Item 6

Strategic Plan Implementation: Help Me Grow - Connecting Children to the Services They Need State
SUBJECT:
FIRST 5 LA’S STRATEGIC PLAN FY2015-2020: HELP ME GROW – CONNECTING CHILDREN TO THE SERVICES THEY NEED (INFORMATIONAL PRESENTATION)

BACKGROUND:
First 5 LA’s next strategic plan brings greater focus and clarity to the organization’s role and impact on the lives of LA County’s children 0-5 and their families. On November 13, 2014, the Commission adopted the FY 2015-2020 Strategic Plan which prioritizes outcomes, strategies and investment areas involving families, early childhood education, communities, and health, mental health and substance abuse services systems improvement (health-related systems). Within the health-related systems outcome, the Commission has outlined two specific areas of priority focus, which include 1) trauma-informed care and, 2) developmental/behavioral screening, assessment and early intervention. As implementation planning continues, staff is engaging with a number of experts in the field who can speak to what is currently known about systems change efforts as it relates to these two areas, and the impact of these efforts on children, families, and the communities in which they live.

DISCUSSION:
The purpose of today’s presentation is to take a closer look at a specific systems change framework called Help Me Grow (HMG), which aims to improve the coordination and functioning of developmental/behavioral screening, assessment and early intervention programs. Additionally, the information and discussion exchange on HMG, along with a review of current literature, is helping to inform implementation planning efforts. Staff is interested in sharing some of the current thinking on this topic with Commissioners to provide insight into the essential elements of HMG and how this framework has the potential to connect at-risk children with the services they need by building collaboration across sectors, including health care, early care and education, and family support.

The key panelist today includes Ms. Christina Altmayer, Executive Director, Children and Families Commission of Orange County. Ms. Altmayer’s bio accompanies this cover memo, along with examples of a number of articles that provide some initial background on HMG, including:


Ms. Christina Altmayer  
Executive Director, Children and Families Commission of Orange County  
Christina Altmayer has served as the Executive Director of the Commission since March 2013 after serving six months as the Interim Executive Director. Christina had previously served as a consultant to the Commission since its inception in 1999 and was the program director for its pediatric health investments. Prior to accepting the position, Christina was the President of Altmayer Consulting, Inc. and specialized in management consulting to public and nonprofit agencies. She has worked extensively with government agencies at the state, county and municipal level on strategic planning, performance management and innovative program design. A primary focus of her consulting practice was on implementing performance management systems including performance-based contracts and served as co-manager of the 2010 National Performance Management Advisory Commission. The Commission was a collaborative effort of the 11 leading public interest associations including Government Finance Officers Association (GFOA), International City Managers Association (ICMA) and National Association of Counties, National Conference of State Legislatures (NCSL) and National League of Cities (NLC) to develop a comprehensive framework for public sector performance management. Christina is the author of a several publications on performance management and a frequent speaker on the topic. She has a BA and MA in Public Administration from St. John's University, New York.
What is Help Me Grow?

Help Me Grow is a system that connects at-risk children with the services they need.

Children at risk for developmental and behavioral problems are too often eluding early detection

Experts agree: Early detection and connection to services lead to the best outcomes for children with developmental or behavioral challenges.

However, families, child health care, early care and education, and human service providers often have difficulty recognizing early signs of developmental or behavioral concerns. Even when needs are identified, finding programs designed to address those needs can be confusing and time-consuming.

Help Me Grow (HMG) is a simple solution that builds on existing resources

HMG is an efficient and effective system – with a proven track record – that assists states in identifying at-risk children, then helps families find community-based programs and services.

HMG does not provide direct services. Rather, it is a system for improving access to existing resources and services for children through age eight.

How Help Me Grow works

Help Me Grow is a system that builds collaboration across sectors, including child health care, early care and education, and family support.

Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to the system.

Help Me Grow Core Components

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

Together, we can create a future of better outcomes for at-risk children.

A costly lack of options

During two-year old Shana’s routine checkup, her exasperated mother expresses concerns over her daughter’s ongoing behavioral outbursts. The mother describes Shana as very strong-willed, unpredictable, and easily upset, and also reports episodes resembling breath-holding spells. The pediatrician refers the mother to a local specialist, a pediatric neurologist. Two months later, at the earliest possible appointment, Shana receives a neurological examination that is unhelpful in identifying a cause for Shana’s behaviors. She is then referred for an EEG test to rule out the possibility of a seizure disorder. After a total of almost 4 months, the child has been declared free of neurological disease, yet no recommendations or assistance has been provided for the initial concerns. The cost of the visits and subsequent tests are covered, in part, by the family’s basic health insurance plan and, in part, are incurred by Shana’s family, and over the course of a year total several thousand dollars. Over the next two years, Shana’s behavioral problems persist, causing her to enter school a year late, enrolling in a special education program where paired professionals work with her to manage her outbursts.

The above vignette reflects many of the realities in the current state of pediatric management of behavioral and developmental concerns. Caregivers of at-risk children rely too heavily on costly and oversubscribed medical and behavioral specialists, while community-based programs and services offering valuable support are underutilized. The National Center for Children in Poverty at Columbia University reported, in 2008, that “despite overwhelming evidence supporting prevention and early treatment intervention services, funding is heavily focused towards deep-end treatment like … intensive services.” While pediatric specialists provide critical services, long wait times and limited capacity result from inappropriate referrals. Child health providers and parents are too often ill-equipped to identify and make use of the vast array of community-based resources designed to support families facing early childhood behavioral and developmental challenges. In many cases of tertiary care (i.e., specialty) referrals, there are more beneficial, cost-effective, and readily available community alternatives.
Help Me Grow creates linkages to existing resources

By connecting families with concerns for their children’s development and behavior to appropriate, community-based programs and services, Help Me Grow supports families as informed and engaged stewards of their children’s early development. The system also provides child health providers with cost-effective alternatives to unnecessary, time-consuming, and expensive medical specialty referrals and, by preserving the capacity of specialists, ensures that tertiary care is available to those children who need it most. Now being replicated in 16 states, Help Me Grow promotes the early detection of children at risk for developmental and behavioral problems, provides a centralized call center as a single point of entry for community-based programs and services, and links children and their families with the appropriate resources quickly and effectively. Rigorous data collection allows for continuous quality improvement, while also demonstrating the system’s success. For example, since 2002, 85% of children and families referred to Connecticut’s Help Me Grow have been successfully connected with community-based programs and services.

A Model for “De-medicalization” Savings

Data collected by Help Me Grow-Orange County demonstrate that the system is indeed creating the desirable shift away from expensive and often difficult to access medical and behavioral specialists towards more readily available community-based programs and services.

We compared the Orange County data to a sample of physician visits collected through the National Ambulatory Medical Care Survey. The sample includes visits from children ages birth through five presenting with behavioral or developmental issues. In the sample, 16% of visits resulted in referral to another medical or behavioral health specialist. In contrast, of 8,872 families who accessed Help Me Grow in Orange County, CA, between 2007 and 2009 with a behavioral or developmental issue, only 6% were referred to medical or behavioral health specialists. This decrease in reliance on specialist referrals represents an important benefit of Help Me Grow. This “de-medicalized” 10% represents families who were connected more quickly to more cost-effective treatment options.

So, what is this 10% change in referral rates worth? We estimate the foregone initial costs of medical specialist consultation and diagnostic testing to be over $2,300 per child. Based on this conservative estimate, we calculate the potential nationwide savings of early detection and intervention through Help Me Grow would total over $54 million per year. In 2009, Help Me Grow-Orange County allocated $136,344 of its budget toward the 2-1-1 Care Coordinators, the key source of de-medicalization value creation, representing a cost of $585 per caller. Based on these estimates and Orange County’s budget information, we estimate national net savings of $49.8 million per year.
Scoring scalable savings benefits

In 2009, Help Me Grow-Orange County connected approximately 2,326 families to services, representing over 1% of the 0-5 year old population of Orange County. Using the 10% figure, we calculate that 233 Orange County children fell into the “de-medicalized” category in 2009. Scaling this up to the U.S. population, we find that nationwide replication has the potential to “de-medicalize” an estimated 21,865 children annually through earlier detection and more cost-effective treatment.

Of course, this model fails to capture longer-term savings expected to accrue through early detection and intervention to state and federal special education and juvenile justice programs, or the unquantifiable long-term benefits to society of raising happier, healthier individuals. Nonetheless, this conservative proxy for the cost savings created by getting children more quickly into appropriate treatment effectively demonstrates the urgency with which the Help Me Grow system should be replicated nationwide.

Nobel Prize Laureate economist James Heckman recently wrote to the Joint Select Committee on Deficit Reduction citing the critical need for and promising returns to investments in cost-effective early childhood development programs. Data collected by the Orange County Help Me Grow affiliate demonstrate not only the effectiveness, but also the cost-savings potential of such a facilitated system of providing families and caregivers of children in need of behavioral or developmental interventions with helpful, prompt, and efficient treatment.

The Help Me Grow® National Center acknowledges Help Me Grow–Orange County for providing the 2009 evaluation data.

Table 1. Replicating “De-medicalization” Across the Country

<table>
<thead>
<tr>
<th></th>
<th>Orange County</th>
<th>Expected Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td># of yearly HMG Callers</td>
<td>2,326</td>
<td>218,651</td>
</tr>
<tr>
<td>% of 0-5 Population</td>
<td>1.08%</td>
<td>1.08%</td>
</tr>
<tr>
<td>Number “De-medicalized”</td>
<td>233</td>
<td>21,865</td>
</tr>
<tr>
<td>Care Coordination Costs</td>
<td>($136,344)</td>
<td>($1.09 million)</td>
</tr>
<tr>
<td>Total Savings</td>
<td>$542,253</td>
<td>$50.9 million</td>
</tr>
<tr>
<td>Net Savings</td>
<td>$405,909</td>
<td>$49.8 million</td>
</tr>
</tbody>
</table>

Of course, this model fails to capture longer-term savings expected to accrue through early detection and intervention to state and federal special education and juvenile justice programs, or the unquantifiable long-term benefits to society of raising happier, healthier individuals. Nonetheless, this conservative proxy for the cost savings created by getting children more quickly into appropriate treatment effectively demonstrates the urgency with which the Help Me Grow system should be replicated nationwide.

Nobel Prize Laureate economist James Heckman recently wrote to the Joint Select Committee on Deficit Reduction citing the critical need for and promising returns to investments in cost-effective early childhood development programs. Data collected by the Orange County Help Me Grow affiliate demonstrate not only the effectiveness, but also the cost-savings potential of such a facilitated system of providing families and caregivers of children in need of behavioral or developmental interventions with helpful, prompt, and efficient treatment.

The Help Me Grow® National Center acknowledges Help Me Grow–Orange County for providing the 2009 evaluation data.

Prepared by Christopher Taylor, Yale School of Management, and the staff of Help Me Grow® National Center.

Help Me Grow Orange County, California


Executive Summary

Prepared by:

Carole Mintzer, MPA, Independent Evaluator

Rebecca Hernandez, MS Ed, Program Manager, Help Me Grow Orange County

February, 2014
Help Me Grow Orange County, California


Executive Summary

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

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

The report is organized into three sections:

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

The highlights of the report are summarized below by section:

How much did Help Me Grow do?

- Over 12,000 children were the focus of contact to HMG from 2010-2012
- 90% of the contacts were by the child's mother; 6% were by the child's father
- 61% of the children were boys
- 22% of the children lived in Santa Ana, the most populous city in Orange County. Santa Ana accounted for 16% of all births in Orange County in 2011
- 92% of the children were ages 0-5; 22% of the calls were about 1-year-olds, more than any other age group in 2012
- In 2012, 61% of the children were Hispanic; 15% were White; 11% were Asian, and 10% were more than one race/ethnicity
- 70% of the children spoke English as their primary language; 27% had Spanish as their primary language
- 96% of the children had health insurance; 65% of those with insurance had publicly-funded health insurance
• 16% of the contacts expressed concern about a child’s communication; 13% had concerns about a child’s behavior in 2012. These were the top two reasons HMG was contacted in all three years.
• 80% of contacts for a communication concern regarded children ages 1-3 years; communication concerns were the top reason callers contacted HMG for children ages 1-3 years
• About half of the contacts with a behavior concern were about children ages 3-4 years; behavior concerns were the top reason people contacted HMG for children ages 4-5 years
• Compared to contacts about girls, contacts about boys were more likely to include communication, behavior, or diagnosis concerns
• Contacts about girls were more likely to include concerns about parental support, general development, basic needs, or family issues than calls about boys
• Concerns varied by race/ethnicity. A larger percent of Asian contacts had a concern about communications than was seen among other race/ethnicities; Hispanic contacts were more likely to have a concern about basic needs or family issues than other races/ethnicities
• 40% of the contacts said they had had the concern for a week or less; 15% had been concerned for a year or more before they contacted HMG
• 25% of parents had sought help for the concern before contacting HMG; less than a third of those said they were in the process of receiving help; 25% were denied or had lost eligibility
• 60% of parents who had discussed the concern with their medical care provider were referred to HMG; another 15% said their doctor was not concerned about the problem that led them to call HMG

How well is HMG doing?

• About half of the contacts to HMG involve a full intake, when a comprehensive set of data about the child and family is collected, including follow-up and care coordination information
• In 2012, nearly 80% of those who provided full information during the initial contact agreed to a follow-up phone call for care coordination
• The total number of referrals provided declined over time as the HMG staff became more purposeful and targeted with the referrals they provided
• Mirroring the concerns, more referrals were made for communications (20% of all referrals) and behavior (17%) issues
• From 2010-2012, HMG’s Community Liaisons conducted over 1700 visits to local service providers; each year, the Liaisons visited about 250 agencies/programs plus 90 early care and education sites. These visits allow HMG to stay up-to-date on the resources in the community and share information about HMG with service providers
• Over the three-year period, the Community Liaisons made 4000 contacts with service providers and 1700 contacts with family members
• Each year, the Community Liaisons attended over 100 collaborative meetings, participated in about 100 community events, and posted information on a list serve nearly 200 times
• In 2012, the HMG Educating Providers in the Community (EPIC) Coordinator visited 120 physician offices; provided 724 physicians and staff with information about HMG and developmental screening; and trained 138 people on how to perform developmental screening.

• Over 60% of contacts in 2012 said they heard about HMG from their health care provider (29%), a community agency (19%), or their child’s early care and education provider (14%), all targets of HMG’s outreach efforts.

• Across the three years, there was an increase in the percentage of contacts who were a previous contacts or had heard about HMG from their early care and education provider or a family member or friend; there was a decrease in the percentage who heard about HMG from a community agency or 2-1-1 Orange County.

• Spanish-speaking contacts were more likely than English speakers to say they heard about HMG from a community agency, an early care and education provider, or a school; they were less likely to say they heard about HMG from a health care provider, through HMG outreach or HMG-sponsored developmental screenings, or to be a previous contacts.

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

• In 2012, 62% of the time, children were either connected to a service for which they had received a referral or service was pending; this was an improvement from 2010 when children were connected or pending connection 53% of the time.

• In looking at individual referrals made in 2012, at the time of follow-up, children were using the service for which they had received the referral over 19% of the time; another 38% of the referrals were not used because the caller was using a different referral they had received from HMG.

• For 20% of the referrals in 2012, the caller had either not followed through (12%) or said they would use it later (8%).

• For only 3% of the referrals had the caregiver contacted the agency and been turned down (agency declined intake, agency did not return call, or the child was evaluated and found not eligible for the service).

• Details about the outcomes of referrals by referral category are provided in the full report. One interesting example of what the details show is what happens to referrals to the Regional Center of Orange County (RCOC). Callers were more likely to act upon referrals to RCOC than they were other referrals and were more likely to be receiving services or have an appointment scheduled at the time HMG followed up. Callers were also more likely to have followed up and be in the process of completing referrals to a school district.

• Barriers are reasons the caregiver may not have connected with the service, such as childcare issues, scheduling conflicts, not meeting program requirements for age or diagnosis, or caregiver decisions to not pursue a particular referral.

• Barriers were documented for 32% of all referrals. The most common barrier to completing a referral was that the caregiver did not follow through, which was noted for 24% of all referrals and 75% of all the barriers identified.
• Contacts were less likely to follow through on referrals for basic needs and more likely to follow through on referrals to the Regional Center
• The second most common barrier was that the cost of the service was prohibitive, which accounted for less than 3% of the barriers in 2012 (33 out of 1184 barriers identified)
• Gaps refer to the availability of the service—whether it was available at all, through the child’s insurance, at an affordable cost, or located near the child
• Gaps were documented on only 1.6% of all referrals; the most common gap was that the service was not available at low or no cost (57% of all gaps from 2010-2012)
• The second most common gap across all three years was that the service was not available, which accounted for 19% of all the gaps
• The full report provides breakouts of the gaps and barriers by referral category. It shows that cost and not meeting income criteria were sizable barriers to completing a child care referral
• Cost and not meeting program criteria were barriers for recreation/after school services
• Cost was often prohibitive to receiving social skills services
• Of 12 referrals for respite care with follow-up results, none had led to a connection, with the caregiver not following through on 11 referrals and the service not being available in the other

The full report provides a detailed picture of the accomplishments of Help Me Grow Orange County from 2010 through 2012. It can be downloaded at:

• Vision:
  • All children and healthy and ready to learn

• Strategic Plan
  • Includes specific focus on increasing access to developmental screening and connecting children with appropriate developmental services

• Implementing Approach
  • Optimize the healthy development of all young children, recognizing limitations in knowledge and solutions among health and educational providers and parents

  • Building a systems approach, recognizing that our resources are limited and dwindling and existing systems are focused on the most significant development delays

  • Increase surveillance with particular focus on identifying children with mild-moderate developmental delays that would significantly benefit from early intervention
In September 2004, UCLA Center for Healthier Children, Families and Communities made recommendations for strengthening OC early childhood systems:

- “The emphasis on developmental optimization for all children represents a challenge for traditional developmental services which have been focused primarily on early identification and intervention for children with significant disabilities”

- “There is an opportunity to design a new system of developmental services which draws on the transactional model and builds on existing resources to address all aspects of child development with potential lifelong benefits for the children themselves, and extensive benefits to the wider community”

Report identified the Help Me Grow program in Hartford, CT as a promising program and Commission explored model

July 2005 – Commission funded HMG-OC which became first national replication site
Children with developmental/behavioral challenges are *eluding early detection*

Initiatives and services exist within the community to support young children and their families, but families and providers don’t know how to access

A *gap* exists between child health and child development/early childhood education programs

Children and their families would benefit from a *coordinated, region-wide system* of early detection, intervention for children at developmental risk
In May 2007, convened Pathways Leadership Committee to develop a three to five-year action with representatives from health care, government, education, and community-based organizations.

All children, birth through age five, in Orange County will have recommended developmental/behavioral baseline screenings at milestone ages with linkage to appropriate services.
Help Me Grow Model

Core Components

- Centralized Telephone Access Point
- Community & Family Outreach
- Child Health Provider Outreach
- Data Collection & Analysis

Structural Requirements

- Organizing Entity
- Statewide Expansion
- Continuous Quality Improvement
HMG OC Advisory Board Members includes representatives from:

- American Academy of Pediatrics, CA Chapter 4
- Cal Optima (Medi-Cal)
- Children and Families Commission of Orange County
- Comfort Connection Family Resource Center
- FaCT funded Family Resource Centers
- Family Support Network
- Health Care Agency
- Orange County Department of Education
- Orange County Head Start
- Parent
- Regional Center of Orange County
- School Readiness Programs
- The Center for Autism and Neurodevelopmental Disorders
- 2-1-1 Orange County
Summary of Accomplishments

Based on data collected January–December, 2013
All Students with SLI by Age over the years Orange*
HMG Access Data

N=3,227

- Toll Free Phone Line
- Developmental Screening
- HMG Online Portal (website)
- Early Head Start
- Child Signature Program
- Non toll free line contact (walk-in)
### Children Served by Age

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 1</td>
<td>13%</td>
</tr>
<tr>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>17%</td>
</tr>
<tr>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>9 or Older</td>
<td>6%</td>
</tr>
</tbody>
</table>

N=3,277
Concern Expressed by Parent at Time of Contact

N=4,229

* Each child can have more than one concern/issue to be addressed
Sources of Referral

N=8,299

- Parenting/Education: 17%
- Other: 15%
- Developmental Screening: 9%
- Communication/Speech & Language: 8%
- Health/Primary Care: 7%
- Educational/Enrichment: 6%
- Behavioral Services: 6%
- Mental Health/counseling: 5%
- Recreation/Sports/After School/Camps: 5%
- Basic Needs: 5%
- Childcare: 4%
- Regional Center of Orange County (RCOC): 4%
- School District: 3%
- Health/Neurodevelopmental Subspecialists: 3%
- Family Support: 3%

* Each child can receive more than one referral
How does the Community Learn about HMG

N=2,843

Health Care Provider (pediatrician) 29%
Other* 7%
Community Agency 7%
Previous caller 6%
Early Head Start 6%
School District-Public 6%
2-1-1 5%
Childcare Provider 4%
Friend 4%
Developmental Screening in community 4%
WIC 3%
Help Me Grow Website 2%
Social Service Agency 2%
Regional Center of Orange County 2%
Help Me Grow Presentation 2%
For OC Kids 2%

* The “other” category includes 24 other items all which are less than 1%.
Alabama
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Iowa
Kentucky
Louisiana
Massachusetts
Michigan
Minnesota
New Jersey
New York
Oregon
Puerto Rico
South Carolina
Utah
Vermont
Washington
West Virginia
Wyoming
Mission – To grow and sustain the Help Me Grow model in California by cultivating and supporting county affiliates, demonstrating the impact of the Help Me Grow model and serving as a statewide voice for systems and services that promote early childhood development.

2005 – Orange County became the first local site in the country to replicate the Help Me Grow Model (HMG)

2011 – Initiated efforts to replicate HMG system across California counties. Alameda and Fresno were early adopters

2012 – HMG-California formed a learning community to engage and cultivate counties interested in becoming affiliates

2013 – HMG National Replication Project (Kellogg Foundation support), funded development of business plan to launch state-level HMG-California
Conclusion

• HMG builds collaboration across sectors
  • Facilitates communication between the medical home and service providers
  • Coordinates care across multiple providers
  • Convenes direct service providers to promote collaboration
  • Builds on existing infrastructure/systems approach to support sustainability

• Lessons Learned
  • Time required for collaboration and community support
  • Importance of building recognition of community value
  • Promote the idea of prevention and promotion of optimal child development
  • Change community perceptions about developmental / behavioral screening and the availability of services
  • Challenge for long-term funding streams
More Information

- occhildrenandfamilies.com
- http://www.helpmegrowoc.org/