A Review of the First 5 Contra Costa Services for: Mental Health Consultation, Inclusion Facilitation, and Parents and Caregivers of Children with Special Needs

Final Full Report
Submitted to First 5 Contra Costa

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Exhibits

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Introduction

Children at-risk of or identified with delays, disabilities, or special needs represent some of the most vulnerable children and families in our communities, and they require specialized services and supports. But, how can parents and caregivers/early childhood education and child care providers prepare these children for success in school? How can community agencies partner with parents and caregivers/providers to maximize these children's opportunities for success? Beginning in 2001, First 5 Contra Costa recognized the importance of addressing these questions and made funding available for programs and services working with children at-risk of or identified with special needs and their parents and caregivers.

The First 5 Contra Costa funding aims to assist young children at-risk of or identified with special needs (e.g., children with social, emotional, behavioral, physical, and/or development difficulties, delays or disabilities) in learning and getting ready for kindergarten. Three different services, funded as part of three different First 5 Contra Costa strategies, work synergistically to accomplish this objective. Specifically, Mental Health Consultation, Inclusion Facilitation, and Parents and Caregivers of Children with Special Needs services each work to accomplish one or more of the following goals:

- Increase early identification and early intervention
- Enhance the skills of and provide emotional support to parents
- Enhance the skills of and provide emotional support to young children's caregivers (e.g., early childhood education/child care providers).

This review examines the extent to which the three services are collectively achieving these three goals. The review relies on quantitative and qualitative data to describe each of the three services, its clientele, and outcomes achieved. The review then concludes with recommendations concerning program services, system-level change, and future evaluation efforts. The main findings of the review are as follows:

- Services have successfully reached children, parents, and early childhood education and child care providers; and parents and providers are overwhelmingly satisfied with and complimentary of the services, suggesting that existing services should be maintained.
- Services may not be reaching all corners of the county or all populations, suggesting areas for possible expansion in the future.
- Some existing services, despite intentional initial differences in populations served and strategies employed, appear to have evolved such that they are now serving similar populations. This suggests areas for possible increased communication and coordination.

- A multi-disciplinary, countywide task force on children with special needs should be convened to focus attention on the issue of children with special needs, and help address coordination of services, as well as other related issues such as the use of evidence-based interventions and resources for addressing behavior problems in young children.
- Future evaluation strategies should include increasing the range and consistency of data collected across services, and enhancing the rigor of the evaluation design.

The Conceptual Framework: Three Service Agencies, Three Service Strategies, but Similar Goals

The three services included in this strategy review were initially supported by First 5 Contra Costa as components of three different First 5 service strategies (mental health consultation and therapeutic services, early childhood education [ECE], and parent education and support). Each service was administered by a different contract agency: since 2001, mental health consultation via Childcare Solutions; since 2003, inclusion facilitation services via the Contra Costa Child Care Council, and since 2001, parents and caregivers of special needs children via the Contra Costa ARC/CARE Parent Network. Figure 1 depicts the relationships among the three services, their service strategies, and First 5 Contra Costa's strategic planning objectives, and Figure 2 presents a logic model of the conceptual relationships among services and outcomes.

Despite being part of different service strategies, the services clearly address similar goals and work with similar populations; thus it makes sense to review the three together as a comprehensive set. Table 1 summarizes the goals, clientele, services, and staff for each. The services are then further detailed below.

Figure 1: First 5 Contra Costa Service Strategies and the Three Services in the Review

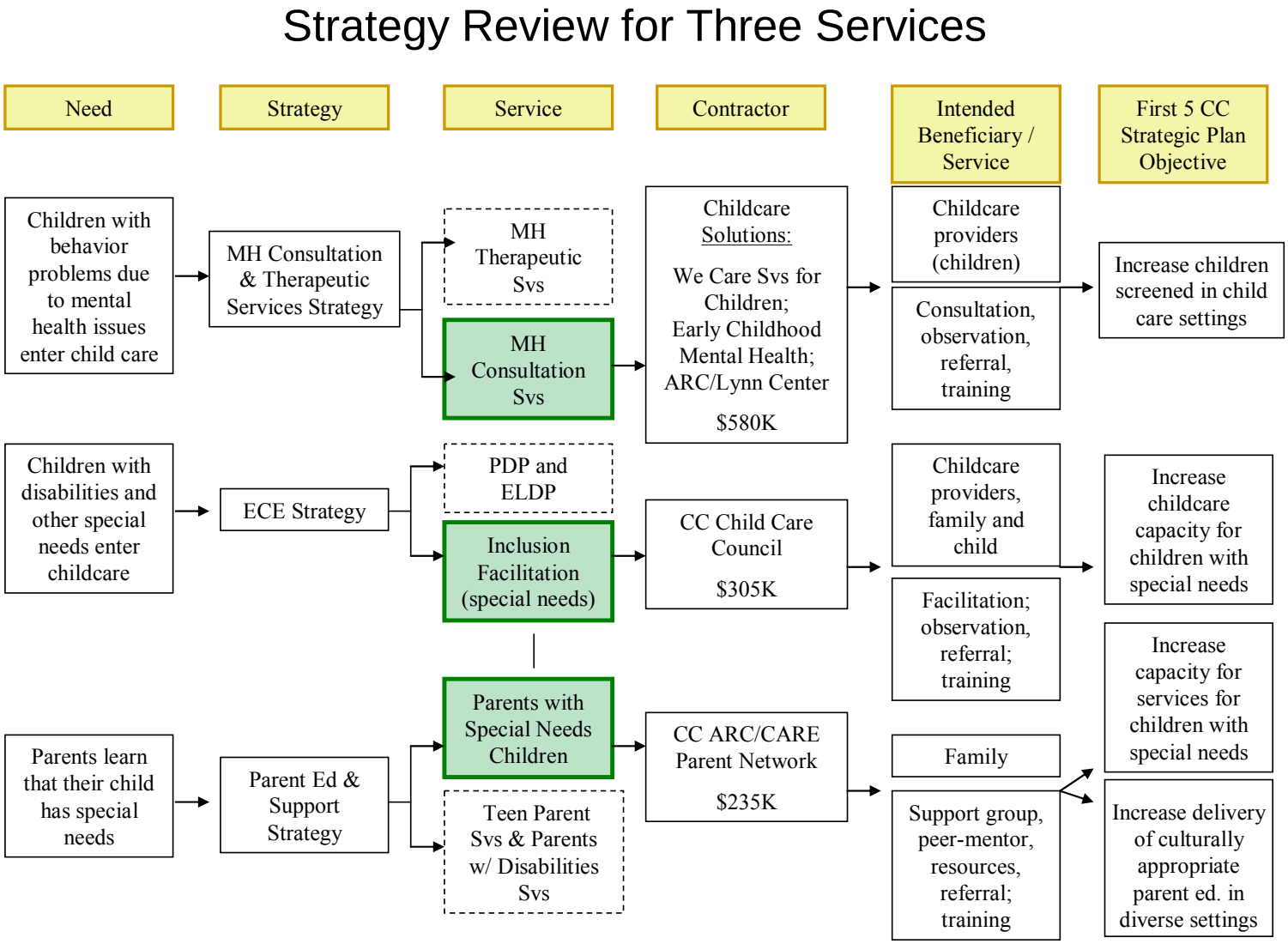


Figure 2: Logic Model of Services in the Review

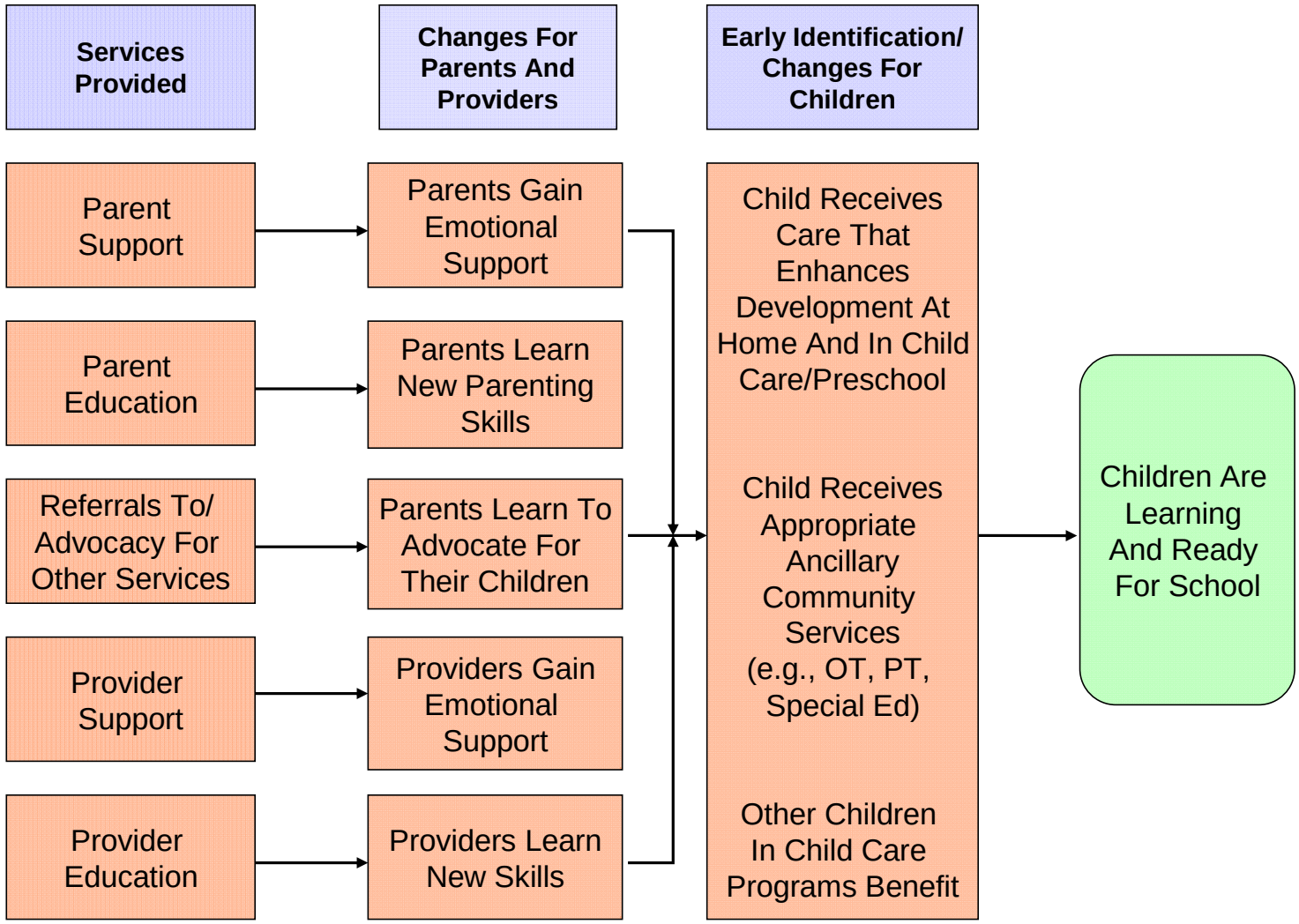


Table 1: Summary of the Three Services in the Review

	Mental Health Consultation	Inclusion Facilitation	Parents and Caregivers of Children with Special Needs
Years of Funding	2001 – present	2003 – present	2001 – present
Clients	Early childhood education/child care provider Consultants work with the child and parent/s on behalf of the provider	Child first, but also early childhood education/child care provider and parent/s	Parent/s and/or caregiver of a child with an identified special need, including children with physical and/or developmental delay or disability, and medical conditions that cause the child to be considered medically fragile
Problem to be Addressed	Children with social and/or emotional difficulties that impact their ability to be maintained in the current provider setting	Children with physical and/or developmental disabilities that impact their ability to be maintained in the current provider setting	The ability of a parent/s and/or caregiver to emotionally and instrumentally manage their child's special need
Goal	To maintain the child in his/her provider setting; and to improve the quality of care for all children served	To ensure that all children, regardless of abilities, get full quality child care	Provide support, information, and resources especially designed to help families meet the unique challenges of parenting a child with identified special needs
Model/Philosophy	Relationship-based model, promoting the provider's abilities to improve the early childhood education/child care for all children	Philosophy of following the child's needs and strengths, being sensitive and responsive, and promoting inclusion of children with special needs in mainstream settings	Peer-to-peer, strength- and relationship-based, feeling-focused, one-stop family resource center
Background of Service Providers	Dual experts in mental health and child development	Experts in child care best practices and/or special education	Staff and volunteers are parents of children with special needs with extensive training in best practices for peer support
Services	Observations of the child; discussions and planning with teachers/child care providers, parents and child care center directors; home visits; may also include direct work with the child	Observations of the child; discussions and planning with teachers/child care providers, parents and child care center directors; direct work with the child; may also include home visits	Emotional support and understanding, content information about child's condition and legal issues, help for parents navigating the system, and education to help parents access services for child

Descriptions of the Three Services in the Review

Mental Health Consultation Services

Provided by Child Care Solutions, a three-agency collaborative, and funded since 2001 through the First 5 Mental Health Consultation and Therapeutic Services Strategy, Mental Health Consultation services focus on improving the capacities of home- and center-based child care and preschool providers to address the social and emotional needs of young children in their care. Children and parents are also the recipients of consultation services; however, the identified client is the early childhood education/child care provider and the consultant works through the provider to benefit the child, family, and other children in care.

Mental Health Consultants are dual experts in mental health and child care. Consultation services are based on building long-term relationships with early childhood education/child care providers and center directors and modeling caring, supportive interactions and problem-solving. At the same time, Child Care Solutions staff are itinerant: to meet the demand for services in the community, they must travel to multiple provider settings and respond to requests for services on an as-needed basis. Consultants typically visit two to three schools per day (seven to eight schools per week).

In addition to the goal of improving the quality of care for all children, a major goal of Mental Health Consultation services is maintaining children identified with behavioral or other issues in their early childhood education/child care settings. Notably, there are times in which moving a child to a different provider setting is warranted, based on the individual needs of the child. When services are requested for a particular child, consultants conduct observations of the child, gather information from providers and parents, and coordinate service planning with all parties involved. They often make home visits, they may work directly with the child, and they often provide referrals for additional services.

The initial focus of service to help a child identified with behavioral or other issues is through consultation with the child's teacher or child care provider and with the child's parents. Early childhood mental health consultants do not position themselves as outside experts who arrive knowing all of the answers. The consultation is delivered through getting to know child care staff and observing and helping with the target child and parents in a non-threatening, non-judgmental manner. Through this process, consultants help individual children and families in dealing with their specific issues, as well as gradually building and modeling relationships with child care staff and directors based on respect, and close observation of others and how they might be feeling.

In addition to assisting early childhood educators/child care providers and families care for children with identified behavioral or other issues, Child Care Solutions staff also provide consultation to center directors and family child care providers on issues related to operating a child care facility and caring for children in a group setting, and provide trainings in group settings.

Inclusion Facilitation Services

Provided by the Contra Costa Child Care Council since 2003 and funded through the First 5 ECE Strategy, Inclusion Facilitation services focus on ensuring quality early childhood education and child care experiences for children with special needs. The goal of Inclusion Facilitation services is to ensure that all children, regardless of abilities, get full quality child care. Facilitators work to make early childhood care experiences successful by helping programs create inclusive environments.

Inclusion Facilitation services are most often requested by early childhood education and child care providers, but might also be requested by parents. Providers learn about the availability of Inclusion Facilitation services through workshops, periodic mailings, other outreach efforts, and previous contact with the services. The identified client is the child, but Inclusion Facilitation staff work closely with early childhood education/child care providers and parents as well.

Inclusion Facilitators are experts in child care best practices and/or special education. The service philosophy includes following the child's needs and strengths, being sensitive and responsive, and promoting inclusion of children with special needs in mainstream settings.

There are four primary types of Inclusion Facilitation services:

1. Technical assistance/facilitation services to child care and early childhood education programs;
2. Training for resource and referral agency staff to enable them to provide enhanced referral services to families seeking child care for children with special needs;
3. Training for early childhood professionals on how to create an inclusive program or strategies to work with children with particular disabilities; and,
4. Maintaining an inclusion library of materials for providers, including books, adaptive devices, etc.

Technical assistance/facilitation, the most commonly provided services, include direct observation of the child and the program, information gathering from providers and parents, and coordinating service planning with all parties involved. Home visits are made for a small proportion of clients. Inclusion Facilitators often provide written materials for providers and parents, model inclusive activities with children, make recommendations to providers regarding their interactions with children, and refer children for additional services (e.g., for assessment by the local school district, Regional Center, and/or speech and occupational therapists; to Child Care Solutions when child's issues are mental health/emotional at core; to the CARE Parent Network) to help the programs include children in everyday activities.

Services for Parents and Caregivers of Children with Special Needs

Provided by the CARE Parent Network and administered by the Contra Costa ARC since 2001, Services for Parents and Caregivers of Children with Special Needs focus on providing information, support, and resources. These services are funded primarily under the First 5 Parent Education and Support Strategy; however, some of the past funding was also received through the ECE Strategy.

The goal of these services is to provide support, information, and resources to help families and caregivers (e.g., early childhood education/child care providers) meet the unique challenges of parenting and providing care for children with identified special needs. Identified special needs include physical and/or developmental delays and disabilities, and medical conditions that cause children to be considered medically fragile.

All paid and volunteer service staff at CARE Parent Network are parents of children with special needs who have received extensive training in best practices for peer support. The service philosophy is to provide peer-to-peer, strength- and relationship-based, feeling-focused support, information and resources.

CARE Parent Network provides intensive and individualized support to parents and training to early childhood education and child care providers. Services for parents include emotional support, content information about the child's condition and legal issues, help for parents in navigating the system, and education to help them access services for their children. Training for early childhood educators and child care providers focuses on how to develop and deliver inclusive services and increase their capacity to manage children with special needs in their settings.

Parents typically learn about the services via referrals from the Regional Center (the largest source of referrals), pediatricians, hospitals, WIC, schools, social workers, and other community agencies. Once parents begin receiving services from the CARE Parent Network, they often remain connected to this resource for many years as their children grow older, experience different challenges, and achieve milestones.

Methods

This review relies on quantitative and qualitative data:

- *Quantitative data*: Harder+Company, the external evaluation firm for First 5 Contra Costa, enters and tracks questionnaire data collected by the programs at the beginning and end of services. These data include a family survey (response rate 76% pre-service) and parent survey, provider survey, and exit form (response rate approximately 30% post-service). In some cases, services track additional data to meet contracting and/or reporting requirements. These additional data include demographics, service delivery information, and referrals provided. Mental Health Consultation and Inclusion Facilitation provided their additional quantitative data for analysis in this review; Services for Parents and Caregivers of Special Needs was not able to do so because its data are contained in a confidential database maintained by its administering agency, Contra Costa ARC;
- *Qualitative data*: Wendy Constantine, BA and Deanna Gomby, PhD, MS, evaluation consultants to First 5 Contra Costa, conducted interviews and focus groups with 76 individuals (parents, center- and home-based early childhood education/child care providers, center directors, and service staff, managers, coordinators, and executive directors of funded agencies). Outcomes reported in this review that are based on qualitative data reflect themes that were consistent across all three services, unless otherwise indicated.

Methodological Challenges

Unless otherwise noted, the term "special needs" is used in this review to refer to children with identified developmental and/or physical delays and disabilities as well as children with social-

emotional and/or behavioral delays and disorders. The reviewed programs varied in their use of the term.

Data included in this review are limited to some extent, largely because they are drawn from services that were not initially considered to be part of a single initiative.

- *Each service was initially funded and has been managed separately, with different contractual expectations and evaluation plans*. Consequently, no common data collection tools are used and, with the exception of some basic demographics, no common data elements are routinely tracked across all three services.
- *Quantitative data are not available to support and/or confirm the findings of the qualitative interviews and focus groups.* Available quantitative data are largely service-specific, and do not lend themselves to being aggregated. They are reported in the present review to support service-specific outcomes that reflect contractual obligations.
- *Data related to outcomes are only collected after services have been delivered*. Because baseline data about child, family, or provider functioning were not collected, we cannot determine the extent to which service receipt is associated with changes or improvements. The strongest evaluation design would be to include a comparison group of those who have similar characteristics but do not participate in services; however, at a minimum, collecting pre- and post- data concerning the functioning of service recipients would allow stronger conclusions to be made.

Sample

Services were funded and quantitative data collected since program inception, but the only consistent demographic data across all three services were collected during Fiscal Year 2006-2007.[1] The quantitative data presented in this review therefore reflect this funding year only.

Analyses

Analyses of quantitative and qualitative data in this review are descriptive. Given the limitations in data collected and in evaluation design, relationships between service provision and outcomes are not examined.

Results

Demographic Characteristics of Service Recipients

Approximately 1,500 children, 1,500 parents, and 1,700 individual child care/preschool providers have been served by the three services from 2001-2007. These numbers are estimates, as they may represent duplicated counts.

Table 2 presents the percentage of service by region, based on FY2006-2007 data. The data suggest[2] that the southern region of the county receives a smaller proportion of services relative to the other three regions, across all three services.

Table 3 shows the age of children served across the three services in FY 2006-2007. The data suggest that children served by Mental Health Consultation and Inclusion Facilitation are older (in both average and median age) than children served by Services for Parents and Caregivers of Children with Special Needs.

[1] Due to the timing of this review, data from Fiscal Year 2007-2008 were still being collected and/or cleaned by Harder+Company and were therefore not available for analyses.
[2] No tests of statistical significance were conducted with the demographic data.

Table 2: Percentage of Service by Region

Percentage* of Service by Region (based on child's city/zip code) Fiscal Year 2006-2007			
	Mental Health Consultation (N=294)	**Inclusion Facilitation (N=131)**	**Parents and Caregivers of Children with Special Needs (N=262)**
East	18%	35%	39%
Central	22%	36%	32%
South	10%	7%	8%
West	24%	15%	18%
Zip Code Missing	26%	8%	4%

* Percentages may not total 100 due to rounding

Table 3: Age of Children Served

Age± of Children Served, in Years Fiscal Year 2006-2007			
	Mental Health Consultation n=276 (94%)	**Inclusion Facilitation n=49 (37%)**	**Parents and Caregivers of Children with Special Needs n=258 (99%)**
Range	0 – 5.8	0 – 5.9	0 – 6.1
Average (sd*)	3.9 (±.9)	3.7 (±1.2)	2.4 (±1.4)
Median	4.0	3.6	2.2

± Age for Mental Health Consultation was calculated using the child's date of birth and the date of intake; age for Inclusion Facilitation and Services for Parents and Caregivers of Children with Special Needs was calculated using the child's date of birth and the date that the Family Survey was completed.
*sd is the standard deviation of the mean/average

Table 4 lists demographic characteristics of children, parents, and, for Mental Health Consultation Services, early childhood care and education providers. Results indicate:

- Most children served by all three programs are boys.
- The percentage of families receiving services varied by ethnic/racial group and by service. Some groups were over- or under-represented relative to their presence in the county. Of special note:
    - African-American children are receiving Mental Health Consultation and Inclusion Facilitation services at higher rates relative to their representation in the county.
    - The percentage of Hispanic/Latino and Spanish-speaking families receiving Services for Parents and Caregivers of Children with Special Needs approximates the representation of Hispanic/Latino and Spanish-speaking families in the greater Contra Costa County (30% and 32%, respectively). These services are the only of the three in the review that have contractual obligations to target Spanish-speaking families of children with special needs; and these results suggest that they are successfully meeting this obligation. It is worthy of note, however, that the percentage of Hispanic/Latino, and Spanish-speaking families receiving the other two services is lower than the representation in the county.

  Of course, findings that services do (or do not) reflect the representation of the population do not necessarily mean that available services are (or are not) reaching all children in need. Such a conclusion can only be drawn after knowing the base rates of children with special needs who need services in each ethnic/racial and primary

language group. Nevertheless, we believe that these findings warrant further exploration.

Table 4: Percentage of Service by Gender, Race/ethnicity, and Primary Language

	Race/ Ethnicity of Children 0-5 in Contra Costa County	Percentage* of Service by Gender and Race/Ethnicity Fiscal Year 2006-2007			
		Mental Health Consultation		Inclusion Facilitation	Parents and Caregivers of Children with Special Needs
		Children (N=294)	Early Childhood Education and Child Care Providers (N=84)	Children (N=131)	Children (N=262)
GENDER					
Female	-	16%	-	23%	31%
Male	-	83%	-	76%	68%
Gender Missing	-	<1%	-	2%	1%
RACE/ETHNICITY					
African-American	8%	14%	8%	12%	6%
Asian/Pac-Islander	10%	2%	4%	1%	5%
Caucasian	41%	36%	62%	50%	33%
Hispanic/Latino	32%	19%	11%	15%	36%
Multiracial	8%	13%	6%	14%	15%
Other	<1%	2%	5%	5%	3%
Race/Ethn. Missing	-	13%	5%	2%	2%
PRIMARY LANGUAGE[±]					
English	-	80%	99%	78%	56%
Spanish	-	10%	12%	2%	30%
Other	-	1%	8%	2%	2%
English and Other	-	-	-	8%	10%
Language Missing	-	9%	-	10%	2%

* Percentages may not total 100 due to rounding

[±]Providers served through Mental Health Consultation were asked to respond yes or no to language/s they speak at work; categories are not mutually exclusive.

In addition to demographic service patterns observed in the quantitative data, the qualitative data indicate that perhaps not all bi-lingual/bi-cultural and geographic service needs are being met. Specific concerns from the interviews and focus groups include:

- A lack of native Spanish-speaking Mental Health Consultants and Inclusion Facilitators, particularly noted for the west region of the county.
- A lack of African-American Mental Health Consultants in the west region.
- A lack of diversity among staff for all three services relative to the ethnic and cultural make-up of Contra Costa communities, including Asian/Pacific-Islander and Middle Eastern service staff.

- A need for more services in the east, west, and south parts of the county (specific requests vary across interviewees; however, requests for additional regional services were common).

Outcomes

Consistent themes across the interviews and focus groups are summarized below, followed by quotes from parents, early childhood education and child care providers, and center directors. Findings indicate that the three services are collectively achieving outcomes consistent with their overarching objectives and that each service is meeting its specific contractual objectives (See Appendix A for quantitative evidence of satisfaction of contractual obligations on measures such as ratings of goals met, client satisfaction with services, parent reports of benefits, and child care provider intentions to enroll children with special needs in the future). Two of the services (Mental Health Consultation and Inclusion Facilitation) appear to be serving very similar populations and achieving similar outcomes, which has implications for future actions and additional exploration.

Outcomes Identified Across All Three Services

Information obtained through the interviews and focus groups revealed four main outcomes across the services in the review:

1. Parents and providers are being supported emotionally.
   - When asked to comment about the best aspect of services, parents and providers often cited the emotional support gained through the services. Interviews with parents were highly emotional, as they discussed the difficulties and challenges they experience each day with their children with special needs. Parents reported that funded services decreased their isolation, sadness, and desperation, and gave them hope:

     "I see my son in the future with a normal life."

     "When I heard the diagnosis, I was depressed... But (service staff) *made me understand that everything would be ok."*

     "I felt lost and desperate. My hope was gone... I called (service staff) *about a year ago. She's been a blessing in our lives."*

     "We don't feel alone. You feel, 'I want to die. What happened? What did I do?' (Services provided) *helps you understand: we're not the cause."*

     "I feel ok, happier. I was sad, felt alone, but I've had support from (service staff)*. I see my child as a regular child. And, in the future, I can see her doing important things."*

     "(Service staff) *was very helpful. She knows how we feel... Sometimes you feel ok; sometimes you want to die.* (Service staff) *really knows how we feel."*

     "(Service staff) *is an angel."*

   Early childhood education and child care providers also emphasized how much support they receive from the service staff:

"The support." (when asked to comment about the best thing about the service)

"Don't take them away! Keep them!"

2. Parents are learning new skills to address social, emotional, behavioral, developmental, and/or physical difficulties, delays and disabilities displayed by their young children.
   - Parents stated how little they knew about managing their children's difficulties prior to receiving services. Both parents and providers gave many examples of parents successfully using new skills they had learned, and parents often commented that they learned a great deal from service staff and that their parenting skills were more effective as a result.

   - Parents are receiving content information about their children's conditions, legal issues, and the service delivery system, as well as referrals for necessary services and supports.

   - Parents told of children who successfully transitioned into kindergarten after receiving necessary services and supports implemented and/or initiated by service staff. Parents believed that the direct assistance, support, information and education provided by the services were instrumental in these successes.

     "*He was having difficulty with socialization, his emotions, with articulating what his needs were. He was frustrated toward the other children. When he participated in activities, he would get upset. The teaching was agitating him, using sarcasm with him, was a hindrance to him, she* [the teacher] *was working against him.* (Service staff) *helped me get sleep at night... She [service staff] was an advocate for the child and family. Helped us find a placement for him. Helped get an IEP for him, got info for me, visited the home. She was very helpful. SHE WAS HEARTFELT... Tell the* (service staff) *they are APPRECIATED."*

     "He's responding to us more now. He looks at us when we call his name. (Service staff) *gave us materials on sign language, and now we can all communicate. The whole family learned sign language."*

     "She is going to Kindergarten in the fall. A success plan was designed at a meeting with the preschool director, the (service staff)*, the school's speech therapist, and the teacher* [she will have next year]*." There was a lot of guidance on how to get her needs met. That was a godsend. I did not know what to ask for, who should be at the meeting at the school, what was my right to ask... I am much more calm and understanding than I was before, and much more confident."*

     "There was a period of time when my daughter's behavior was not the greatest. She would hit, and bite, and pinch, and kind of act out. We became really concerned. We don't have a violent household. My husband and I are pretty consistent in the way that we discipline. We just couldn't pinpoint it. We needed some help. It was affecting her at school.... We were actually a little devastated. The director said she had access to some things, and that when she called (service staff)*. Our daughter is 100% better!"* (In addition to suggesting specific behavioral strategies that the parents learned how to use, an underlying medical condition was identified and successfully treated as a result of service receipt.)

"*She observed and gave assistance to the director to help her help him with transitions, sharing toys, and then she did the same things with me for home. Help him interact better with other children or respond better to my direction... We have seen tremendous gains in his social interaction and response to requests to people in authority. And my own comfort level in interacting with him at home and in public places has increased. She helped me learn how to talk with him about things that might have upset him, ways to calm him down, gave me positive feedback with the way that I worked with him...."*

"We share experiences, ideas, diagnoses. You know you're not alone. They help us find different services."

"...She recommended a (specialty provider)*..."*

"I learned how to behave with my child, and advocate for my child, and help my child through the transition to school. I get great support, and I don't feel alone."

3. Providers are learning new skills to address social, emotional, behavioral, developmental, and/or physical difficulties, delays and disabilities displayed by young children in their care settings.
   - Early childhood education/child care providers cited numerous examples of specific skills and techniques they were taught by service staff. They shared stories of learning how to address and/or manage a specific child's difficulty, and how they were then able to generalize what they learned to other children in their care.

   - In addition, some early childhood education and child care providers are recognizing the need for services earlier, thus increasing early identification and early intervention.

   - Based on what they have learned from the staff of services in the review, providers are also helping parents navigate the system and ask for help/seek needed services.

     "...They sit in the class and observe. And then they make suggestions, 'Maybe you can approach him this way.' They may visit multiple times to see the problem behavior or changes...They ask parents, 'Do you see these behaviors at home too?'..."

     "There was a child who could not sit for 20 minutes, very short attention span, and could not get focused at 4 years old. The (service staff) *gave me hints on how to handle it when he loses his temper, is aggressive and angry with the other kids. I learned to put my arms around him and contain him. Talk with a soft and calm manner. The* (service staff) *talked with the mother, and met with the whole family, and I got to know there was violence in the home. She met often with the mother, perhaps once a week until the child got better. The dad went to jail. Slowly the child calmed down and became quiet. He finished the school year with us. We don't have the time to work with families in homes, and deal with them, so the home visits [*by service staff*] with the parents are most important."*

     "She comes in once a week and observes a few children each week. She has pointers for us. She leaves notes or calls the parents on different things they could

do for their children. She leaves literature for us and the parents on sensory things, for children with special needs."

"I try to work with each child according to their needs, and they [service staff] *have given me a number of strategies. They have really helped me in the classroom."*

"(Service staff) *made me more observant of different kids, their own growth and special needs. I see it quicker rather than thinking it is just me."*

"They really put me in the right direction of that positive reinforcement, which works with all of the children, not just those with special needs."

"I appreciate their expertise. I never would have thought of some of the things they have suggested. She [the child] is treating me better, no more hitting, no more kicking. I couldn't do without what I learned from (the service)*."*

"She [service staff] *researched information concerning the child's condition. I will forever use her hint on using a relationship with children."*

"[Service staff] *did a workshop on autistic spectrum for the staff. All the staff came. They gave us tools to use for all children in the classroom. Even our infant teachers were thrilled. It gives us ideas of what to do with the children and helps us, even with infants who may be showing the beginnings of aggression."*

4. Center directors praised the professionalism of the service staff, who are seen as non-judgmental, helpful, knowledgeable, supportive, and able to gain the trust of the providers. Center directors also viewed the services in the review as benefits for their staff that led to increased staff retention and job satisfaction on the part of their teachers:

   "They work with us. They're not here to judge us...She's very positive...She praises the teachers. She has built a relationship with the teachers... The teachers realize this is how we get help."

   "It is great to have someone from outside point to things. How we reinforce good behaviors, how to work with children who are hypersensitive and make the environment better for them by turning down lights, speaking softly. We always learn from the experience, it is like having a lens or magnifying glass to see what is going on with the children's development. Also, we don't take care of ourselves as teachers. She is a real good person to talk with freely, if you are having a hard time. She is kind of like an advisor, like if you went to school. I don't have time to go to workshops, and the (service staff) *are more aware of what is going on nationwide."*

   "*She was very friendly, very professional. She gave us plenty of information for our school and for other families that need assistance... They treated us as professionals. They didn't come in here to tell us they were the experts."*

   "They usually come out so prepared! We haven't had any child that they haven't been able to meet that child's needs." (either through the service or through referral to other services)

"Many providers feel that anyone with a title coming into their place – they worry that someone coming in will police them. But, I've never felt anything but support from anyone [from services] *coming in."*

"It's such a great thing to have this service. It empowers the teacher. And they're good, they're gentle, and they admire the teacher."

"It's great just knowing that we have these resources to heal the wounded child. There are more than ever, and they will grow to be wounded adults. To push a child out of the program is a rejection. We need more people in (service)*. I call and she comes by and she will help the parents and the child, she is easy to access. She cares about the children, and does not push the parents, she holds their hands."*

"Having someone different who can come in and look at the child, teacher, program, etc., from a different perspective and give everyone support. We could not have dealt with 4 of those 8 children without this support, because they were violent. We call them when we are at the breaking point."

"I'm so thankful for them! I would have lost some teachers had they not come out and helped and encouraged them. 'It's not you. It's not that you're not doing a good job!'... It's reassuring the teacher that 'I'm in the field to make a difference, and I am. I may not be able to get to every child, but I am able to get to this child, this child, and this child.'"

"So neat to have a third party come in. I feel I've done something to help my staff."

While the overwhelming majority of comments by parents, early childhood education/child care providers, and center directors were positive, a few negative comments emerged about the impact of service staff attrition, when it occurs. For example, one set of parents reported that they had been very pleased with their first service staff, but were not as satisfied with the responsiveness or availability of the staff member who replaced her when she left the agency. Some preschool/child care providers and parents also noted that they had worked with a number of different service staff over time and that not all staff within an agency approached situations similarly. Sometimes those differences in approach on the part of service staff were seen as positive, but not always, which may also suggest the need for more consistent training across staff within funded agencies.

Community Awareness of Funded Services

Many providers noted that they felt that the services were actually not all that well known in the community. Some knew only of the service that they had received, and were not aware that other services were available.

"I don't think enough people know about (available services)*. We felt like we stumbled on it. We felt like we found out about it by accident."*

"*Increase the marketing to the centers, because most centers had never heard of it. I can look at the past and the schools he was kicked out of, and I can see that the providers did not know how to handle a kid who was not typical…. It is so critical when they are young, important to overcome problems before they get into school, where they would be even less tolerant of the kinds of behaviors [he had], best to solve when in preschool."*

"People out there are at their wits-end. Families are struggling who don't need to be."

Parents also wished that there was more information about available services:

"Several other parents had needed this kind of help, were wondering what resources I had."

"...Other parents will need this."

Evolving Similarities in Two Services

Both qualitative and quantitative data suggest that, despite initial intended differences in services and populations, Mental Health Consultation and Inclusion Facilitation services now share many similarities. Their clientele appears to be similar, child care providers cite similar reasons for calling on them, both appear to be achieving positive outcomes, and both are popular and in great demand. Because the services were initially intended to serve different populations (i.e., Inclusion Facilitation to focus on children with physical and/or developmental disabilities and Mental Health Consultation to focus on children with social and/or emotional difficulties), this section reports the evidence for increasing convergence between the services, the possible reasons for it, and its implications.

Similar Populations Served

Quantitative data suggest that the populations being served by both services are similar. For example, the most frequent reason services are sought from both Mental Health Consultation and Inclusion Facilitation is to address behavioral issues (see Figure 3). In addition, data suggest that the proportion of children being served who have an identified special need prior to enrolling in the services is very similar: 14% for Inclusion Facilitation and 13% for Mental Health Consultation.

Similar Outcomes

Both Mental Health Consultation and Inclusion Facilitation are achieving a similar outcome:

- Children are being maintained in their early childhood care settings, or are being moved to more appropriate settings for their circumstances and needs.

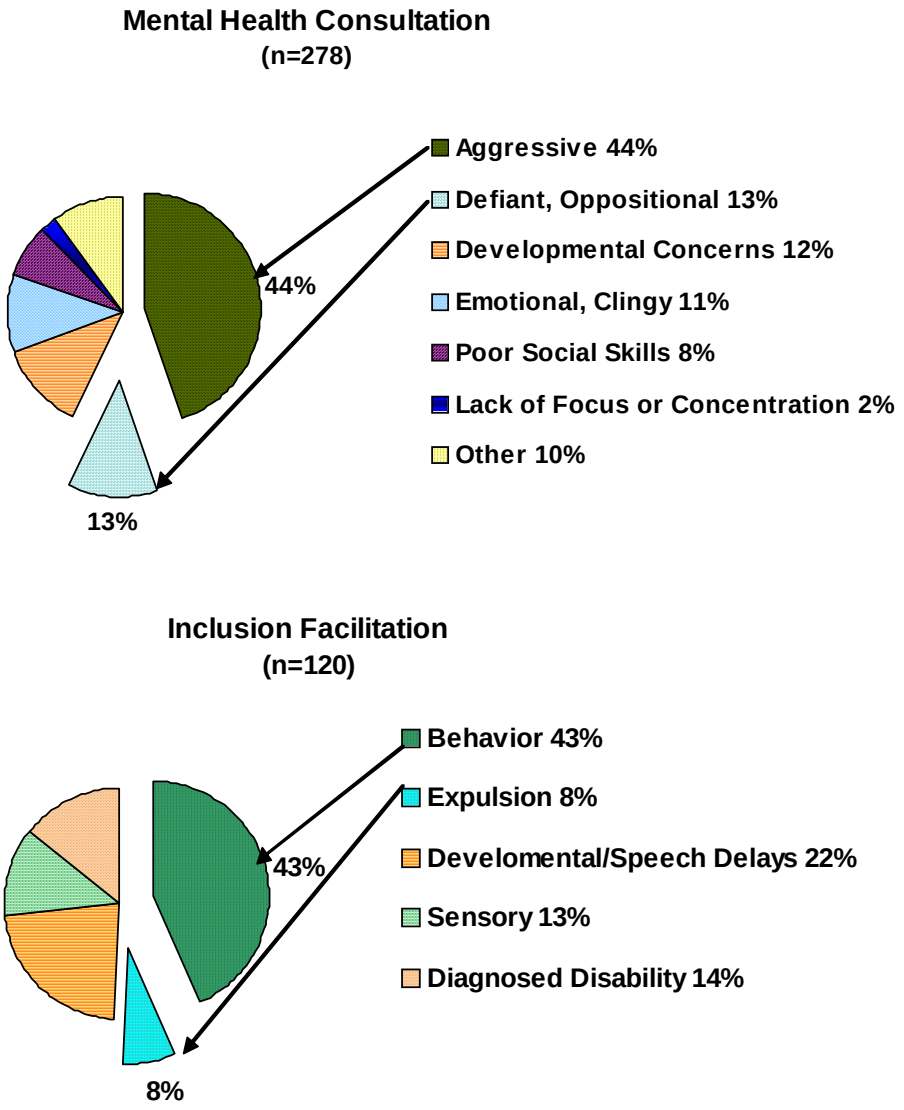
As the executive director of one of the funded agencies said:

"This is my favorite program; it keeps children in the community and most out of our (therapeutic nursery) classrooms. Children are not getting thrown out of child care facilities and later getting expelled from schools. Children are getting the early intervention they need."

Quantitative data from Mental Health Consultation show that about one in three children served remained in their child care setting after consultation, and about one in five moved to a new setting (data were missing for an additional 30% of the children - see Appendix A). While similar quantitative data are not available for Inclusion Facilitation, comments from providers and parents served by both services are similar: They are largely satisfied with the outcomes achieved, whether children remained in the child care setting or moved to another one.

Figure 3: Primary Reason Services Are Requested from Mental Health Consultation and Inclusion Facilitation

Available Data* from Fiscal Year 2006-2007



*Each service reports these data somewhat differently. Mental Health Consultation staff documents the primary reason that services are sought according to the perspective of the provider seeking services. Inclusion Facilitation staff documents the primary reason services are sought based on an amalgamation of the perspectives of the provider seeking services, the parent/s, and the Inclusion Facilitation staff.

Quote from a parent whose child was moved to a different care setting at the recommendation of the service staff:

> *"That (new) facility was so much better… there is a huge improvement in home life and stress."*

Quote from a Center Director:

> *"We all agreed that this was the wrong environment for the child, and she* (service staff) *helped find a different environment."*

Moves from one center to another were made at the request of child care provider, center director, or the parents, but having the input from an external expert appeared to make the outcome more acceptable all the way around. All parties were more likely to feel that existing avenues had been tried and exhausted, if changes were needed.

> *"(The services) open a parent's mind who wasn't able to accept that 'my child has a problem. I need a little help.'"* [center director]

Similar Services but Clarity from Providers about Service Selection

The two programs share some apparent similarities in services provided. For example, both programs involve calls by child care/preschool programs or parents for assistance in keeping a child or including a child with special needs in the early childhood program. Both involve a specialist observing the child in the program and then making recommendations to program staff and parents for changes that will improve the child's behavior, skills, or development. Both programs make referrals and provide ongoing support to help families access additional assessment or services for their children. Both programs serve children with a wide range of needs, most commonly evidenced at least initially by the child's difficult behavior in the classroom or care setting.

Despite the similarities between the programs, early childhood education/child care providers articulated clearly why they called one service over another, although their reasons varied. Some providers based their decision on the specific needs of the child: If the child had an obvious physical disability, they called Inclusion Facilitation first; if the child had family issues such as divorce or abuse, they called Mental Health Consultation. Some providers leaned toward calling Inclusion Facilitation first, regardless of the presenting issue, because they believed that parents would be put off by or unlikely to respond well to a referral to services that included the phrase "mental health," either in name or in service literature, as is the case for Mental Health Consultation. Lastly, some providers called first the service that they had used before and/or the one with which they were most familiar.

Reasons for the Similarities

What accounts for the similarities in the programs, and, especially, their focus on apparently similar populations? By far, the most common answer we received in conversations with providers and program staff was that the two programs were responding to an increasing and pressing need for services. Most center directors, some of whom had been in the field for years, reported that they were seeing increasing numbers of children with social-emotional and behavioral issues, and that those issues were more severe than the issues they might have seen in children years ago. And, when one of the reviewed services advertised their availability, as it did a few months prior to our interviews, they received a flood of calls for assistance. We do not know if county-level data are available to determine if there are indeed more children with

behavioral issues than before, but national data certainly support the notion that a relatively high percentage of children in early childhood education and child care programs have such problems, and that a large percentage of them are "expelled" as a result.[3]

Another possible explanation for the convergence of services and populations served has to do with the complex nature of the needs of the children. The causes of behavior problems are hard to identify conclusively, either at initial presentation or over time. Behavior problems often co-occur with social, emotional, developmental, and/or physical delays and disabilities, and they are also often associated with family issues, such as lack of parental knowledge of child development and appropriate parenting strategies, and exposure to violence or abuse. Because problems co-occur with other conditions, it is quite possible for children to receive multiple diagnoses.[4] One mother, a recipient of Services for Parents and Caregivers of Children with Special Needs, could very well have been speaking for the parents in the Mental Health Consultation and Inclusion Facilitation program when she described her pediatrician's response to her request for a diagnosis for her son. The pediatrician replied that he would probably never receive a single diagnosis:

> *"Your son has a constellation of issues. It's the constellation of 'Johnny'* (not his real name)*, and it will always be his constellation."*

In other words, behavior problems are complex and children who have them do not hew to the distinctions in populations that were set when these two service programs were initially funded by First 5 Contra Costa.

<u>Implications of the Similarities and Areas for Further Exploration</u>

We note the evolving similarities in services and clientele across these two programs because we believe that these gradual changes may not have been anticipated or intended by the First 5 Commission. There is no evidence, however, that the convergence between the programs is or has been negative. To the contrary, service recipients seem very satisfied with both services, and we did not hear anything in our review that would suggest concern about efficiency or redundancy of services is warranted. Nevertheless, we do believe that increased communication and possibly coordination across the two services may be helpful.

In addition, we note some areas where further exploration (beyond the scope of this review) might be beneficial:

- The similarities and differences across the populations served should be examined more closely. Our conclusions are based largely on qualitative data plus the quantitative data concerning initial diagnoses and reasons services were requested. In the future, efforts could be made to clarify the issue(s) that underlie observed behavior problems, as well as the nature of the pre-existing disabilities and diagnosed special needs in both populations.
- Explore more thoroughly the approaches used by both programs to address children's behavior problems. Our review is limited to a general description of service strategies. A more thorough exploration might reveal that the two programs are using different approaches, perhaps shaped by the differing professional backgrounds of the staff

[3] e.g., Gilliam, W. (2005) Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems. http://www.fcd-us.org/resources/resources_show.htm?doc_id=464280

[4] Neither Mental Health Consultation staff nor Inclusion Facilitation staff assigns diagnoses; both provide referrals for additional services, including further assessment.

members of each (see Table 1). Questions to address include: To what extent are the interventions and techniques similar or different across the two services? And, do the interventions being used have demonstrated effectiveness (e.g., evidence-based interventions)?

- Explore patterns of referral across the two programs. Qualitative information suggests cross-referral is occurring, but quantitative data are not available to support the reasons one service refers to the other, or the frequency with which this occurs. Making sure that cross-referrals are occurring efficiently should help improve overall performance and outcomes for children, families, and providers.
- Explore how and why children are maintained in their current or moved to different child care or preschool settings. How do the two programs determine that children should be moved to "more appropriate" settings? Who (parents, providers, consultants/facilitators) most influences those decisions? If results suggest differences across the two programs, there may be opportunities for them to learn from one another about new approaches.

Summary of Outcomes

The findings of this review suggest that the services are collectively achieving outcomes consistent with their specific goals as well as the overarching objective of assisting young children at-risk of or identified with special needs (e.g., children with social, emotional, behavioral, physical, and/or development difficulties, delays or disabilities) in learning and getting ready for kindergarten.

Recommendations

Recommendations of the present review fall into three categories: Services, System Needs, and Evaluation.

Services

1. Maintain support for current services, and consider some service expansions.
   Families and providers expressed high satisfaction with existing services, and so we believe that those services should be retained. In addition, we believe that expansion might be warranted to address apparent disparities in utilization of services across racial/ethnic and linguistic groups and across geographic areas of the county. First 5 Contra Costa should support an examination of the supply of and potential demand for services to determine if the apparent disparities in services indicate areas of unmet need.

2. Support efforts to maintain service quality when faced with staff attrition, and/or to address its causes.
   Parents and providers praised all reviewed services lavishly. The few negative comments seemed to be trace-able to turnover in staff and its negative effects on continuity and consistency of services.

3. Increase availability of information about existing services to center directors and parents in the community.
   Center directors and parents almost uniformly wished that more of their peers knew about the availability of the reviewed services, and parents also wanted to know more about other services for children with special needs, including other services that were funded by First 5. First 5 Contra Costa might explore with funded programs possible approaches to increasing awareness of these or other relevant services in the county. Of course, advertising the

availability of services will only be useful if programs have the capacity to serve those who respond.

4. Increase education and training for parents and early childhood education/child care providers, and coordinate the new efforts.
   All three programs have well-received training and education efforts for parents and early childhood education and child care providers. Providers and parents, however, asked for more such training and educational opportunities on a range of topics, including managing behavior problems and addressing specific special needs in young children (i.e., specific diagnoses, delays, and disabilities). Coordinating these training and education efforts and any expansions would help to make sure that resources are maximized.

5. Create a forum for communication and coordination between the Mental Health Consultation and Inclusion Facilitation programs. Areas to be addressed in this discussion could include populations served, services provided, and outcomes achieved, with the aim of clarifying processes and coordinating training and education so as to make sure that good practices are shared across agencies and that families benefit.

   For example, the two agencies might discuss establishing a centralized and/or standardized intake process so as to facilitate the most appropriate service being provided at a family's or provider's first request for services. Cross-training for early childhood education/child care providers about the two services and their varying approaches would maximize the likelihood that they call first the agency that is best suited to meet their needs. Cross-training for Mental Health Consultation and Inclusion Facilitation program staff would provide opportunities for each to learn from the other about the successful strategies they have used, and about the best ways to cross-refer families to the other's program. Such discussions would be enriched if Mental Health Consultation and Inclusion Facilitation staff and management helped design and review the results of a process evaluation to identify, describe, and understand the specific interventions and techniques used by each service to address behavior problems.

System Needs

1. Ensure appropriate care for children with special needs and prevent them from "falling through the cracks" by convening a countywide multidisciplinary task force or committee with all relevant parties (e.g., Regional Center, County Office of Education, First 5, and representatives of parents/families, the pediatric community, and mental health providers). The initial focus of the task force could be to help children with identified special needs as they transition from the Early Start Program/Regional Center services into the Special Education/School District services. In the future, the task force could address additional issues such as supply/demand, cross-agency trainings, explorations or tests of best practices, and so forth. Alameda County convenes a similar group, the Committee on Special Needs, through their local Child Care Planning Council.[5] Such a task force could be especially important given recent decreases in public funding that mean that scarce dollars must stretch to serve growing numbers of children with special needs.

2. Increase the use of a broad range of evidence-based practices for addressing children's behavior problems within funded services, and potentially across the county.
   Existing services appear to be yielding good results; however, the increase in behavior problems among young children warrants focused attention on this issue. National research

[5] http://www.acgov.org/childcare/specialneeds.htm

indicates that programs such as Parent-Child Interaction Therapy, the Incredible Years, and the Triple P – Positive Parenting Program all have produced benefits for children and families addressing behavior problems (See Appendix A for additional details on these and the 1-2-3- Magic programs). First 5 could support efforts by funded services to learn about and/or implement some of these programs. Alternatively, or in addition, the task force proposed above could explore these new approaches to see if they are already in use in the county and/or to recommend ways in which they might be implemented successfully.

Evaluation

1. Data collection should be streamlined and standardized across services, particularly for those services working synergistically toward the same objective(s).
   Data collection efforts should be analyzed to make sure that agencies are only collecting information once (e.g., eliminate duplication in service-level data tracking and data elements on the Family Surveys, and post-service Provider Surveys and Exit Forms). In addition, increased consistency in the information collected by all three programs would greatly facilitate understanding of the services. Such consistency would begin with agreement on data elements (e.g., demographics; reasons services are sought from client's perspective; primary diagnosis or difficulty from the perspective of service staff; type, intensity, and duration of services provided; and referrals), their definitions, and coding.

2. Services should be assisted in increasing response rates to questionnaires completed by service recipients.
   The response rate for pre-service demographic questionnaires was an adequate 75%, but the response rate for post-service questionnaires was 30%, way too low to yield reliable information. Both rates can probably be improved by means such as emphasizing the importance of data collection to service staff and recipients of services; requesting that questionnaires be completed prior to service staff separating from the parent and/or provider; implementing phone reminders and/or completing questionnaires over the telephone; and offering incentives for completed questionnaires (e.g., modest dollar amounts, discount coupons for places frequented by families).

3. More rigorous evaluation methodologies should be considered to enhance the ability of First 5 Contra Costa's to understand the relationships between service receipt and outcomes.
   The current evaluation design does not allow for strong conclusions to be made concerning the relationship between services provided and outcomes achieved. Strengthening the evaluation approach by including measures of baseline performance by clients would be a good first start (a pre-post design). More resource-intensive options could include implementing a long-term follow-up of a sample of children, to see how children who received services fare when they enter school, perhaps complemented by some case studies of children, families, and/or child care programs. The most rigorous and resource-intensive approach would involve tracking data on comparison group(s) of children, parents, and/or caregivers.

Conclusions

The main findings of the review are that services are highly appreciated, well-liked, and considered beneficial for children, parents, and early childhood education and child care providers. Service recipients are being supported emotionally, learning new skills, and receiving helpful information and referrals.

Recommendations include supporting and elaborating on the existing service framework while exploring potential areas of expansion that increase access, ensure coordination of services and that community needs are met, and allow for conclusions to be drawn between services and outcomes. While First 5 initially funded the three services separately, they do form a compelling whole. Continuing to consider these three services as part of a single strategy will provide opportunities for coordination and cross-program learning that should result in increasingly better outcomes for children, families, and early childhood education/child care providers.

Appendix A: Service-Specific Quantitative Outcomes Consistent With Contractual Objectives

Mental Health Consultation Services

Figures A1 and A2 illustrate some quantitative outcomes that provide evidence that the Mental Health Consultation Services are achieving their contractual objectives. For example, a contractual objective is that children will remain in their early childhood care settings. Figure A1 shows that more than one-third (36%) of the children served remain in their child care settings, and approximately one-fifth (21%) are moved to different settings. While a child's move to a new setting was largely viewed as being able to better meet his/her needs (e.g., lower provider-to-child ratio, smaller class size); a few interviewees did not view this as a success. It should be noted that outcome data are only available for 70% of children served (30% of outcome data are missing). It should also be noted that quantitative data are not available regarding why children are moved to different settings; therefore, it's not possible to determine the success rate, so to speak, of these moves.

Figure A2 shows that the majority (58% - 84%) of both teachers and directors report that Consultation services helped them meet their goals of improved communication with parents, improved classroom management, reduced time spent with disruptive children, and receiving referrals for needed services for children in their care.

Figure A1: End of Service Child Outcomes Documented by Mental Health Consultation Service Staff

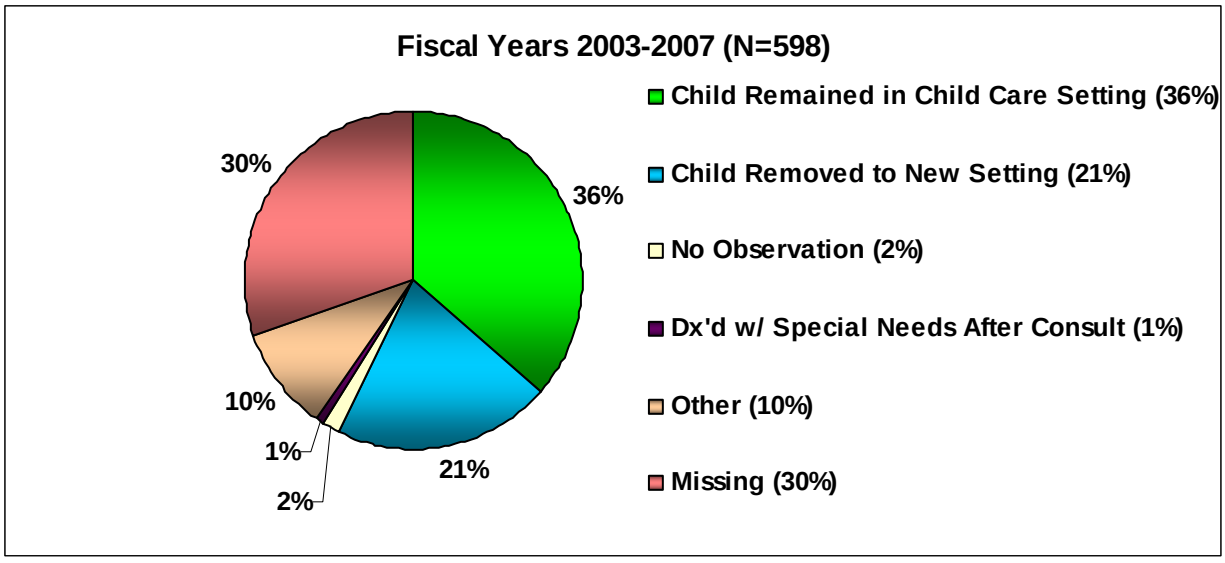
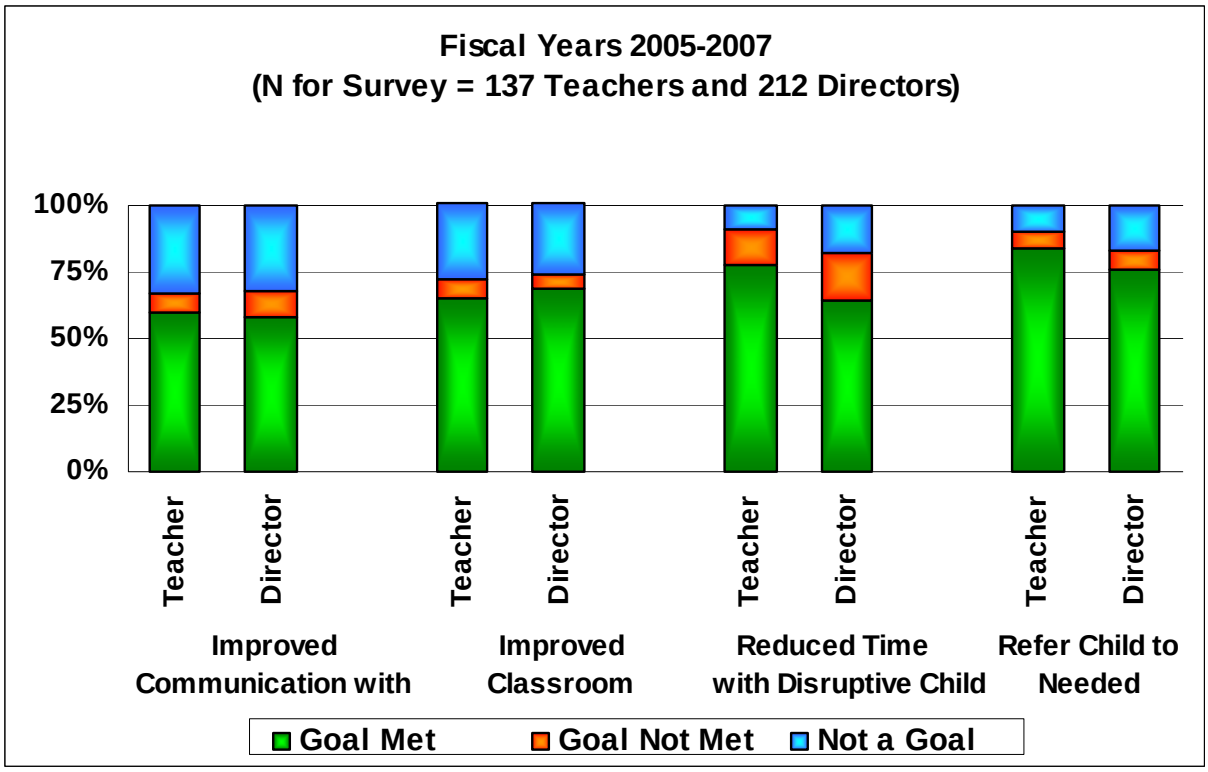


Figure A2: Providers' Ratings of Goals Being Met After Receiving Mental Health Consultation Services



Inclusion Facilitation Services

Figures A3 and A4 illustrate some quantitative outcomes that provide evidence that the Inclusion Facilitation Services are achieving their contractual objectives. Providers who completed post-service surveys are overwhelmingly satisfied or very satisfied with their level of collaboration with the Inclusion Facilitators (Figure A3), and more than three-quarters (76%) report that they anticipate enrolling additional children with disabilities in their early childhood care programs (Figure A4).

Figure A3: Providers' Ratings of Collaboration with Inclusion Facilitators

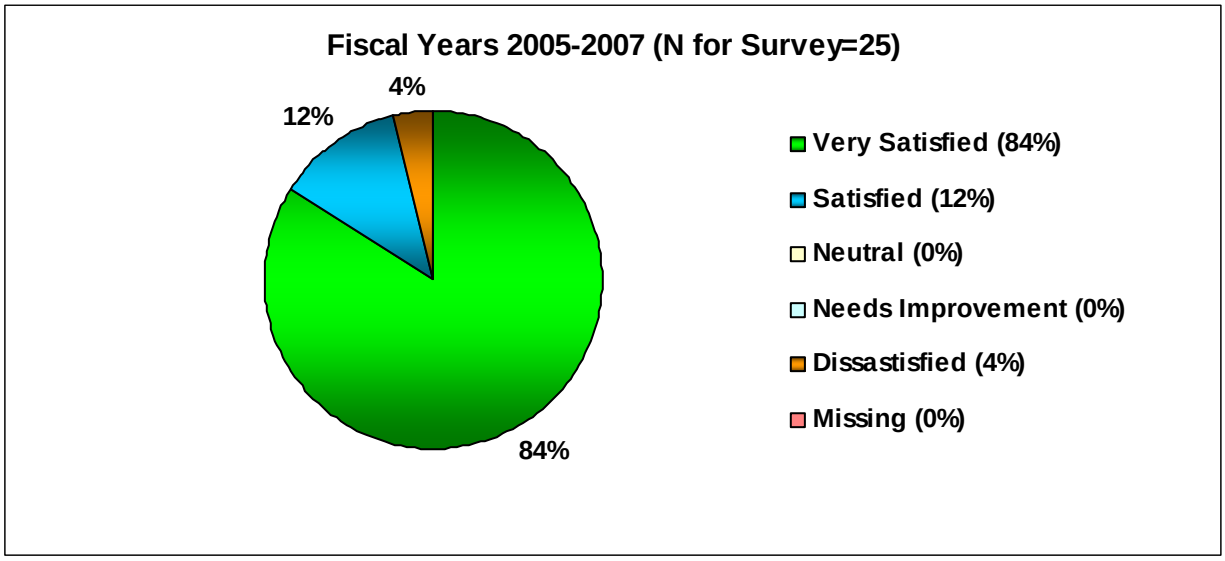
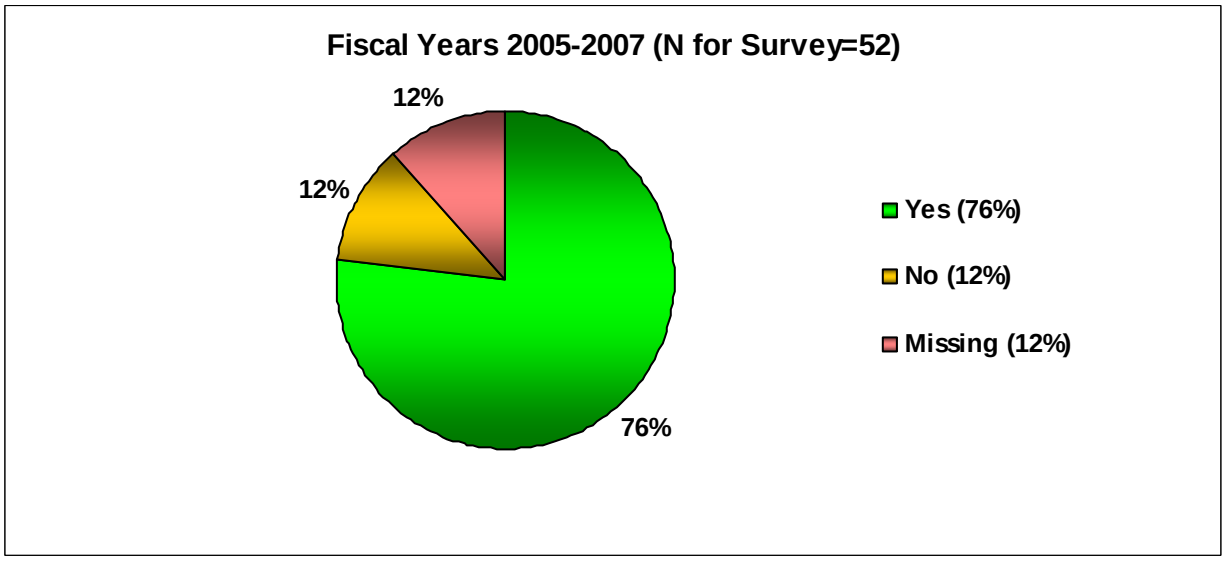


Figure A4: Providers' Endorsements of Plans to Enroll Additional Children with Disabilities in Their Child Care Programs after Receiving Inclusion Facilitation Services



Services for Parents and Caregivers of Children with Special Needs

Services for Parents and Caregivers of Children with Special Needs are also achieving their contractual objectives. Figure A5 shows that almost all (88%) parents served are better able to adapt to the special needs of their children as a result of services received. Notably, almost all (96%) parents are more confident in their ability to get needed services for their children as a result of receiving these specialized peer-to-peer support, information and resource services (see Figure A6).

Figure A5: Parents' Responses Regarding the Extent to Which They Have Been Helped to Adapt to the Special Needs of Their Children

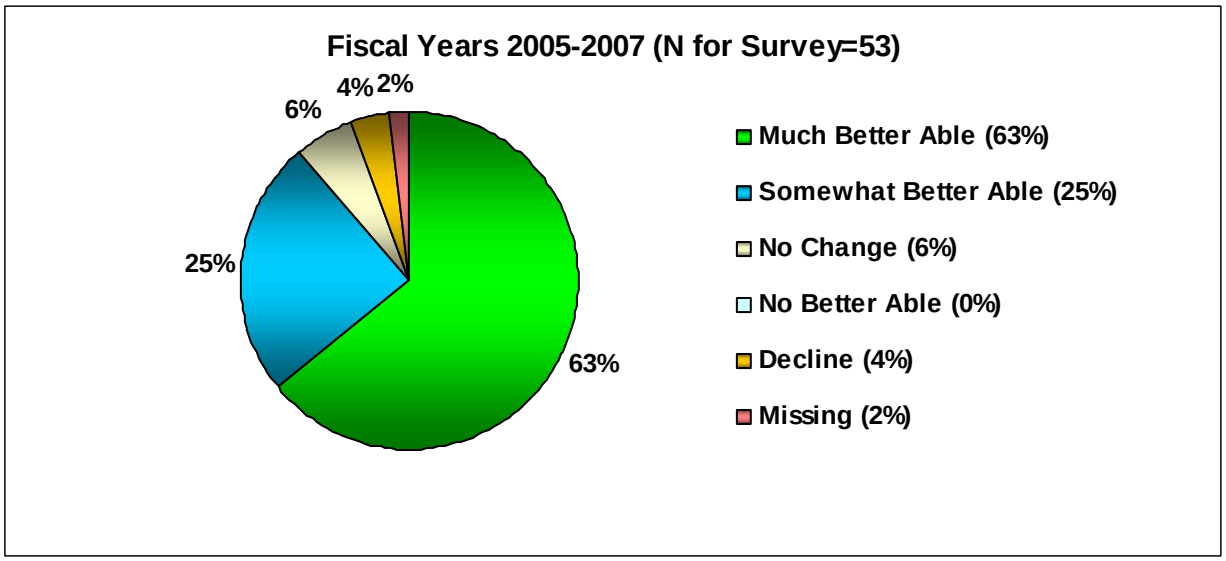
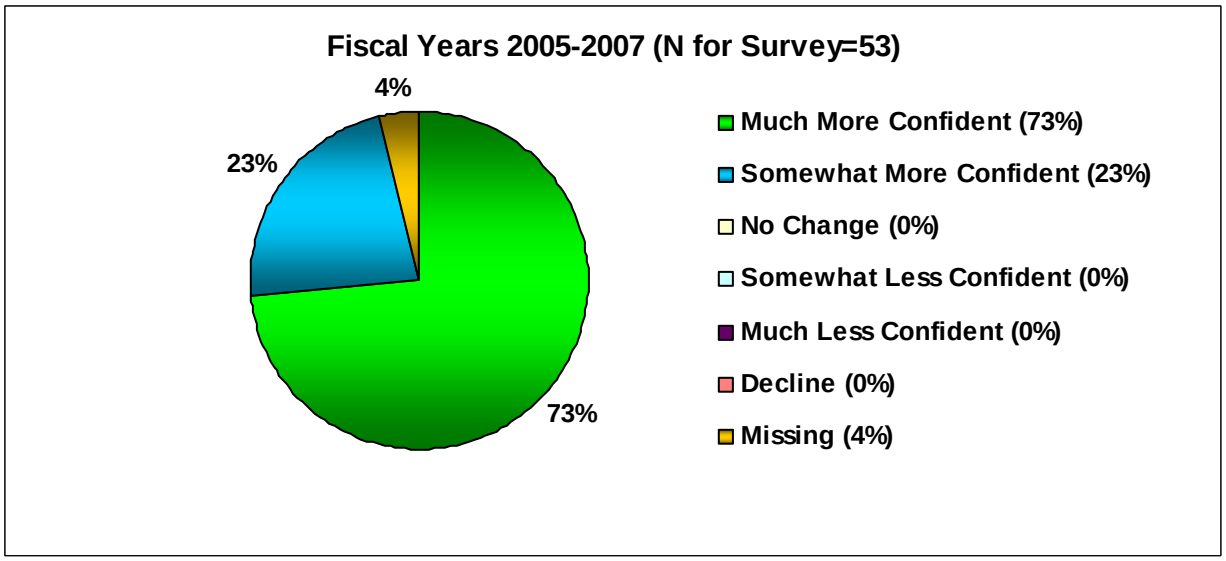


Figure A6: Parents' Responses Regarding How Services Have Changed Their Ability to Get Needed Services for Their Children with Special Needs



Appendix B: Evidence-Based Interventions and Resources for Addressing Children's Behavior Problems

Interventions to address child behavior problems with the most consistent and compelling research evidence to support their effectiveness include Parent-Child Interaction Therapy (PCIT) and the Incredible Years (IY). Triple P – Positive Parenting Program, which takes a public health approach to prevention and intervention, is considered a promising practice. Each of these might be a strategy of interest to stakeholders in Contra Costa County, even if the programs or service systems they represent are not yet ready to implement them.

To learn more about these and other programs that address the behavior problems of young children, stakeholders should review the web-site of the University of South Florida's Center for Evidence-Based Practices. The Center has aggregated a number of resources for families and providers to address Young Children with Challenging Behavior.[1] Free resources include fact sheets for parents and providers that also have references to additional resources; research summaries; training materials; and web-links to practical strategies and training modules for providers developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) at Vanderbilt University.[2] The CSEFEL is also in the process of creating web-based parent training modules and family tools.

Many parents interviewed for this review praised the book titled, "1-2-3 Magic,"[3] and urged that it be more widely disseminated. The 1-2-3 Magic system is a program for families and early childhood education and child care providers for addressing disruptive child behavior problems. The program includes books, DVDs, and audio CDs in English and Spanish at reasonable prices. Both researchers and the parents interviewed for this review found these materials to be effective in improving parenting practices and decreasing child behavior problems. Increasing the availability of these program tools would be responsive to the requests of service recipients (parents, providers, and center directors) to increase parent education, particularly around disruptive behavior problems.

[1] http://challengingbehavior.fmhi.usf.edu/resources.html
[2] http://www.vanderbilt.edu/csefel/
[3] http://www.parentmagic.com/

APPENDIX C:
CARE Parent Network - Supplemental Information to Strategy Review –
Presented to Commission 10.6.08

A. BACKGROUND:

The Commission received a presentation on the Mental Health Consultation, Inclusion Facilitation, and Parents and Caregivers of Children with Special Needs Services Strategy Review at its September 8, 2008 meeting. The following supplemental information from CARE Parent Network will be incorporated into the Final Report on the Strategy Review of Parents and Caregivers of Children with Special Needs, Mental Health Consultation, and Inclusion Facilitation Services. The Strategy Review did not describe the First 5 funded components of the early intervention services provided by the Care Parent Network.

<u>The job of CARE Parent Network's Early Education Coordinator has four components</u>:

1. To provide training and resources for child care providers and other early education professionals in order to help them:
    a. successfully include children with special needs in their programs
    b. understand the perspectives, hopes, fears and concerns of parents of children with special needs

2. To provide training and resources to professionals in the early intervention/special education preschool system to help them:
    a. meet the needs of the children they serve
    b. identify, understand and support the preferences and needs of the families of the children they serve

3. To provide a forum (Early Education Council meetings) and resources (EEC Resource Updates and Training Calendars) for all professionals who work with children with special needs (e.g. caregivers, teachers, therapists, case managers, program administrators) in order to help them:
    a. remain up-to-date on professional opportunities and resources
    b. foster communication and collaboration among them.

4. To serve as a member of the Contra Costa Inclusion Team and to collaborate with members of the team in promoting inclusion of children with special needs in community-based programs.

<u>To accomplish these components, CARE Parent Network's Early Education Coordinator does the following</u>:

1. Compiles an annotated Resource Update distributed by email to early intervention/early education professionals; the Resource Update contains information on the latest early learning resources and reports and developments in educational research and practice related to children from birth to age 5 years with a focus on children with special needs

2. Compiles and distributes a calendar of local, state and selected national trainings and professional development opportunities in the areas of child development, early education, special education and services for children and adults with special needs

3. Convenes bimonthly Early Education Council meetings to provide a forum for exchange of information and collaboration among members of the early intervention, special education and early education communities in Contra Costa County

4. Participates in Contra Costa's Local Planning Council for Child Care and Development as a board member representing a community partner and helps to insure that issues related to inclusion of children with special needs in community-based education and childcare programs are part of every discussion

5. Conducts outreach to early intervention and early education professionals through large-scale trainings and individual on-site presentations. As part of this outreach the Early Education Coordinator has developed a collaboration with the Early Childhood Education Department at Diablo Valley College and presents guest lectures in early education core courses on inclusion and the Early Start/special education preschool system in Contra Costa County. A collaboration with Los Medanos College is in the process of being developed. Customized "Professional Resource Packets: Supporting Children with Special Needs and Their Families" are distributed to every participant at trainings and on-site outreach presentations.

6. Develops, updates and distributes resource sheets on
    a. tips for including children with special needs in community-based early education and child care programs
    b. local, state and national resources for inclusion
    c. information about Early Start and special education preschool
    d. information on community resources (e.g., education, health care, financial, child care) for children from birth to age five and their families with a focus on children with special needs