DATALINK
PARTNERS

Help Me Grow Orange County
Three Year Report

2019 Through 2021

June 2023

Help Me Grow
ORANGE COUNTY

Acknowledgments

Contents

Appendix

Help Me Grow Orange County embraces the concept of supporting the healthy development of all young children by advancing developmental promotion, early detection, and connection to services. As an early adopter of the HMG model, the Orange County HMG system was established in 2005 and was initially funded by First 5 Orange County. It is the first site in the nation to replicate the Help Me Grow model established statewide in Connecticut in 2002. Help Me Grow provides a comprehensive, coordinated county-wide system for developmental promotion, early identification, referral and care coordination of children at risk for developmental, behavioral and learning problems from birth through age eight. Caregivers, health care and service providers 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; are needing a developmental screening; or want to have their organization included in the developmental services resource database used for referrals. The Help Me Grow team listens to the concerns, assists families in understanding their child's development, helps caregivers decide which referral(s) are right for their children, and facilitates access to appropriate resources and services.

This report provides information about the children and families served by Help Me Grow in calendar years 2019 through 2021 as captured in its System for Tracking Access to Referrals (STAR) database. Using the Results-Based Accountability™ framework, this evaluation documents and measures Help Me Grow'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 developmental concerns (24% of all concerns in 2021, up from 18% in 2019).
• In 2021, 70% of those who discussed their concerns with the child's health care provider were referred to Help Me Grow, up from 56% in 2019.
• In 2021, 47% of calls were for concerns that had arisen one week prior or less, compared with 38% in 2019.
• There were increases in the percentages of referrals for mental health counseling (24% in 2021, up from 21% in 2019) and for communication / speech & language (15% in 2021, up from 13% in 2019).
• In more than 95% of the Regional Center of Orange County referrals where children received an evaluation, those children were found eligible and were receiving services.
• More than 99% of caregivers responded positively when asked if their needs were met after receiving referrals or information for their child and family.
• The positive overall outcome of "connected or pending" to at least one service remains relatively the same, 78% - 79%, during the years 2019 through 2021.

Who does Help Me Grow Serve? During the three-year period between 2019 and 2021:

- More than 7,700 children received services from Help Me Grow;
- Most of the children served were ages five and younger, with a plurality (22%) being two years old;
- Boys received more services than girls (63% and 37%, respectively);
- Sixty-two percent of the children served were Hispanic or Latino;
- More than 65% of the children spoke English as their primary language;
- Almost all of the children had health insurance (98%);
- Most children lived in the cities of Santa Ana, Anaheim, and Garden Grove; and
- Approximately 16% to 24% of children for whom there was a Help Me Grow contact had an existing health related issue and/or disability, respectively.

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, between 2019 and 2021 (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 (2019-2021)

1. Developmental (2,376, 22%)
2. Behavioral (1,748, 16%)
3. Communication (1,521, 14%)
4. General Development (919, 9%)
5. Hearing (875, 8%)
6. Parental Support (572, 5%)
7. Mental Health (421, 4%)
8. Diagnosis (393, 4%)
9. Education (299, 3%)
10. Basic Need (280, 3%)

Most contacts to Help Me Grow were for concerns that had arisen relatively recently, up to one month prior and more than half of those who sought prior help from outside sources for their concern were referred to Help Me Grow for assistance.

Referrals Provided. When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the caregiver's expressed concern(s), the availability of appropriate services and the location of those services in the county. 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/or parent/caregiver support.

From 2019 through 2021, Help Me Grow provided almost 15,500 referrals, with the highest number of referrals in 2019. Figure 2 below presents the top ten referrals provided 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 (2016-2018)

1. Mental Health/counseling (3,495, 23%)
2. Communication/Speech & Lang. (2,158, 14%)
3. Parenting / Education (1,104, 7%)
4. Regional Center of OC (Part C) (1,056, 7%)
5. Behavioral Services (832, 5%)
6. Developmental Screening (829, 5%)
7. Health / Primary Care (725, 5%)
8. School District (545, 4%)
9. Health / Neurodev. Specialist (509, 3%)
10. Advocacy (475, 3%)

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

Figure 3. Key Findings from Referrals Provided, by Demographics

Gender	Girls received more referrals for mental health / counseling than boys. More boys, however, received behavioral referrals than girls.
Health Insurance	Mental health/counseling referrals were most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have.
Ethnicity	Mental health/counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral. Almost 30% of all referrals to Hispanic callers are for mental health/counseling, followed by parenting / education, which accounted for 18% of all referrals.
Language	English-language callers make up the largest proportion of referrals for developmental screening (68%). As a percent within referrals, English- and Spanish-speaking callers are most likely to receive mental health/counseling referrals from Help Me Grow.

Follow-up Care Coordination. When families call Help Me Grow, the Child Development Care Coordinator listens to each caller's questions 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 provide. If the parent declines to consent to share information with primary health care provider, data can still be entered into STAR as an intake. If the caller gives this verbal consent for entry in STAR and the parent provides all the required demographic information, 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 for children ages birth through eight years. The percentage of families agreeing to follow-up care has remained steady over the past few years, at around 92%. Overall, the demographics of children whose caregivers have a higher rate of consenting to follow-up care: males; children identified as Hispanic/Latino, Spanish-speaking callers, and children with public health insurance.

Service and Referral Outcomes and Referral Barriers. Overall, 78% of children who received follow-up care coordination by Help Me Grow between 2019 and 2021 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' decisions to pursue a different Help Me Grow referral or to not use the referral provided.

Of the 15,448 referrals provided to Help Me Grow caregivers between 2019 and 2021, 6,881 (45%) recorded some type of barrier. The most common barrier recorded was caregiver not using referral information. Referrals for girls tended to encounter more barriers, as did referrals for White children, children whose primary language is English, and children with private health insurance.

ASQ Screenings. Between 2019 and 2021, a total of 970 Ages and Stages Questionnaires, Third Edition (ASQ-3s) and 228 Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) screenings were completed and scored. Communication was the main concern identified on the ASQ-3 (37% of ASQ-3 screenings scored below cut off or in the monitoring zone). Of the children who had an ASQ:SE screening, 29% had potential concerns identified and another 14% were in the monitoring zone. About 94% of the 2,315 referrals provided after being identified with a screening, had an outcome of "connected" or "pending".

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. 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. **Centralized access point** to assist families and professions in connecting children to appropriate community-based programs and services.

2. **Child health care provider outreach** supports early detection and intervention and link health care providers to community-based resources to best support families.

3. **Community and family outreach** to promote the use of HMG with a current resource inventory and provide networking opportunities among service providers.

4. **Data collection & Analysis** to support evaluation, help identify systemic gaps, bolster advocacy efforts, and guide quality improvement.

5. **Promotion of developmental surveillance and screening** to ensure availability to all children in Orange County.

National Help Me Grow System Model

HMG OC has added a fifth component: promotion of developmental surveillance and screening.
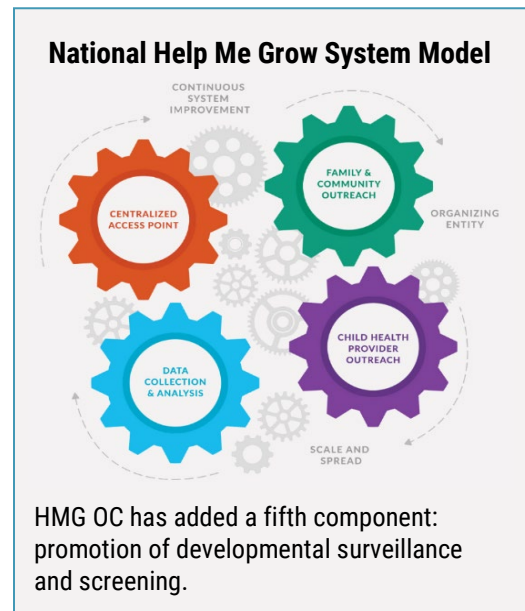
In 2009 Help Me Grow created and launched the System for Tracking Access to Referrals (STAR) database in order to gather information about the children and families it serves, the referrals and care coordination it provides, connections to services as a result of the referrals, as well as outreach events and efforts.

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 provided funding for a developmental screening network and the OC Children's Screening Registry (Registry). The Registry launched in February 2018 and is an online database that allows primary health care and other community-based providers to view and enter developmental, behavioral, and adverse childhood experiences screening data and share information on referrals and outcomes.

In recent years, Help Me Grow has taken a larger role supporting Orange County's early identification and intervention system, including spearheading collaboratives such as Detect & Connect OC and the Orange County Care Coordination Collaborative for Kids (OCC3 for Kids).

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

Help Me Grow Pathway to Services
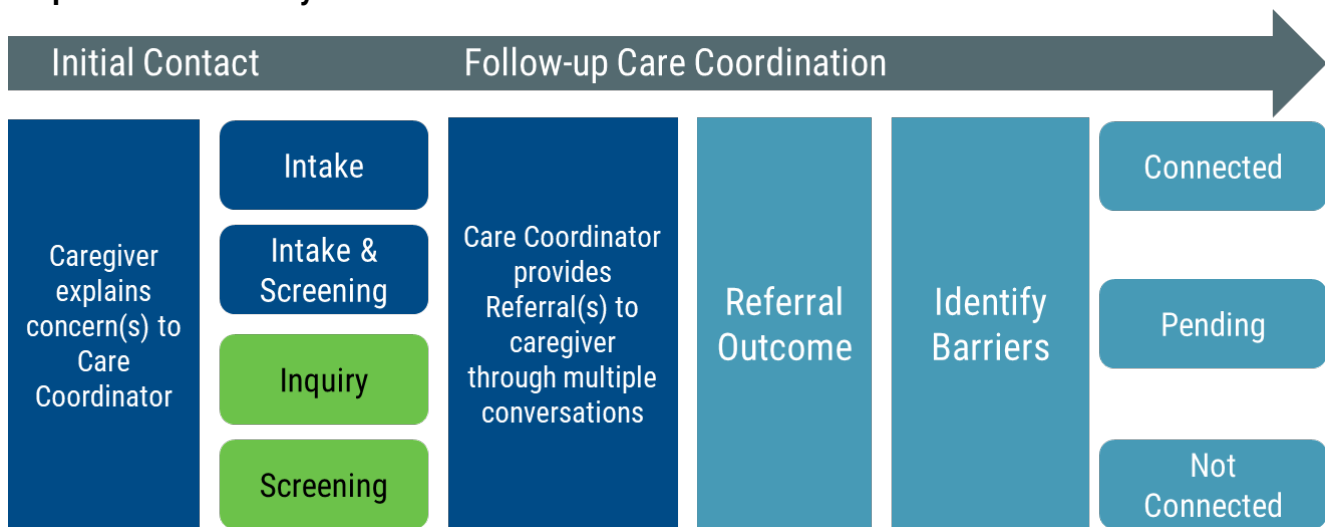
This report provides information on the children and families served by Help Me Grow in calendar years 2019 through 2021. The format is similar to the 2016 through 2018 Help Me Grow report, which includes analysis using SPSS statistical software to observe differences in key activities by subpopulations.[1]

The intent of this review of Help Me Grow data is to document the successes and challenges ensuing from the Help Me Grow model in order to ensure that the results and impacts of these investments are communicated to Help Me Grow and First 5 Orange County, and to provide documentation for use in fundraising opportunities. As in prior Help Me Grow reports, this evaluation uses the Results-Based Accountability™ (RBA) framework developed by Mark Friedman. The RBA framework can assist Help Me Grow with documenting and measuring its efforts and impacts in answering the following questions:

Measuring Effort & Impact

- 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 is STAR, the customized database used specifically for HMG implementation. Where possible, depending on if there is a large enough sample size, this report considers whether data are statistically significant at the p=.05 level using the Pearson Chi-Square test.

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[1] For prior reports, see, HMG Orange County, 3-Year Evaluation Report: 2016-2018; HMG Orange County, 3-Year Evaluation Report: 2013-2015; HMG Orange County, 3-Year Evaluation Report: 2010-2012; HMG Orange County 2009 Annual Evaluation Report (January 2007 through September 2009).

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.

II.   How Much Did Help Me Grow Do?

A. Total Number of Contacts

During the three-year period of 2019 to 2021, more than 7,700 children received services from Help Me Grow (unduplicated count within each year).

Figure 1. Number of Children Served, by Year
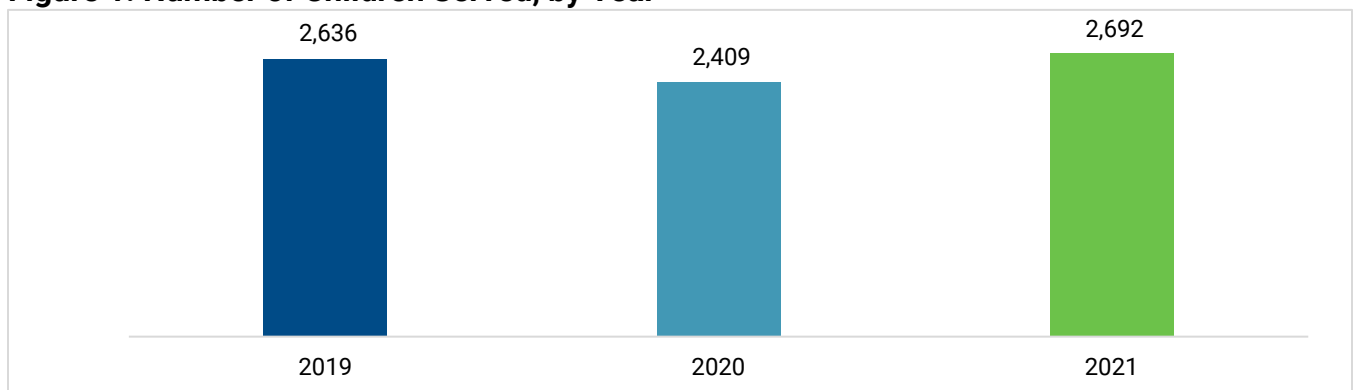
B. Type of Contact

Most families and providers reached Help Me Grow through the toll-free number. In 2021, for example, 1,277 callers accessed Help Me Grow through the toll-free number while only 528 had used Help Me Grow's online portal.[2] In 2018, Help Me Grow launched access to developmental screening on its website branded as *Am I On Track*, where anyone with a child living in Orange County can complete a developmental screening initiated through a link available on the website and Help Me Grow processes the screenings and connects families to referrals, when needed. Also, in February 2018, the county's OC Children's Screening Registry was launched, and the number of direct electronic referrals initiated within the Registry for connection to services is increasing each year.

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[2] For the duration of this report, *contacts* and *callers* are used interchangeably and are understood as being those individuals contacting Help Me Grow by phone, online portal or in-person at a community event.

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

	2019	2020	2021	3-Year Total
HMG Toll Free Number	1,511	1,083	1,277	3,871
OC Children's Screening Registry	337	661	648	1,646
HMG Online	511	377	528	1,416
HMG Developmental Screening	141	156	131	428
HMG Community Effort	76	103	99	278
QRIS Child Care Provider	27	26	6	59
Other	31	2	1	34
Total	**2,634**	**2,408**	**2,690**	**7,732**

A large majority of those who contacted Help Me Grow were the mothers of the children they were calling about (83.6% in 2021). Less frequently, it was the father (7.4% in 2021) or other caregiver of the child who reached out to Help Me Grow.

Figure 3. Caller Relationship to Child, by Year
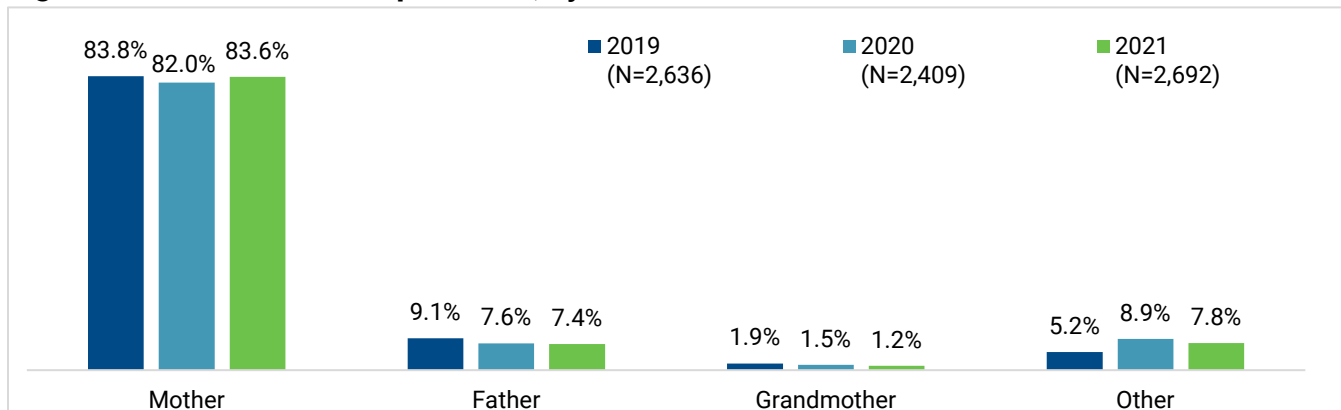
C. Children's Demographics

Children's Age

Most of the children served by Help Me Grow were ages five and younger, consistent with the mission of First 5 Orange County, which targets children younger than six years of age.

Figure 4. Age of Children Served by Help Me Grow, by Year
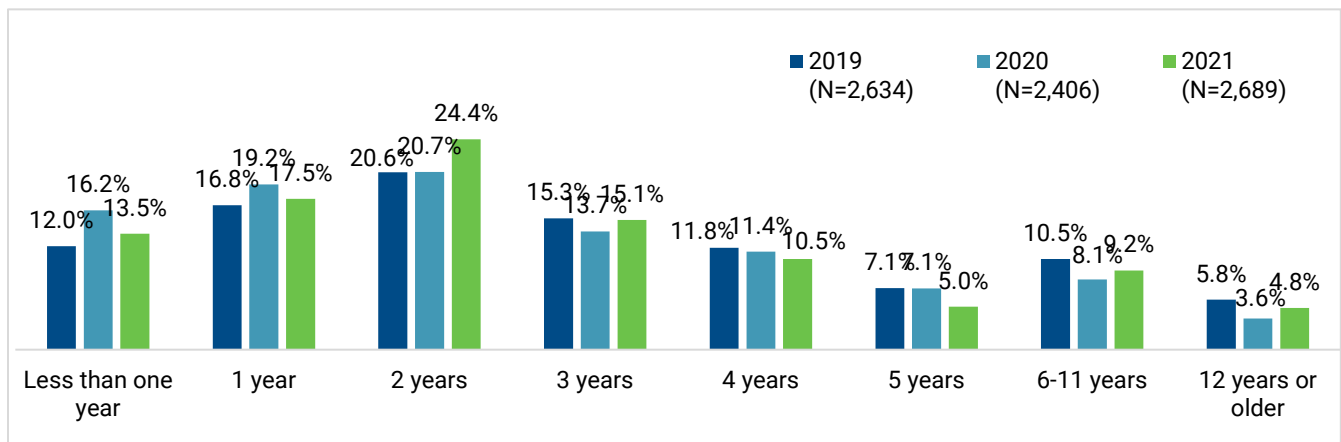
Children's Gender

While gender is fairly evenly split in the overall population, Help Me Grow consistently serves more boys than girls. In 2021, 62.4% of children served by Help Me Grow were boys and 37.6% girls.

Figure 5. Gender of Children Served by Help Me Grow, by Year
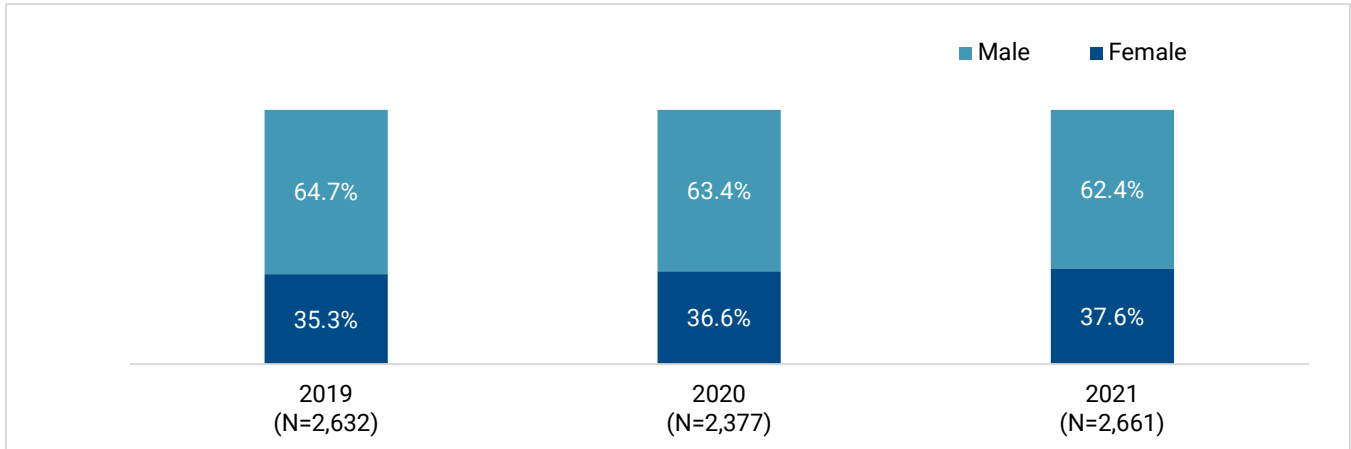
Children's Ethnicity

During the three-year period between 2019 and 2021, most of the children served by Help Me Grow were Hispanic or Latino (62.6% in 2021). Children whose parents identified them as White made up the next largest ethnic category (14.0%), followed by those of more than one ethnicity (12.5%) and Asian / Pacific Islanders (7.0%). In all of Orange County, by contrast, among children ages five and younger 41% are Hispanic, 34% White, 18% Asian, 5% two or more ethnicities and 2% other (Department of Finance, 2021).

Figure 6. Race/Ethnicity of Children Served by Help Me Grow, by Year
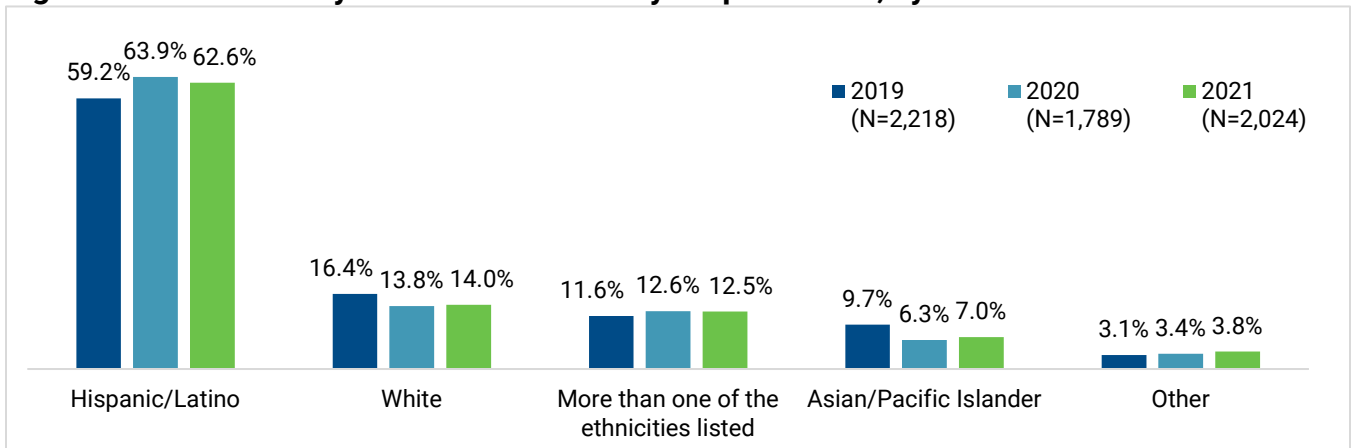
Caregiver's Primary Language

in 2021, more than two-thirds of caregivers who contacted Help Me Grow spoke English as their primary language, with another 30% speaking Spanish.

Figure 7. Caregiver's Primary Language Served by Help Me Grow, by Year
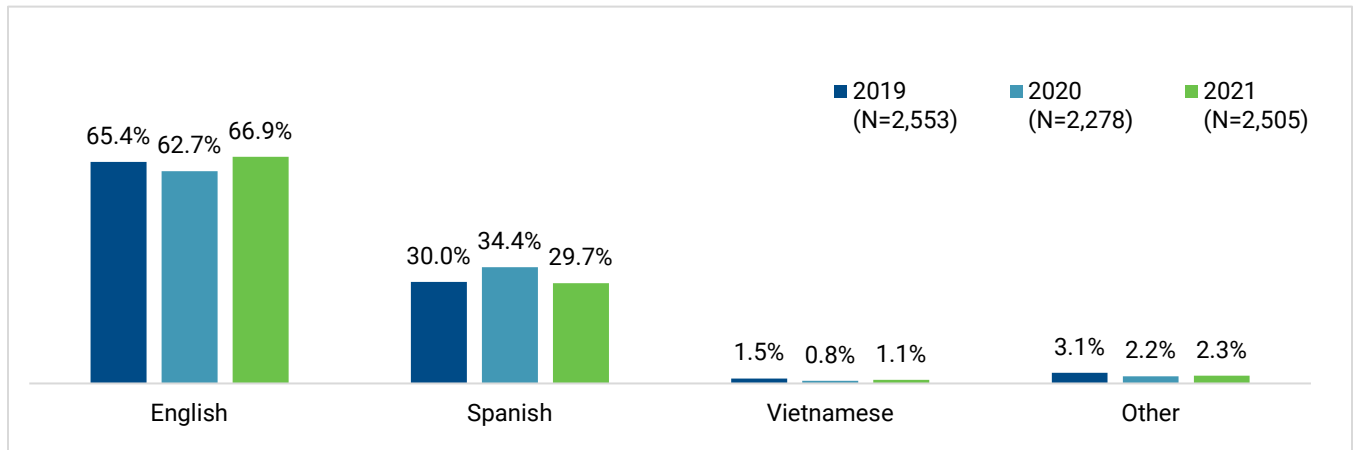
Family Types

More than two-thirds (69.5%) of the children for whom someone contacted Help Me Grow in 2021 lived in two-parent families, with another 25.8% living in single-parent families and 5% living with a relative caregiver, a foster placement or a relative foster placement.

Figure 8. Family Type Served by Help Me Grow, by Year
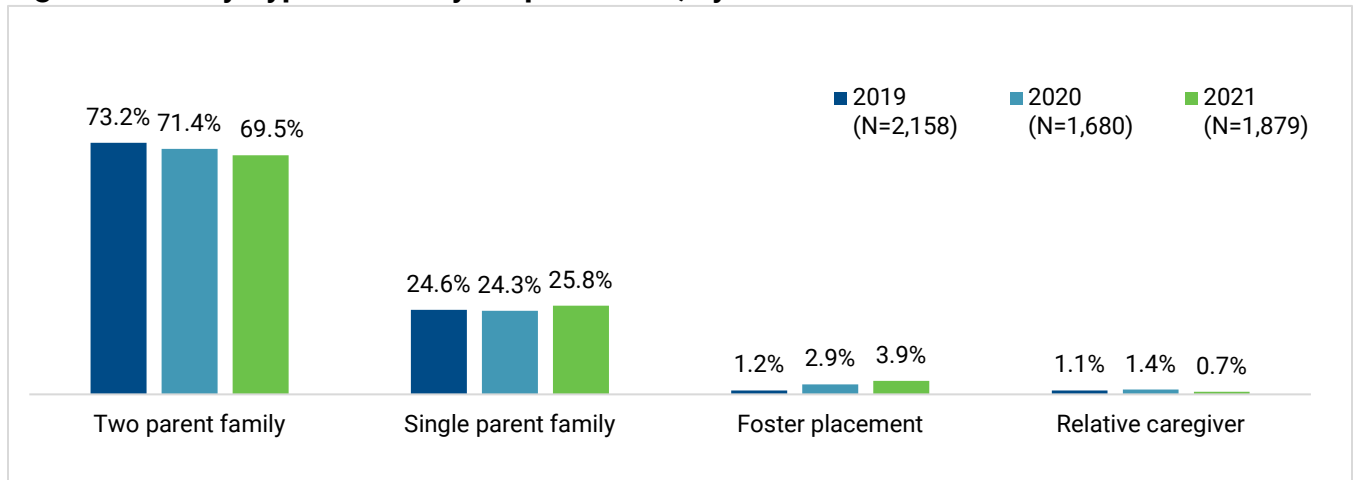
Children's Health Insurance

Almost all of the children (98.8% in 2021) who had an intake with Help Me Grow had health insurance.

Figure 9. Child Has Health Insurance, by Year
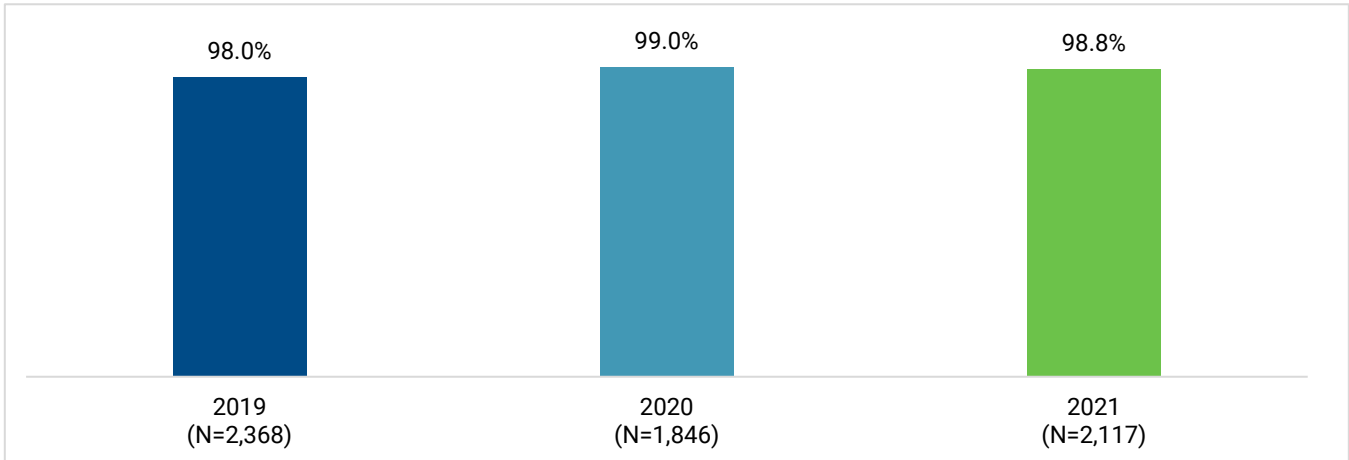
By far, public insurance (e.g., CalOptima [full scope Medicaid], Temporary Medi-Cal [limited scope Medicaid], or some other public health insurance) was the most common type of insurance covering children for whom someone had contacted Help Me Grow (78% in 2021). Also in 2021, 22% of Help Me Grow-serviced children were covered by private insurance, and less than 1% had some other insurance.

Figure 10. Type of Health Insurance, by Year
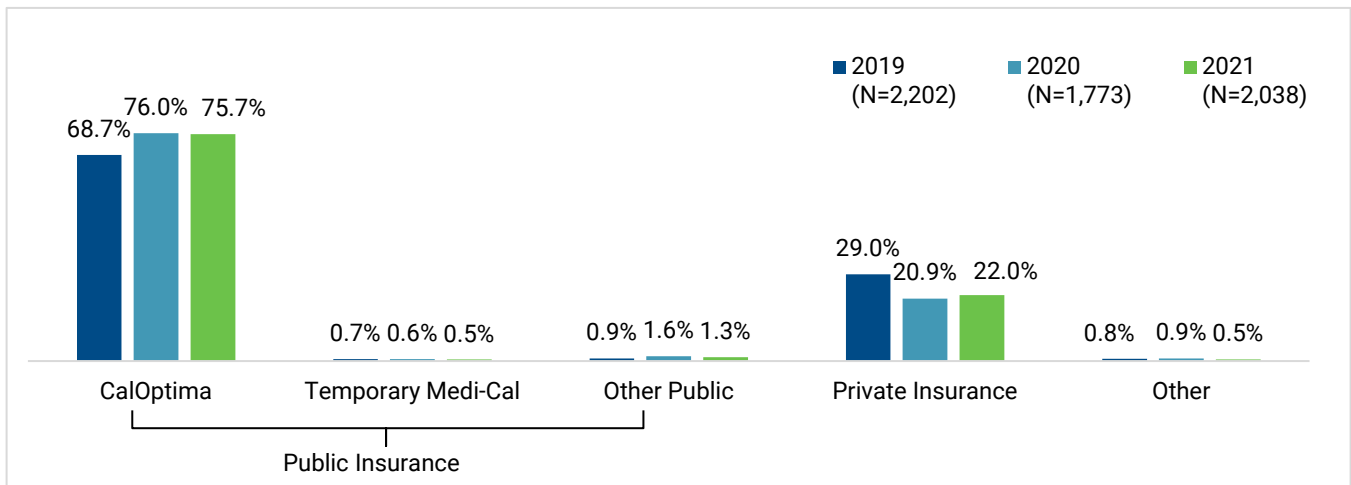
Children's Locations

The largest population of children for whom someone contacted Help Me Grow lives in the central Orange County cities of Santa Ana, Anaheim, and Stanton. Figure 11 below breaks down the number of callers between 2019 and 2021 based on zip code.

Figure 11. Number of Help Me Grow Callers, by Orange County Zip Code, 2019 to 2021
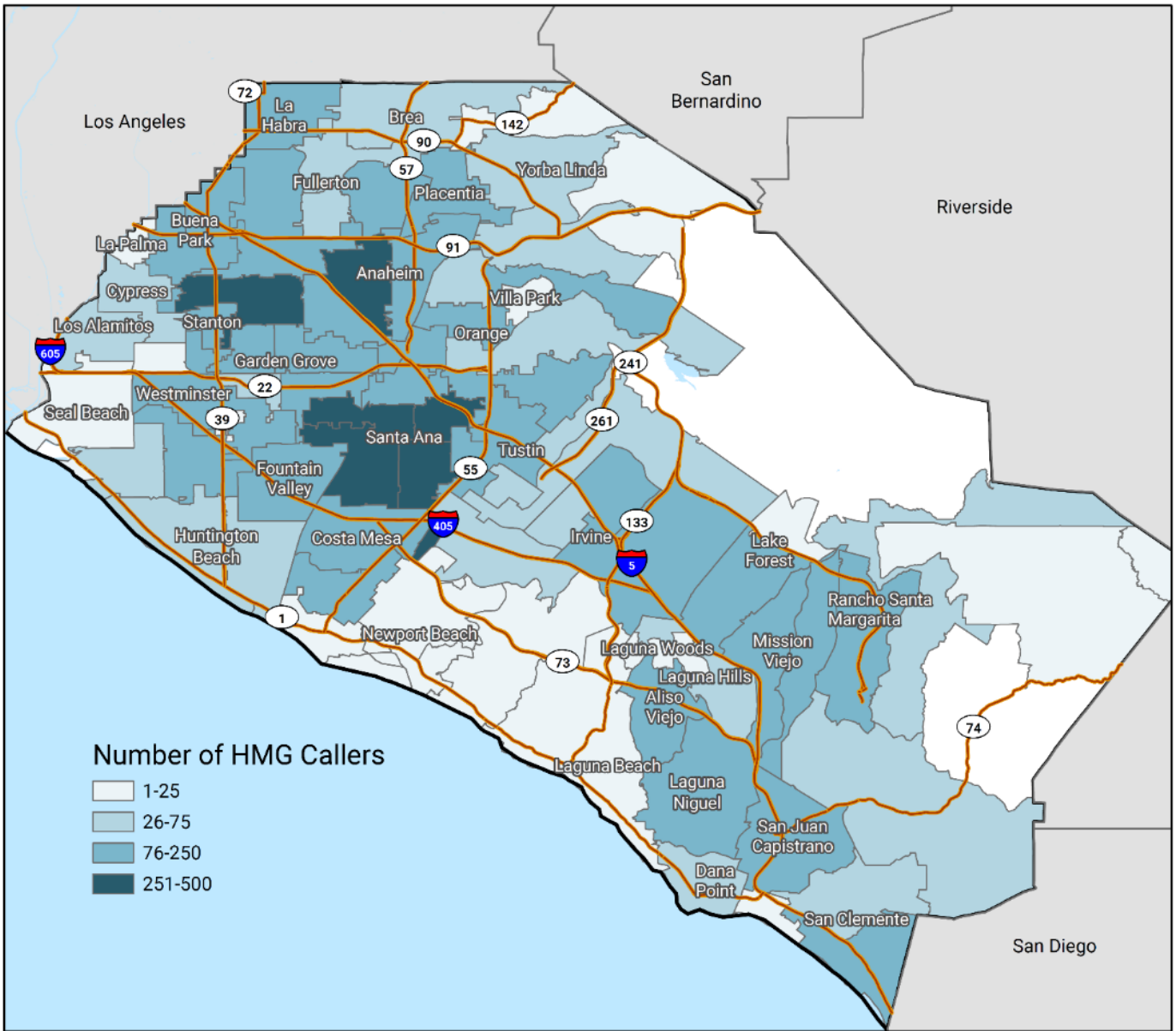
More than half of the children for whom someone had a concern lived within the boundaries of the Santa Ana Unified School District, Anaheim Elementary School District, or Garden Grove Unified School District.

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

Santa Ana US: 2019 27.8%, 2020 28.1%, 2021 25.8%
Anaheim Elementary SD: 2019 15.1%, 2020 17.2%, 2021 16.3%
Garden Grove USD: 2019 10.1%, 2020 9.6%, 2021 11.5%
Irvine USD: 2019 8.8%, 2020 7.3%, 2021 7.7%
Orange USD: 2019 8.2%, 2020 8.0%, 2021 7.5%
Saddleback Valley USD: 2019 8.0%, 2020 9.0%, 2021 5.6%
Capistrano USD: 2019 6.4%, 2020 7.4%, 2021 7.7%
Tustin USD: 2019 6.4%, 2020 4.8%, 2021 6.1%
Newport-Mesa USD: 2019 4.6%, 2020 3.8%, 2021 6.4%
Fullerton SD: 2019 4.5%, 2020 4.7%, 2021 5.3%

2019 (N=1,804) 2020 (N=1,408) 2021 (N=1,536)

Existing Health-Related Issues and Disabilities

Approximately 13% to 22% 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

Health Related Issue   Disability

2019: Health Related Issue 20.1%, Disability 26.4%
2020: Health Related Issue 14.3%, Disability 24.4%
2021: Health Related Issue 13.3%, Disability 22.3%
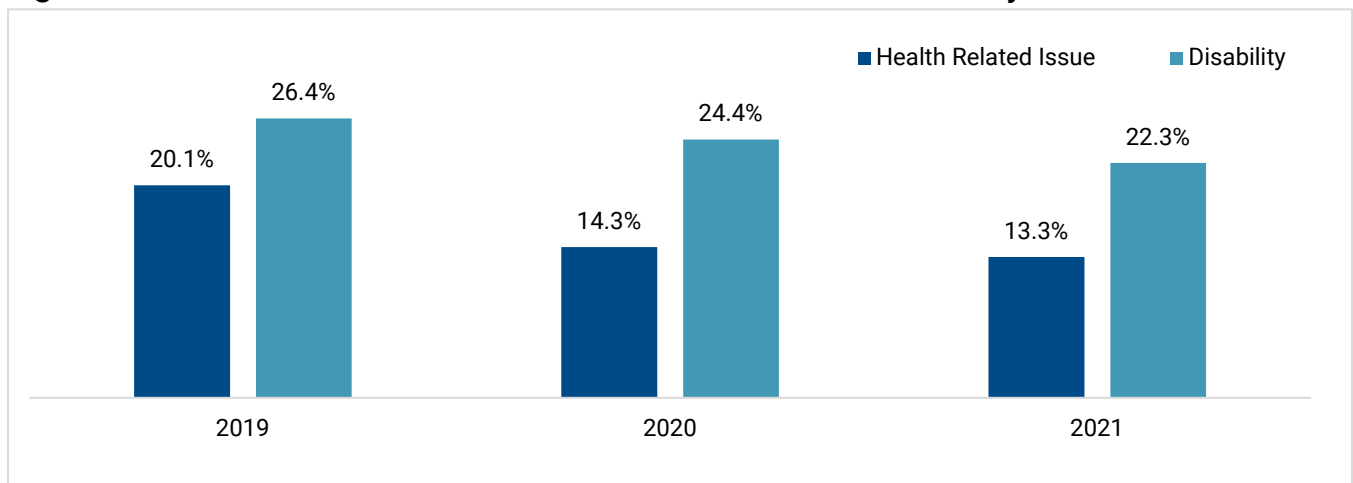
Of those children with a health-related issue, those with "other" chronic illness accounted for one-third of the health issues, followed by prematurity at 31.1% and asthma at 18.0% of health-related

issues. "Other" chronic illnesses include depression, cleft palate, obesity 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, 2019 to 2021 (N=1,233)
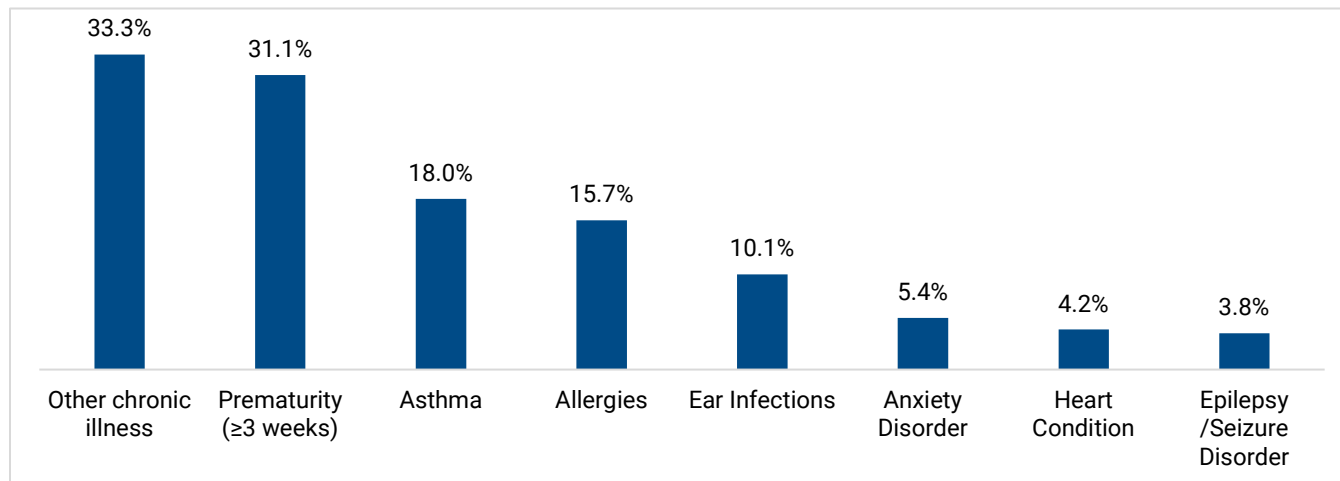
Among children with disabilities, more than two-thirds had speech or language disorders and 28.1% had autism or autism spectrum disorder. "Other" accounted for 10.7% of disabilities, including learning disabilities, deafness, down syndrome, among others. (Because children could have more than one disability, the percentages add up to more than 100%.)

Figure 15. Disabilities by Type, 2019 to 2021 (N=1,885)
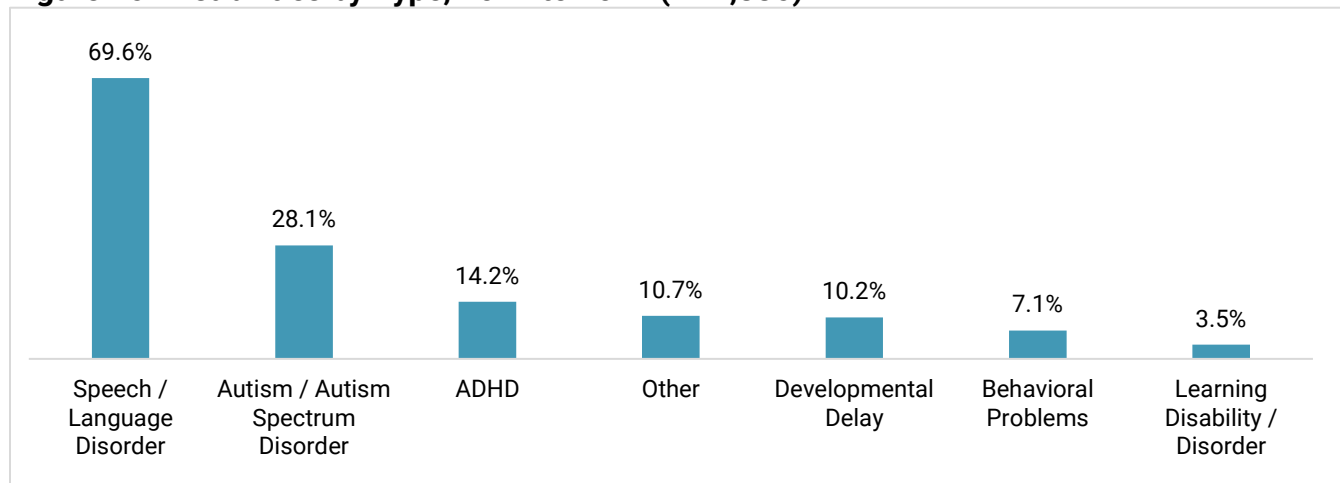
D. Concerns Expressed by Caregivers

Caregivers calling 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 Help Me Grow National Data Indicators. Because caregivers may identify more than one concern per child, 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 blue. The most common concern reported for Help Me Grow caregivers is developmental concerns (22.2% of all concerns for 2019 through 2021), followed by behavioral (16.3% during the same time period). See Appendix A for definitions of these concerns.

Figure 16. Type of Concerns, by Year

		2019	2020	2021	3-Year Combined
Developmental Concerns	#	643	833	900	2,376
	%	18.0%	24.4%	24.2%	22.2%
Behavioral	#	699	526	523	1,748
	%	19.6%	15.4%	14.1%	16.3%
Communication	#	528	480	513	1,521
	%	14.8%	14.1%	13.8%	14.2%
General Development	#	238	263	418	919
	%	6.7%	7.7%	11.2%	8.6%
Hearing	#	368	272	235	875
	%	10.3%	8.0%	6.3%	8.2%
Parental Support	#	175	210	187	572
	%	4.9%	6.2%	5.0%	5.3%
Mental Health	#	151	115	155	421
	%	4.2%	3.4%	4.2%	3.9%
Diagnosis	#	164	102	127	393
	%	4.6%	3.0%	3.4%	3.7%
Education	#	118	93	88	299
	%	3.3%	2.7%	2.4%	2.8%
Basic Need	#	38	109	133	280
	%	1.1%	3.2%	3.6%	2.6%
Child Care	#	94	58	84	236
	%	2.6%	1.7%	2.3%	2.2%
Health Insurance	#	89	79	58	226
	%	2.5%	2.3%	1.6%	2.1%
Adaptive	#	53	47	56	156
	%	1.5%	1.4%	1.5%	1.5%
Gross Motor	#	57	48	48	153
	%	1.6%	1.4%	1.3%	1.4%
Social Interactions	#	66	25	57	148
	%	1.8%	0.7%	1.5%	1.4%
General Information	#	11	45	72	128
	%	0.3%	1.3%	1.9%	1.2%

		2019	2020	2021	3-Year Combined
Health/Medical	#	18	35	22	75
	%	0.5%	1.0%	0.6%	0.7%
Cognitive (Learning)	#	24	19	11	54
	%	0.7%	0.6%	0.3%	0.5%
Family Functioning	#	16	14	17	47
	%	0.4%	0.4%	0.5%	0.4%
Fine Motor	#	6	21	3	30
	%	0.2%	0.6%	0.1%	0.3%
Vision	#	11	9	4	24
	%	0.3%	0.3%	0.1%	0.2%
Other	#	6	6	5	17
	%	0.2%	0.2%	0.1%	0.2%
Living Condition	#	1	0	1	2
	%	0.0%	0.0%	0.0%	0.0%
Total	#	3,574	3,409	3,717	10,700
	%	100%	100%	100%	100%

Concerns, by Key Demographics

The types of concerns caregivers calling Help Me Grow had varied by demographics (refer to Appendix D for detailed charts and descriptions, by demographics). Below are the key findings.

- *Age:* Caregivers' concerns varied by children's ages. For instance, communication appears to be the most prevalent concern among children who are two years old, while developmental concerns are most prevalent among children age one. Children two years old have the most concerns overall.

- *Gender:* Help Me Grow receives calls about concerns for boys much more frequently than for girls. More than three quarters (76%) of children identified with diagnosis concern are boys.

- *Ethnicity:* Behavior is the main concern cited by caregivers whose children are Hispanic/Latino and White.

- *Language:* Developmental concerns was the concern cited most by caregivers who were English and Spanish speakers, whereas communication is cited most by caregivers who speak some other language.

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 2021, less than 2% of callers' concerns endured three years or longer. Among callers whose concerns did endure three years or longer, the main concerns were behavioral, development, and mental health.

Figure 17. Duration of Concern, 2019 to 2021

Legend:
- 2019 (N=3,575)
- 2020 (N=3,407)
- 2021 (N=3,715)

Category	2019	2020	2021
1 week or less	37.7%	48.8%	47.2%
1 month or less	14.4%	12.6%	14.4%
2-3 months	12.0%	10.6%	12.7%
4-6 months	13.5%	12.1%	12.0%
1 year	13.7%	9.7%	8.7%
2 years	4.5%	3.4%	3.0%
3 years	2.1%	1.4%	1.0%
4 years	0.8%	0.6%	0.5%
5 years	1.3%	0.9%	0.4%
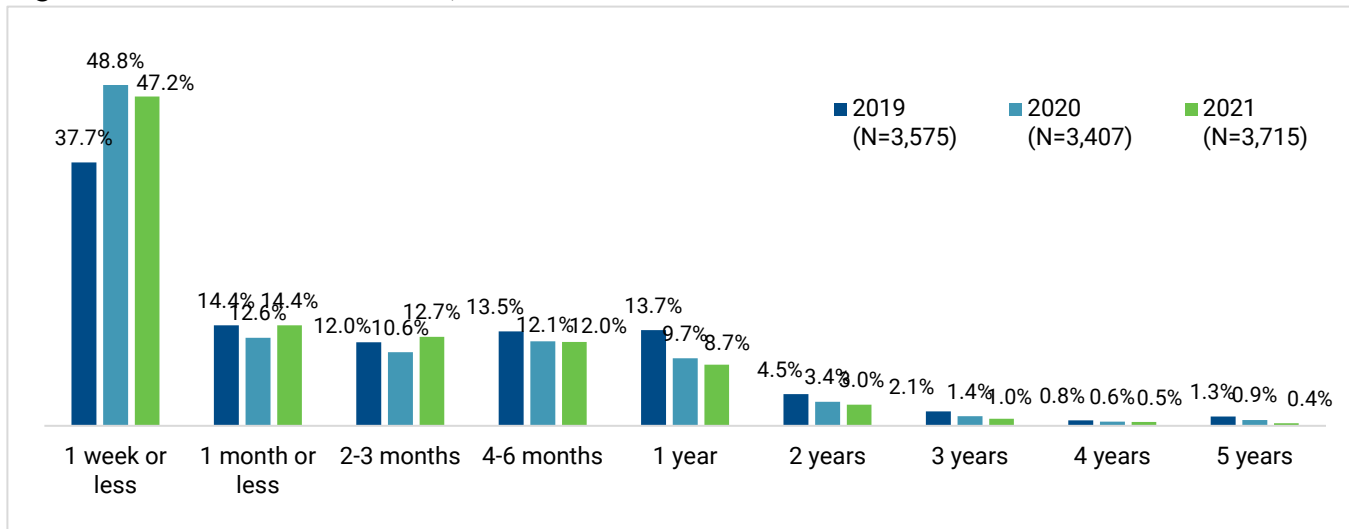
Previous Efforts to Seek Help

In 2021, 14% of callers reporting concerns had sought previous help for their given concerns. More than one-fifth (21.0%) of those who had sought previous help are currently being served. Another 18.0% 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 18. Previous Effort to Seek Help, 2019 to 2021

Legend:
- 2019 (N=762)
- 2020 (N=666)
- 2021 (N=528)

Category	2019	2020	2021
Service currently in progress	26.2%	29.4%	21.0%
Received services-no longer eligible	24.0%	21.8%	18.0%
Prefer a different provider	11.2%	13.2%	18.0%
Applied-pending response	7.6%	11.0%	11.9%
Eligible-pending service	8.4%	8.0%	13.1%
Denied eligibility	11.4%	7.4%	7.2%
Called-pending response	8.0%	6.5%	8.5%
Eligible-declined service	2.5%	2.3%	1.9%
Contacted service-cost prohibitive	0.7%	0.6%	0.4%

Medical Provider Responses to Concerns

In 2021, 69.5% of those who discussed their concerns with the child's health care provider were referred to Help Me Grow. Also in 2021, 12.4% of those who sought help were referred to a specialist and another for 4.4% of cases where prior help was sought, the health care provider was not concerned (e.g. took a "wait and see" approach).

Figure 19. Medical Provider Response to Concern, 2019 to 2021

Legend:
- 2019 (N=1,602)
- 2020 (N=1,213)
- 2021 (N=1,336)

Category	2019	2020	2021
Referred to Help Me Grow	55.7%	60.9%	69.5%
Referred to specialist for further evaluation	15.5%	14.3%	12.4%
Health Care Provider not concerned	13.5%	11.4%	7.2%
Recommended follow up at future date	6.6%	4.4%	4.4%
Referred to other community based agency	4.4%	4.6%	3.4%
Referred to Regional Center of Orange County	2.4%	2.3%	2.2%
Referred to school district	1.1%	1.2%	0.7%
Other	0.9%	0.8%	0.1%

III.   How well is Help Me Grow doing it?

A. Types of Intakes

In 2021, more than three-quarters (78%) 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 8% of callers had 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) or the child was nine years or above. Five percent of callers in 2021 were requesting a screening and 8% had both an intake and a screening.

> **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 occur because the caregiver prefers to remain anonymous, the child is above eight years of age 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 20. Intake Type (N=7,257)

	2019	2020	2021
Inquiry	8.1%	7.5%	8.8%
Screening	6.7%	7.8%	4.8%
Intake & Screening	4.9%	7.2%	8.1%
Intake	80.4%	77.6%	78.3%

Legend: Intake, Intake & Screening, Screening, Inquiry
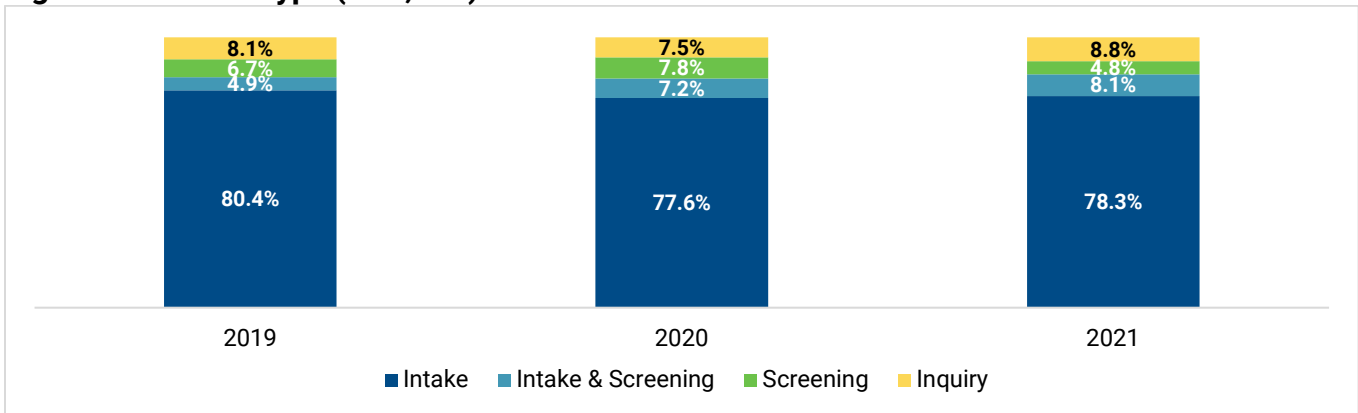
Reasons Intakes Are Closed

When it is time to follow up with families (dependent on the type of referral, family situation although 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 or email if preferred by caregiver and one by letter in the mail. When intakes are closed, the reasons are documented in the STAR 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 (38.8% 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 (30.8% between 2019 and 2021).

Figure 21. Reasons Intakes Are Closed, by Year (N=6,129)

	2019	2020	2021	3-Year Total
Caregiver provided outcome information	45.6%	35.2%	35.6%	38.8%
Unable to reach after multiple attempts	27.2%	28.6%	36.4%	30.8%
Reached caregiver then lost to follow-up	16.1%	19.1%	15.9%	17.0%
Provided information only - no referrals given	6.1%	11.3%	8.3%	8.5%
Agency provided outcome information	1.4%	2.0%	1.4%	1.6%
Phone out of service and no known email	1.1%	1.8%	1.4%	1.4%
Caregiver declined follow-up	0.9%	0.7%	0.6%	0.7%
Incorrect phone number and no known email	0.6%	1.0%	0.2%	0.6%
Unable to reach-no message on phone line	0.7%	0.0%	0.0%	0.2%
Child moved/resides outside of county	0.1%	0.2%	0.1%	0.2%
Not available to respond to questions	0.2%	0.0%	0.0%	0.1%
Screening Only - no contact with caregiver	0.1%	0.1%	0.0%	0.1%

Reasons Intakes Are Closed, by key demographics

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

- *Gender:* More boys (41%) than girls (36%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.

- *Ethnicity:* Regardless of race/ethnicity, very few families (less than 2%) declined follow-up care coordination in their initial calls.

- *Language:* Spanish-speaking families were less likely to have their case closed because Help Me Grow was unable to reach them after multiple attempts compared to English-speaking families (28% and 33%, respectively).

- *Health Insurance:* Families with public health insurance were more likely to have received information only, with no referral given than those with private insurance (8% compared to 3%).

- All of the above results are statistically significant at the p =≤.05 level.

B. Referrals Provided

When someone contacts Help Me Grow with a concern or concerns, the CDCC provides referrals based on the caregiver's expressed concern, the availability of appropriate services and the location of those services in the county compared to where the family lives. 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. See Appendix B for definitions of these referrals.

From 2019 through 2021, Help Me Grow provided a total of 15,448 referrals, with the highest number of referrals in 2019.

Figure 22. Number of Help Me Grow Referrals, by Year
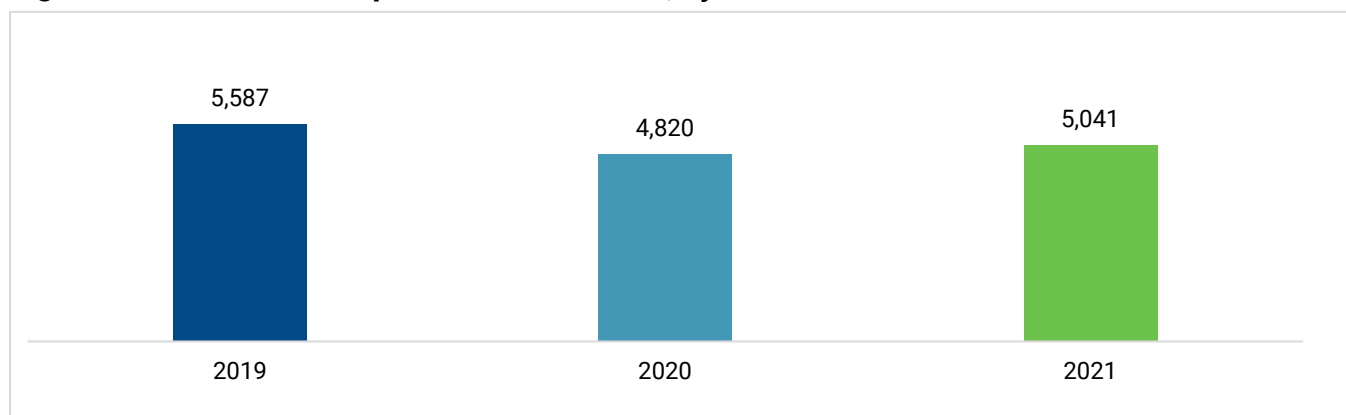
Figure 23 below presents the number and percentage of each type of referral provided among all referrals overall (so each column's percentages add up to 100%). The top ten referrals are noted in blue. The most common type of referral provided to is for mental health / counseling (22.6% of all referrals), followed by a referral for communication / speech & language (14.0% of all referrals during the same time period). See Appendix B for definitions of these referral categories.

Figure 23. Type of Help Me Grow Referral, by Year

		2019	2020	2021	3 Year Total
Mental Health / counseling	#	1,171	1,110	1,214	3,495
	%	21.0%	23.0%	24.1%	22.6%
Communication / Speech & Language	#	725	688	745	2,158
	%	13.0%	14.3%	14.8%	14.0%
Parenting / Education	#	498	317	289	1,104
	%	8.9%	6.6%	5.7%	7.1%
Part C: Regional Center of Orange County (RCOC)	#	367	325	364	1,056
	%	6.6%	6.7%	7.2%	6.8%
Behavioral Services	#	292	253	287	832
	%	5.2%	5.2%	5.7%	5.4%
Developmental Screening	#	191	245	393	829
	%	3.4%	5.1%	7.8%	5.4%
Health / Primary Care	#	229	325	171	725
	%	4.1%	6.7%	3.4%	4.7%
School District	#	212	182	151	545
	%	3.8%	3.8%	3.0%	3.5%
Health / Neurodevelopmental Subspecialists	#	227	148	134	509
	%	4.1%	3.1%	2.7%	3.3%
Advocacy	#	184	174	117	475
	%	3.3%	3.6%	2.3%	3.1%
Occupational / Physical Therapy	#	134	171	158	463
	%	2.4%	3.5%	3.1%	3.0%
Parent / Child Participation	#	252	66	99	417
	%	4.5%	1.4%	2.0%	2.7%
Childcare	#	176	110	123	409
	%	3.2%	2.3%	2.4%	2.6%
Recreation/ Sports/ After School/ Camps	#	199	71	114	384
	%	3.6%	1.5%	2.3%	2.5%
Basic Needs	#	36	174	166	376
	%	0.6%	3.6%	3.3%	2.4%
Allied Health Professionals	#	92	131	84	307
	%	1.6%	2.7%	1.7%	2.0%
Educational / Enrichment	#	107	60	97	264
	%	1.9%	1.2%	1.9%	1.7%
Early Literacy	#	153	43	65	261
	%	2.7%	0.9%	1.3%	1.7%
Parent / Caregiver (Family) Support	#	104	80	67	251
	%	1.9%	1.7%	1.3%	1.6%
Access to Health Insurance	#	97	83	62	242
	%	1.7%	1.7%	1.2%	1.6%

		2019	2020	2021	3 Year Total
Social Skills	#	43	7	23	73
	%	0.8%	0.1%	0.5%	0.5%
Feeding	#	31	10	26	67
	%	0.6%	0.2%	0.5%	0.4%
Health / Medical Subspecialists	#	16	8	39	63
	%	0.3%	0.2%	0.8%	0.4%
Legal Assistance	#	13	20	12	45
	%	0.2%	0.4%	0.2%	0.3%
Out of Area Referral (county)	#	5	7	14	26
	%	0.1%	0.1%	0.3%	0.2%
Specialized Services	#	14		10	24
	%	0.3%	0.0%	0.2%	0.2%
Funding	#	9	2	11	22
	%	0.2%	0.0%	0.2%	0.1%
Psycho-educational Testing	#	6	7	2	15
	%	0.1%	0.1%	0.0%	0.1%
Equipment	#		3	3	6
	%	0.0%	0.1%	0.1%	0.0%
Respite / Care Giving Services	#	4			4
	%	0.1%	0.0%	0.0%	0.0%
Other	#			1	1
	%	0.0%	0.0%	0.0%	0.0%
Total	#	**5,587**	**4,820**	**5,041**	**15,448**
	%	**100%**	**100%**	**100%**	**100%**

Referrals, by Key Demographics

Appendix F provides details on the referrals provided to Help Me Grow caregivers by select demographics. Below are the key findings.

- *Gender:* Girls received more referrals for mental health / counseling than boys. More boys, however, received behavioral referrals than girls.

- *Age:* Referrals also varied based on children's ages. For instance, referrals for communication / speech and language appear to be the most prevalent referrals among children three years old, while Regional Center of Orange County referrals are most prevalent with children who are two years old.

- *Ethnicity.* Mental health/counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral. Almost 30% of all referrals to Hispanic callers are for mental health/counseling, followed by parenting / education, which accounted for 18% of all referrals.

- *Language:* English-language callers make up the largest proportion of referrals for developmental screening (68%). As a percent within referrals, English- and Spanish-speaking callers are most likely to receive mental health/counseling referrals from Help Me Grow. Callers who speak some other language most often received referrals for communication / speech & language.

- *Health Insurance*: Mental health/counseling referrals were most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have.

C. What community outreach efforts were made?

Help Me Grow's four 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 services, 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 are also responsible for community and family outreach, health care provider outreach, and facilitation of 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.

Connection Cafés

At the end of each Connection Café, the Community Liaisons distribute a survey for participants to complete, which asks questions about their experience at the Café.

Respondents are asked questions on a scale of 1 (not a lot) to 5 (a lot). Average scores of surveys collected between 2019 and 2021 include:
- Overall usefulness of Connection Café: **4.7**
- Value of networking event: **4.5**
- How much learned from information presented by guest speaker: **4.5**
- Usefulness of information presented by guest speaker: **4.6**
- Likelihood of following up with someone they met at Café: **4.0**

Note: Survey data only available for 11 of the 18 Community Cafes.

From January 2019 through December 2021, Help Me Grow's Community Liaisons had more than 2,600 outreach activities with providers.

Figure 24. Community Outreach Activities, January 2019 to December 2021
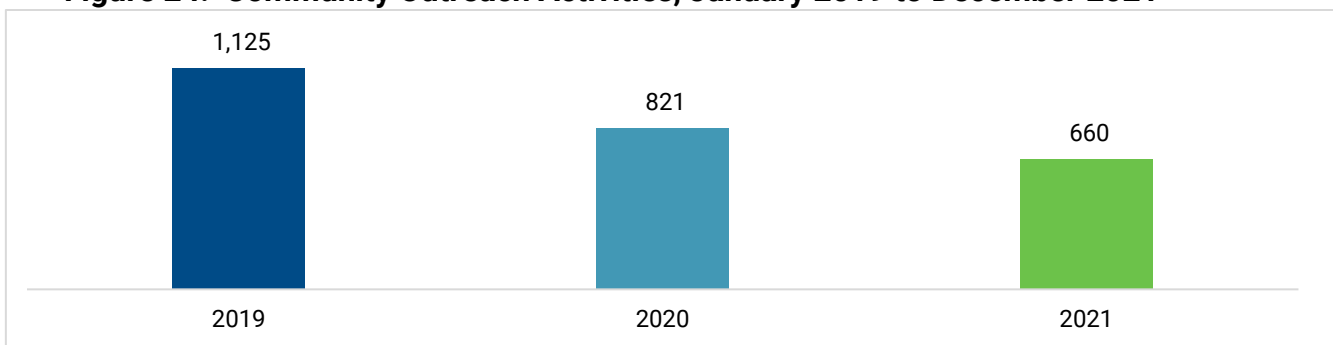
Family Members and Providers Served

Between January 2019 and December 2021, more than 11,000 providers and family members were reached through the efforts of Help Me Grow's Community Liaisons. Service providers had the most exposures (4,155 exposures, or 38% of all exposures), then caregivers/parents (3,421 exposures).

Figure 25. Community Outreach Exposures, October 2019 to December 2021

	Exposures	
	#	%
Service Providers	4,155	37.7%
Caregivers/Parents	3,421	31.0%
Early Care & Education Staff	2,038	18.5%
Medical/Office Staff	521	4.7%
Pediatricians	219	2.0%
Children (ages 0-8 years)	190	1.7%
Nurses (RN, LVN, SRN)	187	1.7%
Physician Asst./Nurse Practitioners	139	1.3%
Residents (Medical Students)	59	0.5%
Subspecialists (Medical)	37	0.3%
Family Practice Physicians	30	0.3%
Children (older than 8 years)	22	0.2%
Total	**11,018**	**100.0%**

Types of Events

Community Liaisons document the types of event for each of their outreach efforts. A plurality of the events were for a visit (to convey Help Me Grow content), followed by a resource/inventory outreach activity (to add or update inventory), a collaborative meeting (networking) or a scheduled presentation.

Figure 26. Type of Community Outreach, January 2019 to December 2021
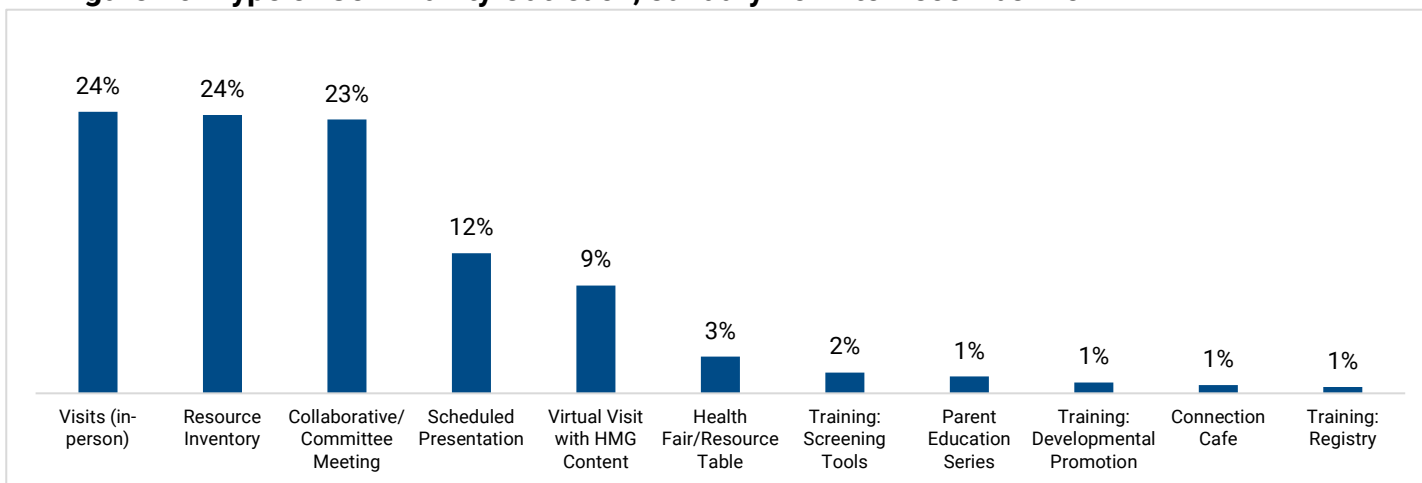
The types of events varied depending on the region. For instance, in Region II, one-third of the activities were Visits while in Region III, there was a larger proportion of collaborative / committee meetings.

Figure 27: Type of Outreach Activity by Region

Outreach Activity - all of Orange County	#
Collaborative/ Committee Meeting	119
Connection Cafe	8
Health Fair/Resource Table	7
Parent Education Series	36
Resource Inventory	10
Scheduled presentation	25
Training: Registry	14
Training: Screening Tools	45
Virtual Visit with HMG Content	24
Visits (in-person)	4

Legend:
- Collaborative/ Committee Meeting
- Health Fair/Resource Table
- Resource Inventory
- Scheduled Presentation
- Virtual Visit with HMG Content
- Visits (in-person)
- Other

Number/Types of Connection Café Networking Events

Between 2019 and 2021, Connection Café networking events drew more than 1,100 participants and featured diverse topics of discussion as documented in Figure 28 below.

Figure 28. Connection Café Networking Events, Topics and Number of Attendees, 2019 to 2021

Year	Date	Region	Topic of presentation	# of Attendees
2019	1/24/19	I	Seizure Recognition & First Aid	44
	3/21/19	IV	"Early Childhood OC: Building Thriving Communities Together!"	35
	5/15/2019	III	"The Impact of Fatherhood on Child Development"	69
	8/28/2019	II	"Electronic and Social Media Use in Children: Understanding the Impact on Mental Health"	53
	10/24/19	I	"Trauma Informed Care: Strategies to Assist Children Who Have Been Exposed to Trauma"	50
	12/5/19	IV	"The Psychosocial Impacts of Early Medical Experiences on Development"	55
Total Attendees in 2019				**306**
2020	2/12/20	III	"Generational Poverty and the Effects on Latino Children and Families"	93
	5/29/20	II	"Census Update on the Zero to Five Hard to Count Population" and "Tips for Working with Children and Families During and After Social Distancing"	87
	6/26/20	I	"Strategies for Engaging Children in a Virtual World"	75
	8/26/20	IV	"How to Talk to Kids About Race and Racism"	87
	10/29/20	III	"Evolution of Early Intervention in the COVID Age"	80
	12/16/20	II	"Provider Conversations: The Impact of Adverse Childhood Experiences on Social, Behavioral and Cognitive Development"	55
Total Attendees in 2020				**477**
2021	2/26/21	I	"Burnout in the Caring Profession: Understanding the Predictors, Identifying the Issues, Creating the Solutions"	69
	5/20/21	IV	"Growing Up in a Pandemic: How COVID-19 is Impacting Children's Development"	64
	6/23/21	III	"Back to Life, Back to Reality: Supporting Parents & Caregivers of Young Children with Autism in Returning to School"	48
	8/27/21	II	"The Importance of Early Literacy"	47
	10/29/21	I	"Play is the Way!"	49
	12/01/21	IV	"Fueling Social Emotional Growth by Connecting"	48
Total Attendees in 2021				**325**
Total Attendees 2019 through 2021				**1,108**

D. How Caregivers 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 in Orange County through the use of Help Me Grow as well as developmental promotion and the importance of developmental screening. It is therefore important to document how callers have learned about Help Me Grow in order to evaluate outreach efforts. See Appendix G for a detailed discussion, by demographics, of how caregivers learn about Help Me Grow. Most of the caregivers reported finding out about Help Me Grow through a health care provider or a community agency. Less than 1% learned about Help Me Grow through a media source or a developmental screening.[3] See Appendix C for a description of the categories listed below.

Figure 29. How Caregivers Learn about Help Me Grow, by Year

	2019 (N=2,299)	2020 (N=2,100)	2021 (N=2,396)	3-Year Total (N=6,795)
Hospital / Healthcare Provider	49.0%	57.8%	63.1%	56.7%
Community Agency	21.3%	18.8%	12.3%	17.3%
ECE Provider	6.9%	6.7%	7.1%	6.9%
Previous Caller	6.6%	5.2%	4.1%	5.3%
Friend or Family	3.6%	2.6%	2.6%	2.9%
HMG	2.7%	3.2%	2.5%	2.8%
WIC	2.1%	1.6%	4.5%	2.8%
School	3.7%	1.4%	1.2%	2.1%
2-1-1 OC	1.3%	1.4%	1.1%	1.3%
Regional Center of OC	1.3%	0.7%	0.4%	0.8%
Media (print, TV, web, etc.)	0.8%	0.4%	0.8%	0.7%
Developmental Screening	0.7%	0.3%	0.3%	0.4%

IV.   Are Children and Families Better Off as a Result of Using Help Me Grow

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 to be entered in STAR and provides all required demographic information, that record is considered an *intake*. If the caller does not consent, then that record is considered an *inquiry* and no follow

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[3] Due to some small cell sizes, significance testing is not included in this "how caregivers find out about Help Me Grow" section.

up care coordination is provided. Follow-up care coordination is offered to all entries for children birth through 8 years entered in STAR as *intake* or *intake and screening.*

The percentage of families who agree to follow-up care has decreased slightly over the past few years, with 91% agreeing to follow-up in 2021.

Figure 30. Families who Agree to Follow-Up Care, by Year
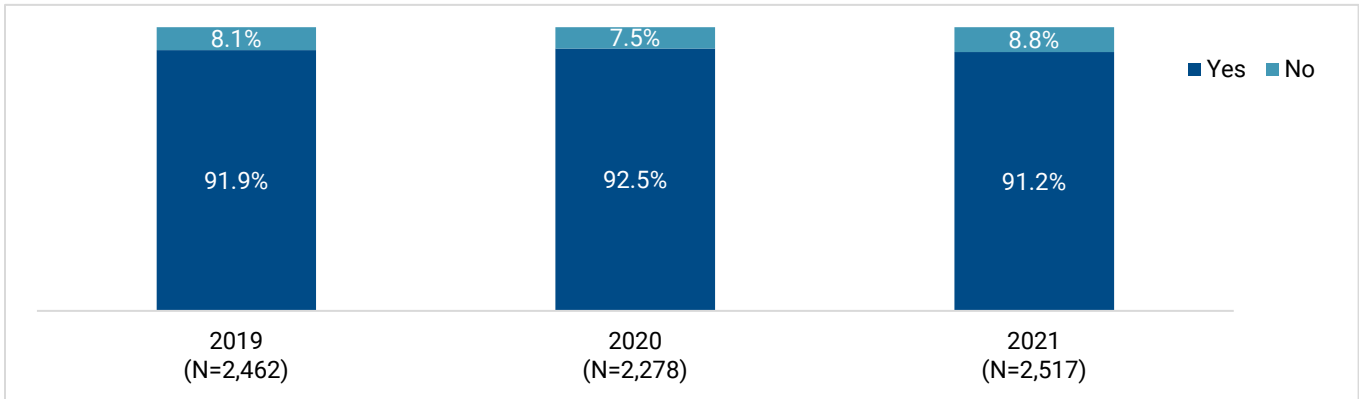
	2019 (N=2,462)	2020 (N=2,278)	2021 (N=2,517)
No	8.1%	7.5%	8.8%
Yes	91.9%	92.5%	91.2%

Overall, the demographics of children whose caregivers have a higher rate of consenting to follow-up care: males; children identified as Hispanic/Latino, Spanish-speaking callers, and children with public health insurance. The results for all these demographics are statistically significant. See Appendix H for a detailed discussion, by demographics, of the families who agree to follow up care from Help Me Grow.

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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 to receiving services they may have encountered.

B. Service Outcomes

In 2021, more than three-quarters (78%) 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 2019 and 2020, (79% and 81%, respectively).

From 2019 to 2021, the percentage of cases where families were connected to services decreased, but

> **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

the percentage of children pending services increased. The percentage of children not connected to services increased from 2020 but was higher in 2021 than in 2019. 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 31. Service Outcome, by Year

	2019 (N=1,465)	2020 (N=1,169)	2021 (N=1,218)
Connected	70.2%	72.5%	68.2%
Pending Service	8.9%	8.6%	9.4%
Not Connected	20.8%	18.4%	21.6%
Unknown	0.1%	0.6%	0.7%
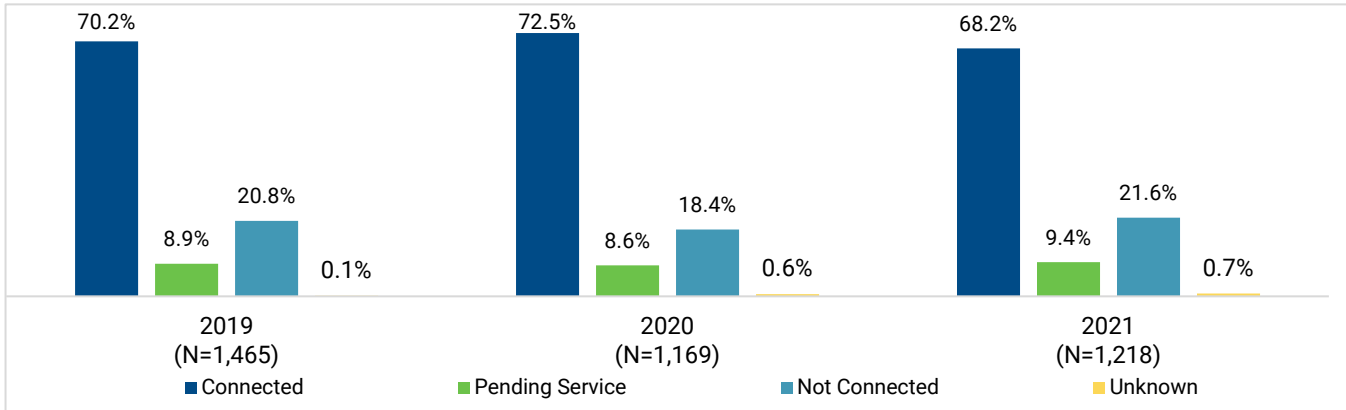
Service Outcome, by Key Demographics

Overall, these caregivers have (statistically significant) higher rates of being connected with services: callers who primarily speak Spanish; and children with public health insurance. See Appendix I for a detailed discussion, by demographics, of service outcomes for Help Me Grow caregivers.

Needs Met

In 2017, Help Me Grow Orange County implemented an additional National Impact Indicator question recommended by the Help Me Grow National Center. The question, "would you say that your needs were met today, yes or no?", was asked to caregivers at the time information related to developmental promotion or referrals were initially provided. This "needs met" question provided a mechanism of quality assurance because caregivers had the opportunity to voice concerns about the support they received from Help Me Grow. It was vital this question was asked at the appropriate time so caregivers understood the question was related to the Help Me Grow effort, which included information on developmental promotion, referral to appropriate services and/or care coordination support, but not the actual receipt of services that may address the initial concern expressed at the time they contacted Help Me Grow.

Overall, 99.1% of caregivers responded positively when asked if their needs were met after receiving referrals, information and/or care coordination for their child and family. Asian / Pacific Islanders, males, "Other" language speakers, and those with private insurance were most likely to have their needs met. These results are statistically significant for all these demographics except language. See Appendix J for a detailed discussion, by demographics, of needs met for Help Me Grow caregivers.

	2019 (N=1,984)	2020 (N=1,648)	2021 (N=1,836)	3-Year Total (N=5,468)
Needs Not Met	0.7%	1.3%	0.7%	0.9%
Needs Met	99.3%	98.7%	99.3%	99.1%
Total	**1,984**	**1,648**	**1,836**	**5,468**

C. Referral Outcomes

When Child Development Care Coordinators conduct follow-up calls with caregivers, they document the outcomes of each referral provided. Between 2019 and 2021, there were 15,448 referrals provided. Of these, 10,643 referrals were closed with outcomes.

Figure 32. Referral Outcome Type

	#	%
Closed with Outcomes	10,643	68.9%
Closed without Outcomes	3,921	25.4%
Open, No Outcome Information	18	0.1%
Open, Partial Outcomes	1	0.0%
No follow up / unknown	865	5.6%
Total	**15,448**	**100.0%**

For those referrals that resulted in an outcome, those outcomes are documented in STAR. In 2019 through 2021, the main referral outcome for individual referrals provided by Help Me Grow was that the child was provided service through the referral.

Figure 33. Referral Outcome, by Year
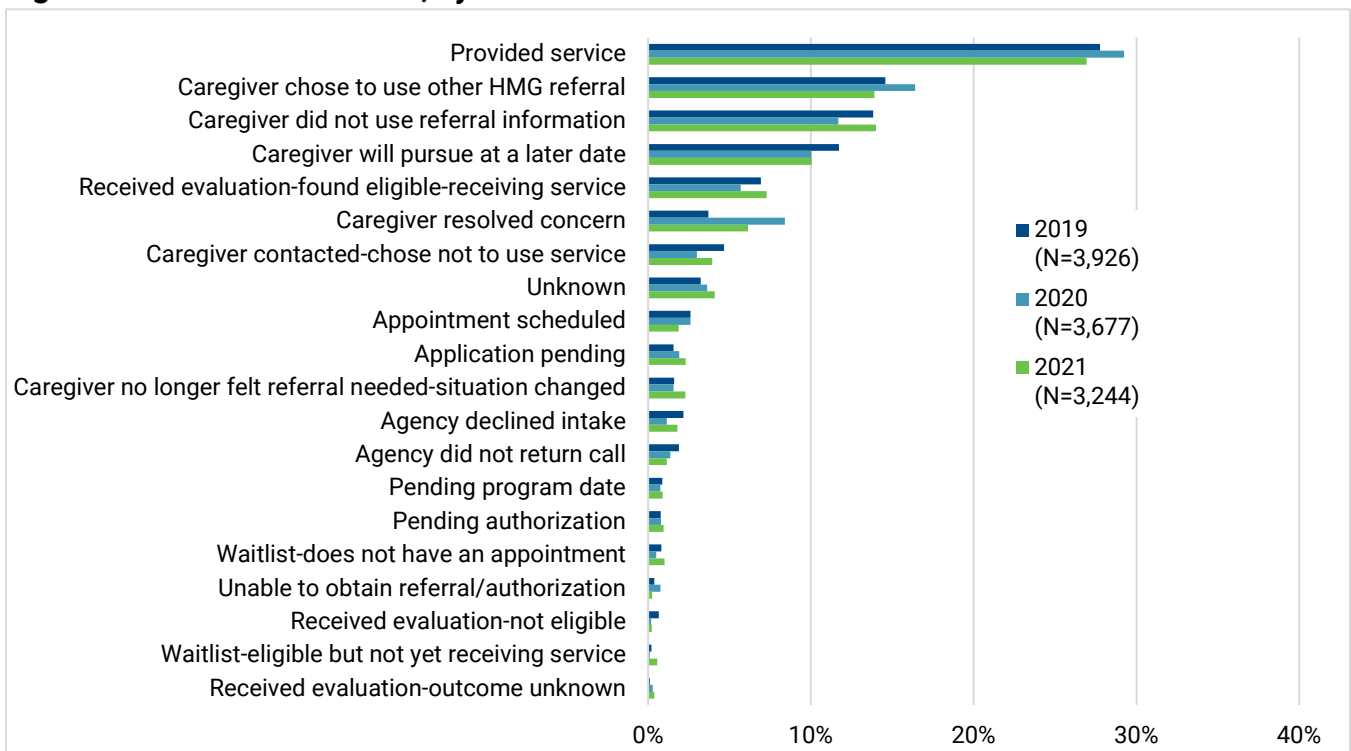
Referrals Completed or in Process by Referral Category

As indicated in Figure 33 above, most Help Me Grow referrals resulted in either connection to services, the caregiver's decision to not use the referrals or the caregiver's choice to use a different Help Me Grow referral. This section examines referral outcomes within the different referral categories. Figure 34 below presents referral outcomes where connections were made or are pending, Figure 35 presents outcomes where caregivers had issues accessing the referral and Figure 36 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 34, school district referrals accounted for 3.1% of all referrals with known outcomes and 25.4% of referrals with a pending application. Similarly, while referrals to the Regional Center of Orange County accounted for only 9% of total referrals, these accounted for more than 95% 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 11 referrals for mental health / counseling that had a pending program date—12.1% of 91 total referrals that had pending program date).

Figure 34. Percent of Referrals that were Completed or in Process by Referral Category, 2019 to 2021

	Percent of all referrals	Service provided	Received evaluation-found eligible-receiving service	Appointment scheduled	Application pending	Pending program date	Pending authorization
Access to Health Insurance	1.6%	3.9%		0.4%			1.1%
Advocacy	3.7%	8.3%	3.6%	2.4%	4.0%	2.2%	1.1%
Allied Health Professionals	1.8%	1.4%		2.0%	0.5%	6.6%	12.5%
Basic Needs	2.4%	2.7%		0.8%	2.5%	1.1%	
Behavioral Services	5.2%	3.5%		3.2%	7.0%	4.4%	6.8%
Childcare	2.7%	2.1%			7.5%	3.3%	
Communication / Speech & Language	13.7%	6.0%	0.1%	15.9%	2.5%	4.4%	30.7%
Developmental Screening	6.1%	13.9%					
Early Literacy	1.7%	2.2%			0.5%		
Educational / Enrichment	1.6%	1.2%		0.8%	4.0%	4.4%	
Equipment	0.1%	0.1%					
Feeding	0.5%	0.3%					1.1%
Funding	0.1%	0.1%					
Health / Medical Subspecialists	0.4%	0.3%		1.2%	1.0%		1.1%
Health / Neurodevelopmental Subspecialists	3.1%	2.1%		8.3%	6.5%		4.5%
Health / Primary Care	4.8%	9.4%		4.4%	0.5%		28.4%
Legal Assistance	0.3%	0.3%			0.5%		

	Percent of all referrals	Service provided	Received evaluation-found eligible-receiving service	Appointment scheduled	Application pending	Pending program date	Pending authorization
Mental Health / counseling	19.3%	13.0%	0.1%	23.8%	10.9%	12.1%	1.1%
Occupational / Physical Therapy	3.2%	1.9%	0.1%	3.2%	1.0%	1.1%	11.4%
Other							
Out of Area Referral (county)					0.5%		
Parent / Caregiver (Family) Support	1.5%	2.0%		0.4%		8.8%	
Parent / Child Participation	2.9%	2.3%		1.2%	1.0%	14.3%	
Parenting / Education	7.9%	14.5%		17.5%	6.0%	19.8%	
Regional Center of Orange County	9.3%	2.7%	95.4%	2.8%	17.9%		
Psycho-educational Testing	0.1%						
Recreation/ Sports/ After School/ Camps	2.3%	1.5%		0.4%		15.4%	
Respite / Care Giving Services							
School District	3.1%	3.9%	0.6%	11.5%	25.4%	2.2%	
Social Skills	0.4%	0.1%			0.5%		
Specialized Services	0.2%	0.1%					
Total	**10,618**	**2,951**	**693**	**252**	**201**	**91**	**88**

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

Communication / Speech & Language referrals accounted for 13.7% of all referrals with known outcomes and 25.2% of those referrals where the caregiver chose to use another Help Me Grow referral. This is likely because caregivers often receive multiple referrals.

Figure 35. Referrals that Caregiver did not Use or Pursue, by Referral Category, 2019 to 2021

	Percent of all referrals	Will pursue at a later date	Did not use referral information	Chose to use other HMG referral	Resolved concern	Contacted-chose not to use service
Access to Health Insurance	1.6%	1.7%	0.8%	0.1%	1.1%	0.7%
Advocacy	3.7%	2.3%	2.1%	0.5%	1.1%	1.4%
Allied Health Professionals	1.8%	2.1%	3.2%	1.5%	2.0%	0.5%
Basic Needs	2.4%	3.9%	3.0%	0.7%	1.1%	2.7%
Behavioral Services	5.2%	3.1%	5.2%	6.8%	14.9%	5.5%
Childcare	2.7%	5.0%	2.7%	0.7%	2.8%	7.5%
Communication / Speech & Language	13.7%	11.7%	17.8%	25.2%	27.8%	12.5%
Developmental Screening	6.1%	2.9%	11.7%	0.7%	1.4%	0.5%
Early Literacy	1.7%	5.2%	1.7%	0.6%		0.5%
Educational / Enrichment	1.6%	2.9%	2.0%	0.4%	2.6%	4.8%
Equipment	0.1%	0.2%				
Feeding	0.5%	0.5%	0.4%	0.7%	1.2%	1.7%
Funding	0.1%	0.4%	0.1%	0.1%		0.7%
Health / Medical Subspecialists	0.4%	0.2%	0.4%	0.4%	0.6%	
Health / Neurodevelopmental Subspecialists	3.1%	2.3%	3.3%	6.4%	1.4%	3.4%

	Percent of all referrals	Will pursue at a later date	Did not use referral information	Chose to use other HMG referral	Resolved concern	Contacted-chose not to use service
Health / Primary Care	4.8%	3.9%	4.7%	1.2%	3.3%	0.7%
Legal Assistance	0.3%	0.2%	0.1%	0.2%	0.5%	0.5%
Mental Health / counseling	19.3%	20.4%	14.1%	39.9%	24.5%	19.8%
Occupational / Physical Therapy	3.2%	1.5%	3.3%	7.2%	4.5%	2.4%
Parent / Caregiver (Family) Support	1.5%	3.3%	1.3%	0.4%	0.3%	2.2%
Parent / Child Participation	2.9%	7.3%	4.8%	1.9%	1.2%	1.4%
Parenting / Education	7.9%	5.3%	5.6%	2.2%	3.3%	14.9%
Regional Center of Orange County	9.3%	2.0%	5.3%	0.2%	1.4%	8.7%
Psycho-educational Testing	0.1%		0.1%		0.3%	0.5%
Rec./ Sports/ After School/ Camps	2.3%	4.7%	4.0%	1.1%	1.9%	5.3%
Respite / Care Giving Services						0.2%
School District	3.1%	6.0%	1.6%	0.5%	0.6%	0.5%
Social Skills	0.4%	0.3%	0.6%	0.4%	0.2%	0.5%
Specialized Services	0.2%	0.6%	0.4%			
Total	**10,618**	**1,143**	**1,395**	**1,604**	**644**	**415**

Referrals Encountering Problems with Agencies, by Referral Category

Figure 36 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, communication / speech & language referrals accounted for 13.7% of all referrals with known outcomes and 22.9% of referrals where the caregiver was unable to obtain a proper referral or authorization.

Figure 36. Referrals Not Connected Because Child Not Eligible or Issue with Agency, by Referral Category, 2019 to 2021

	Percent of all referrals	Agency declined intake	Agency did not return call	Received evaluation-not eligible	Received evaluation-outcome unknown	Unable to obtain referral/ authorization	Waitlist-does not have an appointment	Waitlist-eligible but not yet receiving service	Unknown
Access to Health Insr.	1.6%	0.5%							1.3%
Advocacy	3.7%	2.7%	4.4%	2.6%	7.7%			3.3%	2.8%
Allied Health Prof.	1.8%	0.5%	1.9%		3.8%				4.1%
Basic Needs	2.4%	4.9%	8.2%					1%	4.1%
Behavioral Services	5.2%	6.0%	10.1%			14.6%	15.0%	6.7%	7.3%
Childcare	2.7%	2.2%	2.5%				2.5%	26.7%	4.7%
Communication / Speech & Language	13.7%	12.0%	10.1%	5.1%		22.9%	15.0%	3.3%	20.5%
Dev Screening	6.1%	1.6%							1.3%
Early Literacy	1.7%		0.6%	2.6%					4.7%
Ed. / Enrichment	1.6%	1.1%	1.3%				5.0%	3.3%	1.8%
Equipment	0.1%	0.5%							
Feeding	0.5%		2.5%						0.8%

|	Percent of all referrals	Agency declined intake	Agency did not return call	Received evaluation-not eligible	Received evaluation-outcome unknown	Unable to obtain referral/authorization	Waitlist-does not have an appointment	Waitlist-eligible but not yet receiving service	Unknown
Funding	0.1%	0.5%							
Health / Medical Subspecialists	0.4%	2.2%				2.1%	1.3%		0.5%
Health / Neurodev Subspecialists	3.1%	1.6%	2.5%			4.2%	6.3%	3.3%	2.6%
Health / Primary Care	4.8%	1.1%	1.3%			18.8%			4.7%
Legal Assistance	0.3%	2.2%	1.9%					6.7%	0.5%
Mental Health / counseling	19.3%	27.9%	37.3%		7.7%	16.7%	25.0%	6.7%	21.8%
Occupational / Physical Therapy	3.2%	2.7%	1.3%	2.6%		18.8%	3.8%		4.1%
Parent / Caregiver (Family) Support	1.5%	1.1%	3.2%				1.3%		2.3%
Parent / Child Participation	2.9%	1.6%	0.6%				2.5%	3.3%	4.1%
Parenting / Education	7.9%	10.4%	6.3%				18.8%	16.7%	2.8%
Regional Center of Orange County	9.3%	4.9%	1.3%	84.6%	46.2%				0.3%
Psycho-educational Testing	0.1%		0.6%						
Recreation/ Sports/ After School/ Camps	2.3%	2.7%	0.6%					1%	2.3%
School District	3.1%	3.8%	0.6%	2.6%	34.6%		2.5%		
Social Skills	0.4%	4.4%				2.1%	1.3%		0.3%
Specialized Services	0.2%	0.5%	0.6%						0.3%
Total	**10,618**	**183**	**158**	**39**	**26**	**48**	**80**	**30**	**386**

D. Barriers

At follow-up, the Child Development Care Coordinator (CDCC) asks caregivers about any barriers they encountered in seeking to access referrals. Of the 15,448 referrals provided between 2019 and 2021, 6,881 (45%) recorded some type of barrier.

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

The most common barrier recorded was that caregiver did not use the information (75% of barriers). Figure 37 below provides information on how many times different barriers—**other than caregiver did not use information**—were recorded each year. Program not accepting new clients was the main barrier identified in 2020, while having the agency not return the call was main barrier identified in 2021.

Figure 37 Number of Times Each Barrier was Recorded (<u>Excluding</u> Caregiver Not Following Through), 2019 to 2021
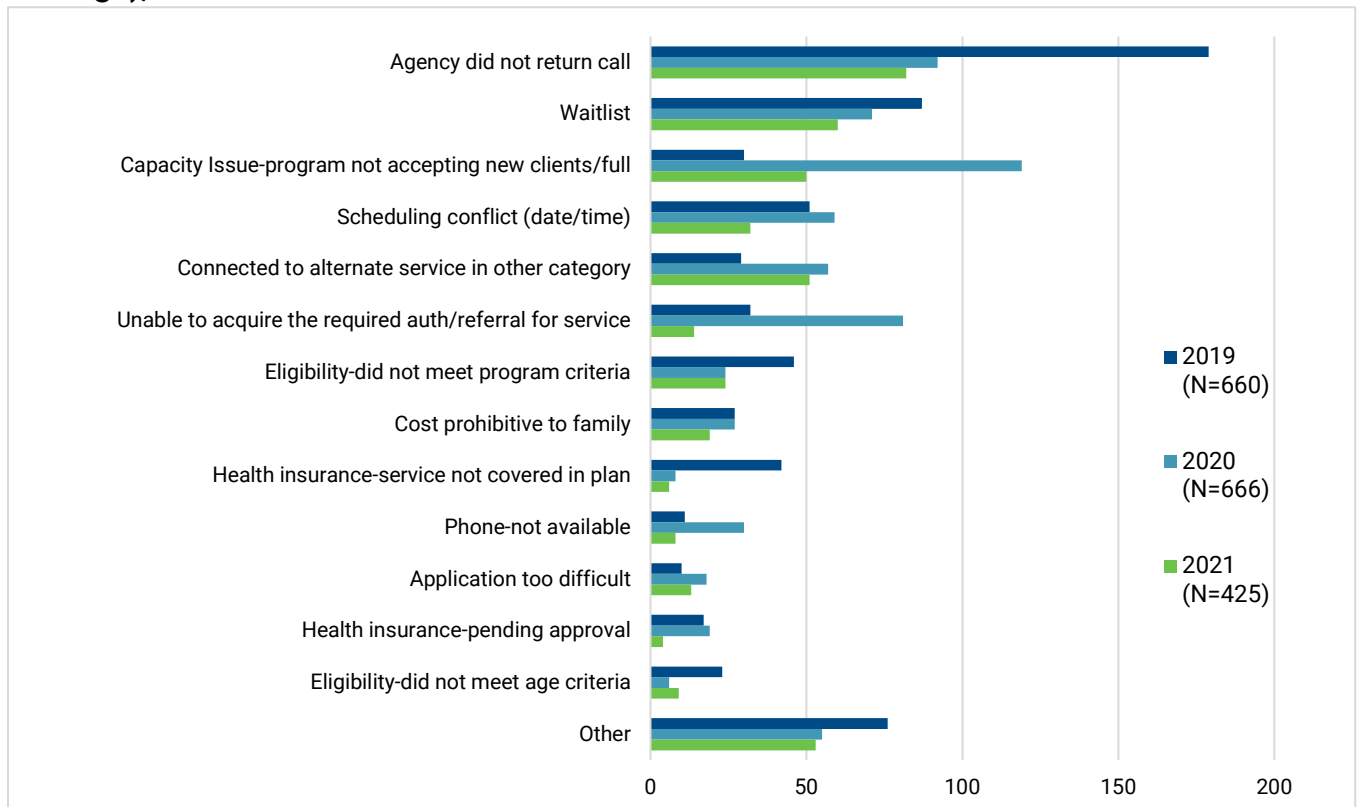
Because caregiver did not use information, at times considered lack of follow through, is such a significant barrier, the tables below present "caregiver did not follow through" in a separate column. Figure 38 presents the percentage of referrals that had a barrier, by referral category as well as the percentage of referrals where the caregiver did not follow through. For instance, the referral category Regional Center of Orange County mental health / counseling accounted for 9.3% of all referrals, 3.0% of the referrals for which there was a barrier, and 3.0% 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 communication / speech and language, which accounted for 13.7% of all referrals, but 17.4% of referrals identifying barriers and, 19.0% of referral where caregivers did not follow through.

Figure 38. Rates at which Referral Categories Were Associated with Barriers, 2019 to 2021

	Percent of all referrals that are closed with outcomes (base)	Percent of referrals with barriers	Percent of referrals with "caregiver did not follow through"
Access to Health Insurance	1.6%	1.8%	1.8%
Advocacy	3.7%	2.6%	2.6%
Allied Health Professionals	1.9%	2.2%	2.5%
Basic Needs	2.4%	3.3%	3.4%
Behavioral Services	5.2%	6.9%	6.6%
Childcare	2.7%	3.9%	3.6%
Communication / Speech & Language	13.7%	17.4%	19.0%
Developmental Screening	6.0%	5.4%	6.0%
Early Literacy	1.7%	1.4%	1.4%
Educational / Enrichment	1.6%	2.5%	2.7%
Equipment	0.1%	0.1%	0.0%
Feeding	0.5%	0.7%	0.6%
Funding	0.1%	0.2%	0.2%
Health / Medical Subspecialists	0.4%	0.3%	0.4%
Health / Neurodev. Subspecialists	3.1%	2.8%	3.1%
Health / Primary Care	4.7%	4.9%	5.3%
Legal Assistance	0.3%	0.3%	0.3%
Mental Health / counseling	19.3%	18.9%	16.9%
Occupational / Physical Therapy	3.2%	4.0%	3.8%
Out of Area Referral (county)	0.0%	0.0%	0.0%
Parent / Caregiver (Family) Support	1.5%	2.0%	1.9%
Parent / Child Participation	2.9%	2.8%	2.7%
Parenting / Education	7.9%	6.7%	6.8%
Part C: Regional Center of Orange County	9.3%	3.0%	3.0%
Psycho-educational Testing	0.1%	0.1%	0.0%
Recreation/ Sports/ After School/ Camps	2.3%	3.0%	2.9%
Respite / Care Giving Services	0.0%	0.0%	0.0%
School District	3.1%	1.8%	1.7%
Social Skills	0.4%	0.5%	0.4%
Specialized Services	0.2%	0.3%	0.3%
Total	**10,643**	**6,881**	**5,133**

Figure 39 below tabulates percentages of children whose referrals encountered at least one barrier, by demographics. Girls' referrals tended to meet with mores barriers, as did referrals for Hispanic children, children whose primary language is Spanish, and children with public health insurance.

Figure 39. Children with Barriers to Accessing Referrals, by Demographics, 2019 to 2021

Demographics		Percent with Barriers
Gender	Female	41.5%
	Male	40.3%
Race/ Ethnicity	White	45.9%
	Asian / Pacific Islander	45.6%
	Other / Multiracial	41.4%
	Hispanic / Latino	38.7%
Language	English	43.0%
	Other	41.6%
	Spanish	36.4%
Health Care Insurance	Private	46.2%
	None	42.2%
	Public	38.8%

All results are statistically significant at the p=<.05 level, except for gender, which is statistically significant at the p=<.1 level

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 recommended by the American Academy of Pediatrics. The two screening tools used most by Help Me Grow Orange County include the Ages and Stages Questionaire-3 (ASQ-3) and the Ages and Stages Questionnaire: Social Emotional-2 (ASQ:SE-2). Between 2019 and 2021, there were 970 ASQ-3 screenings completed and scored. 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 40 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 40. ASQ-3 Results, by Domain

	Above Cutoff	Monitoring	Below Cutoff
Communication	63.5%	18.5%	18.0%
Fine Motor	67.5%	15.8%	16.7%
Gross Motor	78.2%	10.0%	11.8%
Personal Social	62.7%	18.6%	18.8%
Problem Solving	70.4%	14.7%	14.8%

Unlike the ASQ-3, where an above the cutoff score detects typical development, on the ASQ:SE-2, a child who scores above the cutoff is identified with the need for further assessment. Between 2019 and 2021 there were 228 children who received an ASQ:SE-2 screening through

Help Me Grow. Of the 228 ASQ:SE-2 screenings conducted, 29% registered scores above the cutoff (further assessment needed); 14% registered as monitoring and 58% scored below the cut off (behavior is typical for their age).

Overall, and as result of the screening, there were 3,496 referrals provided to 1,602 children. A vast majority (89%) of referrals were for some "other" referral, while 8% were to the Regional Center of Orange County (IDEA/Part C) and 3% were referrals to school districts (IDEA/Part B).

Most of the children with referrals due to the results of the screening were connected to services. Overall, more than 95% of children were connected to services, with 4% not connected.

Figure 43. Referral Outcomes from Developmental Screenings

	Other Outcome	RCOC Outcome	SD Outcome	Overall Outcome
Connected	94.7%	84.7%	48.7%	95.3%
Not Connected	3.8%	13.0%	32.1%	3.7%
Pending	1.6%	2.3%	19.2%	1.0%

V.   Summary

For calendar years 2019 through 2021, more than 7,700 children received services from Help Me Grow.

Most families access Help Me Grow through the toll-free number, through the OC Children's Screening Registry or through Help Me Grow online portal. The top three concerns were developmental, behavioral, and communication. Caregivers 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 15,500 referrals (a reported concern can have multiple referrals). The top three referrals were mental health / counseling, communication / speech & language, and parenting / education.

Overall, more than three-quarters of the 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 decision to use a different Help Me Grow referral, and a caregiver's choice to not use the referral information.

Referrals to girls tended to encounter more barriers, as did those of White children, children whose primary language is English, and children with private health insurance.

Between 2019 and 2021, a total of 970 ASQ-3s and 228 ASQ:SE screenings were completed and entered in STAR by the HMG team. Personal Social was the main concern identified on the ASQ-3. In addition, 29% of children who took the ASQ:SE had potential concerns identified.

Between 2019 and 2021, Help Me Grow's Community Liaisons had more than 2,600 outreach activities with providers.   During the same period, almost Help Me Grow's Connection Cafés drew more than 1,100 participants.

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 developmental concerns (24% of all concerns in 2021, up from 18% in 2019).
- In 2021, 70% of those who discussed their concerns with the child's health care provider were referred to Help Me Grow, up from 56% in 2019.
- In 2021, 47% of calls were for concerns that had arisen one week prior or less, compared with 38% in 2019.
- There were increases in the percentages of referrals for mental health counseling (24% in 2021, up from 21% in 2019) and for communication / speech & language (15% in 2021, up from 13% in 2019).
- In more than 95% of the Regional Center of Orange County referrals where children received an evaluation, those children were found eligible and were receiving services.
- More than 99% of caregivers responded positively when asked if their needs were met after receiving referrals or information for their child and family.
- The positive overall outcome of "connected or pending" to at least one service remains relatively the same, 78% - 79%, during the years 2019 through 2021.

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. Includes car seats, strollers, school uniforms, 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 intellectual disability. Includes tutoring (effecting education).
Communication	The ability to talk and be understood and the ability to understand others (speech & language)
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. Can include parent seeking a developmental screening or evaluation.
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. Includes special needs.
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. Includes changing doctor, finding medical group, 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
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.
Allied Health Professionals	Health professionals such as Audiologist, Nutritionist, Dietician, Optometrist, Ophthalmologist.
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.
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/ 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.
Health/ Primary Care	A healthcare provider or physician that addresses child's medical needs.
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).
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.

Referral	Description
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	f assessment is independent from a public school…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.
Regional Center / Part C/IDEA	Referral for eligibility evaluation (intake).
Respite/ Care Giving Services	Programs that provide care above and beyond typical childcare.
School District (Public) /IDEA Part B	Evaluation and eligibility for special education services.
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 Behavior Pathways (CBP) Children & Families Commission of OC/First 5 Children's Bureau Children's Home Society DULCE Faith Based Organization Family Resource Center Family Support Network (FSN) Library Mental Health Provider MOMS Orange County Neighbor Resource Network Pretend City Children's Museum Providence Speech and Hearing Center Resource Fair / Table SAELI Social Service Agency WIC
Developmental Screening	ASQ Developmental Screening Project/Pilots/SSA Developmental Screening in Community
Early Care and Education Provider	Childcare/Preschool Provider Head Start/Early Head Start State Preschool
Friend or Family	Friend Family member
Health Care / Hospital Provider	Bridges Network CalOptima CHOC Clinics/ Health Alliance Early Dev. Assessment Ctr. (EDAC) Family Practice Health Care Provider Hospitals The Center for Autism (CAND) Thompson Autism Center
Help Me Grow Outreach	Help Me Grow Presentation Help Me Grow Website Help Me Grow Affiliate Previous Caller Resource fair/table
Regional Center of Orange County	Birth to Three Regional Center (California) Prevention Program (CA)
Media	Facebook/Twitter Online media/Advertisement

Category	Examples
	Flier / Newsletter
	Television
Previous Caller	Previous Caller to Help Me Grow
School	Private School
	Readiness on the Road
	School District-Public
	School Readiness Program
	Learning Link
2-1-1 Orange County	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

Appendix D breaks down callers' concerns by select children's demographics, including age, gender, ethnicity, and primary language. 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 callers' concerns varied by children's ages. For instance, communication concerns appear to be the most prevalent concern among children who are two years old, while developmental concerns are most prevalent among one-year-old children. In general, children who are two years old appear to have the most concerns (see red shaded cells in table below).

Figure D-1. Concern, by Age (Percent within Age), 2019 to 2021 (N=9,399)

	<1 year (N=752)	1 year (N=1,729)	2 years (N=2,335)	3 years (N=1,650)	4 years (N=1,153)	5 years (N=580)	6-11 years (N=829)	≥12 years (N=371)
Developmental Concerns	17.2%	28.3%	23.5%	12.2%	8.3%	3.6%	4.0%	2.9%
Behavioral	1.5%	8.5%	20.3%	20.4%	17.3%	11.3%	16.5%	4.1%
Communication	1.9%	20.5%	35.4%	22.9%	12.0%	3.7%	2.8%	0.6%
General Development	17.8%	21.8%	24.0%	18.0%	12.7%	2.6%	2.3%	0.9%
Hearing	1.9%	24.5%	41.1%	19.9%	8.6%	2.2%	1.5%	0.3%
Parental Support	10.7%	13.8%	15.2%	17.7%	11.9%	10.0%	14.4%	6.3%
Mental Health	1.2%	3.1%	5.5%	11.2%	9.3%	10.5%	27.1%	32.1%
Diagnosis	0.3%	10.2%	18.6%	18.1%	18.1%	9.4%	20.4%	4.8%
Education	0.7%	2.3%	17.1%	17.4%	18.7%	14.7%	25.1%	4.0%
Basic Need	13.6%	15.7%	24.3%	16.4%	15.7%	5.4%	5.7%	3.2%

Note: the figure above uses a 3-color scale set to indicate variations between 0% to 100% within each <u>row</u>. 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, and 6-11. Development is the most common concern for children younger than one, one, and two years old.

Figure D-2. Concerns, by Age (Percent within Concern), 2019 to 2021
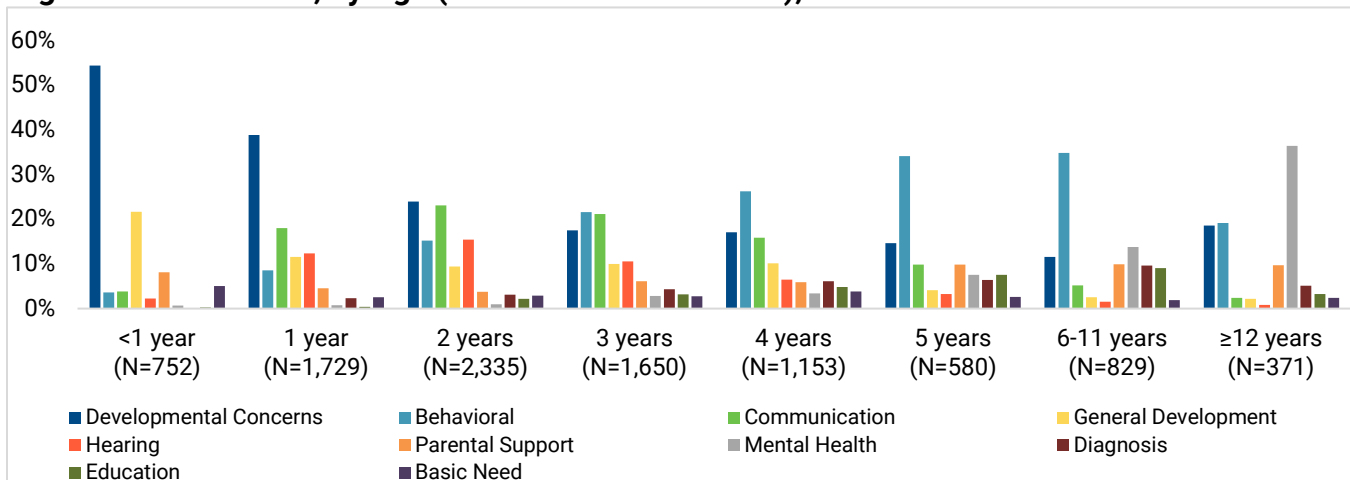
Concerns by gender

Help Me Grow receives calls about concerns for boys more frequently than for girls (63% and 37%, respectively). More than three quarters (76.0%) of children identified with a diagnosis concern are boys. On the other hand, mental health concern calls are more evenly split between the genders.

Figure D-3. Concerns, by Gender (Percent within Gender), 2019 to 2021
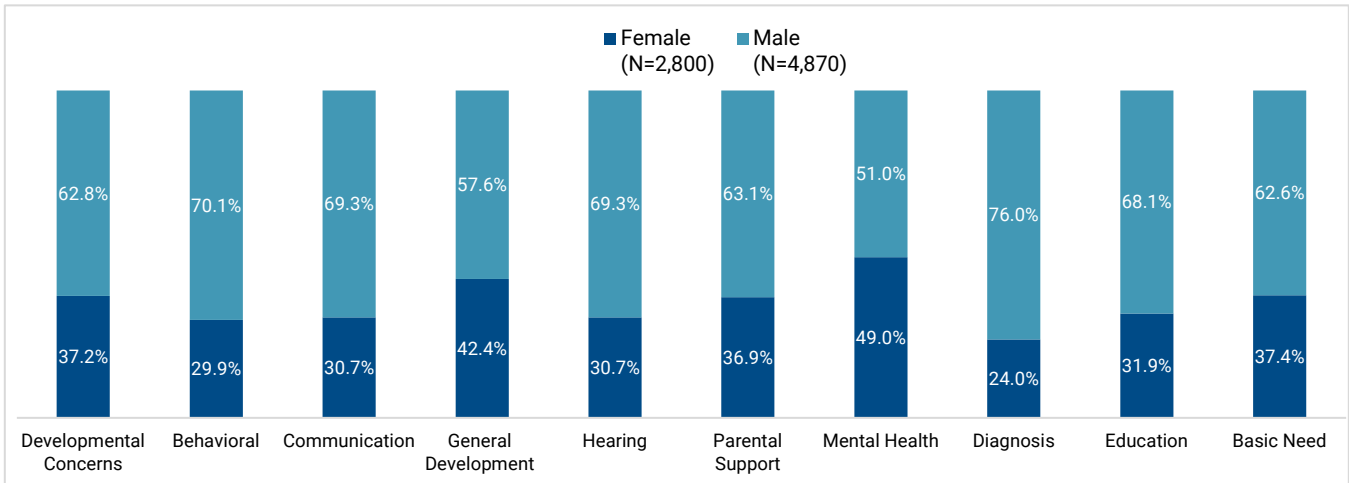
When individual concerns are identified by gender *and* as a percentage of all reported concerns, 19.9% of callers reported concerns are about boys' behavior and 16.2% for girls' behavior. On the other hand, mental health concerns are more frequent for girls than for boys.

Figure D-4. Concerns, by Gender (Percent within Concern), 2019 to 2021
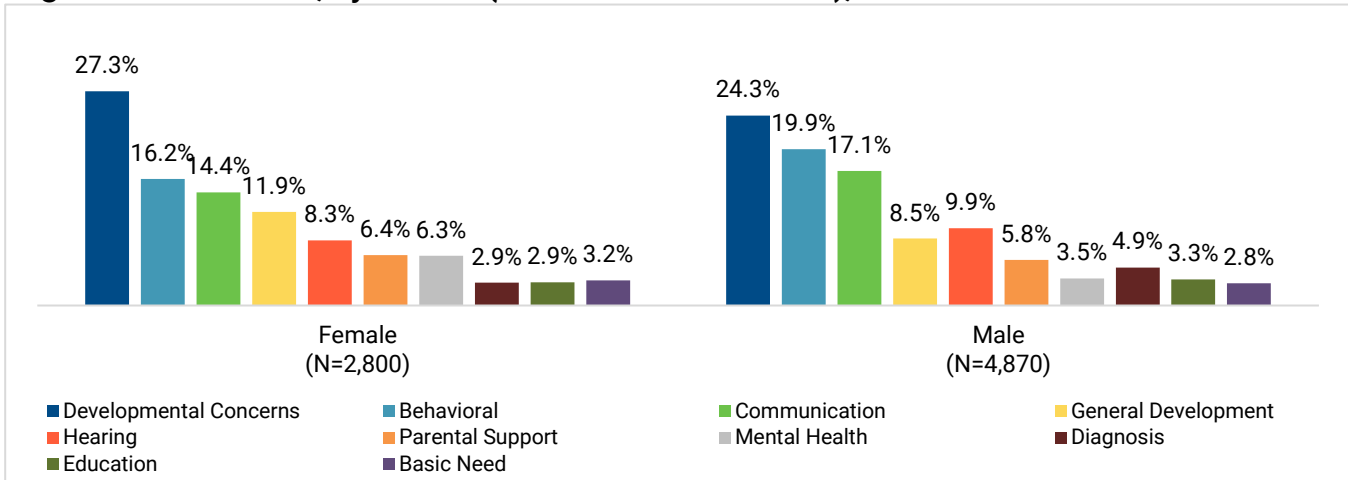
Concerns by Ethnicity

More than two-thirds (69.9%) of basic need concerns are from caregivers who identify their child as Hispanic/Latino. Fewer than half of the mental health concerns (49.3%) are from caregivers who identify their child as Hispanic/Latino.

Figure D-5. Concern, by Ethnicity (Percent within Ethnicity), 2019 to 2021 (N=8,548)

	Hispanic/ Latino (N=5,157)	White (N=1,159)	Asian / Pacific Islander (N=995)	Multiracial (N=685)	Other (N=543)
Developmental Concerns	62.6%	11.0%	14.0%	6.9%	5.5%
Behavioral	59.6%	17.8%	11.3%	5.9%	5.4%
Communication	61.4%	12.3%	10.9%	11.1%	4.4%
General Development	59.6%	13.1%	13.3%	7.7%	6.3%
Hearing	65.3%	10.2%	10.8%	10.4%	3.3%
Parental Support	54.9%	13.8%	13.1%	7.8%	10.6%
Mental Health	49.3%	16.2%	9.6%	3.7%	21.3%
Diagnosis	53.1%	16.9%	8.5%	13.1%	8.5%
Education	61.2%	15.4%	8.7%	7.4%	7.4%
Basic Need	69.9%	9.7%	9.0%	5.0%	6.5%
Overall	60.3%	13.6%	11.6%	8.0%	6.5%

Behavior is the main concern cited by caregivers whose children are Hispanic/Latino and White. Hearing has a larger percentage (13.3%) of reported concerns among Multiracial children than among other ethnicities. Help Me Grow 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 D-6. Concern, by Ethnicity (Percent within Concern), 2019 to 2021 (N=8,548)

	Hispanic/ Latino (N=5,157)	White (N=1,159)	Asian / Pacific Islander (N=995)	Multiracial (N=685)	Other (N=543)
Developmental Concerns	19.1%	14.9%	22.2%	15.9%	15.6%
Behavioral	20.1%	26.7%	19.8%	14.9%	17.0%
Communication	18.0%	16.0%	16.6%	24.4%	12.0%
General Development	10.5%	10.3%	12.2%	10.2%	10.3%
Hearing	11.0%	7.7%	9.4%	13.3%	5.3%
Parental Support	6.0%	6.7%	7.4%	6.4%	10.9%
Mental Health	3.9%	5.7%	3.9%	2.2%	15.8%
Diagnosis	4.0%	5.7%	3.3%	7.4%	6.0%
Education	3.5%	4.0%	2.6%	3.2%	4.0%
Basic Need	3.8%	2.3%	2.5%	2.0%	3.3%

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

Two-thirds of behavioral concerns are from caregivers who speak English as their primary language. The plurality of concerns from Spanish-speaking caregivers is basic needs.

Figure D-7. Concern, by Primary Language (Percent within Language), 2019 to 2021 (N=9,404)

	English (N=5,753)	Spanish (N=2,997)	Other (N=654)
Behavioral	66.7%	27.3%	6.0%
Mental Health	65.1%	17.1%	17.8%
Diagnosis	64.1%	25.2%	10.7%
Education	63.5%	30.4%	6.0%
General Development	62.2%	30.5%	7.3%
Overall	**61.2%**	**31.9%**	**7.0%**
Developmental Concerns	59.6%	36.4%	4.0%
Hearing	58.7%	35.1%	6.2%
Parental Support	58.7%	31.6%	9.6%
Communication	58.6%	33.6%	7.8%
Basic Need	50.0%	40.7%	9.3%

Development is the concern cited most by callers who are primarily English (24.9%) and Spanish (29.2%) speakers, whereas communication is cited most by callers who speak some other language (18.1%).

Figure D-8. Concern, by Primary Language (Percent within Concern), 2019 to 2021 (N=9,404)

	English (N=5,753)	Spanish (N=2,997)	Other (N=654)
Developmental Concerns	24.6%	28.9%	14.4%
Behavioral	20.3%	15.9%	16.1%
Communication	15.5%	17.1%	18.0%
General Development	9.9%	9.3%	10.2%
Hearing	8.9%	10.2%	8.3%
Parental Support	5.8%	6.0%	8.4%
Mental Health	4.8%	2.4%	11.5%
Diagnosis	4.4%	3.3%	6.4%
Education	3.3%	3.0%	2.8%
Basic Need	2.4%	3.8%	4.0%

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

Appendix E: Reasons Intakes are Closed, by Demographics

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

Reasons for Case Closings, by Gender

More boys (40.9%) than girls (35.7%) had their cases closed because the caregiver was reached and provided the necessary outcome information regarding the services they were receiving.

Figure E-1. Reasons Case Closed, by Gender, 2019 to 2021

	Female	Male	Total
Caregiver provided outcome information	35.7%	40.9%	39.1%
Unable to reach after multiple attempts	31.4%	30.5%	30.8%
Reached caregiver then lost to follow-up	17.5%	16.9%	17.1%
Provided information only - no referrals given	9.9%	7.2%	8.2%
Agency provided outcome information	1.8%	1.5%	1.6%
Phone out of service and no known email	1.5%	1.3%	1.4%
Caregiver declined follow-up	0.9%	0.7%	0.7%
Incorrect phone number and no known email	0.7%	0.5%	0.6%
Unable to reach-no message on phone line	0.2%	0.2%	0.2%
Child moved/resides outside of county	0.1%*	0.2%	0.2%
Not available to respond to questions	0.1%*	0.0%*	0.1%*
Screening Only - no contact with caregiver	0.1%*	0.0%*	0.1%*
Total	**2,046**	**3,860**	**5,906**

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

Reasons for Case Closings, by Race/Ethnicity

Very few Hispanic/Latino families declined follow up care coordination in their initial calls.

Figure E-2. Reasons Case Closed, by Race/Ethnicity, 2019 to 2021

	Hispanic/ Latino	White	Asian / Pacific Islander	Other / Multiracial	Total
Caregiver provided outcome information	42.4%	49.9%	58.1%	44.0%	45.0%
Unable to reach after multiple attempts	25.2%	24.3%	20.3%	23.1%	24.3%
Reached caregiver then lost to follow-up	20.3%	18.7%	12.9%	19.6%	19.3%
Provided information only - no referrals given	8.3%	4.1%	4.5%	10.0%	7.7%
Agency provided outcome information	1.8%	1.6%	2.0%	2.1%	1.8%
Caregiver declined follow-up	0.6%	1.2%	1.7%	0.7%	0.8%
Phone out of service and no known email	0.5%	0.0%*	0.2%*	0.2%*	0.4%
Incorrect phone number and no known email	0.3%	0.0%*	0.0%*	0.1%*	0.2%
Child moved/resides outside of county	0.2%	0.3%	0.2%*	0.1%*	0.2%
Unable to reach-no message on phone line	0.3%	0.0%	0.0%	0.1%	0.2%
Total	**3,108**	**761**	**403**	**823**	**5,095**

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

Reasons for Case Closings, by Primary language

Spanish and English-speaking families were reached and provided referral outcome information at about the same proportion; English-speaking families had a higher rate of not being able to be reached after multiple attempts.

Figure E-3. Reasons Case Closed, by Primary Language, 2019 to 2021

	English	Spanish	Other	Total
Caregiver provided outcome information	38.6%	38.1%	56.4%	39.1%
Unable to reach after multiple attempts	32.7%	28.4%	21.6%	30.8%
Reached caregiver then lost to follow-up	17.4%	17.0%	13.1%	17.1%
Provided information only - no referrals given	6.9%	10.9%	4.7%	8.2%
Agency provided outcome information	1.7%	1.4%	1.7%	1.6%
Phone out of service and no known email	1.1%	2.0%	0.4%	1.4%
Caregiver declined follow-up	0.7%	0.7%	1.7%	0.7%
Incorrect phone number and no known email	0.4%	1.0%	0.0%*	0.6%
Unable to reach-no message on phone line	0.3%	0.2%*	0.0%*	0.2%
Child moved/resides outside of county	0.1%*	0.3%	0.4%	0.2%
Not available to respond to questions	0.1%*	0.1%*	0.0%*	0.1%*
Screening Only - no contact with caregiver	0.1%*	0.1%*	0.0%*	0.1%*
	3,703	1,968	236	5,907

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

Reasons for Case Closings, by Type of Health Insurance

Families with private health insurance were more likely to provide outcome information in their initial calls than those with public insurance (55.5% compared to 42.7%).

Figure E-4. Reasons Case Closed, by Type of Health Insurance, 2019 to 2021

	Public	Private	None	Total
Caregiver provided outcome information	42.7%	55.5%	21.3%	45.5%
Unable to reach after multiple attempts	25.0%	21.5%	49.3%	24.5%
Reached caregiver then lost to follow-up	20.3%	17.1%	20.0%	19.5%
Provided information only - no referrals given	8.2%	3.2%	2.7%	6.9%
Agency provided outcome information	2.0%	1.5%	1.3%	1.8%
Caregiver declined follow-up	0.7%	1.1%	0.0%*	0.8%
Phone out of service and no known email	0.5%	0.1%*	0.0%*	0.4%
Unable to reach-no message on phone line	0.2%	0.0%*	5.3%	0.3%
Child moved/resides outside of county	0.2%	0.0%*	0.0%*	0.2%
Incorrect phone number and no known email	0.2%	0.0%*	0.0%*	0.2%
Not available to respond to questions	0.1%*	0.0%*	0.0%*	0.0%*
Screening Only - no contact with caregiver	0.0%*	0.0%*	0.0%*	0.0%*
	3,723	1,230	75	5,028

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

Appendix F: Referrals Provided by Demographics

Appendix F breaks down the Help Me Grow Core referrals by select children's demographics including gender, age, ethnicity, primary language, and type of health insurance coverage. 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 Regional Center referrals. More boys, however, received behavioral services referrals than girls (19.1% to 17.0%), while girls more frequently received mental health / counseling referrals than boys (32.5% to 28.5%).

Figure F-1. Top 10 Referrals, by Gender (Percentage within Referral), 2019 to 2021 (N=11,718)
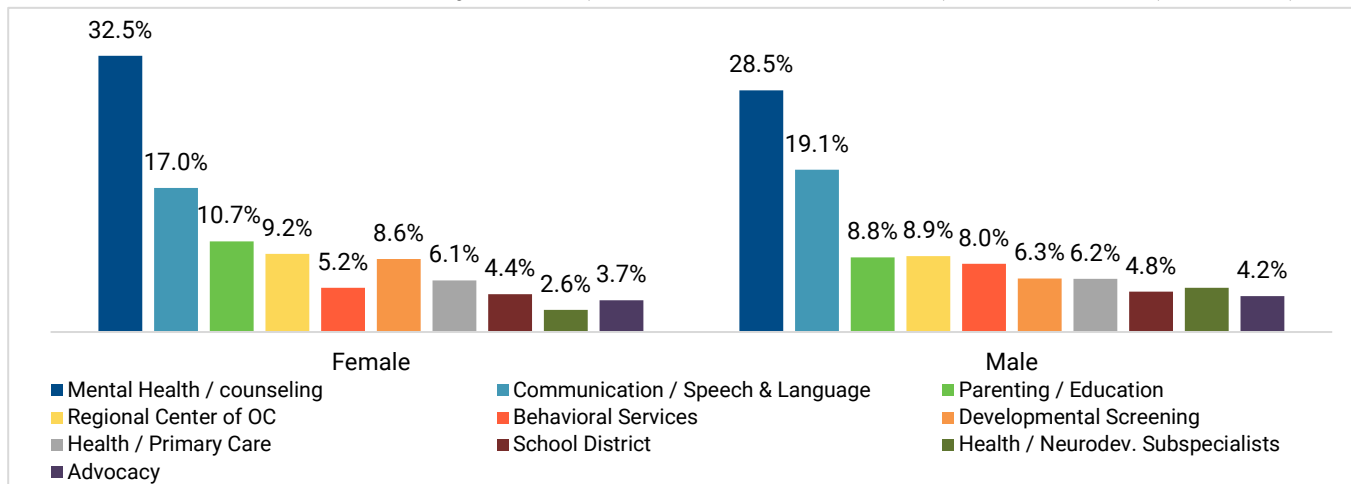
Referrals by Age

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 three years old, while Regional Center of Orange County referrals are most prevalent with children who are two years old.

**Figure F-2. Referral by Age (Percentage within Age), 2019 to 2021 (N=11,724)**

	<1 year	1 year	2 years	3 years	4 years	5 years	6-11 years	≥12 years
Mental Health / counseling	1.3%	4.3%	12.1%	16.8%	14.8%	14.1%	25.5%	11.1%
Communication / Speech & Language	0.6%	7.6%	21.8%	38.9%	17.5%	6.1%	6.2%	1.2%
Parenting / Education	8.7%	16.1%	23.2%	21.5%	13.6%	8.3%	7.3%	1.3%
Regional Center of Orange County	10.4%	37.8%	47.1%	1.5%	0.9%	0.9%	1.3%	0.1%
Behavioral Services	0.6%	6.3%	15.1%	23.0%	15.9%	8.5%	22.6%	8.1%
Developmental Screening	15.0%	24.1%	23.4%	20.6%	14.5%	2.3%	0.1%	0.0%
Health / Primary Care	3.7%	13.0%	26.9%	27.2%	16.7%	5.4%	6.1%	1.1%

	<1 year	1 year	2 years	3 years	4 years	5 years	6-11 years	≥12 years
School District	0.0%	2.0%	11.6%	36.0%	23.1%	12.3%	13.2%	1.8%
Health / Neurodev. Subspecialists	0.8%	11.6%	24.8%	16.9%	21.4%	10.4%	13.2%	1.0%
Advocacy	2.9%	13.5%	18.9%	14.3%	13.3%	9.3%	23.6%	4.2%

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

Developmental screening referrals make up the largest percentage of referrals for children under one years of age and 1 years old. Mental health / counseling referrals are the most common for children ages four and older.

Figure F-3. Referrals, by Age (Percent within Referral), 2019 to 2021 (N=11,724)
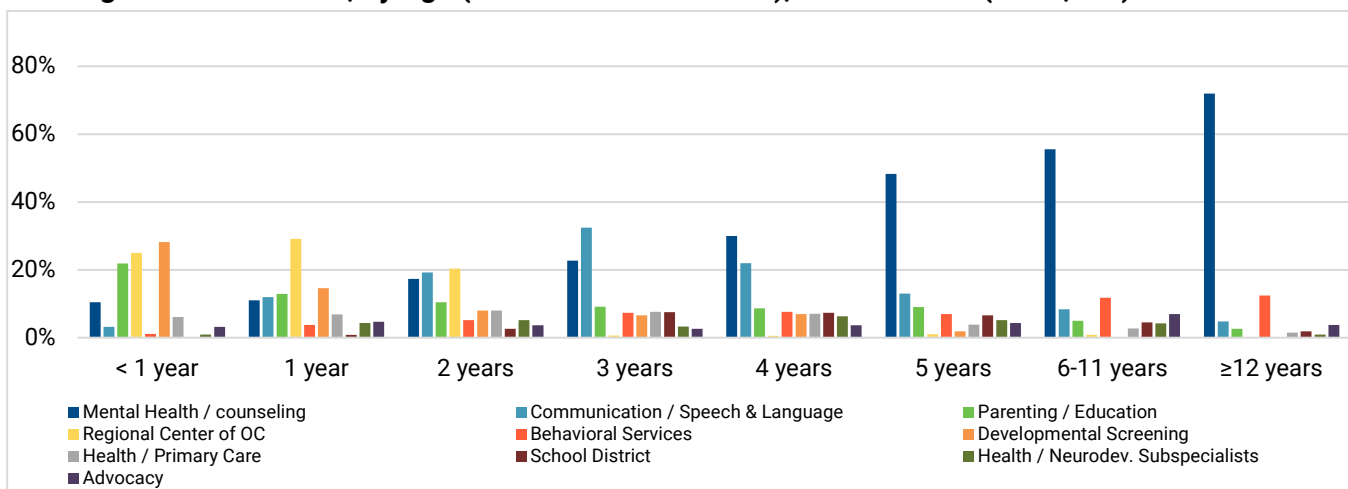

Referrals by Ethnicity

Almost three-quarters of the callers who health/primary care referrals from Help Me Grow are Hispanic/Latino. Hispanics make up smaller proportions of referrals for behavioral services referrals (51.9%).

Figure F-4. Referrals, by Ethnicity (Percent within Ethnicity), 2019 to 2021 (N=11,336)

	Asian / Pacific Islander (N=1,005)	Hispanic/Latino (N=6,828)	Other / multiracial (N=1,734)	White (N=1,769)
Mental Health / counseling	5.2%	59.9%	15.4%	19.4%
Communication / Speech & Language	13.0%	59.3%	14.6%	13.1%
Parenting / Education	6.2%	60.7%	16.0%	17.2%
Regional Center of Orange County	8.7%	63.0%	17.1%	11.2%
Behavioral Services	12.5%	51.9%	16.1%	19.5%
Developmental Screening	8.7%	57.4%	18.5%	15.4%
Health / Primary Care	6.9%	72.2%	13.1%	7.8%
School District	9.3%	63.8%	13.4%	13.4%
Health / Neurodev. Subspecialists	17.0%	52.1%	11.9%	19.0%
Advocacy	9.6%	65.4%	13.9%	11.1%

Mental health / counseling is the referral provided at the greatest rate to all ethnicities, except Asian / Pacific Islanders, for whom communication / speech & language are the most common type of referral. More than one-third of all referrals to White callers are for mental health, followed at a distant second communication / speech & language referrals, which were 15.8% of all referrals.

Figure F-5. Referrals, by Ethnicity (Percent within Referral), 2019 to 2021 (N=11,336)
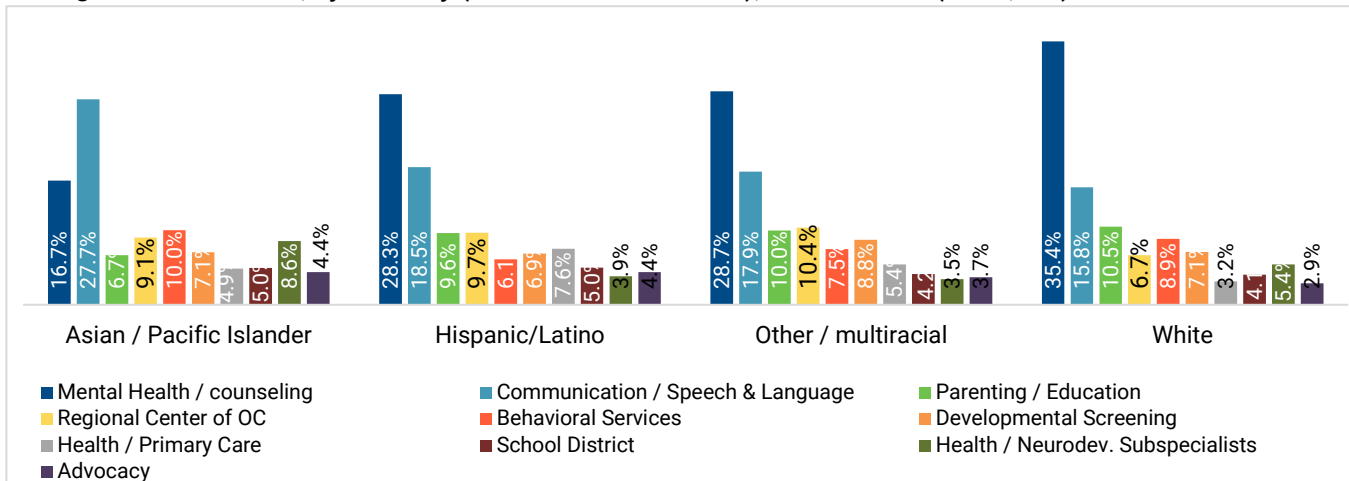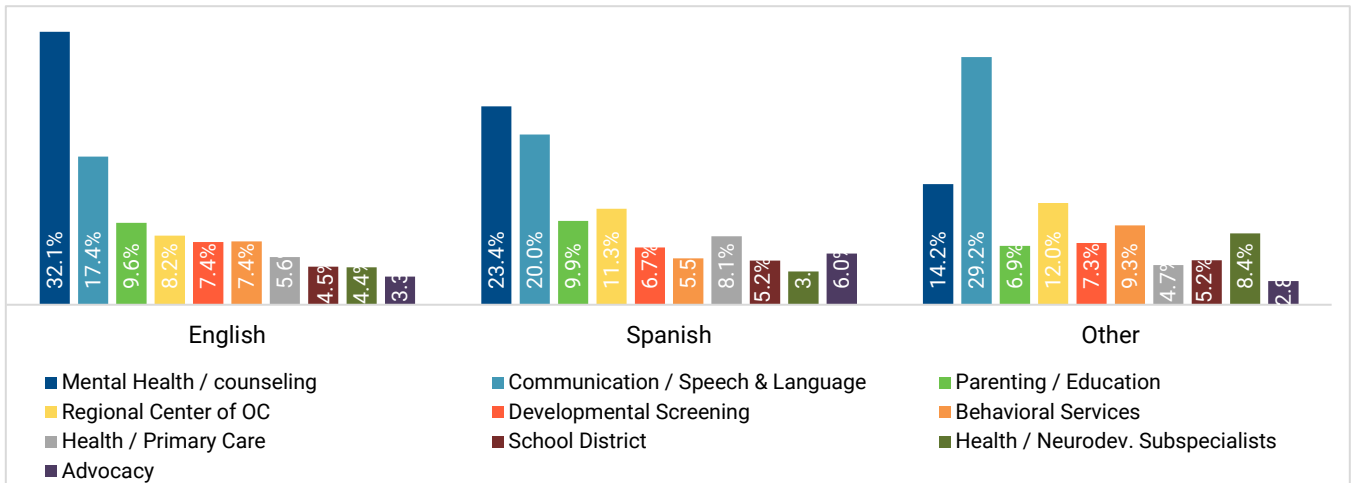

Referrals by Primary Language

English-language callers make up the largest proportion of referrals for mental health /counseling (73.7%).

Figure F-6. Top 10 Referrals by Primary Language (Percent within Primary Language), 2019 to 2021 (N=11,410)

	English (N=7,518)	Spanish (N=3,357)	Other (N=535)
Mental Health / counseling	73.7%	23.9%	2.3%
Behavioral Services	70.5%	23.2%	6.3%
Developmental Screening	67.7%	27.5%	4.8%
Parenting / Education	66.2%	30.4%	3.4%
Health / Neurodev. Subspecialists	65.2%	25.9%	8.9%
School District	62.4%	32.4%	5.2%
Communication / Speech & Language	61.3%	31.4%	7.3%
Health / Primary Care	58.8%	37.7%	3.5%
Regional Center of Orange County	58.0%	35.9%	6.1%
Advocacy	53.3%	43.4%	3.2%

English- and Spanish-speaking callers are most likely to receive mental health / counseling referrals from Help Me Grow (32.1% and 23.4% respectively, compared with 14.2% of total referrals for those who speak a "other" language). Callers who speak some other language most often received referrals for communication / speech & language (29.2%).
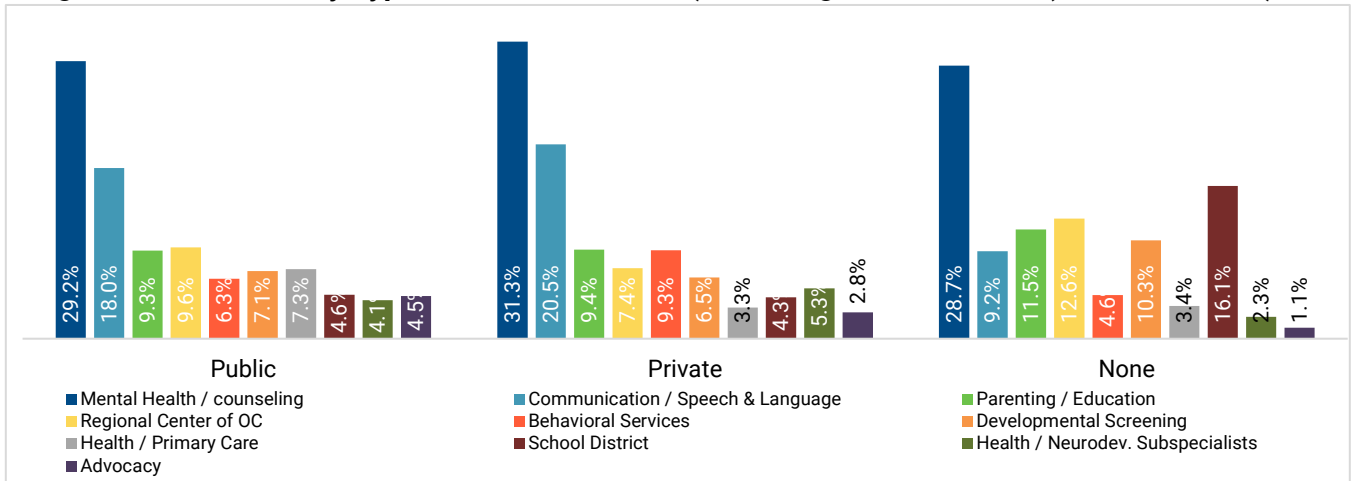
Figure F-7. Top 10 Referrals by Primary Language (Percent within Referral), 2019 to 2021 (N=11,410)

Legend:
- Mental Health / counseling
- Communication / Speech & Language
- Parenting / Education
- Regional Center of OC
- Developmental Screening
- Behavioral Services
- Health / Primary Care
- School District
- Health / Neurodev. Subspecialists
- Advocacy

English: 32.1%, 17.4%, 9.6%, 8.2%, 7.4%, 7.4%, 5.6, 4.5%, 4.4%, 3.3
Spanish: 23.4%, 20.0%, 9.9%, 11.3%, 6.7%, 5.5, 8.1%, 5.2%, 3., 6.0
Other: 14.2%, 29.2%, 6.9%, 12.0%, 7.3%, 9.3%, 4.7%, 5.2%, 8.4%, 2.8

Referrals by Type of Health Insurance

Mental health / counseling referrals were the most frequently provided to all callers for children with health insurance, regardless of what type of health insurance their children have.

Figure F-8. Referrals by Type of Health Insurance (Percentage within Referral), 2019 to 2021 (N=11,605)

Legend:
- Mental Health / counseling
- Communication / Speech & Language
- Parenting / Education
- Regional Center of OC
- Behavioral Services
- Developmental Screening
- Health / Primary Care
- School District
- Health / Neurodev. Subspecialists
- Advocacy

Public: 29.2%, 18.0%, 9.3%, 9.6%, 6.3%, 7.1%, 7.3%, 4.6%, 4.1, 4.5
Private: 31.3%, 20.5%, 9.4%, 7.4%, 9.3%, 6.5%, 3.3%, 4.3%, 5.3%, 2.8%
None: 28.7%, 9.2%, 11.5%, 12.6%, 4.6, 10.3%, 3.4%, 16.1%, 2.3%, 1.1%

Appendix G: How Caregivers Learn about Help Me Grow, By Demographics

Appendix G presents details about how caregivers heard about Help Me Grow, by select demographics.

How Caregivers Learn about Help Me Grow, by Age

Most callers heard about Help Me Grow through a hospital or health care provider, regardless of age.

Figure G-1. How Callers Learn about Help Me Grow by Age of Child, 2019 to 2021

	< 1 year (N=694)	1 year (N=1,312)	2 years (N=1,630)	3 years (N=1,046)	4 years (N=789)	5 years (N=442)	6-11 years (N=596)	≥12 years (N=281)	3-Year Total (N=6,790)
Hospital / Healthcare Provider	71.0%	65.4%	55.4%	48.7%	43.7%	49.3%	54.0%	72.6%	56.7%
Community Agency	14.8%	17.6%	18.1%	17.0%	17.6%	16.7%	19.5%	13.5%	17.3%
ECE Provider	3.2%	2.6%	6.6%	12.7%	15.1%	8.1%	3.0%	0.0%	6.9%
Previous Caller	3.3%	5.8%	6.4%	4.7%	5.2%	5.9%	4.4%	4.6%	5.3%
Friend or Family	1.0%	1.6%	2.8%	4.0%	3.4%	3.6%	5.7%	2.5%	2.9%
HMG	2.2%	1.2%	2.5%	2.9%	4.2%	3.8%	5.0%	2.8%	2.8%
WIC	2.0%	2.4%	3.7%	4.9%	2.9%	0.9%	0.7%	0.7%	2.8%
School	0.1%	0.6%	1.3%	2.8%	4.2%	5.9%	3.7%	0.7%	2.1%
2-1-1 OC	0.4%	1.0%	0.7%	1.1%	1.4%	2.9%	2.7%	1.8%	1.3%
Regional Center of OC	0.7%	1.1%	1.0%	0.2%	1.0%	1.1%	0.3%	0.0%	0.8%
Media (print, TV, web, etc.)	0.6%	0.5%	0.8%	0.8%	0.5%	0.7%	0.8%	0.7%	0.7%
Developmental Screening	0.6%	0.2%	0.6%	0.3%	0.8%	0.9%	0.2%	0.0%	0.4%

How Caregivers Learn about Help Me Grow, by Ethnicity

Hispanic/Latino callers were more likely to learn about Help Me Grow through a hospital or healthcare provider than Asian / Pacific Islanders (56.9% and 47.2%, respectively.

Figure G-2. How Callers Learn About Help Me Grow by Ethnicity of Child, 2019 to 2021

	Hispanic/ Latino (N=3,399)	Other / multiracial (N=899)	White (N=829)	Asian / Pacific Islander (N=443)	3-Year Total (N=5,570)
Hospital / Healthcare Provider	56.9%	53.7%	48.7%	47.2%	54.4%
Community Agency	17.1%	17.6%	15.1%	16.3%	16.8%
ECE Provider	4.9%	10.9%	14.2%	11.1%	7.7%
Previous Caller	6.6%	5.1%	5.2%	5.4%	6.1%
WIC	4.2%	2.0%	1.1%	2.3%	3.2%
Friend or Family	2.9%	3.3%	4.2%	4.3%	3.2%
HMG	2.6%	2.0%	3.4%	4.3%	2.7%
School	1.8%	2.1%	3.4%	4.1%	2.3%
2-1-1 OC	1.5%	0.7%	1.6%	0.7%	1.3%
Regional Center of OC	0.4%	1.4%	1.7%	2.5%	0.9%
Media (print, TV, web, etc.)	0.6%	0.9%	1.2%	0.7%	0.8%
Developmental Screening	0.6%	0.2%	0.2%	1.4%	0.5%

How Caregivers Learn about Help Me Grow, by Primary Language

A plurality of callers, irrespective of primary language, heard about Help Me Grow through a hospital or health care provider.

Figure G-3. How Callers Learn about Help Me Grow by Primary Language of Child, 2019 to 2021

	English (N=4,042)	Spanish (N=2,115)	Other (N=254)	3-Year Total (N=6,411)
Hospital / Healthcare Provider	56.4%	61.9%	51.2%	58.0%
Community Agency	16.8%	17.2%	12.6%	16.8%
ECE Provider	8.5%	2.8%	13.0%	6.8%
Previous Caller	5.0%	5.9%	6.7%	5.4%
Friend or Family	3.3%	1.7%	5.1%	2.8%
WIC	2.0%	4.4%	2.8%	2.8%
HMG	2.4%	2.4%	3.1%	2.4%
School	2.3%	1.4%	1.6%	2.0%
2-1-1 OC	1.1%	1.1%	1.2%	1.1%
Regional Center of OC	1.0%	0.3%	1.6%	0.8%
Media (print, TV, web, etc.)	0.8%	0.4%	0.8%	0.7%
Developmental Screening	0.5%	0.4%	0.4%	0.5%

Appendix H: Agree to Follow Up Care, by Demographics

Appendix H presents the percentages of caregivers 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 agreed to follow-up care coordination less often than families who receive referrals for a male child.

Figure H-1. Agree to Follow up Care, by Gender, 2019 to 2021
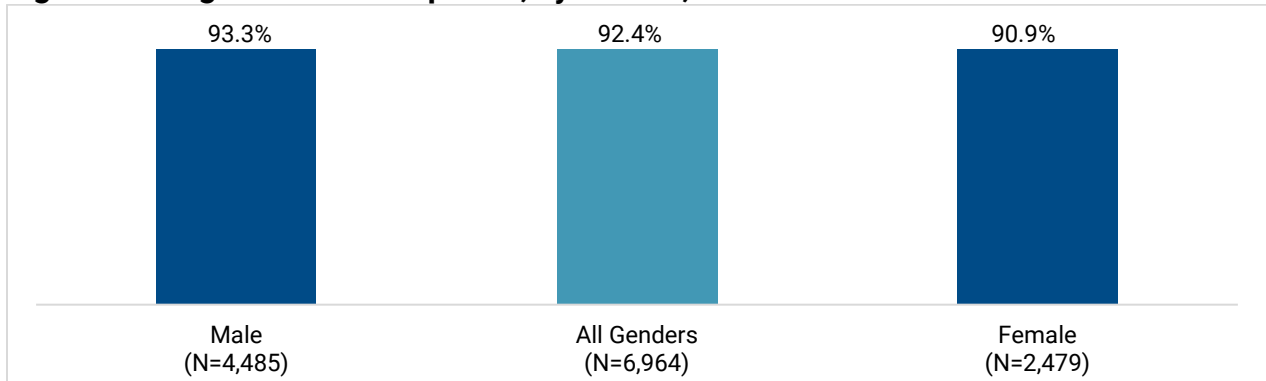
Results are statistically significant at the p=≤.05 level

Agree to Follow-Up Care, by Ethnicity

Families with children who identify as Hispanic/Latino and Other/Multiracial are slightly more likely to agree to follow-up care coordination (96.9% each) than the overall average (96.5%). Families of White children are slightly less likely to agree to follow up care coordination (94.6%).

Figure H-2. Follow up Care, by Ethnicity, 2019 to 2021
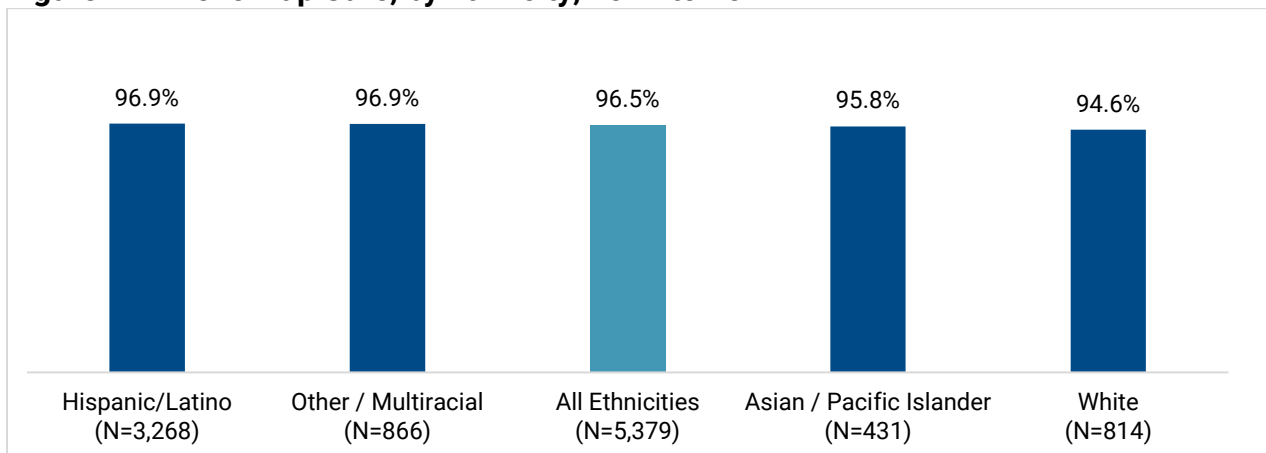
Results are statistically significant at the p=≤.05 level

Agree to Follow-Up Care, by Primary Language

Callers whose primarily speak Spanish are slightly most likely to agree to follow-up care (98.3%) compared with 97.6% of those who speak "other" languages and 96.2% of primarily English-speaking callers.

**Figure H-3. Follow up Care, by Primary Language, 2019 to 2021**
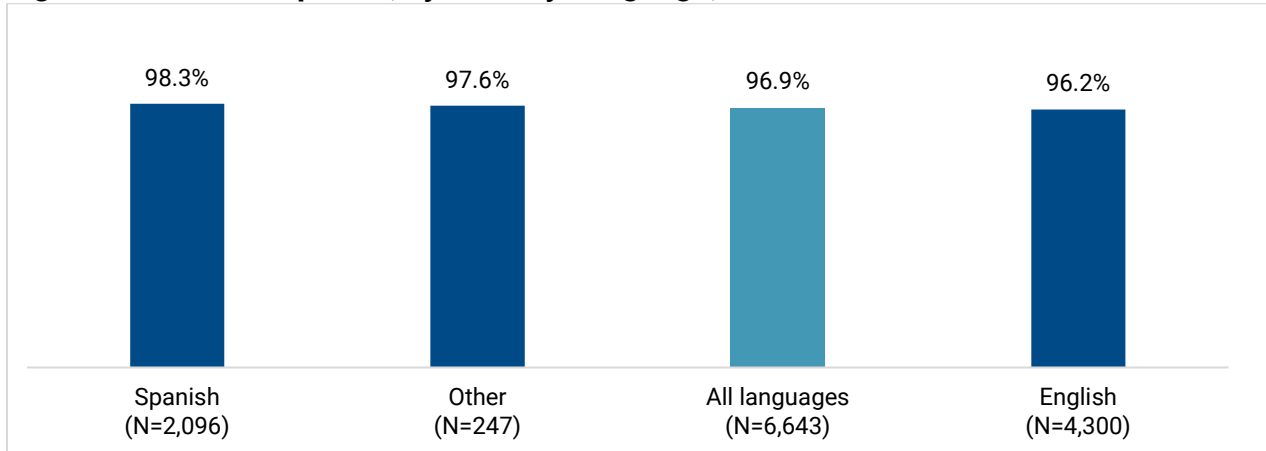
Results are statistically significant at the p=≤.05 level

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

Families whose children are enrolled in public health insurance programs (e.g. CalOptima) are more likely to agree to follow-up care coordination than are families with private health insurance coverage. Note: due to small sample size, the "None" health insurance category was were left out of the analysis so that data would be more stable.

Figure H-4. Follow up Care, by Type of Health Insurance, 2019 to 2021
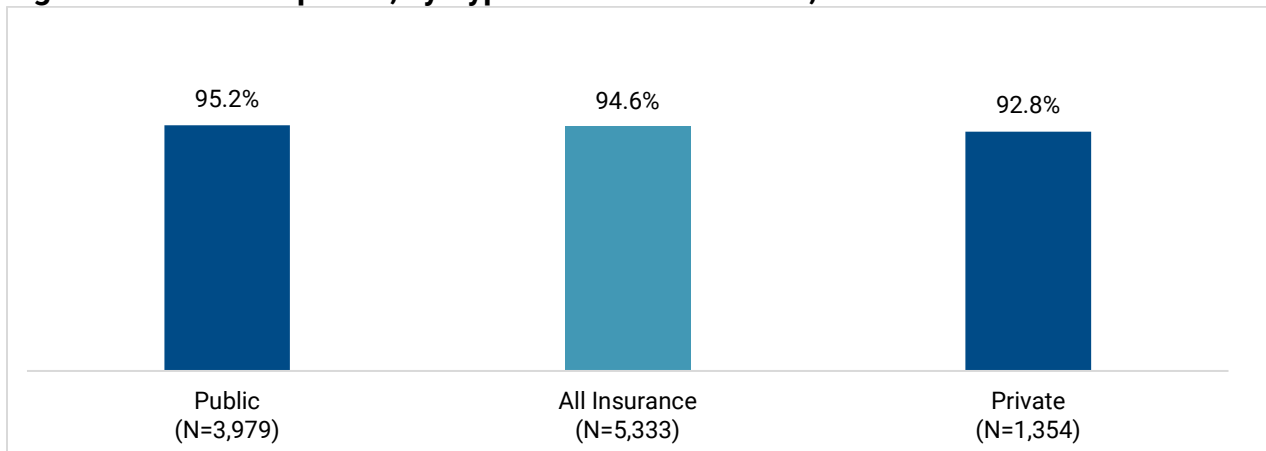
Results are statistically significant at the p=≤.05 level

Appendix I: Service Outcomes by Demographics

Service Outcome, by Gender

Boys were slightly more likely to be connected to or pending services than girls.
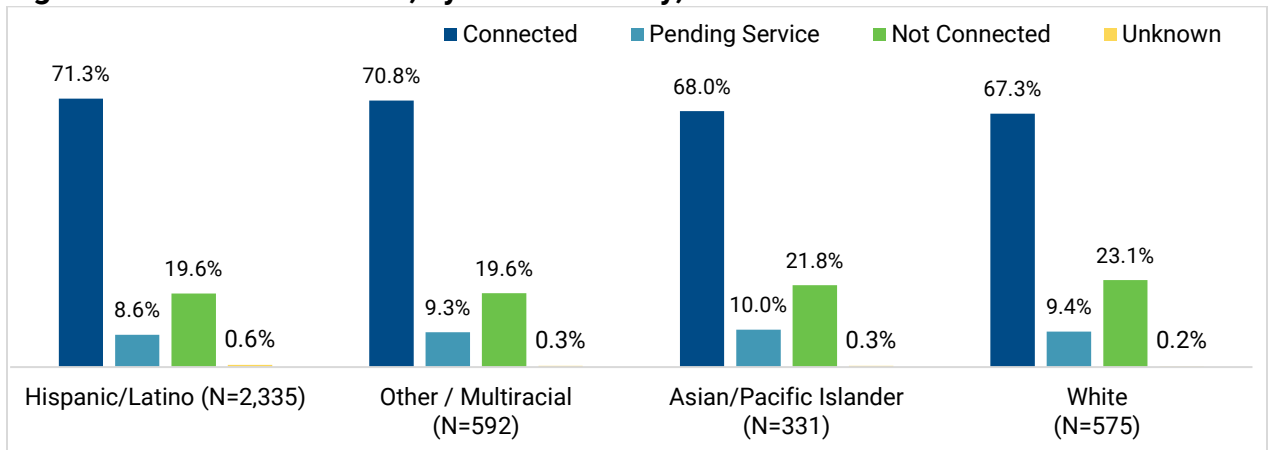
Figure I-1. Service Outcome, by Gender, 2019 to 2021
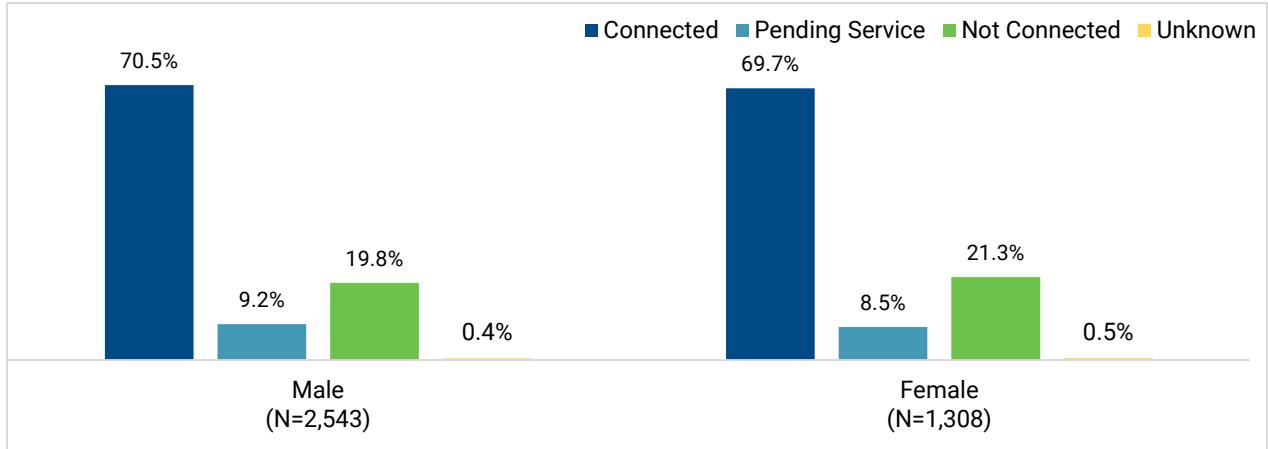
Service Outcome, by Ethnicity

Children who are Hispanic /Latino tended to be connected with services more often than children of other ethnicities.
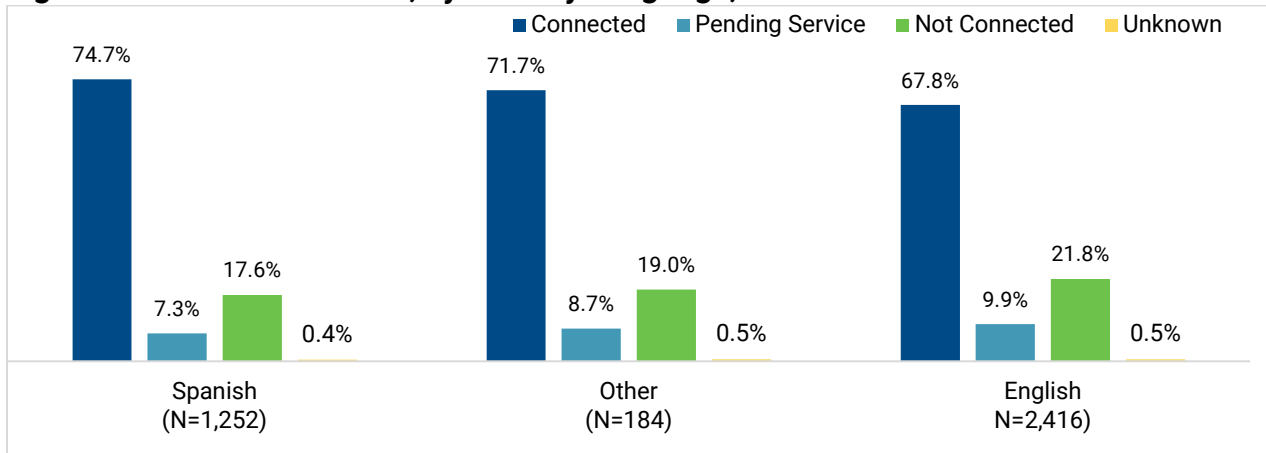
Figure I-2. Service Outcome, by Race/Ethnicity, 2019 to 2021

Service Outcome, by Primary Language

Callers who primarily speak Spanish had children who were connected to services or pending services more often than those who are primarily English-speaking.

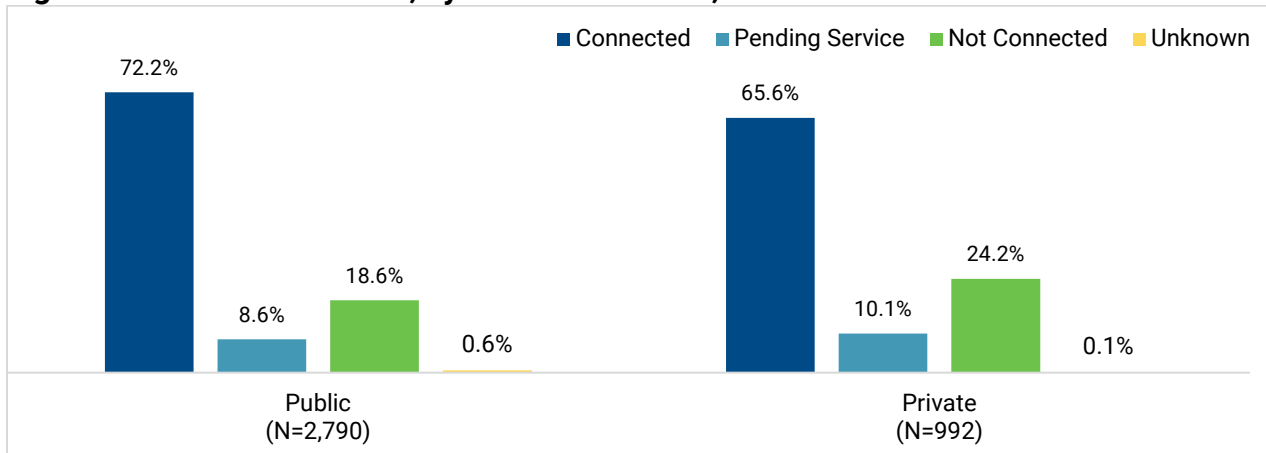**Figure I-3. Service Outcome, by Primary Language, 2019 to 2021**

Legend: Connected, Pending Service, Not Connected, Unknown

Spanish (N=1,252): Connected 74.7%, Pending Service 7.3%, Not Connected 17.6%, Unknown 0.4%

Other (N=184): Connected 71.7%, Pending Service 8.7%, Not Connected 19.0%, Unknown 0.5%

English N=2,416: Connected 67.8%, Pending Service 9.9%, Not Connected 21.8%, Unknown 0.5%

Results are statistically significant at the p=≤.05 level

Service Outcome, by Health Insurance

Children who have no health insurance tended to be connected to services more often than those who had private or public insurance plans.

**Figure I-4. Service Outcome, by Health Insurance, 2019 to 2021**

Legend: Connected, Pending Service, Not Connected, Unknown

Public (N=2,790): Connected 72.2%, Pending Service 8.6%, Not Connected 18.6%, Unknown 0.6%

Private (N=992): Connected 65.6%, Pending Service 10.1%, Not Connected 24.2%, Unknown 0.1%

Results are statistically significant at the p=≤.05 level

Appendix J: Needs Met by Demographics

Needs Met, by Gender

Boys were more likely than girls to have their caregivers respond positively that their needs were met.

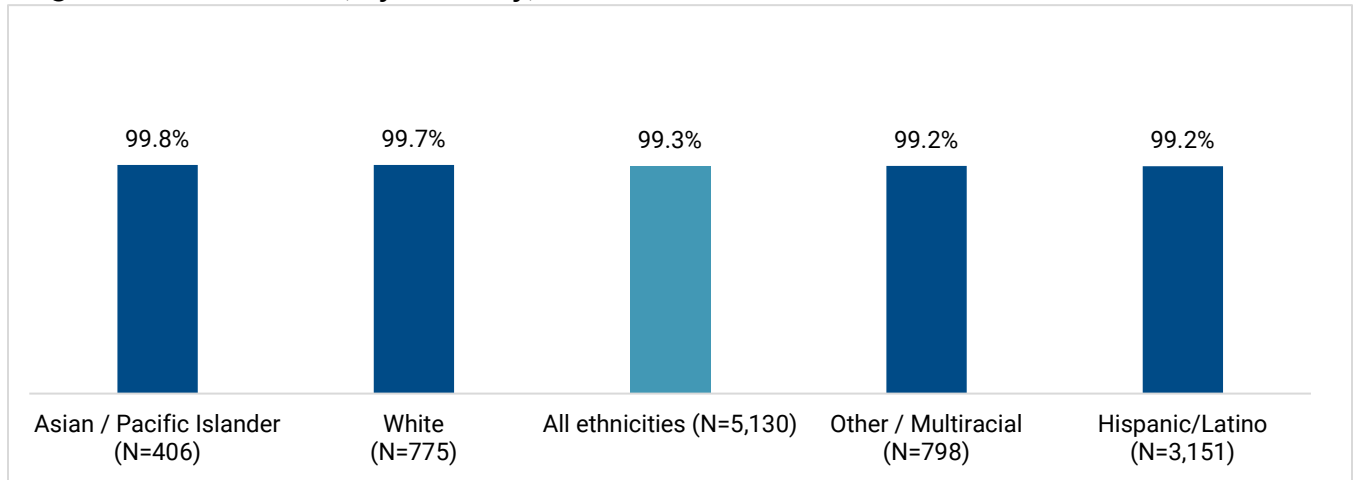**Figure J-1. Needs Met, by Gender, 2019 to 2021**
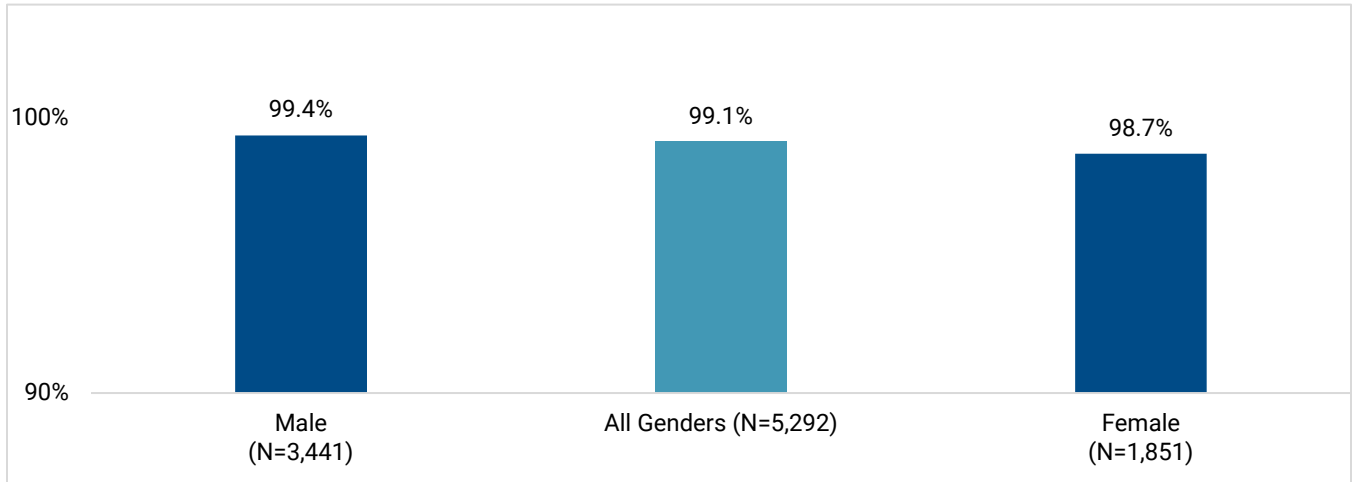
Results are statistically significant at the p=≤.05 level

Needs Met, by Ethnicity

Asian / Pacific Islander children were most likely to have their caregivers respond positively that their needs were met.

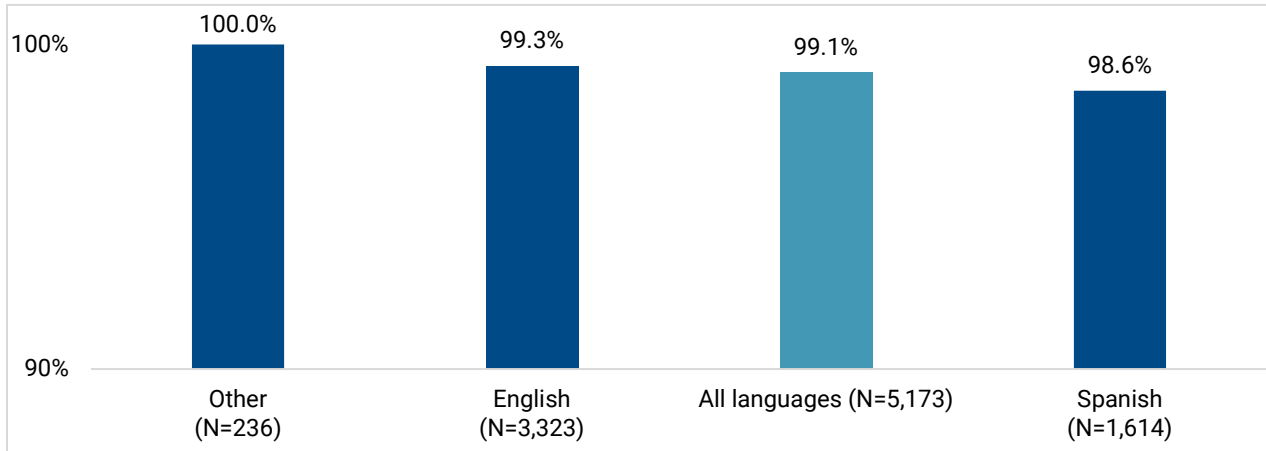**Figure J-2. Needs Met, by Ethnicity, 2019 to 2021**

Results are statistically significant at the p=≤.1 level

Needs Met, by Language

Callers speaking "other" language (including Asian languages) were most likely to respond positively that their needs were met.
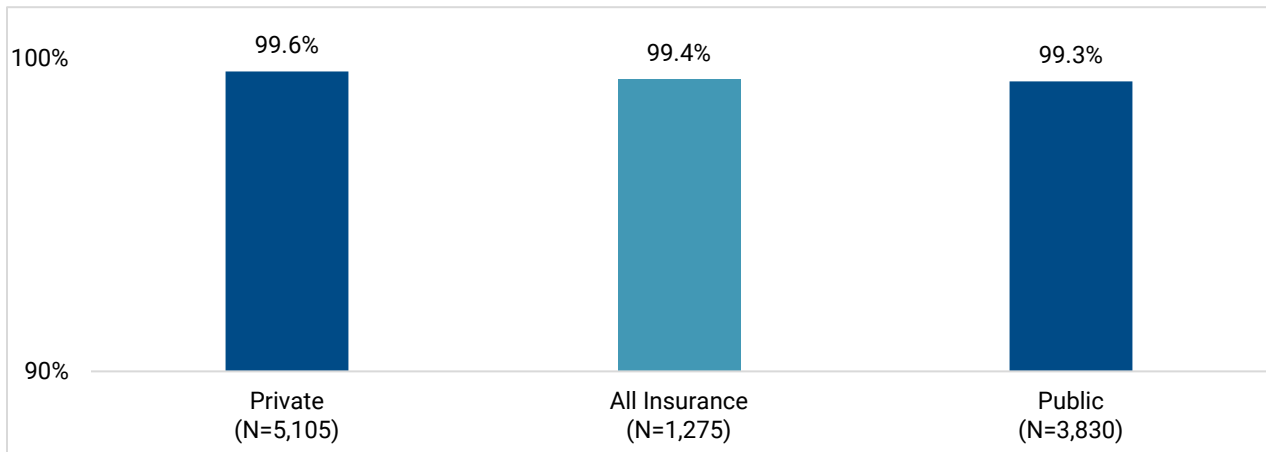
Figure J-3. Needs Met, by Language, 2019 to 2021

Needs Met, by Health Insurance

Callers with private health insurance were most likely to respond positively that their needs were met by Help Me Grow.

Figure J-4. Needs Met, by Health Insurance, 2019 to 2021

Results are statistically significant at the p=≤.05 level

Appendix K: Intergovernmental Transfers

Help Me Grow Orange County benefits from the leveraging of federal funds known as an Intergovernmental Transfer, or IGT.

IGTs are used to offset the cost of uncompensated care provided by county health departments, public hospitals and other local care providers. The transaction requires a government entity (in this case, First 5 Orange County – the original funder of Help Me Grow Orange County), to provide non-federal matching funds which the state uses to obtain the highest reimbursement rate that is federally allowable. The State of California charges a 20 percent administrative fee and a managed care organization tax on each transaction. In return, federal Medicaid funding is provided back to the county for reimbursement of uncompensated care for Medi-Cal beneficiaries.

 IGT transactions can only occur via a managed care organization. In Orange County, the county-organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities is known as CalOptima. Only agencies that are contracted providers with CalOptima are eligible to receive IGT funds. CHOC Children's is a CalOptima-contracted provider and Help Me Grow is a program of CHOC Children's, allowing for the IGT transaction to occur.

While First 5 Orange County provided the matching dollars, it cannot earmark IGT funds for specific uses. However, it is anticipated that CHOC Children's will use a portion of IGT funds to support the ongoing efforts of the Help Me Grow.