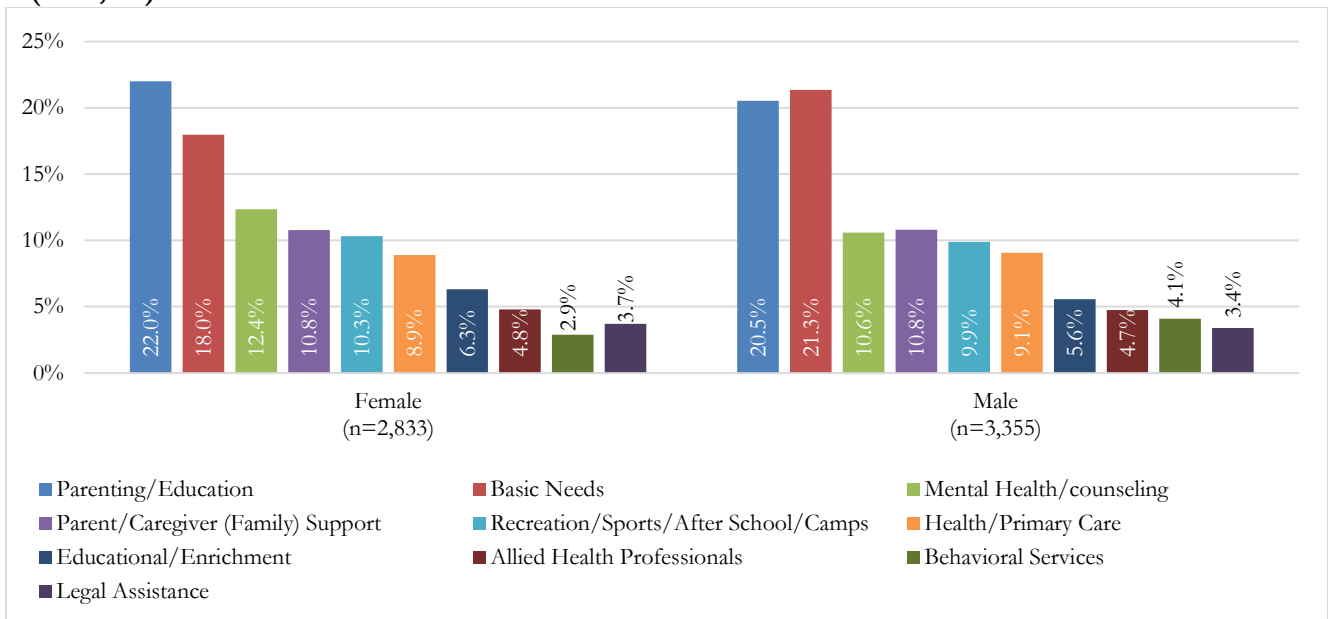
## Appendix I: Referrals by Demographics—ECE Partnership

Appendix I explores the referrals given to *ECE Partnership* clients based on select demographics including children’s gender, age, ethnicity, primary language, type of health insurance coverage, and type of concern reported. In an effort to make the report more meaningful and ensure stability of data, only the top 10 types of referrals (as identified above) are considered.

### *Referrals by Gender*

Boys and girls receive referrals for parent/caregiver support at the same rates. Boys, however, received basic needs referrals more than girls (21.3% to 18.0%), while girls received more mental health referrals than boys (12.4% to 10.6%).

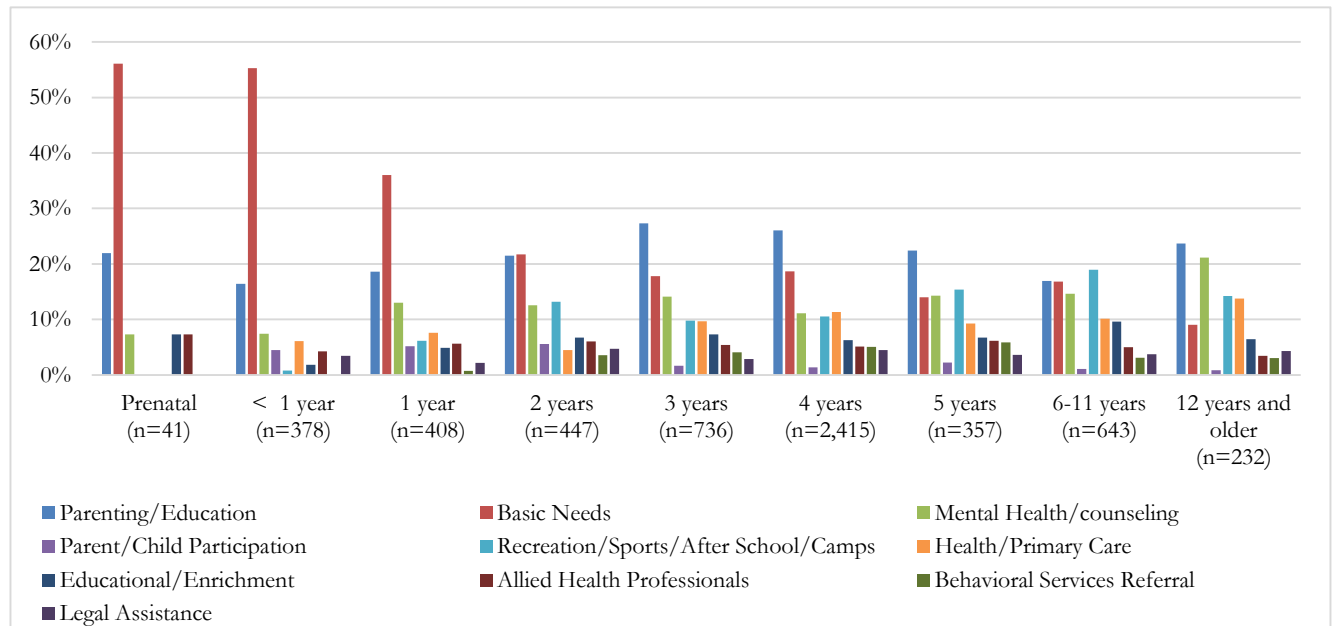
**Figure 1. Top 10 Referrals, by Gender (Percentage within Referral), ECE Partnership, 2013 to 2015 (N=6,188)**



### *Referrals by Age*

Children who access Help Me Grow through an ECE Partner are typically 4 years old. Parenting/education referrals are provided most for children ages 3 to 5 years and 12 years and older. Basic needs referrals are the most common among children ages one and younger as well as for prenatal mothers.

**Figure 2. Referrals, by Age (Percent within Referral), ECE Partnership, 2013 to 2015 (N=5,657)**



*Referrals, by Ethnicity*

96.4% of ECE Partnership clients who received a health/primary care referral are Hispanic/Latino. Hispanics also received 95.9% of parenting / education referrals and 95.3% of parent/caregiver support referrals.

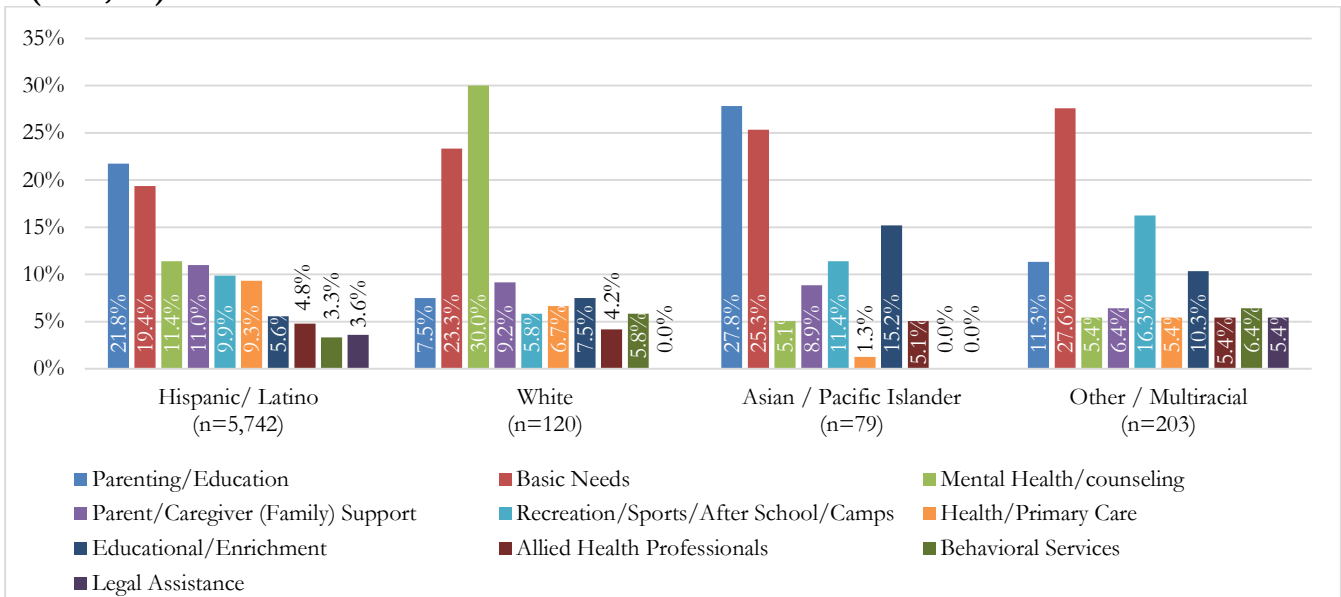
**Figure 3. Referrals, by Ethnicity (Percent within Ethnicity), ECE Partnership, 2013 to 2015 (N=6,144)**

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial
Parenting/Education	95.9%	0.7%	1.7%	1.8%
Basic Needs	91.4%	2.3%	1.6%	4.6%
Mental Health/counseling	92.8%	5.1%	0.6%	1.6%
Parent/Caregiver (Family) Support	95.3%	1.7%	1.1%	2.0%
Recreation/Sports/After School/Camps	92.0%	1.1%	1.5%	5.4%
Health/Primary Care	96.4%	1.4%	0.2%	2.0%
Educational/Enrichment	88.4%	2.5%	3.3%	5.8%
Allied Health Professionals	93.2%	1.7%	1.4%	3.7%
Behavioral Services	90.6%	3.3%	0.0%	6.1%
Legal Assistance	94.9%	0.0%	0.0%	5.1%

Parenting/education referrals are most frequently provided to Hispanics and Asian/ Pacific Islanders. Mental health counseling is the referral most often provided to children whose caregivers identify as white.



**Figure 4. Referrals, by Ethnicity (Percent within Referral), ECE Partnership, 2013 to 2015 (N=6,144)**



*Referrals by Primary Language*

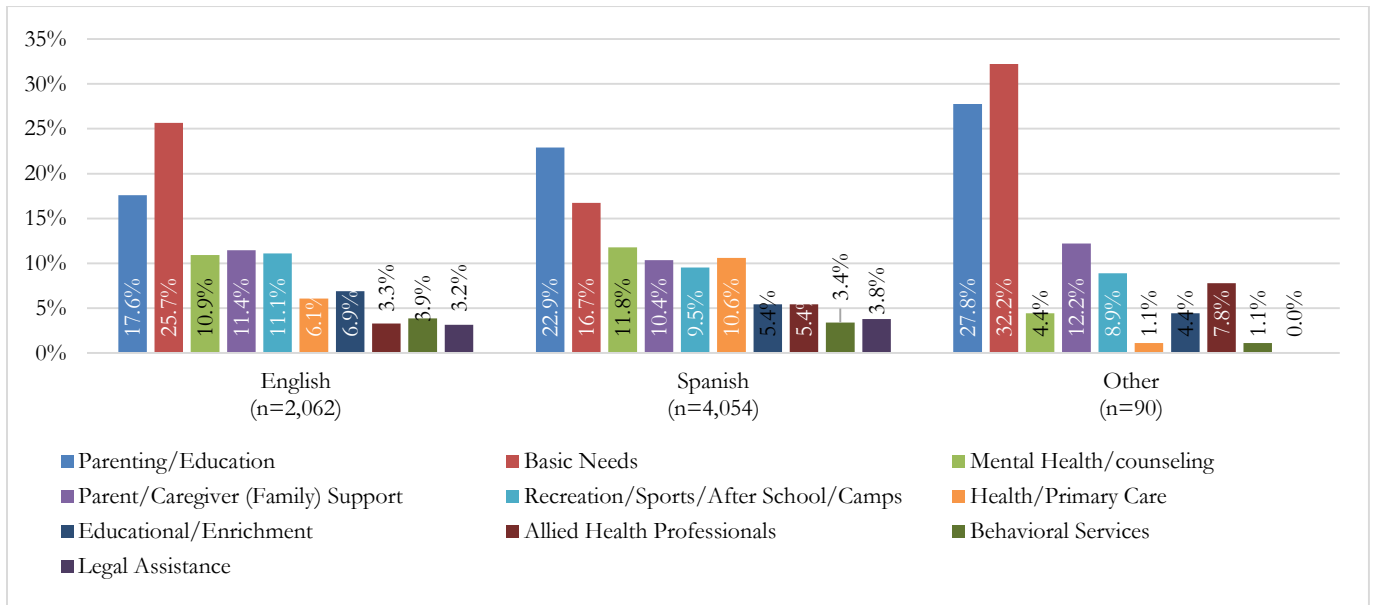
77.3% of health / primary care referrals are for Spanish-speaking clients; 54.9% of basic needs referrals are for Spanish-speaking clients.

**Figure 5. Top 10 Referrals by Primary Language (Percent within Primary Language), ECE Partnership, 2013 to 2015 (N=6,206)**

	English	Spanish	Other
Parenting/Education	27.6%	70.5%	1.9%
Basic Needs	42.8%	54.9%	2.3%
Mental Health/ Counseling	31.9%	67.6%	0.6%
Parent/Caregiver (Family) Support	35.4%	63.0%	1.6%
Recreation/Sports/After School/Camps	36.7%	62.0%	1.3%
Health/Primary Care	22.5%	77.3%	0.2%
Educational/Enrichment	38.8%	60.1%	1.1%
Allied Health Professionals	23.1%	74.6%	2.4%
Behavioral Services	36.5%	63.0%	0.5%
Legal Assistance	29.7%	70.3%	0.0%

English-speaking ECE Partnership clients and clients who speak some “other” language are the most likely to receive basic needs referrals from Help Me Grow (25.7% and 32.2% respectively, compared to 16.7% for those who speak Spanish). Clients who speak Spanish received most of their referrals for parenting/ education (22.9%).

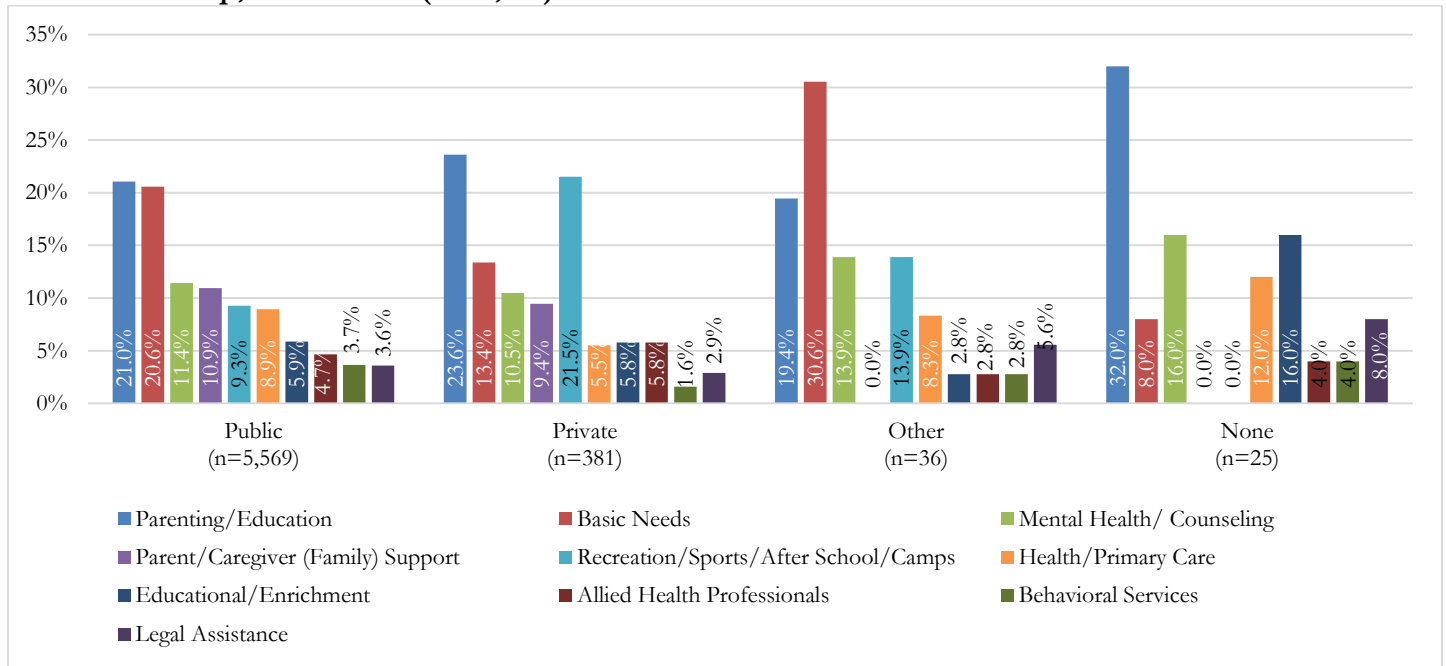
**Figure 6. Top 10 Referrals by Primary Language (Percent within Referral), ECE Partnership, 2013 to 2015 (N=6,206)**



*Referrals by Type of Health Insurance*

Parenting/education was the referral type most frequently provided to clients with both public and private health insurance coverage as well as the uninsured. ECE partnership clients with “Other” health coverage most often received basic needs referrals.

**Figure 7. Referrals by Type of Health Insurance (Percentage within Referral), ECE Partnership, 2013 to 2015 (N=6,101)**



### *Referrals by Types of Reported Concern*

The top 10 types of reported concerns (presented in Figure 8 in the rows) and the top 10 types of referrals (Figure 8 columns) for ECE Partnership clients were tabulated to identify the types of referrals provided for each given concern. In general, Help Me Grow’s Child Development Care Coordinators are providing appropriate referrals for reported concerns. For instance, 75% of basic needs concerns received basic needs referrals and 92.2% of family functioning concerns received legal assistance referrals. Figure 8 below shades in yellow the cells with the highest percentages in each column (i.e. concerns).

**Figure 8. Referrals by Concern (Percentage within Concerns), ECE Partnership, 2013 to 2015 (N=4,656)**

	Basic Need	Behavioral	Communication	Education	Family Fncing	General Dvlopment	General Info	Health/Medical	Mental Health	Parental Support	Total
Parenting/Education	0.6%	22.8%	1.1%	1.1%	27.7%	1.7%	0.8%	1.6%	0.3%	42.4%	100%
Basic Needs	75.0%				18.8%	0.3%	0.4%	0.2%		5.3%	100%
Mental Health/counseling	0.2%	29.0%	1.2%		39.3%	0.2%			25.9%	4.3%	100%
Parent/Caregiver (Family) Support	4.7%	2.5%		0.2%	79.4%	0.4%	2.5%	1.3%	1.7%	7.4%	100%
Recreation/Sports/After School/Camps	0.2%	3.6%		0.2%	0.5%	84.0%	8.1%	2.6%		0.7%	100%
Health/Primary Care	0.5%	4.7%	9.9%		52.7%	0.5%	0.3%	31.4%			100%
Educational/Enrichment		1.2%	1.2%	26.6%	14.1%	33.5%	19.8%	0.8%	0.4%	2.4%	100%
Allied Health Professionals	0.5%	2.9%	1.5%		17.6%	2.5%		71.1%	1.0%	2.9%	100%
Behavioral Services		92.2%	0.6%	0.6%	1.7%			1.1%	1.1%	2.8%	100%
Legal Assistance	4.2%				92.2%		0.6%			3.0%	100%

## Appendix J: Combined Referrals for Overall Help Me Grow Program

Appendix J presents the referrals provided from Help Me Grow for the overall program (including HMG Core and ECE Partnership referrals). Figure 1 below presents the number and percent of referrals provided within the overall referral categories (i.e., each column's percentages add up to 100%). The top ten referrals (when analyzing the three-year combined data) are noted in blue font. By far the most common type of referral is parenting/ education (16.1% of all concerns between 2013 and 2015), followed by a mental health/ counseling referral (8.3% of all referrals during the same time period).

**Figure 1. Type of Help Me Grow Referral, by Year**

	2013	2014	2015	3-Year Total
Parenting/Education	1,507	1,938	1,219	4,664
	16.8%	16.0%	15.6%	16.1%
Mental Health/counseling	488	1,029	883	2,400
	5.4%	8.5%	11.3%	8.3%
Parent/Child Participation	198	717	847	1,762
	2.2%	5.9%	10.8%	6.1%
Developmental Screening	726	572	425	1,723
	8.1%	4.7%	5.4%	6.0%
Health/Primary Care	605	935	530	2,070
	6.7%	7.7%	6.8%	7.2%
School District	631	539	391	1,561
	7.0%	4.4%	5.0%	5.4%
Communication/Speech & Language	690	447	222	1,359
	7.7%	3.7%	2.8%	4.7%
Behavioral Services	481	527	297	1,305
	5.4%	4.3%	3.8%	4.5%
Part C: Regional Center of Orange County (RCOC)	437	333	282	1,052
	4.9%	2.7%	3.6%	3.6%
Childcare	387	314	220	921
	4.3%	2.6%	2.8%	3.2%
Educational/Enrichment	304	563	313	1,180
	3.4%	4.6%	4.0%	4.1%
Recreation/Sports/After School/Camps	434	695	282	1,411
	4.8%	5.7%	3.6%	4.9%
Parent/Caregiver (Family) Support	227	763	324	1,314
	2.5%	6.3%	4.1%	4.5%
Advocacy	95	265	238	598
	1.1%	2.2%	3.0%	2.1%

	2013	2014	2015	3-Year Total
Health/Neurodevelopmental Subspecialists	243	105	125	473
	2.7%	0.9%	1.6%	1.6%
Early Literacy	177	163	119	459
	2.0%	1.3%	1.5%	1.6%
Basic Needs	435	840	315	1,590
	4.9%	6.9%	4.0%	5.5%
Allied Health Professionals	114	296	187	597
	1.3%	2.4%	2.4%	2.1%
Social Skills	79	154	104	337
	0.9%	1.3%	1.3%	1.2%
Occupational/Physical Therapy	76	62	95	233
	0.8%	0.5%	1.2%	0.8%
Out of Area Referral (county)	81	66	46	193
	0.9%	0.5%	0.6%	0.7%
Access to Health Insurance	72	189	76	337
	0.8%	1.6%	1.0%	1.2%
Specialized Services	37	27	51	115
	0.4%	0.2%	0.7%	0.4%
Funding	71	27	26	124
	0.8%	0.2%	0.3%	0.4%
Psycho-educational Testing	64	18	5	87
	0.7%	0%	0.1%	0.3%
Legal Assistance	59	137	89	285
	0.7%	1.1%	1.1%	1.0%
Feeding	30	39	13	82
	0.3%	0.3%	0.2%	0.3%
Other	48	52	2	102
	0.5%	0.4%	0.0%	0.4%
Physical Therapy	27	14	17	58
	0.3%	0.1%	0.2%	0.2%
Psychiatry	32	26	0	58
	0.4%	0.2%	0.0%	0.2%
Health/Medical Subspecialists	54	155	38	247
	0.6%	1.3%	0.5%	0.9%
Inclusion Support	0	30	19	49
	0.0%	0.2%	0.2%	0.2%
Home Visitation	21	55	5	81
	0.2%	0.5%	0.1%	0.3%

Appendix J: Combined Referrals for Overall Help Me Grow Program

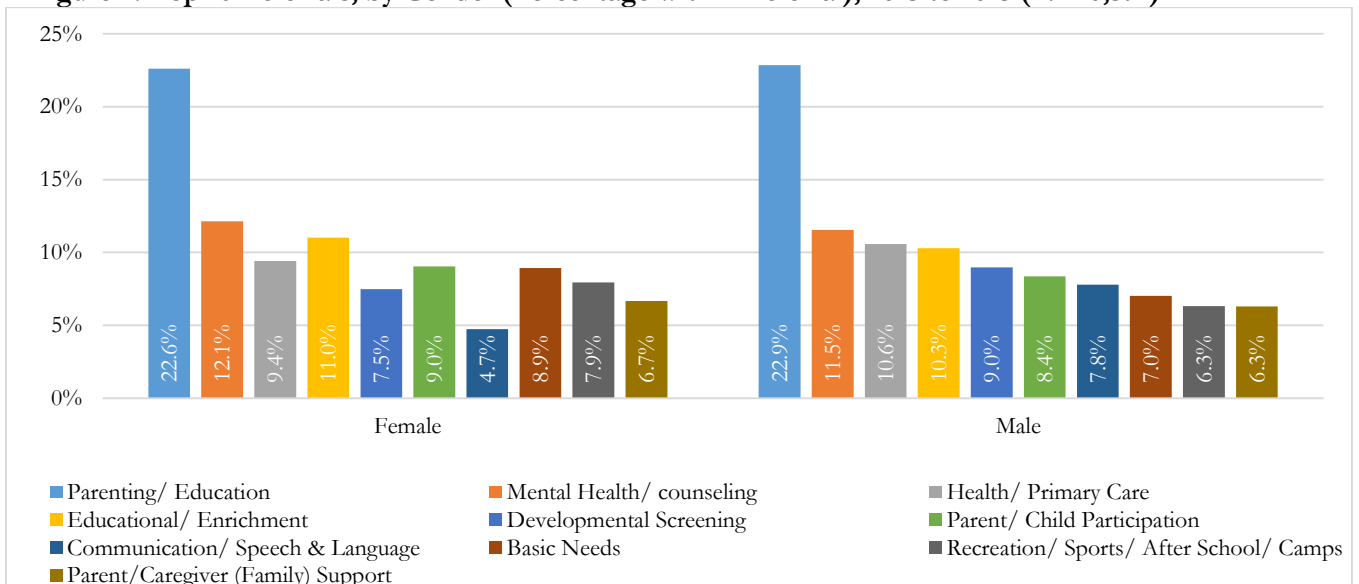
	2013	2014	2015	3-Year Total
Equipment	26	30	17	73
	0.3%	0.2%	0.2%	0.3%
Respite/Care Giving Services	6	5	7	18
	0.1%	0.0%	0.1%	0.1%
Augmentative Communication	0	2	2	4
	0.0%	0.0%	0.0%	0.0%
Private Schools	2	0	0	2
	0.0%	0.0%	0.0%	0.0%
Infant Follow-up Clinic	0	1	0	1
	0.0%	0.0%	0.0%	0.0%
<b>TOTAL</b>	<b>8,964</b>	<b>12,130</b>	<b>7,831</b>	<b>28,925</b>
	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The remainder of this *Referral* section explores the referrals callers received based on select children’s demographics including gender, age, ethnicity, primary language, type of health insurance coverage, and type of concern. In an effort to make the report more meaningful and ensure stability of data, only the top 10 referrals are analyzed and presented.

*Referrals by Gender*

Boys and girls have very similar rates for receiving referrals for parenting / education and parent / caregiver support. Boys, however, received communication/speech and language referrals more than girls (7.8% of referrals for boys compared to 4.7% for girls), while girls received more basic needs referrals than boys (8.9% for girls compared to 7.0% for boys).

**Figure 2. Top 10 Referrals, by Gender (Percentage within Referral), 2013 to 2015 (N=20,391)**



### Referrals, by Age

The referrals Help Me Grow provided varied based on the child’s age. For instance, parenting/education referrals appear to be the most prevalent referrals among children who are ages three and four years old, while developmental screening referrals are most prevalent with the one and two year olds.

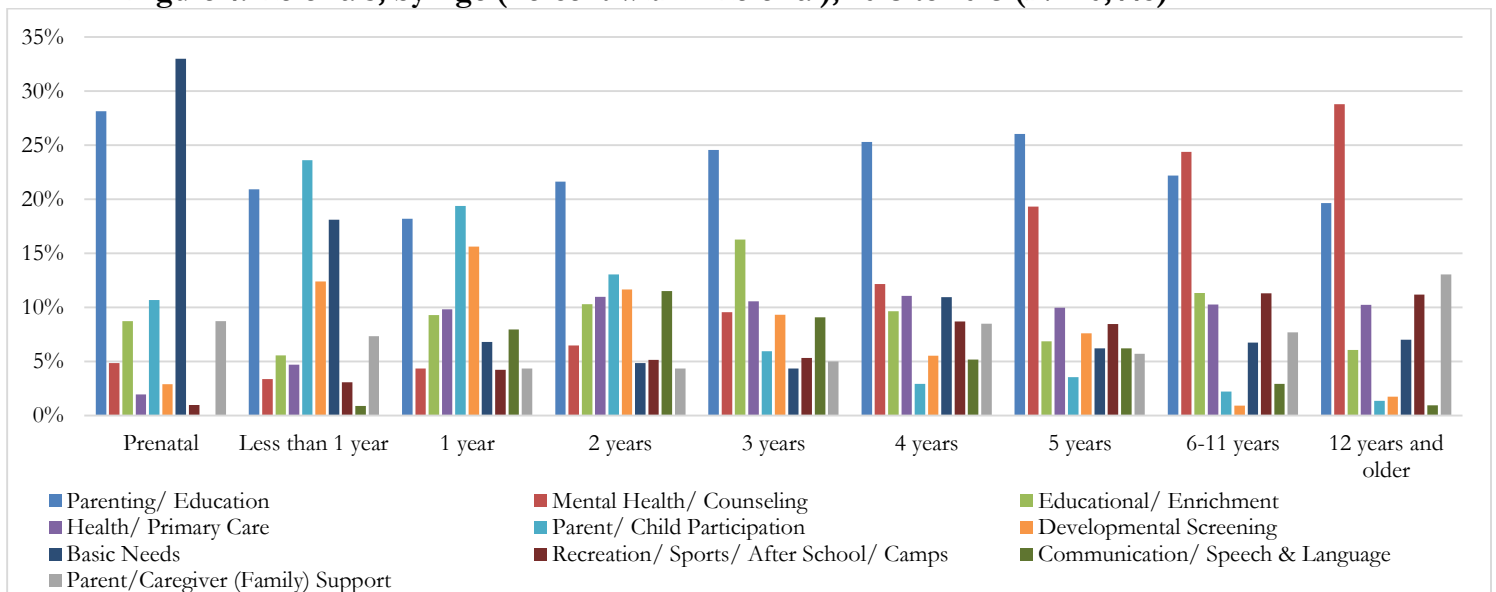
**Figure 3. Referral by Age (Percentage within Age), 2013 to 2015 (N=20,448)**

	Prenatal	Less than 1 year	1 year	2 years	3 years	4 years	5 years	6-11 years	12 years and older
Parenting/ Education	0.6%	6.1%	10.2%	16.0%	19.7%	24.2%	7.7%	12.3%	3.1%
Mental Health/ Counseling	0.2%	1.9%	4.8%	9.3%	14.9%	22.6%	11.1%	26.3%	8.9%
Educational/ Enrichment	0.4%	3.5%	11.3%	16.5%	28.2%	19.9%	4.4%	13.6%	2.1%
Health/ Primary Care	0.1%	3.1%	12.5%	18.3%	19.1%	23.8%	6.7%	12.8%	3.7%
Parent/ Child Participation	0.6%	18.3%	28.9%	25.6%	12.6%	7.4%	2.8%	3.2%	0.6%
Developmental Screening	0.2%	9.8%	23.8%	23.4%	20.3%	14.3%	6.1%	1.4%	0.8%
Basic Needs	2.1%	15.5%	11.3%	10.6%	10.3%	30.6%	5.4%	10.9%	3.3%
Recreation/ Sports/ After School/ Camps	0.1%	3.0%	7.9%	12.6%	14.1%	27.5%	8.3%	20.7%	5.9%
Communication/ Speech & Language	0.0%	0.9%	15.4%	29.3%	25.0%	17.0%	6.3%	5.6%	0.5%
Parent/Caregiver (Family) Support	0.7%	7.6%	8.7%	11.4%	14.2%	28.8%	6.0%	15.2%	7.4%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each row.

When referrals are analyzed by age *and* within percent of referral, then parenting/education makes up the largest percentage of referrals for prenatal moms as well as children ages 2, 3, 4, and 5 years old. On the other hand, mental health/counseling referrals are most common among older children—ages six and older.

**Figure 4. Referrals, by Age (Percent within Referral), 2013 to 2015 (N=20,448)**



*Referrals, by Ethnicity*

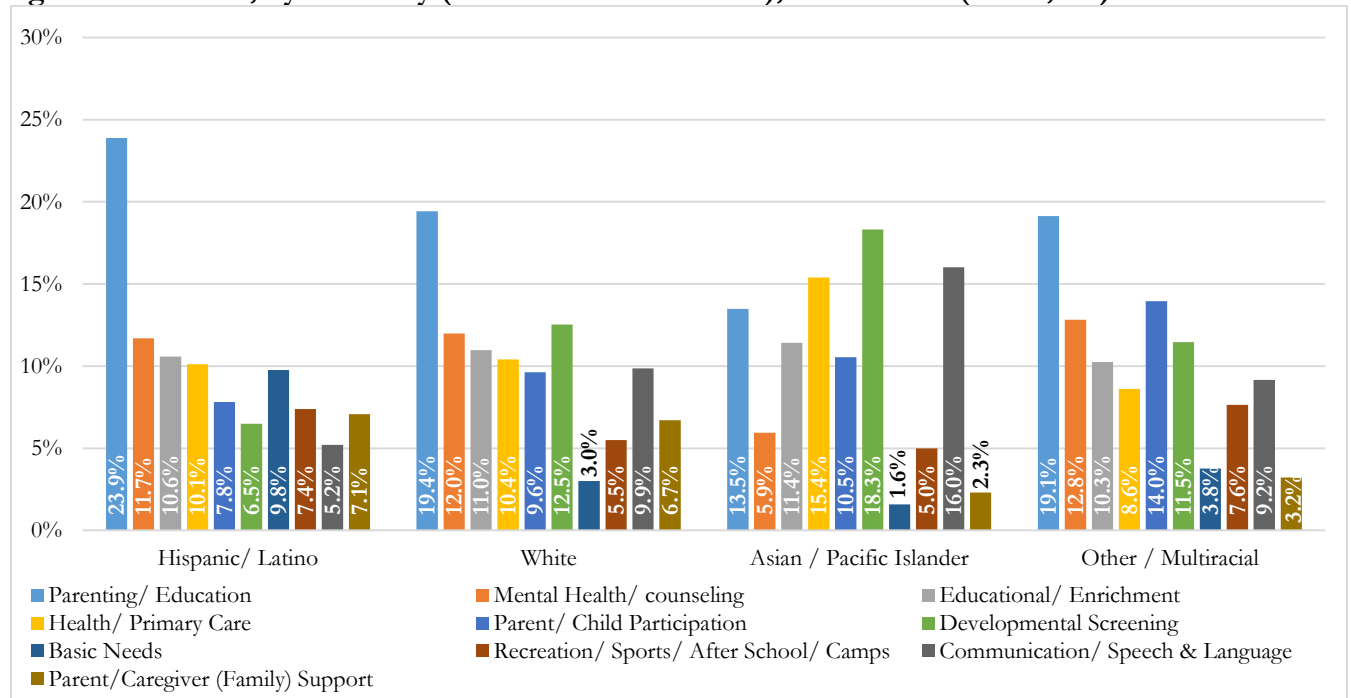
Nine out of ten callers who received a basic needs referral are Hispanic/Latino. On the other hand, Hispanics make up a smaller proportion of referrals for developmental screenings (55.5%) and communication/ speech and language (54.9%).

**Figure 5. Referrals, by Ethnicity (Percent within Ethnicity), 2013 to 2015 (N=18,923)**

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial
Basic Needs	89.7%	4.4%	1.3%	4.6%
Parent/Caregiver (Family) Support	80.6%	12.1%	2.4%	4.9%
Parenting/ Education	77.6%	10.0%	4.0%	8.3%
Recreation/ Sports/ After School/ Camps	75.8%	8.9%	4.7%	10.5%
Mental Health/ Counseling	73.8%	11.9%	3.5%	10.8%
Educational/ Enrichment	71.8%	11.8%	7.1%	9.3%
Health/ Primary Care	70.5%	11.5%	9.9%	8.1%
Parent/ Child Participation	64.1%	12.5%	8.0%	15.4%
Developmental Screening	55.5%	16.9%	14.4%	13.1%
Communication/ Speech & Language	54.9%	16.5%	15.6%	13.0%

Parenting / education is the referral provided at the greatest rate to all ethnicities, except Asian/ Pacific Islanders who had a developmental screening as the largest rate of referral. Almost one-quarter of all referrals to Hispanic callers are for parenting/education, followed in a distance second by mental health / counseling at 12% of all referrals.

**Figure 6. Referrals, by Ethnicity (Percent within Referral), 2013 to 2015 (N=18,923)**





*Referrals, by Primary language*

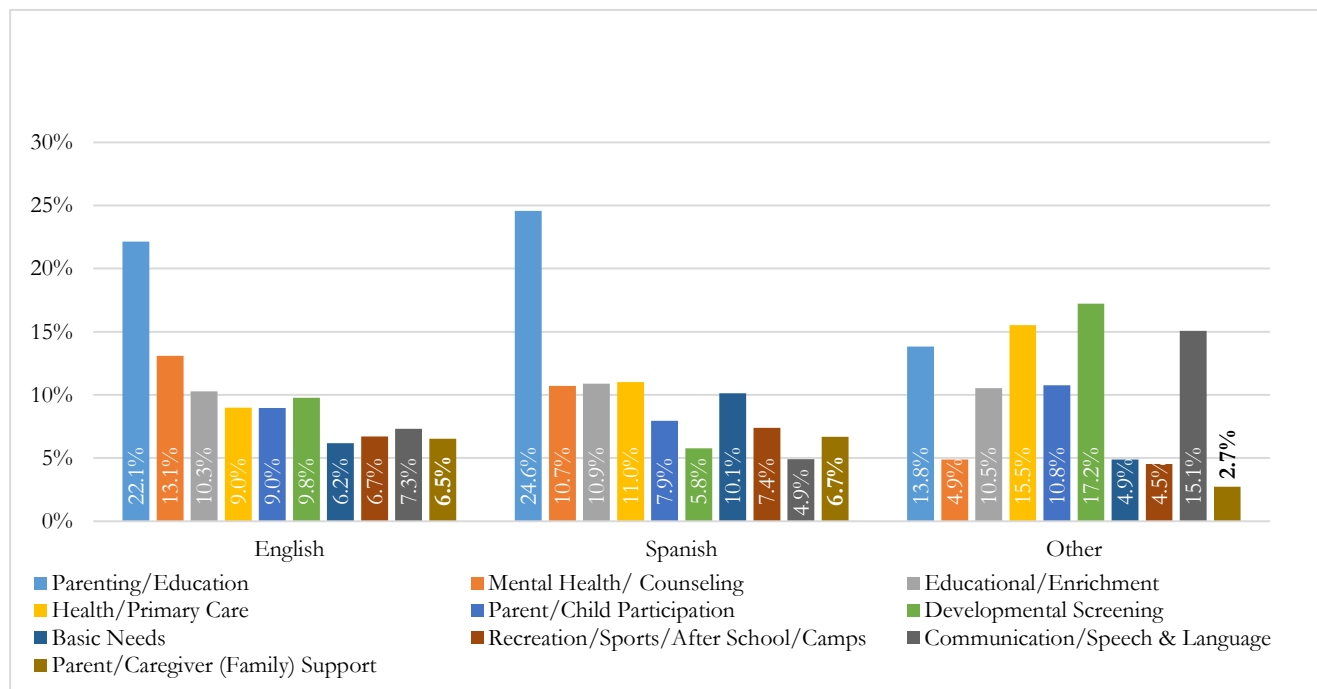
English language callers make up the largest proportion of referrals for developmental screenings (62.5%). On the other hand, Spanish-speaking callers make up the largest proportion of basic needs referrals (54.5%).

**Figure 7. Top 10 Referrals by Primary Language (Percent within Primary Language), 2013 to 2015 (N=20,449)**

	English	Spanish	Other
Developmental Screening	62.5%	28.7%	8.8%
Mental Health/ Counseling	60.1%	38.1%	1.8%
Communication/Speech & Language	59.3%	30.9%	9.8%
Parent/Child Participation	56.1%	38.5%	5.4%
Parent/Caregiver (Family) Support	54.7%	43.5%	1.8%
Educational/Enrichment	52.6%	43.1%	4.3%
Recreation/Sports/After School/Camps	52.4%	44.8%	2.8%
Parenting/Education	52.3%	45.1%	2.6%
Health/Primary Care	47.9%	45.5%	6.6%
Basic Needs	42.8%	54.5%	2.7%

English and Spanish speaking callers are most likely to receive a parenting/education referral from Help Me Grow (24.6% and 22.1%, respectively, compared with 13.8% of total referrals for those who speak an “other” language). Callers who speak some other language most often received a referral for a developmental screening.

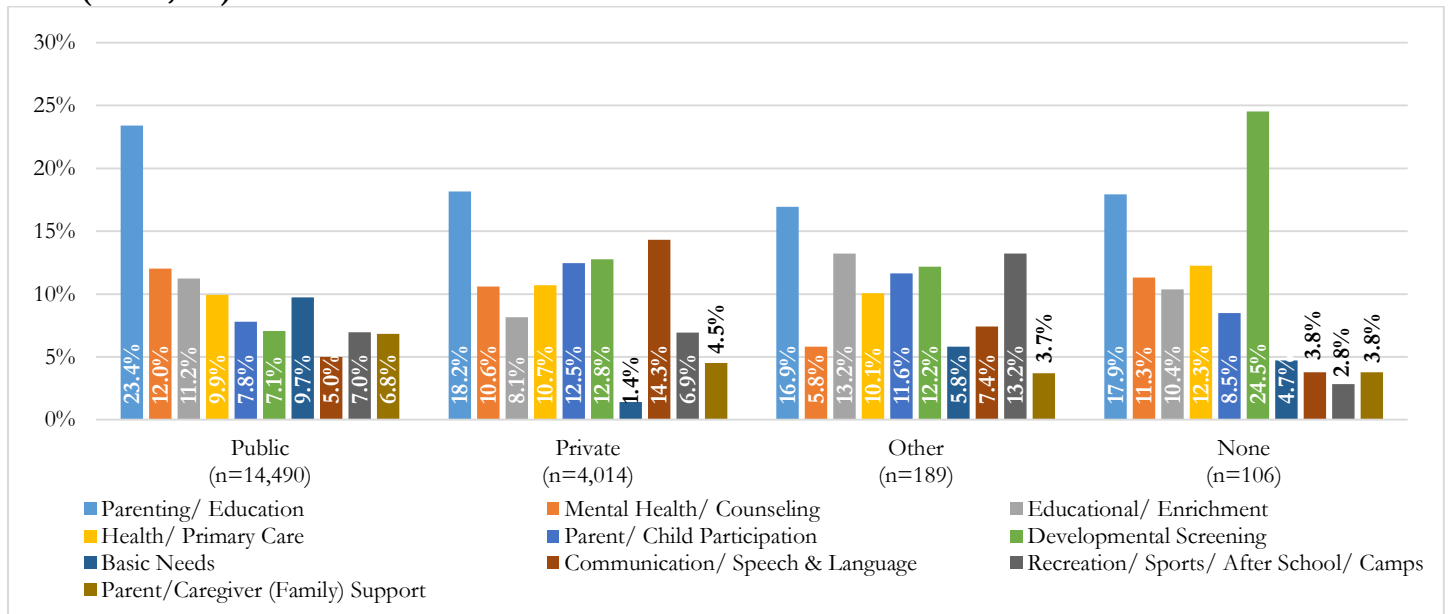
**Figure 8. Top 10 Referrals by Primary Language (Percent within Referral), 2013 to 2015 (N=20,449)**



### Referrals, by type of health insurance

Parenting / education was the referral most frequently provided to all callers, regardless of the type of health insurance the child has. The exception is families who are not insured, in which case the largest percentage of referrals were provided for developmental screenings.

**Figure 9. Referrals by Type of Health Insurance (Percentage within Referral), 2013 to 2015 (N=18,799)**



### Referrals, by Concerns

The top 10 concerns (presented in Figure 10 in the rows) and top 10 referrals (Figure 10 columns) were analyzed to see the types of referrals provided, given the concern. In general, Help Me Grow’s Child Development Care Coordinators are providing appropriate referrals for the stated concerns. For instance, 63.3% of communication concerns receive a communication/speech & language referral, and 45.7% of behavioral concerns receive a mental health / counseling referral. Figure 10 below shades in green the cells that had the highest percentage within each row (concern).

**Figure 10. Referrals by Concern (Percentage within Concerns), 2013 to 2015 (N=14,252)**

	Basic Need	Behavioral	Communication	Dvlpmnt Concerns	Family Frctning	General Dvlpmnt	General Info	Health/ Medical	Hearing	Parental Support	Total
Basic Needs	49.0%	4.2%	1.7%	1.0%	24.3%	5.2%	1.4%	3.4%	0.9%	8.7%	100%
Com./Speech & Lang.	0.2%	10.0%	63.3%	3.8%	1.1%	3.6%	0.1%	1.2%	13.9%	2.9%	100%
Developmental Screening	0.7%	19.1%	27.4%	25.8%	1.7%	7.5%	0.5%	2.1%	12.2%	3.0%	100%
Educational/Enrichment	2.1%	15.8%	16.0%	6.9%	5.8%	31.6%	5.3%	3.3%	7.4%	5.7%	100%
Health/Primary Care	2.5%	15.8%	29.3%	7.3%	7.9%	3.5%	0.6%	9.8%	18.8%	4.6%	100%
Mental Health/ Counseling	3.3%	45.7%	7.0%	6.2%	16.7%	3.6%	1.0%	4.3%	3.0%	9.4%	100%
Parent/Caregiver (Family) Support	6.3%	18.1%	3.3%	4.4%	30.1%	5.8%	2.9%	4.9%	0.7%	23.6%	100%
Parent/Child Particip.	1.6%	12.1%	19.4%	9.5%	2.9%	33.6%	1.0%	2.1%	10.9%	6.9%	100%
Parenting/Education	1.8%	35.3%	8.1%	4.8%	10.4%	7.8%	1.3%	3.5%	2.8%	24.2%	100%
Recreation/Sports/After School/Camps	3.1%	9.5%	4.9%	4.5%	8.3%	55.3%	4.0%	3.3%	1.2%	6.0%	100%

## Appendix K: How Clients Learn about Help Me Grow, By Demographics

Appendix K presents details about how clients heard about Help Me Grow, by select demographics.

### *How Clients Learn about Help Me Grow, by Age*

A plurality of callers who were calling during the prenatal period (50%) or who had a child under one year of age (38%) heard about Help Me Grow through a community agency, while pluralities of callers with a one-year-old (36%), two-year-old (35%), or three-year-old (25.8%) heard about Help Me Grow through a hospital or health care provider. Callers who reached out to Help Me Grow about their four and five year olds were mostly likely to have heard of the program through a school (36.9% and 22.1%, respectively).

**Figure 3. How Callers Learn about Help Me Grow by Age of Child, 2013 to 2015 (N=8,410)**

	Pre-natal	<1 Year	1 Year	2 Years	3 Years	4 Years	5 Years	6-11 Years	12 and older	3-Year Total
Community Agency	50.0%	38.0%	34.5%	33.5%	22.6%	14.5%	18.4%	25.0%	34.9%	25.7%
Hospital / Hlt. cr. provider	7.5%	19.2%	36.0%	35.0%	25.8%	12.3%	21.1%	29.5%	21.3%	25.1%
School	12.5%	9.3%	2.3%	4.6%	14.1%	36.9%	22.1%	14.2%	12.3%	16.3%
ECE provider	12.5%	2.5%	2.6%	4.6%	15.5%	20.3%	10.0%	5.4%	8.3%	10.2%
Previous Caller	0.0%	6.1%	5.1%	5.7%	7.2%	5.5%	8.9%	9.3%	5.0%	6.5%
Family or Friend	10.0%	6.1%	5.8%	5.5%	4.3%	2.9%	5.4%	6.8%	6.6%	5.0%
2-1-1 OC	5.0%	7.5%	3.3%	3.6%	3.6%	2.8%	5.6%	4.7%	7.6%	4.1%
HMG Outreach	0.0%	4.3%	3.8%	3.3%	4.7%	2.9%	5.4%	3.6%	3.7%	3.8%
Developmental Screening	2.5%	4.3%	3.8%	2.1%	1.0%	1.4%	1.8%	0.3%	0.0%	1.8%
Regional Center of OC	0.0%	2.3%	2.8%	2.1%	1.0%	0.5%	0.9%	1.0%	0.3%	1.3%
Media (print, TV, web, etc.)	0.0%	0.4%	0.1%	0.1%	0.2%	0.1%	0.4%	0.3%	0.0%	0.2%

### *How Clients Learn about Help Me Grow, by Ethnicity*

A plurality (29.3%) of Hispanic/Latino callers learned of Help Me Grow through a community agency.

**Figure 1. How Callers Learn About Help Me Grow by Ethnicity of Child, 2013 to 2015 (N=6,884)**

	Hispanic / Latino	White	Asian / Pacific Islander	Other	3-Year Total
Community Agency	29.3%	20.0%	15.8%	22.5%	26.4%
Hospital / Health care provider	21.0%	35.7%	45.5%	31.4%	25.9%
School	22.1%	11.7%	8.1%	12.0%	18.6%
ECE provider	13.7%	6.6%	4.8%	7.3%	11.4%
Previous Caller	4.4%	4.4%	5.3%	5.2%	4.6%
Family or Friend	3.3%	5.8%	5.2%	4.3%	3.9%
2-1-1 OC	3.2%	2.7%	2.2%	5.9%	3.3%
HMG Outreach	1.5%	5.8%	2.9%	5.4%	2.5%
Developmental Screening	0.5%	5.2%	7.0%	4.3%	2.0%
Regional Center of OC	1.0%	1.9%	3.1%	1.5%	1.3%
Media (print, TV, web, etc.)	0.1%	0.2%	0.0%	0.3%	0.1%

*How Clients Learn about Help Me Grow, by Primary Language*

A plurality (28.1%) of English-speaking callers, and of callers who speak some “other” language (44.1%), heard about Help Me Grow through a hospital or health care provider, whereas a plurality (29.2%) of Spanish-speaking callers heard about Help Me Grow through a community agency.

**Figure 2. How Callers Learn about Help Me Grow by Primary Language of Child, 2013 to 2015 (N=8,413)**

	English	Spanish	Other	3-Year Total
Community Agency	24.5%	29.2%	13.1%	25.7%
Hospital / Healthcare provider	28.1%	17.9%	44.1%	25.0%
School	12.7%	22.5%	11.3%	16.3%
ECE provider	7.1%	15.5%	6.3%	10.2%
Previous Caller	7.6%	4.9%	5.8%	6.5%
Family or Friend	5.6%	4.1%	5.3%	5.0%
2-1-1 OC	4.7%	3.4%	2.3%	4.1%
HMG Outreach	5.6%	1.1%	3.3%	3.8%
Developmental Screening	2.4%	0.2%	5.8%	1.8%
Regional Center of OC	1.4%	1.1%	2.8%	1.3%
Media (print, TV, web, etc.)	0.2%	0.1%	0.0%	0.2%

*How Clients Learn about Help Me Grow, by Concern Reported*

Callers were most likely to have heard of Help Me Grow from a school if they had a family issues (42.6%), needed general information (27.3%), had basic needs (34.8%) or reported health/medical issues (34.3%). On the other hand, 55% of callers who had a hearing concern had learned of Help Me Grow through a hospital or health care provider.

**Figure 4. How Callers Learn about Help Me Grow by Caller Concern, 2013 to 2015 (N=10,002)**

	Behavioral	Communication	General Dvlop	Parental Support	Family Issues	Dev Concerns	Hearing	General Info	Basic Needs	Health/ Medical	3-Year Total Top 10 Concerns
Hospital / Health care provider	31.8%	45.9%	14.0%	14.6%	3.2%	30.2%	55.0%	19.7%	3.7%	17.0%	25.6%
Community agency	23.4%	21.6%	31.2%	24.9%	26.6%	24.9%	22.3%	17.6%	31.2%	20.0%	24.5%
School	15.8%	9.9%	20.7%	21.5%	42.6%	8.6%	5.6%	27.3%	34.8%	34.3%	20.0%
Early care and education provider	11.5%	7.2%	9.9%	16.6%	20.5%	3.5%	3.2%	9.0%	16.8%	14.7%	11.1%
Previous caller	5.6%	3.4%	7.0%	8.6%	2.2%	5.2%	1.9%	4.6%	5.0%	4.2%	5.0%
Friend or family	3.7%	5.5%	5.3%	5.2%	1.8%	5.5%	5.5%	8.6%	2.7%	3.0%	4.6%
HMG outreach	3.1%	2.8%	3.8%	3.8%	0.8%	4.6%	3.1%	6.5%	1.4%	2.3%	3.2%
2-1-1 Orange County	3.2%	1.6%	4.8%	2.9%	2.1%	2.1%	2.4%	5.3%	4.1%	3.2%	3.0%
Developmental screening	0.4%	0.7%	0.9%	0.5%	0.1%	13.1%	0.0%	0.4%	0.0%	0.2%	1.5%
Regional Center of OC	1.3%	1.2%	2.1%	1.3%	0.0%	2.0%	1.0%	1.1%	0.4%	0.8%	1.2%
Media (print, TV, web, etc.)	0.2%	0.1%	0.4%	0.2%	0.1%	0.3%	0.0%	0.0%	0.0%	0.4%	0.2%

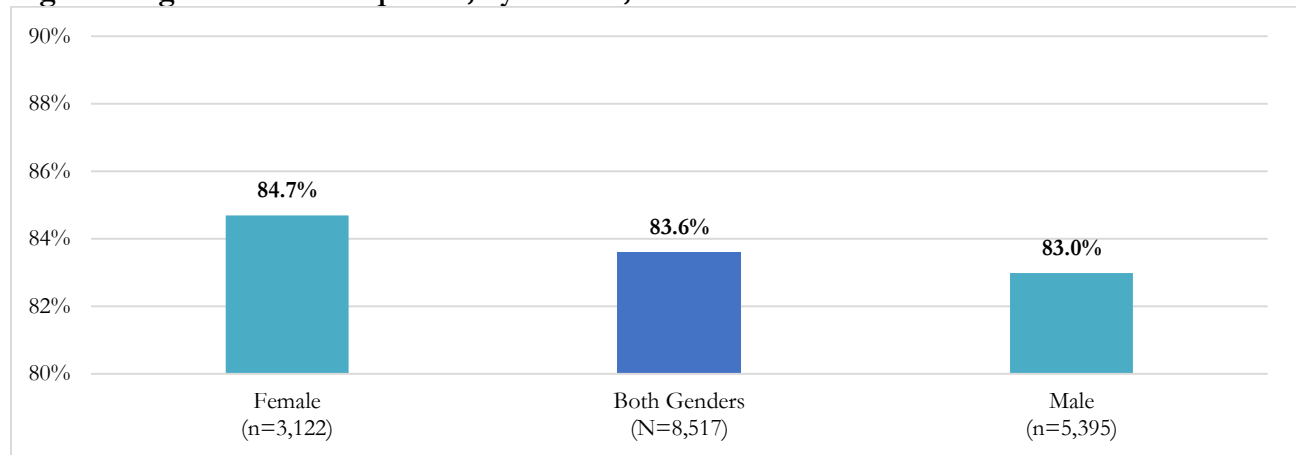
## Appendix L: Agree to Follow Up Care, by Demographics

Appendix L presents the percentages of clients who agree to Help Me Grow follow up care, by select demographics.

### *Agree to Follow-Up Care, by Gender*

Families who receive referrals for a female child generally agree to follow-up care coordination more often than families who receive referrals for a male child.

**Figure 1. Agree to Follow up Care, by Gender, 2013 to 2015**

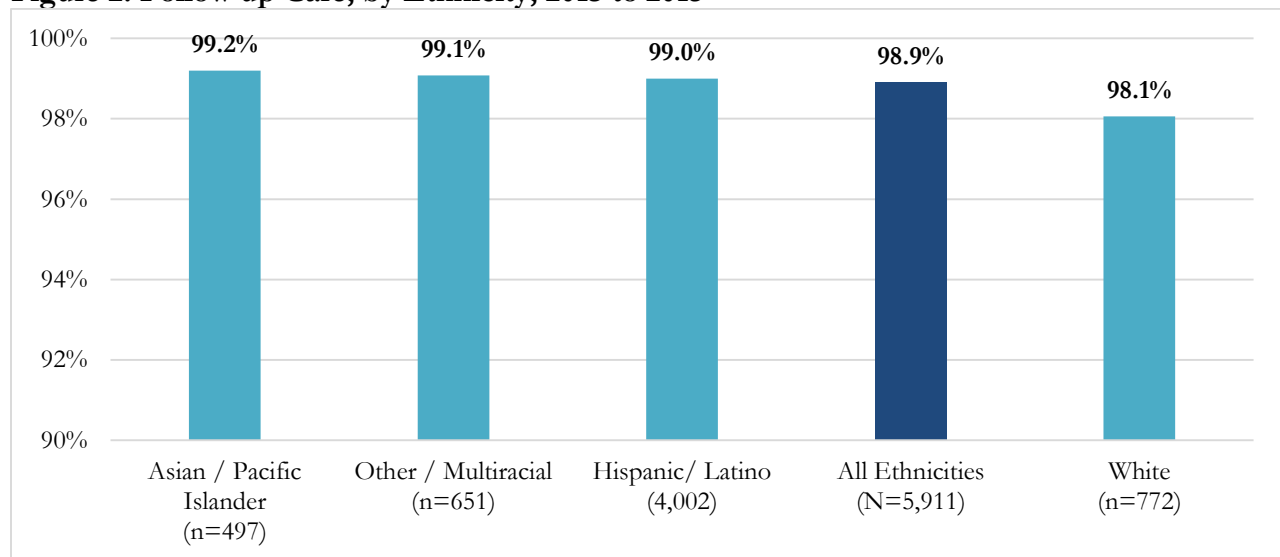


Results are statistically significant at the  $p \leq .05$  level

### *Agree to Follow-Up Care, by Ethnicity*

Families with children who identify as white are slightly less likely to agree to follow-up care coordination (98.1%) than the overall average (98.9%). Families of Asian / Pacific Islander children are most likely to agree to follow up care coordination (99.2%).

**Figure 2. Follow up Care, by Ethnicity, 2013 to 2015**

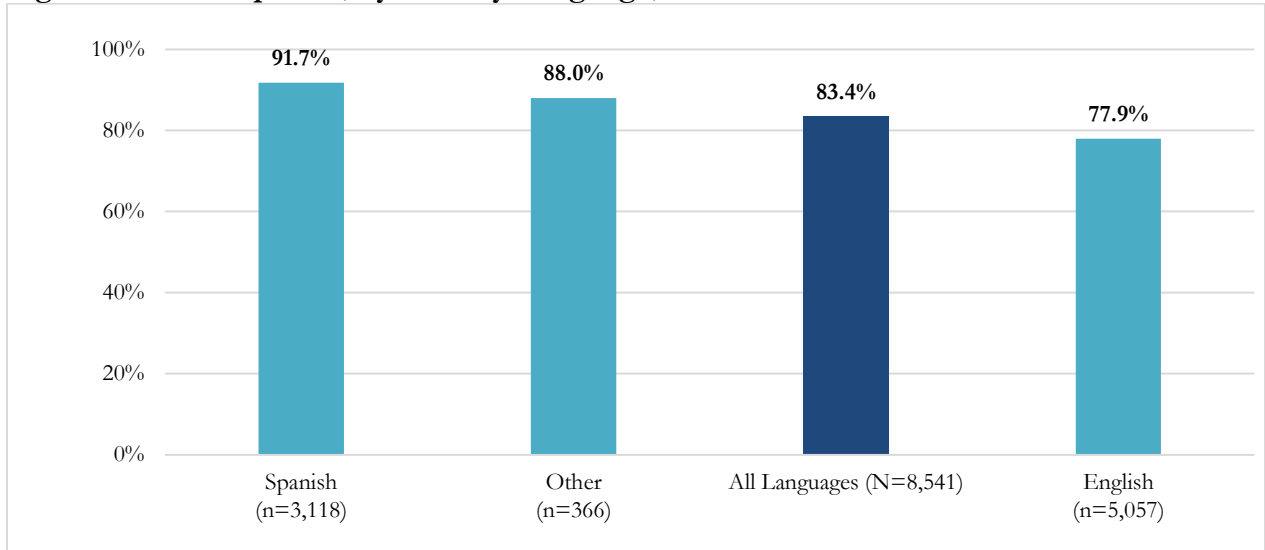


Results are *not* statistically significant

*Agree to Follow-Up Care, by Primary Language*

Callers whose children primarily speak Spanish are most likely to agree to follow-up care (91.7%) compared with 77.9% of primarily English-speaking callers and 88% of those who speak “other” languages.

**Figure 3. Follow up Care, by Primary Language, 2013 to 2015**

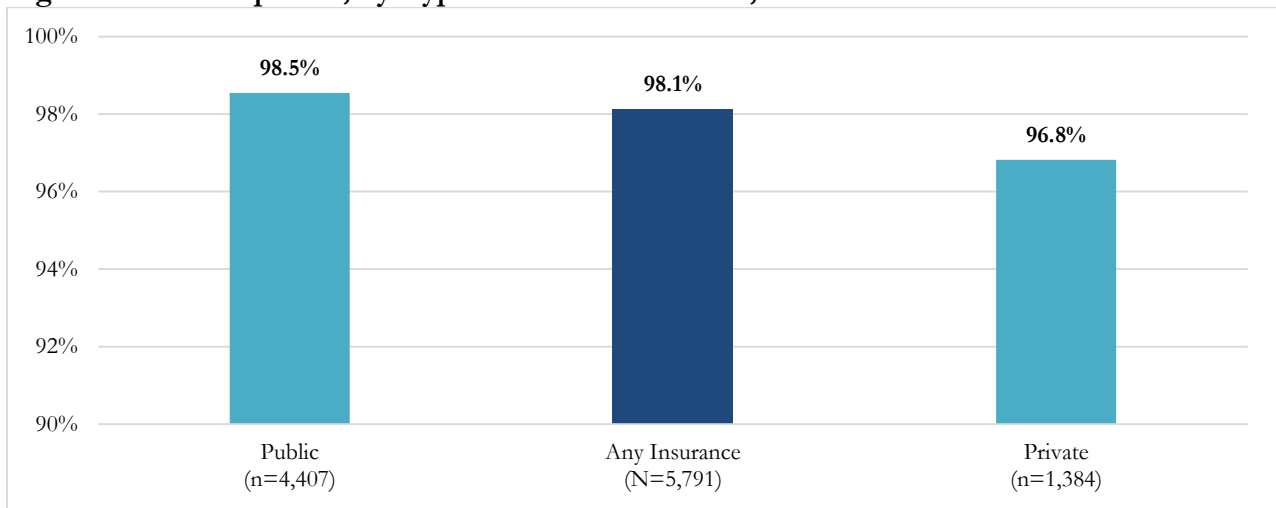


Results are statistically significant at the  $p \leq .05$  level

*Agree to Follow-Up Care, by Type of Health Insurance*

Families whose children are enrolled in public health insurance programs (e.g. MediCal) are more likely to agree to follow-up care coordination than are families with private health insurance coverage. Note: due to small sample sizes for the “None” and “Other” health insurance categories, they were left out of the analysis so that data would be more stable.

**Figure 4. Follow up Care, by Type of Health Insurance, 2013 to 2015**



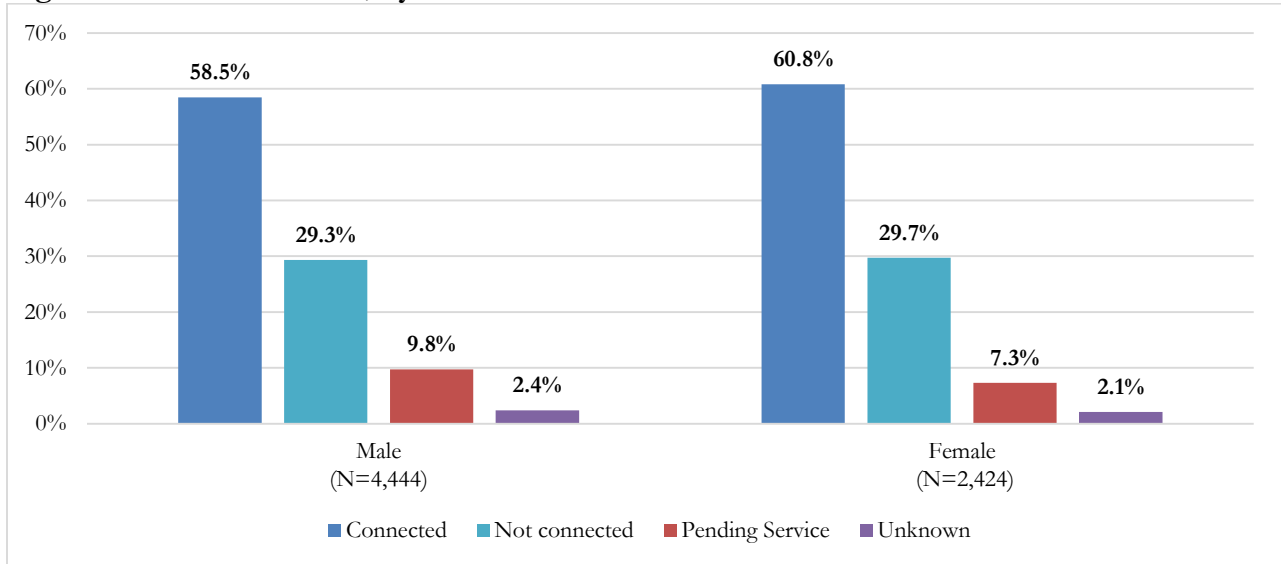
Results are statistically significant at the  $p \leq .05$  level

## Appendix M: Service Outcomes by Demographics

### *Service Outcome, by Gender*

Girls were more likely to be connected to or pending services than boys.

**Figure 1. Service Outcome, by Gender**

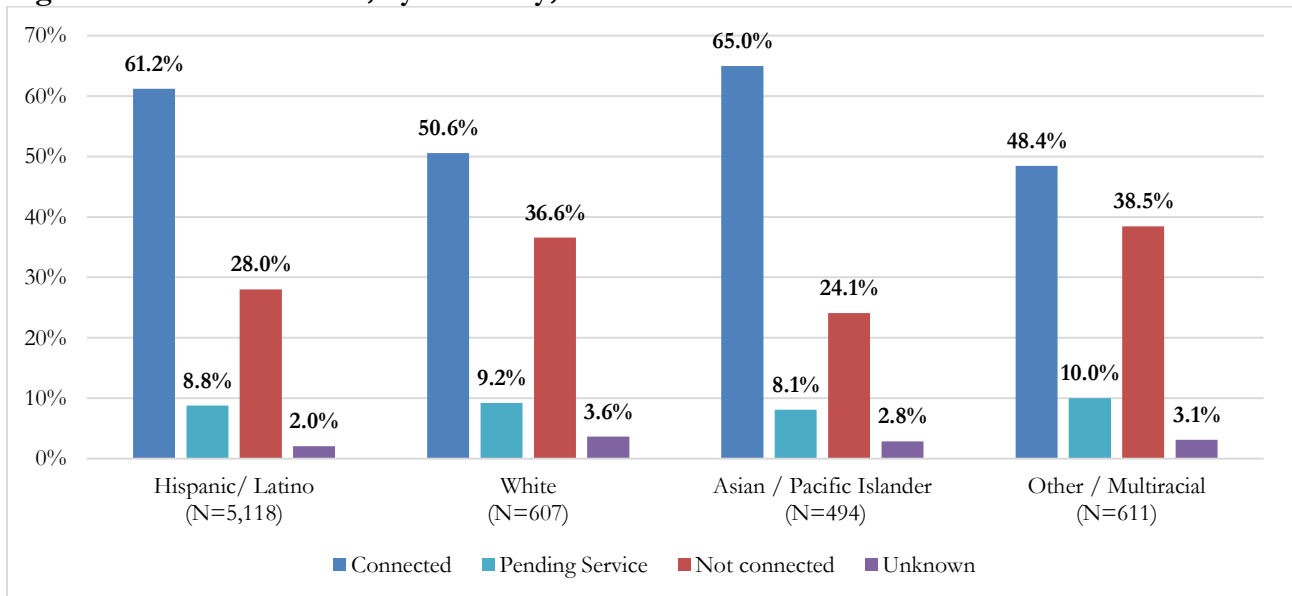


Results are statistically significant at the  $p \leq .05$  level

### *Service Outcome, by Ethnicity*

Children who are Asian / Pacific Islander tended to be connected with services or pending services more often than children of other ethnicities.

**Figure 2. Service Outcome, by Ethnicity, 2013 to 2015**

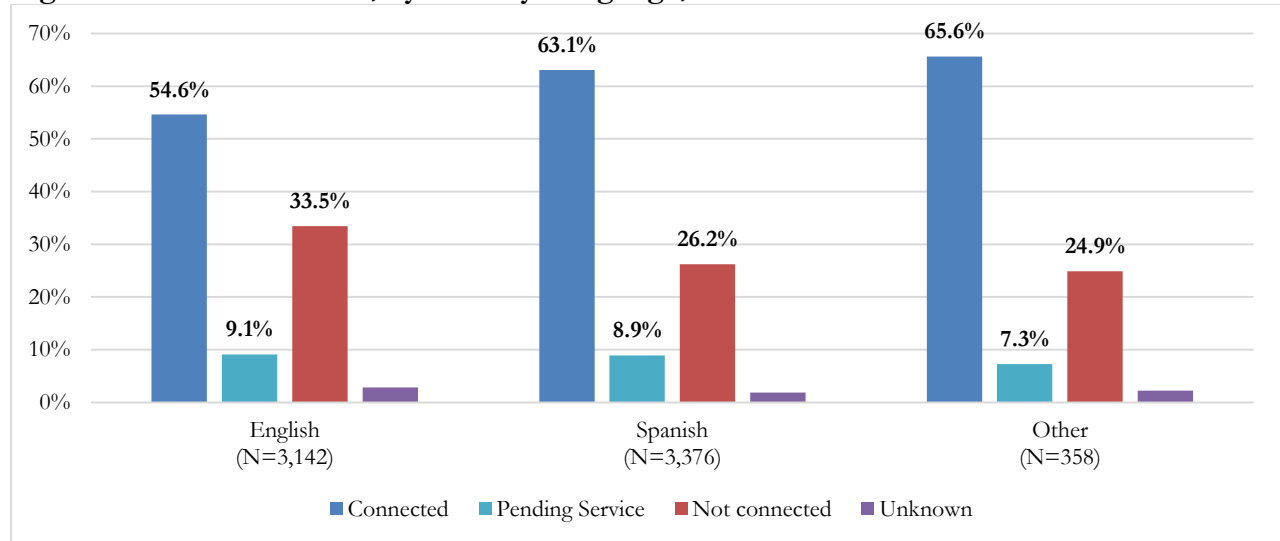


Results are statistically significant at the  $p \leq .05$  level

### *Service Outcome, by Primary Language*

Children who primarily speak some “Other” language (including an Asian language) were connected to services or pending services more often than those who are primarily English- or Spanish-speaking.

**Figure 3. Service Outcome, by Primary Language, 2013 to 2015**

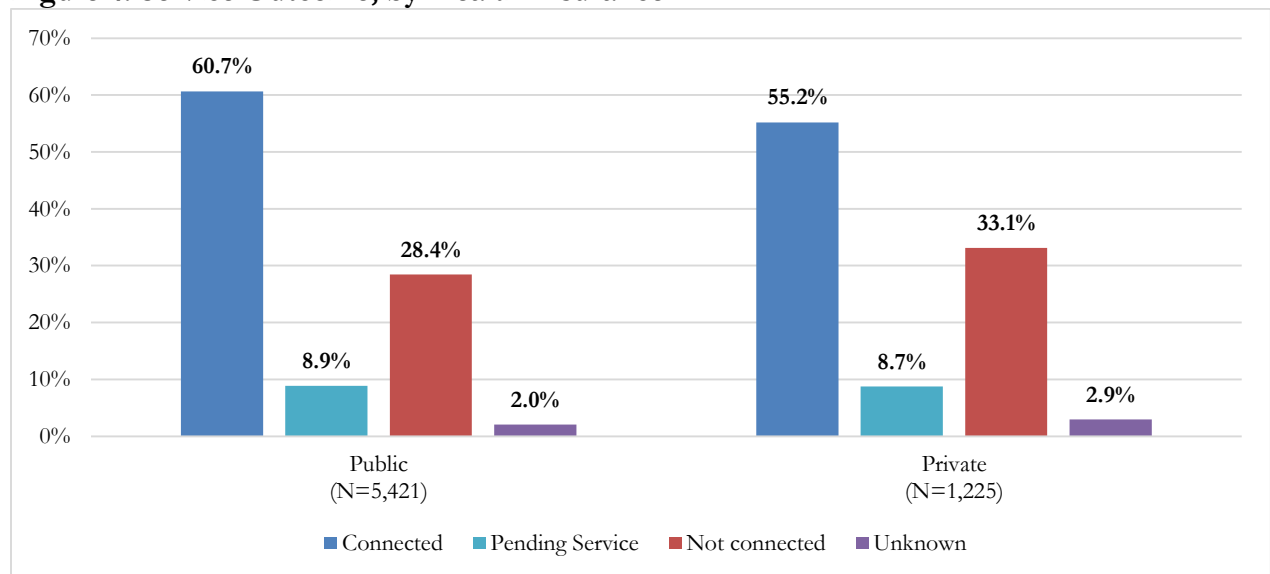


Results are statistically significant at the  $p \leq .05$  level

### *Service Outcome, by Health Insurance*

Children who have public health insurance tended to be connected to services or pending services more often than those who had a private insurance plan.

**Figure 4. Service Outcome, by Health Insurance**



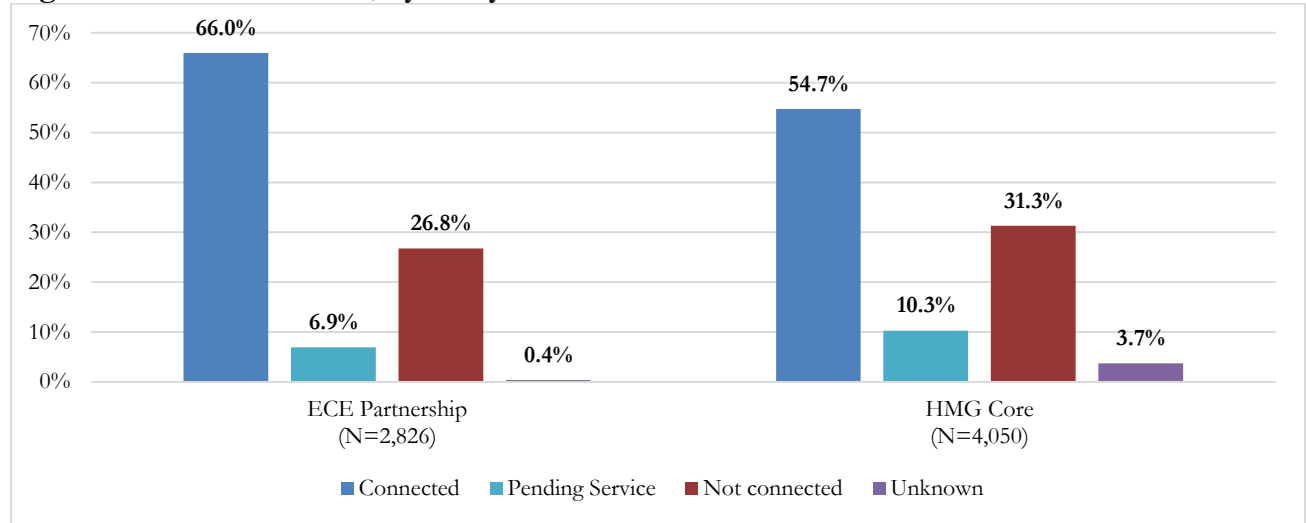
Results are statistically significant at the  $p \leq .05$  level



### Service Outcome, by Entry Point

Families with children who accessed Help Me Grow through an ECE Partnership were more likely to have their referrals connected or pending than families who reached Help Me Grow through the core program.

**Figure 5. Service Outcome, by Entry Point**



Results are statistically significant at the  $p \leq .05$  level

### Service Outcome, by Concern

Families were connected to services most frequently when they had a communication concern (70.4% connected) or a health/medical concern (69.9% connected).

**Figure 6. Service Outcome, by Concern, 2013 to 2015**

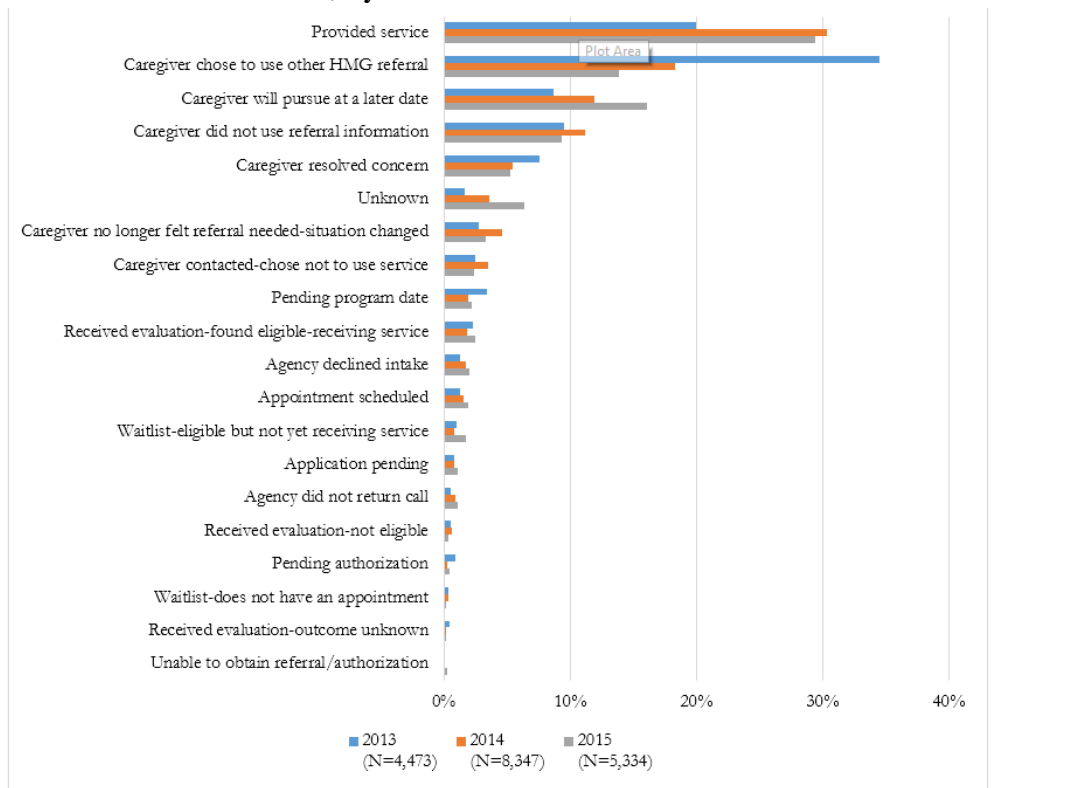
Concern	Connected	Pending Service	Not connected	Unknown	Total
Communication	70.4%	10.2%	18.4%	1.0%	974
Health/Medical	69.9%	4.2%	24.7%	1.2%	336
Behavioral	63.0%	11.1%	23.7%	2.2%	1,188
Developmental Concerns	62.4%	13.0%	22.4%	2.2%	415
Diagnosis	61.4%	13.2%	22.2%	3.2%	189
Mental Health	61.2%	6.7%	30.6%	1.5%	134
Hearing	60.5%	6.9%	26.3%	6.3%	334
Parental Support	60.4%	5.7%	31.7%	2.1%	627
Health Insurance	59.0%	8.0%	29.0%	4.0%	100
Family Functioning	55.8%	6.4%	37.1%	0.7%	754
Basic Needs	54.2%	7.9%	35.8%	2.0%	391
Social Interactions	51.9%	10.5%	35.3%	2.3%	133
General Development	46.9%	8.8%	41.7%	2.6%	569
Education	40.0%	10.2%	43.3%	6.5%	215
Child care	28.4%	15.7%	53.7%	2.2%	134

Note: Only concerns with more than 100 records were included in the above analysis

## Appendix N: Combined Referral Outcomes for Overall Help Me Grow Program

Appendix N provides the referral outcomes for the overall Help Me Grow Program (HMG Core and ECE Partnerships). In 2013 and 2014, the main outcome for individual referrals provided by Help Me Grow was that the family was connected with the referral source and was receiving services. In 2013, the main outcome was that the caregiver chose to use some other Help Me Grow referral.

**Figure 1. Referral Outcome, by Year**



### *Referrals Completed or in Process by Referral Category*

As indicated in Figure 1 above, most Help Me Grow referrals resulted in a connection to services, the caregiver choosing to pursue the referral at a later time or the caregiver was using a different Help Me Grow referral. This section presents a discussion of the types of referral outcomes by the different referral categories. Figure 2 below presents referral outcomes where a connection was made or is pending; Figure 3 presents outcomes where the caregiver had issues accessing the referral; and Figure 4 looks at the issues stemming from the agencies and availability of services.

The tables below present the information as a percentage of the total number of referrals that resulted in that particular outcome (e.g., the percentages in each column add up to 100%). The first data column in each table presents the percentage of referrals made for each referral category for which there is

follow-up information. The percent of all referrals column can be used to compare the referral process for the different results. For instance, in Figure 2, parenting/ education referrals accounted for 16.1% of all referrals for which outcomes are known, but 27.4% of the referrals with a pending program date. Similarly, while referrals to the Regional Center of Orange County accounted for only 3.5% of all referrals where there is follow-up information, it accounted for more than two-thirds of the referrals where the child received an evaluation, was found eligible and was receiving services.

**Figure 2. Percent of Referrals that were Completed or in Process by Referral Category, 2013 to 2015**

	Percent of all Referrals	Service Provided	Pending program date	Pending authorization	Found eligible and receiving service	Appointment scheduled	Application pending
Parenting/Education	16.1%	15.4%	27.4%	2.4%	7.3%	10.8%	1.2%
Mental Health/counseling	8.2%	11.1%	3.9%	3.5%	0.5%	10.5%	3.7%
Health/Primary Care	7.4%	11.5%	4.4%	37.6%		15.7%	1.2%
Educational/Enrichment	7.2%	4.3%	6.0%	3.5%	1.8%	1.4%	14.8%
Developmental Screening	6.1%	10.5%	1.9%		0.8%		1.2%
Parent/Child Participation	6.0%	3.0%	8.6%		1.3%	0.7%	2.5%
Com. /Speech & Language	5.2%	3.1%	2.6%	14.1%	1.0%	5.2%	3.1%
Basic Needs	4.9%	6.5%	2.8%	1.2%	0.5%	9.4%	13.6%
Behavioral Services	4.7%	4.3%	3.9%	4.7%	0.5%	3.5%	1.9%
Parent/Caregiver Support	4.4%	4.8%	5.8%			5.6%	4.3%
Recreation/Sports/ Camps	4.4%	2.6%	7.0%	1.2%	0.5%	1.7%	4.9%
Regional Center of OC	3.5%	4.0%	5.6%	4.7%	67.8%	3.8%	12.3%
Childcare	2.9%	0.6%	0.5%	1.2%	0.3%		8.0%
School District	2.8%	0.8%	9.5%	2.4%	14.8%	10.1%	17.9%
Advocacy	2.1%	2.6%	0.9%	1.2%	0.8%		0.6%
Allied Health Professionals	1.9%	4.1%	2.3%	1.2%		3.5%	
Health/Neurodev. Subspecialists	1.9%	0.8%	2.3%	10.6%		3.5%	
Early Literacy	1.6%	1.8%	0.2%				
Social Skills	1.2%	0.2%	1.4%			0.3%	0.6%
Access to Health Insurance	1.1%	1.9%	0.5%	5.9%	0.5%	2.4%	2.5%
Occupational/Physical Therapy	0.9%	0.2%	0.2%	3.5%			0.6%
Legal Assistance	0.9%	0.8%	0.5%		0.3%	4.5%	1.2%
Health/Medical Subspecialists	0.8%	1.2%	0.9%	1.2%		2.4%	
Out of Area Referral (county)	0.8%	0.1%					
Specialized Services	0.4%		0.2%				
Funding	0.4%	0.3%			0.8%	0.3%	3.7%
Feeding	0.3%	0.3%				0.7%	
Psycho-educational Testing	0.3%	0.1%				0.3%	
Other	0.3%	0.4%				0.3%	
Home Visitation	0.2%	0.4%	0.5%		0.5%	1.7%	
Equipment	0.2%	0.5%	0.2%			0.7%	
Physical Therapy	0.2%	0.1%					
Psychiatry	0.2%					0.3%	
Inclusion Support	0.2%	0.1%					
Respite/Care Giving Services	0.1%	1.6%					
<b>Total</b>	<b>28,925</b>	<b>4,933</b>	<b>431</b>	<b>85</b>	<b>385</b>	<b>286</b>	<b>162</b>

*Referrals Where the Caregiver Did Not Use or Pursue Services, by Referral Category*

While basic needs referral accounted for 4.9% of all referrals for which outcomes are known, it accounted for 11.6% of those who chose not to use the service.

**Figure 3. Referrals that Caregiver did not Use or Pursue, by Referral Category, 2013 to 2015**

	Percent of all Referrals	Did not use referral information	No longer felt referral needed as situation changed	Chose not to use service	Chose to use other HMG referral	Resolved concern	Will pursue at a later date
Parenting/Education	16.1%	19.1%	12.8%	15.3%	15.5%	12.6%	17.2%
Mental Health/counseling	8.2%	6.8%	9.6%	8.8%	7.4%	10.4%	5.8%
Health/Primary Care	7.4%	5.7%	5.8%	3.8%	8.5%	7.4%	7.7%
Educational/Enrichment	7.2%	5.2%	4.6%	9.2%	7.0%	11.9%	9.2%
Developmental Screening	6.1%	7.4%	6.0%	0.6%	9.0%	2.8%	4.5%
Parent/Child Participation	6.0%	6.5%	6.8%	8.6%	7.5%	2.5%	8.9%
Com. /Speech & Language	5.2%	3.6%	3.5%	2.1%	10.9%	3.9%	1.9%
Basic Needs	4.9%	8.3%	11.2%	11.6%	3.9%	6.3%	5.8%
Behavioral Services	4.7%	3.1%	5.6%	4.0%	4.0%	6.2%	2.4%
Parent/Caregiver Support	4.4%	6.8%	5.3%	4.0%	2.8%	4.9%	8.0%
Recreation/Sports/After School/Camps	4.4%	7.4%	4.1%	10.5%	4.7%	1.7%	6.9%
Regional Center of OC	3.5%	3.1%	2.1%	1.1%	0.8%	1.1%	0.6%
Childcare	2.9%	1.7%	3.2%	6.5%	2.2%	10.1%	2.0%
School District	2.8%	1.52%	3.1%	0.6%	1.3%	0.9%	2.8%
Advocacy	2.1%	2.3%	2.8%	0.8%	1.4%	3.3%	1.9%
Allied Health Professionals	1.9%	1.5%	1.9%	0.6%	1.9%	1.8%	1.2%
Health/Neurodev. Subspec.	1.9%	1.1%	1.2%	1.3%	2.8%	1.6%	0.9%
Early Literacy	1.6%	1.6%	1.5%	1.1%	1.6%	0.7%	2.2%
Social Skills	1.2%	0.9%	2.4%	2.7%	0.6%	1.2%	1.9%
Access to Health Insurance	1.1%	0.6%	1.0%	1.5%	1.0%	2.1%	1.3%
Occupational/PT	0.9%	0.8%	1.5%	0.6%	1.3%	1.3%	0.8%
Legal Assistance	0.9%	1.7%	1.5%	1.1%	0.5%	1.2%	2.2%
Health/Medical Subspecialists	0.8%	1.4%	0.7%	1.3%	0.6%	1.4%	1.5%
Out of Area Referral (county)	0.8%	0.1%			0.1%		0.1%
Specialized Services	0.4%	0.5%		0.6%	0.4%	0.3%	0.5%
Funding	0.4%	0.2%	0.0%	0.2%	0.3%	0.1%	0.5%
Feeding	0.3%	0.1%	0.3%	0.0%	0.7%		0.3%
Psycho-educational Testing	0.3%				0.3%	0.5%	0.2%
Other	0.3%	0.6%	0.3%	0.4%		0.4%	0.2%
Home Visitation	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%
Equipment	0.2%	0.2%	0.0%	0.2%	0.2%	0.3%	
Physical Therapy	0.2%	0.2%	0.1%		0.2%	0.6%	
Psychiatry	0.2%		0.4%	0.4%	0.2%		0.1%
Inclusion Support	0.2%	0.2%	0.1%	0.6%	0.2%	0.5%	0.1%
Respite/Care Giving Services	0.1%		0.3%		0.1%		
<b>Total</b>	<b>28,925</b>	<b>1,847</b>	<b>678</b>	<b>526</b>	<b>3,793</b>	<b>1,072</b>	<b>2,241</b>

*Referrals Where Issue with Agency, by Referral Category*

Figure 4 below presents the percentage of referrals that were not connected because the child was not eligible or there was an issue with accessing the agency itself. For instance, health/primary care referrals accounted for 7.4% of all referrals for which outcomes are known, yet it accounted for 41.7% of referrals where the caregiver was unable to obtain referral or authorization.

**Figure 4. Referrals Not Connected Because Child Not Eligible or Issue with Agency, by Referral Category, 2013 to 2015**

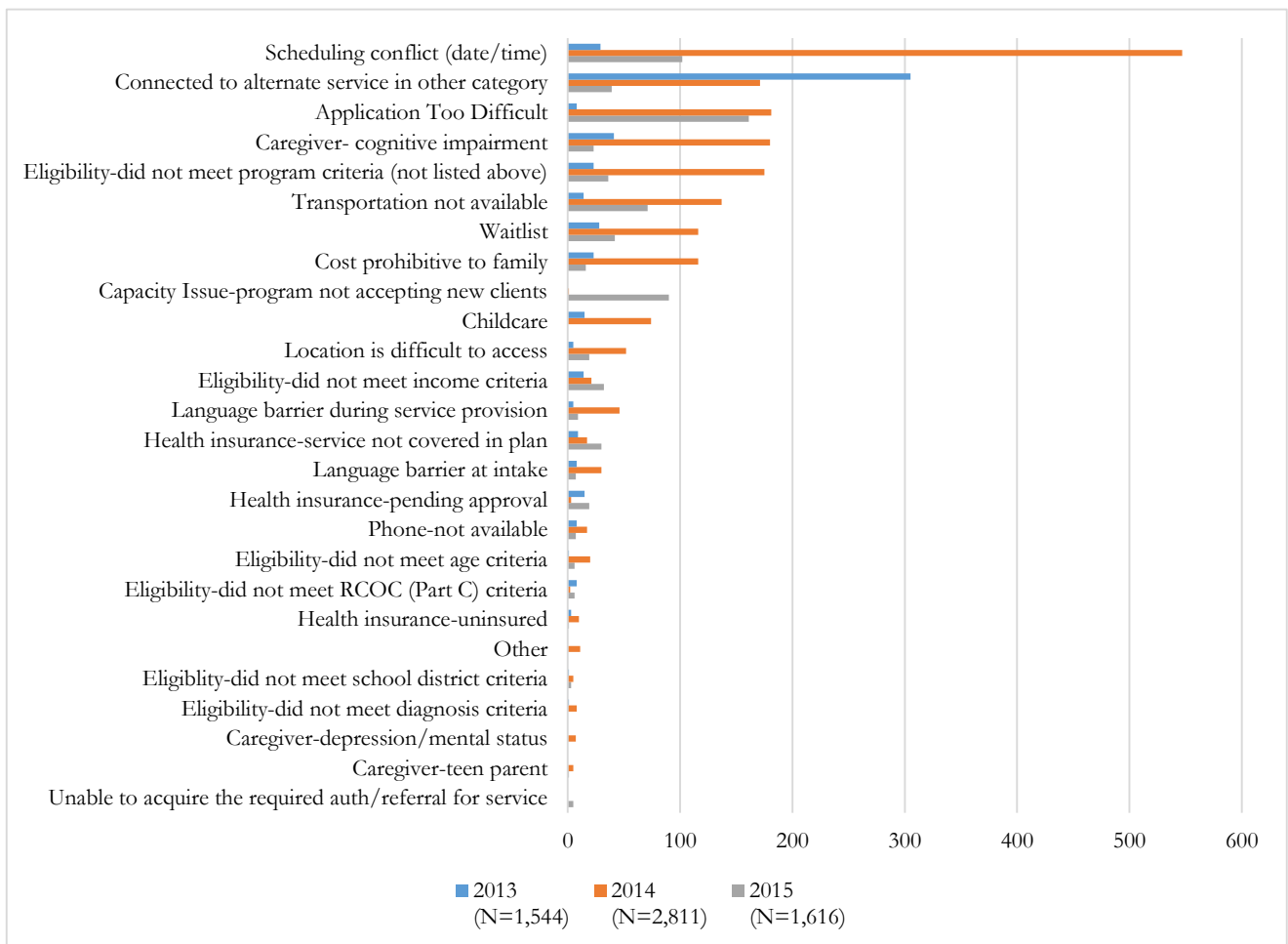
	Percent of all Referrals	Waitlist-eligible but not yet receiving service	Waitlist-does not have an appointment	Unable to obtain referral/ authorization	Received evaluation-not eligible	Agency declined intake	Received evaluation-outcome unknown	Agency did not return call
Parenting/Education	16.1%	31.6%	9.8%		2.2%	7.5%		12.7%
Mental Health/counseling	8.2%	3.9%	7.8%		4.4%	17.9%		13.4%
Health/Primary Care	7.4%	1.0%		41.7%	2.2%	6.5%		0.6%
Educational/Enrichment	7.2%	12.6%	2.0%		1.1%	8.5%		8.3%
Developmental Screening	6.1%	1.0%				1.6%	2.3%	0.6%
Parent/Child Particip.	6.0%	2.9%	3.9%		1.1%	4.6%		7.0%
Com./Speech & Lang.	5.2%	1.5%	7.8%	8.3%	1.1%	2.6%	2.3%	4.5%
Basic Needs	4.9%	13.6%	9.8%		5.6%	13.7%		15.9%
Behavioral Services	4.7%	6.3%	3.9%	25.0%	6.7%	7.8%		6.4%
Parent/Caregiver Support	4.4%	1.0%	3.9%		3.3%	2.3%		8.9%
Recreation/Sports/After School/Camps	4.4%	3.9%	2.0%		2.2%	1.6%		3.2%
Regional Center of OC	3.5%	1.5%	3.9%		30.0%	7.2%	27.3%	
Childcare	2.9%	9.2%	2.0%		1.1%	1.3%		0.6%
School District	2.8%	1.0%	9.8%		28.9%	0.7%	65.9%	
Advocacy	2.1%		2.0%			0.3%		4.5%
Allied Health Prof.	1.9%	1.0%		8.3%	1.1%	1.3%	2.3%	1.9%
Health/Neurodev. Sub.	1.9%	4.9%	27.5%	8.3%		1.3%		
Early Literacy	1.6%					0.3%		0.6%
Social Skills	1.2%	0.5%		8.3%	1.1%	0.7%		0.6%
Access to Hlth Insurance	1.1%				3.3%	1.0%		1.3%
Occupational/PT	0.9%	0.5%				3.6%		0.6%
Legal Assistance	0.9%				2.2%	2.6%		1.3%
Health/Medical Subspec.	0.8%					0.7%		1.3%
Out of Area Referral	0.8%							
Specialized Services	0.4%					0.3%		1.3%
Funding	0.4%							
Feeding	0.3%					1.0%		1.3%
Psycho-ed. Testing	0.3%							
Other	0.3%					0.3%		
Home Visitation	0.2%	2.4%	3.9%					
Equipment	0.2%				1.1%	1.0%		
Physical Therapy	0.2%					1.3%		
Psychiatry	0.2%					0.7%		1.3%
Inclusion Support	0.2%		0.0%					0.6%
Respite/Care Services	0.1%				1.1%			1.3%
<b>Total</b>	<b>28,925</b>	<b>206</b>	<b>51</b>	<b>12</b>	<b>90</b>	<b>307</b>	<b>44</b>	<b>157</b>

## Appendix O: Combined Service Barriers for Overall Help Me Grow Program

Appendix O presents the combined information regarding service barriers. Of the 28,925 referrals provided between 2013 and 2015, 5,971 (25%) had some type of barrier recorded.

The most common barrier recorded was that the caregiver did not follow through (66% of barriers). Figure 1 below provides information on the number of times each barrier—other than caregiver not following through—was recorded, by year. Scheduling conflicts were the biggest barriers in 2014, while the client connecting to an alternative service in a different referral category was cited as a barrier most frequently in 2013.

**Figure 1. Number of Times Each Barrier was Recorded (Excluding Caregiver Not Following Through), 2013 to 2015**



Because lack of follow through is such a significant barrier, the tables below present “caregiver did not follow through” as its own column. Figure 2 presents the percentage of referrals that had a barrier, by referral category as well as the percentage of referrals where the caregiver did not follow through. For instance, the referral category, Regional Center of Orange County, accounted for 3.5% of all referrals,

but only 1.8% of the referrals for which there was a barrier, and only 1.5% of the referrals for which the caregiver did not follow through. This suggests that caregivers were more likely to follow through on a Regional Center referral than other types of referrals. On the other hand, caregivers were less likely to follow through on a referral for parent / caregiver support, which accounted for 4.4% of all referrals, but 6.3% of barriers and 7% of caregivers not following through with referral.

**Figure 2. Rates at which Referral Categories were Associated with Barriers, 2013 to 2015**

	Percent of all Referrals (base)	Percent of referrals with barriers	% of referrals with “caregiver did not follow through”
Parenting/Education	16.1%	17.0%	17.4%
Mental Health/counseling	8.2%	8.2%	8.6%
Health/Primary Care	7.4%	8.0%	7.7%
Educational/Enrichment	7.2%	7.1%	6.8%
Developmental Screening	6.1%	4.6%	4.8%
Parent/Child Participation	6.0%	5.2%	5.6%
Communication/Speech & Language	5.2%	4.7%	4.6%
Basic Needs	4.9%	8.0%	7.5%
Behavioral Services	4.7%	3.8%	3.9%
Parent/Caregiver (Family) Support	4.4%	6.3%	7.0%
Recreation/Sports/After School/Camps	4.4%	6.0%	5.0%
Regional Center of OC	3.5%	1.8%	1.5%
Childcare	2.9%	2.5%	2.6%
School District	2.8%	1.8%	1.5%
Advocacy	2.1%	2.1%	2.1%
Allied Health Professionals	1.9%	2.0%	1.7%
Health/Neurodevelopmental Subspecialists	1.9%	1.0%	1.2%
Early Literacy	1.6%	1.6%	1.6%
Social Skills	1.2%	1.1%	1.3%
Access to Health Insurance	1.1%	1.4%	1.4%
Occupational/Physical Therapy	0.9%	0.8%	1.0%
Legal Assistance	0.9%	1.3%	1.3%
Health/Medical Subspecialists	0.8%	1.3%	1.6%
Out of Area Referral (county)	0.8%	0.0%	0.0%
Specialized Services	0.4%	0.3%	0.4%
Funding	0.4%	0.3%	0.3%
Feeding	0.3%	0.3%	0.3%
Psycho-educational Testing	0.3%	0.1%	0.1%
Other	0.3%	0.4%	0.2%
Home Visitation	0.2%	0.3%	0.4%
Equipment	0.2%	0.2%	0.1%
Physical Therapy	0.2%	0.2%	0.2%
Psychiatry	0.2%	0.1%	0.2%
Inclusion Support	0.2%	0.1%	0.2%
Respite/Care Giving Services	0.1%	0.2%	0.2%
<b>Total</b>	<b>28,925</b>	<b>5,791</b>	<b>3,856</b>

Figure 3 below presents the percentage of children who had a referral with at least one barrier, by demographics. Girls tended to have more referrals with barriers, as did Hispanic children, children whose primary language is Spanish, and children with public health insurance.

**Figure 3. Children with Barriers to Accessing Referrals, by Demographics, 2013 to 2015**

Demographics		Percent with Barriers
<b>Gender</b>	Male	23.8%
	Female	26.5%
<b>Race/ Ethnicity</b>	Asian / Pacific Islander	17.0%
	White	17.3%
	Other / Multiracial	20.4%
	Hispanic / Latino	31.2%
<b>Language</b>	English	20.1%
	Other	20.9%
	Spanish	31.7%
<b>Insurance</b>	None	10.7%
	Private	19.0%
	Other	21.4%
	Public	29.6%

All results are statistically significant at the  $p < .05$  level