



Creating More Inclusive Early Childhood Education Programs in Contra Costa County

Findings and Recommendations from
a Community Engagement Process
October 2024



Acknowledgments

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Report and facilitation contributors

Cardea Services



First 5 Contra Costa



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Executive Summary

Background

Ensuring healthy development in the early years of a child's life plays a crucial role in establishing a healthy trajectory throughout the life course. First 5 Contra Costa works to ensure young children are healthy, ready to learn, and supported in safe, nurturing families and communities. For more than two decades, First 5 Contra Costa has supported efforts to help children in Contra Costa County reach their full potential by centering their work around equity and investing in programs, capacity building, and policy advocacy to improve the well-being of families and children during their first five years. First 5 Contra Costa defines inclusion as making early care and education (ECE) services more accessible and inclusive for all children, including those with disabilities (behavioral, developmental or health-related), developmental delays and social-emotional concerns.

In November 2021, the Contra Costa County Board of Supervisors allocated Measure X funding to identify and address the needs of early care and education programs in making their programs more supportive of children with disabilities. As a recipient of some of the Measure X funds, First 5 Contra Costa pledged to match their Measure X dollars with their own Proposition 10 state tobacco tax revenue to enhance the project's scope and reach. Part of this effort includes the community engagement process described in this report.

Approach

First 5 Contra Costa led an inclusive community engagement process in partnership with Cardea to identify existing services, barriers/gaps, and inclusion models, and to gather community input on ways to improve early childhood programs' ability to effectively include children with disabilities (diagnosed or undiagnosed), developmental delays, and social-emotional concerns, and their families. Between March 2024 and July 2024, First 5 Contra Costa and Cardea, conducted interviews, focus groups, and meaning making sessions to understand ways to support inclusive spaces for children with disabilities. In August 2024, First 5 Contra Costa and Cardea held two community convenings to share findings from the community engagement process, unveil emerging recommendations, and gather community perspectives and priorities related to the recommendations.

Key Findings

Through the focus groups and interviews, there were many strengths, challenges, and opportunities that each group of stakeholders identified. At a high-level, parents and caregivers identified strong community, easily accessible information, and developmentally appropriate activities as positive components of ECE programs and services. Similarly, ECE and Early Intervention providers identified strong relationships, access to tools and supports, and a collaborative environment as strategies that have contributed to their success with creating inclusive spaces. Advocates identified increased attention on mental health, supports for siblings of children with diverse abilities, and increased community involvement in services as positive developments in the ECE space.

Parents and caregivers identified long wait times, poor resource navigation, and lack of care coordination as common challenges. ECE providers identified parental resistance and lack of resources to implement inclusive programs as common challenges. Furthermore, both ECE and Early Intervention providers mentioned understaffing and low pay as common challenges. Advocates also identified understaffing, parental resistance, and lack of culturally relevant tools as common challenges.

Parents and caregivers identified family-friendly services, staff capacity, cross-program collaboration, and wraparound services as areas for improvement and aspirations. ECE and Early Intervention providers identified increased staffing, enhanced resource navigation, and formalized relationships with specialists as suggested improvements. Advocates identified easily accessible information with bilingual staff, affordable services, and collaboration as areas for improvement and aspirations for an inclusive ECE system.

As a result of the collective wisdom and feedback shared during the community engagement process, a set of short- and long-term recommendations emerged. The short-term recommendations focused on mini-grants, navigation supports, expanded consultation supports, and strengthening networks. The long-term recommendations focused on piloting the use of classroom aides, adjusting credentialing for ECE providers, augmenting Medi-Cal reimbursement rates for Early Intervention services, enhancing wage supports, and advocating for a shift to a Birth-to-Five service system.

Across the in-person and virtual convenings, **mini-grants** and **expanded consultation supports** were highlighted as the top two short-term recommendations that convening participants would recommend rolling out first, and **provider wage supports** were highlighted as the first long-term recommendation that they would prioritize.

Recommendations and Next Steps

Based on the prioritized recommendations from the community convenings and current Measure X allocation parameters, First 5 Contra Costa could most immediately provide small grants to ECE providers that would enable them to build their capacity to implement inclusive practices in ways that they self-identify. Additionally, First 5 Contra Costa could expand mental health consultation supports for ECE providers. Given that some families and providers are not aware of existing services, First 5 Contra Costa could explore ways to enhance culturally and linguistically relevant outreach about those services. Lastly, First 5 Contra Costa could expand or modify existing professional development, technical assistance, and quality improvement opportunities that aim to strengthen provider knowledge of, and intent to utilize, best practices for managing diverse needs in their ECE settings.

Looking to the future, First 5 Contra Costa and its partners could consider seeking additional funding to invest in family-facing strategies that support inclusion as well. In particular, community members suggested supporting navigation and new networks of peer support among parents of children with disabilities.

As needs change and priorities evolve, it will be essential for First 5 Contra Costa and its partners to continue to engage community perspectives and make appropriate adjustments that will strengthen inclusive early care and education settings for all children in Contra Costa County.

Introduction

Background and Context

Ensuring healthy development in the early years of a child's life plays a crucial role in establishing a healthy trajectory throughout the life course. This includes positive impacts in self-sufficiency, quality of life, school completion, and mental and emotional health.^{1,2} Regular, evidence-based screenings that lead to connecting families to needed services can positively impact children's developmental trajectory. Early identification leads to timely intervention during the most critical time of a child's development. Research shows prevention and early intervention can not only improve lifelong outcomes for children, but also yield long-term economic benefits.

For children with an identified developmental delay or disability, a range of supports may be needed, including obtaining the appropriate diagnosis; therapy and services (e.g., speech therapy, occupational therapy, social work, behavioral supports, or other clinical or health services); classroom placement; and transportation to and from school or community programming.³ Research demonstrates that these types of supports can have a significant positive impact on the child and their family by addressing their current needs, and in some instances reducing the need for more intensive services in the future.

Yet research also shows that many young children never receive the services they need. Barriers to accessing needed services can include a lack of referrals from providers, long waiting lists, restrictive eligibility guidelines, difficulty finding an appropriate provider, and/or inadequate healthcare coverage.⁴ For example, if a pediatrician diagnoses a child with a delay or disability, the family's health insurance may not cover the specialized services recommended, or there may be a long waiting list for the services. In Contra Costa County, children under the age of 36 months with a developmental delay or disability can access early intervention services through the Regional Center of the East Bay (RCEB). For children over 36 months of age, special education services are available through their local School District. Both entities provide services. Finally, when development screening happens in the pediatric health setting, a referral is often made to the RCEB or the School District where families can access services regardless of health insurance coverage; however, these systems may often be impacted by long wait-list and lack of service providers.

Research shows that not all children, particularly children in low-income families, receive developmental screenings during their early years that can be critical in identifying delays or concerns. For example, only 23.7% of children enrolled in Medi-Cal managed care received a developmental screening in their first three years of life.⁵ There is also a significant disparity between the number of infants and toddlers with diagnosed and undiagnosed developmental delays and the number of spaces in Early Intervention services that offer support through tailored in-classroom, in-home, or in-community supports.

1 Hebbeler K, Spiker D, Bailey D, et al. Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS). 2007;(January).

2 Reynolds A, Temple J, OU S. Effects of a school-based, early childhood intervention on adult health and well-being: a 19-year follow-up of low-income families. *Pediatr Adolesc Med*. 2007;161(8):730-739.

3 Vanegas SB, Abdelrahim R. Characterizing the systems of support for families of children with disabilities: A review of the literature. *J Fam Soc Work*. 2016;19(4):286-327. doi:10.1080/10522158.2016.1218399

4 Marshall J, Adelman A, Kesten SM, Natale RA, Elbaum B. Parents' Experiences Navigating Intervention Systems for Young Children With Mild Language Delays. *J Early Interv*. 2017;39(3):180-198. doi:10.1177/1053815117704958

5 Developmental Screening and Well-Child Visit Rates for Children Enrolled in Medi-Cal Managed Care, by Race/Ethnicity, Children Now, 2023; dev-screening-and-well-child-final.pdf (childrennow.org)

While it is difficult to know exactly how many children under age 6 in Contra Costa County have a diagnosed or undiagnosed disability or developmental delay, estimates are considerable. Nationwide, around 12-16% of infants, and toddlers will experience some form of developmental delay.⁶ An estimated 4.4% of children 0-17 in Contra Costa County live with one or more serious difficulties in hearing, vision, cognitive ability, ambulatory ability, self-care, or independent living.⁷ In April 2022, there were 4,153 Contra Costa Health Plan Medi-Cal children followed by California Children's Services; the most common diagnoses among these children

included developmental delays and hearing loss.⁸ However, there is a substantial disparity in access to early care that supports infants and toddlers with diagnosed and undiagnosed developmental delays through tailored in-classroom, in-home, or in-community supports. For example, just 7% of California's first graders with Individualized Education Programs (IEPs) were participating in Early Intervention at age two.⁹

8 [Population Needs Assessment Report, Contra Costa Health Plan 2022](#)

9 [2020 Inclusion Blueprint](#)

6 [2020 Inclusion Blueprint](#)

7 [KidsData](#)



Photo from August 2024 Community Convening

Research also indicates there is a significant proportion of children under age 6 with potentially undiagnosed social-emotional challenges. National data estimates that 9.5–14.2% of all children birth to 6 experience emotional, relational, or behavioral disturbances that meet medical necessity criteria for mental illness.¹⁰ In Contra Costa County, that could mean approximately 7,900 to 10,900 children under age 6 need early childhood mental health intervention for illnesses meeting medical necessity criteria.¹¹

First 5 Contra Costa's Commitment to Inclusion

About First 5 Contra Costa

First 5 Contra Costa works to ensure young children are healthy, ready to learn, and supported in safe, nurturing families and communities. First 5 Contra Costa supports efforts to help children in Contra Costa County reach their full potential by focusing on the most critical years of development from birth through age 5. For the last 25 years, since the agency was created, First 5 Contra Costa has invested in programs, capacity building, and policy advocacy to improve the well-being of families and children during their first five years. First 5 Contra Costa focuses on prevention, centers its work around equity, and plays many roles to reach its vision: funder, convener, and advocate.

¹⁰ The Basics of Infant and Early Childhood Mental Health: A Briefing Paper, Zero to Three, 2017; Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations, Brauner & Stephens, 2006.

¹¹ Concept Paper: An Early Childhood Mental Health System of Care for Contra Costa County, Early Childhood Prevention & Intervention Coalition, 2020.

First 5 Contra Costa's current focus areas include:

- **Strengthening Families:** First 5 Contra Costa focuses on strengthening families' own ability to foster their children's development, health, and school readiness by:
 - ◇ Funding five family resource centers that offer free classes, workshops, and community-building opportunities for families and connect them to other community services.
 - ◇ Enhancing parents' knowledge of child development and positive parenting practices that promote healthy families.
- **Early Childhood Education:** First 5 focuses on ensuring children have high-quality early learning experiences that help them in school and in life by:
 - ◇ Offering professional development and quality improvement programs for child care teachers and early learning settings and exploring ways to enhance families' access to quality early learning programs.
 - ◇ Piloting innovative ways communities, businesses, schools, and social service providers can help prepare children, particularly underserved children of color, for success in kindergarten.
- **Early Intervention:** First 5 increases families' access to services that foster children's optimal development by:
 - ◇ Building the capacity of health and social service professionals in proven strategies to address trauma, developmental delays, and other concerns.
 - ◇ Advocating for changes in how public and private health care systems work with families and encouraging investments that focus on preventing challenges.

Why Inclusive Early Care & Education Programs Are Important

Research shows that a child's brain develops most dramatically during the first five years of life.¹² During this critical period, a window of opportunity exists to shape how a child's brain matures and develops. Safe, nurturing relationships, experiences, and environments in early childhood lay the foundation for lifelong positive outcomes in health, learning, and well-being. Inclusion ensures that all children, regardless of ability, thrive in supportive and enriching educational environments that reflect the diversity of the community in which they are operating.

Additionally, inclusive early learning settings foster holistic child development, with careful attention paid to supporting cognitive and language skills, building emotional regulation skills, and forming meaningful friendships with peers. Studies have shown that children without disabilities also benefit from an inclusive environment.¹³

Including children with disabilities in classrooms has mostly positive effects on the educational outcomes of typically developing students, and children in inclusive ECE programs develop greater empathy, compassion, and positive attitudes towards diversity. Inclusion promotes a sense of belonging among children of all ability levels, fostering acceptance, positive relationships, and a supportive classroom community.¹⁴

¹² [First 5 Contra Costa: Who We Are](#)

¹³ [2020 Inclusion Blueprint](#)

¹⁴ [2020 Inclusion Blueprint](#)

About this Effort

Given First 5 Contra Costa's mission and commitment to inclusive ECE programs, the agency and its partners advocated to the County Board of Supervisors for resources to address this issue. In November 2021, the Board of Supervisors allocated \$450,000 per year on an ongoing basis to support efforts to make early care and education programs more inclusive in our county. The funding allocated was from Measure X, a new revenue source based on a 20-year, ½ cent sales tax approved by Contra Costa County voters on November 3, 2020. The Measure X ballot measure language stated that the intent of the new tax was to keep Contra Costa's regional hospital open and staffed; fund community health centers and emergency response; support crucial safety-net services; invest in early childhood services; and protect vulnerable populations; and for other essential county services.¹⁵

¹⁵ [Measure X](#)



First 5 Contra Costa was awarded some of the funding, which is administered by the Contra Costa County Employment & Human Services Department and pledged to match its contract amount with its own Proposition 10 state tobacco tax revenue to enhance the effort. With the county funding, First 5 Contra Costa offered trainings and relevant program supplies to ECE providers to enhance their inclusion practices. These trainings aim to promote children's learning, development, and sense of belonging in inclusive, accessible ECE environments.¹⁶ Simultaneously, First 5 Contra Costa led an inclusive community engagement process in partnership with Cardea to identify existing services, barriers/gaps, and inclusion models, and to gather input exploring ways to improve early childhood programs' ability to effectively include children with disabilities (diagnosed or undiagnosed), developmental delays, and social-emotional concerns, and their families.

The information gathered from the community input resulted in recommendations regarding how to use Measure X funding dedicated to inclusive early learning programs and identified other unmet needs related to inclusion in our county. The recommendations outline ways to build the capacity of ECE programs by increasing their knowledge, skills, and resources to more effectively include children with disabilities, delays, or developmental concerns, and to support early educators serving children birth to 5 with delays and disabilities, diagnosed or undiagnosed.

¹⁶ [First 5 Contra Costa](#)



Photo from August 2024 Community Convening

Our Approach

Interview-Based Scan

To assist in understanding unmet needs, it was important to solidify a collective understanding of the current landscape of Early Intervention and inclusion-related services and programs in Contra Costa County.

During March and April 2024, First 5 Contra Costa and Cardea conducted interviews with a sample of entities falling into three (sometimes overlapping) categories: agencies offering inclusion services to ECE providers; ECE providers/sites providing some elements of inclusive programming; and

Early Intervention service providers working with ECE Providers and/or families (**Table 1**). Fourteen such entities were interviewed to understand their current services, strengths, and challenges, and to elicit their feedback and expertise on how ECE settings in Contra Costa could become more inclusive of children of all abilities. Profiles of the inclusion and early intervention organizations are included in this report in **Appendix A**. Participants who could accept an incentive were given \$50 flexible, electronic gift cards to honor their time and wisdom.

Table 1. Organizations interviewed by organization type

Inclusion Services for ECE	ECE Programs Providing Inclusive Programming	Early Intervention Services
<ul style="list-style-type: none">• Care Parent Network• CocoKids• Life Steps Foundation	<ul style="list-style-type: none">• Anielka Family Day Care• Kidango• Unity Council Head Start• YMCA East Bay• Employment & Human Services Department Community Services Bureau (EHSD CSB) Head Start	<ul style="list-style-type: none">• Contra Costa County Office of Education (CCCOE) Early Start STRIDE Program• Early Childhood Mental Health Program (ECMHP)• Lynn Center/VistAbility• Regional Center of the East Bay• Through the Looking Glass• We Care

Focus Groups

During April and May 2024, First 5 Contra Costa and Cardea utilized focus group conversations to engage parents and caregivers, ECE providers, Early Intervention specialists, and community members with lived experience to deepen our understanding of Contra Costa’s needs related to enhancing inclusion in ECE settings (Table 2). Cardea facilitated two focus groups with 27 parents and caregivers, two focus groups with 28 ECE providers working in family child care homes (FCC) or center-based settings, and one focus group with 12 community members and advocates with lived experience. Participants were recruited through First 5 Contra Costa relationships with families and ECE providers, newsletters and listservs, social media accounts, and word-of-mouth. Spanish- and English-led conversations were available at each focus group. Participants who could accept an incentive were given \$50 flexible, electronic gift cards to honor their time and wisdom.

Meaning-Making Sessions

A critical goal throughout this community engagement process has been to ensure community members have multiple opportunities to give feedback and to know their voices are being heard and integrated. In July 2024, Cardea hosted five meaning-making sessions with two networks of ECE providers, one coalition of Early Intervention service providers, and two open-invitation events to all interview and focus group participants, including families and advocates. The meaning-making sessions were designed to reflect, validate, and confirm our understanding of the feedback shared during interviews and focus groups. The open-invitation sessions were offered in both Spanish and English. Participants in the meaning-making sessions voiced that the initial findings shared resonated with their experiences and perspectives.

Table 2. Focus group conversation topics by participant type

Parent and caregiver conversations focused primarily on:	ECE provider conversations focused primarily on:	Community advocate conversations focused primarily on:
<ul style="list-style-type: none">• Experiences with ECE programs• Areas for improvement• Visions for what an ECE program that is inclusive of all children looks like• Resources and supports	<ul style="list-style-type: none">• Successes and challenges with creating inclusive ECE experiences for children and families• Existing supportive resources• Areas for improvement• Professional development needs	<ul style="list-style-type: none">• Exciting developments in inclusive early childhood education• Barriers and facilitators to creating inclusive ECE experiences for children and families• Areas for improvement• Visions for what an ECE program that is inclusive of all children looks like

Community Convenings

In August 2024, First 5 Contra Costa and Cardea Services held two community convenings to share findings, unveil emerging recommendations, and gather community perspectives and priorities related to the recommendations. Community convenings were advertised to First 5 Contra Costa's networks and the community at large via social media, newsletters, listservs, personalized invitations, and word-of-mouth. One convening was held in person in the evening, while the other happened virtually during the middle of the day. In total, about 175 community members participated in the convenings. Participants who could accept an incentive were given \$50 flexible, electronic gift cards to honor their time and wisdom.

After hearing key findings from prior phases of the project and the emerging recommendations, convening participants were asked to individually reflect on a set of questions and then discuss them in small groups. As part of their individual reflections, participants were asked to rank four short-term recommendations and five long-term recommendations in order of priority.

Reflection questions asked participants to consider:

- What excites you about these recommendations?
- What surprises you about these recommendations?
- What recommendations would you roll out first?
- What is important to understand in ensuring that inclusive early learning settings are accessible to under-resourced communities?

Considerations and Limitations

The findings from this community engagement process likely do not represent the full range of perspectives on inclusion in ECE in Contra Costa County. This process relied on predominantly qualitative approaches. Additionally, the recruitment approaches used to select participants (i.e., through social media, newsletters, etc.) likely resulted in selection bias. Furthermore, attendance in the family-focused discussion groups indicated that some participants misunderstood the inclusive recruitment language that invited “parents/caregivers” to the conversations, because some ECE providers ended up registering for and attending the discussions. Finally, First 5 Contra Costa staff were present for all interviews, focus groups, meaning making sessions, and convenings, which may have limited the degree to which participants shared about their challenges or aspirational visions for change.



Photo from August 2024 Community Convening

What We Learned

Summary of Key Themes

Strengths

Parents and caregivers highlighted that strong community support, easily accessible information, and developmentally appropriate activities are key strengths of ECE programs and services. They described a strong sense of community and connection with ECE providers and other parents/families in the ECE program. Parents and caregivers also recognized that ECE providers are integral to facilitating connections to other needed services and supports. They shared that they were aware of helpful information about developmental milestones and supportive services promoted through various sources, including brochures, websites, and billboards. In addition, parents and caregivers particularly appreciated experiences and activities offered through ECE programs that support their child's development, such as field trips and outdoor activities, creative pursuits like music and art, and supportive structures that create space for children to express their feelings.

Early Intervention service providers shared that their organizations are proud to offer a variety of inclusion services, including child care consultation, developmental playgroups, Early Intervention services, inclusion warm line, parent support and advocacy and therapeutic classrooms. They described serving populations with diverse backgrounds and needs, such as low-income families, families with different racial/ethnic backgrounds, and children with different social emotional needs, disabilities, mobility challenges, developmental delays, and diagnoses. Many felt that inclusion and a whole-family approach are core components of their organizational missions and histories.

“The dedication of the staff that we do have, I think, is huge. There’s such a passion for this population and a dedication. I think that’s our biggest strength and our reputation in the community.”

— Early Intervention Provider

Across conversations, providers expressed that staff are dedicated and passionate about providing strong and inclusive ECE services. Specifically, ECE providers identified strong relationships with parents and community, access to tools and supports, and a collaborative environment as strategies that have contributed to their success with creating inclusive spaces. Like parents and caregivers, providers felt a strong connection with families in their care and had strong communication and relationship-building skills with parents, community partners, and other providers. Many providers also described their programs as well-known in the community and having a positive reputation, leading parents and caregivers to trust concerns identified by providers. They also shared that a comprehensive knowledge of resources available in the community was beneficial for them as providers and to the families they serve.

ECE providers also elevated coaching and mentorship supports offered by specialists and ease of access to best practice tools as strengths. Collaborative environments in which providers have supportive supervisors and the ability to problem solve by connecting with other providers also enabled their success.

“The number one thing it comes down to is parent relationships paired with relationship with the child. If we’re gonna help the child succeed in school, we’ve got to be on the same page as the parent. So if I’m working with a family who is on the same page as us, whether or not they’re seeing the same stuff at home, but they’re willing to work with us, we’re willing to work with them, and then working as a team to reach different resources that can offer different tools to help the child succeed rather than them either being in denial or turning away, or kind of brushing off the concerns that we focus on.”

— Center-Based ECE Provider

Finally, advocates identified increased attention on mental health, supports for siblings of children with diverse abilities, and increased community involvement in services as positive developments in the ECE space. They expressed excitement that more ECE sites are focusing on mental health and that there is less stigma attached to mental health after the COVID-19 pandemic. Advocates were excited to see greater awareness that siblings of children with diverse abilities require support (e.g., hosting group supports for siblings of children with diverse abilities). Advocates were also excited about broader community involvement in Head Start programs and that community organizations are participating in efforts to support ECE, including advocating for more robust budgets, enhanced nutrition, and supports for staff.

Opportunities

Parents and caregivers identified long wait times, poor resource navigation, and lack of care coordination as common challenges and areas of opportunity for Contra Costa to improve. Many parents and caregivers raised frustrations with long wait times to access services and specialized programs and shared that more spots are needed in ECE programs. For resource navigation, parents and caregivers expressed a lack of knowledge about available resources, difficulty understanding what services are covered by insurance, cumbersome forms and paperwork, and a lack of access to resources in multiple languages as areas for growth. Parents and caregivers also shared frustrations with lack of coordination among specialists, which creates scheduling challenges for families.

ECE providers identified parental readiness, language and cultural barriers, accessibility issues, understaffing, low pay, and limited funding as common challenges. Providers feel some parents are reluctant to accept their child has any type of learning or social emotional difficulty because they don’t want their child to be labeled, resulting in delays with screening and intervention.

Most providers also described accessibility challenges faced by families, including insufficient open program hours, lack of transportation to attend services, and cultural and linguistic barriers that can limit relationships and support between providers, parents/caregivers, and their children. Providers described serving people of diverse races, ethnicities, and languages, with Latinx, Middle Eastern, Black, and Asian being the most common race/ethnicity and Spanish and Farsi being the most spoken languages. Other languages they noted included Russian, Mandarin, Arabic, and Portuguese. They described difficulty finding enough staff that spoke these languages or provide interpretation services.

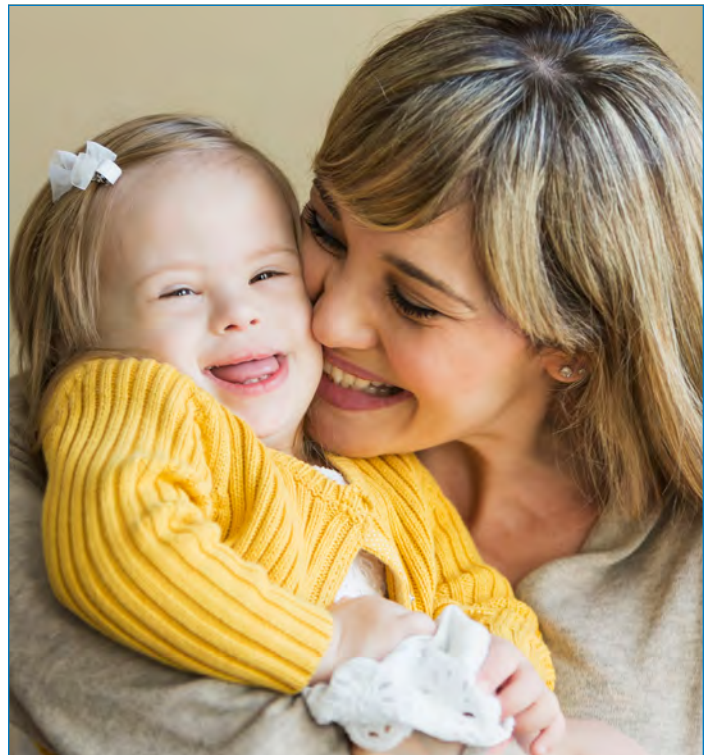
ECE providers shared that the student-to-teacher ratios are too high, and they struggle to meet the diverse needs in their classrooms. They also discussed how low pay makes it difficult to attract qualified staff and contributes to staff burnout and turnover. Staff shortages, especially among physical and occupational therapists, limit the resources programs can provide to families. Additionally, some Early Intervention providers felt it was difficult to engage in collaborative relationships with other partners and providers as they lacked awareness of potential partnership and collaboration opportunities. At the same time, Early Intervention service providers were frustrated that they are at times met with hesitancy or resistance from educators when they proposed hosting therapists or specialists in classroom settings to support student needs.

“Challenge is, I can have lots of tools, but can’t put multiple fires out at once. Not all needs are the same. Every child deserves to be there, be socialized, get the skills to be successful. Struggle is we do have the tools, [but] we don’t have enough staff/specialists. The system is failing the educators. The paperwork takes so much time. The time and energy it takes to even get a resource in the first place is hard.”

— Center-Based ECE Provider

“There’s some maybe misunderstanding or not enough knowledge about what inclusion is, and kind of the benefits of inclusion, not just for the children who have delays, but also for the other children, and that a lot of the things we do benefit many children, not just the child that we’re suggesting them for. So, I think that I’ve been impressed with all the providers and daycares that I’ve worked with, like I said. I’ve rarely had any who weren’t willing to work with me and to support the children who I’m working with, but I do know it’s been hard for other families I work with to find a good match and to find the right place.”

— Early Intervention Provider



Early Intervention providers reported that despite funding from the state and federal governments, many programs are operating at a deficit, as this funding does not cover the true cost of the services and resources they offer. They described the need to supplement and diversify funding through fundraising campaigns, philanthropic grants, funding assistance from nonprofits, and local grants from the city or school district. Additionally, Early Intervention service providers shared that Medi-Cal and the Regional Center of the East Bay often help families cover fees for programs. However, some providers noted that reimbursement rates are exceptionally low, noting a recent CalAIM behavioral health payment reform that resulted in lower Medi-Cal reimbursement rates.

“It’s well known that Contra Costa County reimburses at a lower rate than a lot of the other counties. And it’s just well-known that if you’re a private nonprofit that, you know, services the medical community that you are at a disadvantage just because of the wages that you’re able to offer your staff. And so that’s something that we’ve always had to kind of struggle with is just that it really limits our ability to sometimes attract staff, and sometimes it limits the ability to retain staff.”

— Early Intervention Provider

“[Funding] in no way covers what the true cost is. I could double my staff. You know then maybe we’d be able to serve every family in the way that we all would like to. But they carry high cases like a lot of other places. And they’re all parents. So, they’re only working part time. And yeah, it never really covers everything that we do.”

— Inclusion Services Provider

Many Early Intervention providers reported that their programs have waitlists due to limitations in funding and staffing to meet the high demand for inclusion services. For example, Early Intervention providers shared that the number of children with needs increased during and after the COVID-19 pandemic due to delayed diagnoses and more social emotional delays, and that staffing numbers have not grown to match this need. Some waitlists operate on a “first come, first served” basis, while others prioritize specific eligibility factors, such as preference for children with severe developmental needs. The length of these waitlists varies widely across programs and can fluctuate seasonally, ranging from one week to 1.5 years.

“Coming out of the pandemic, there were so many kids that weren’t identified for having developmental delay. But instead of those kids, maybe getting identified before age 3, they’re now getting identified, maybe at 3, 4, 5. So there’s a lot more for the parent to catch up on as far as the services, and that kid missed out on the benefit of early intervention services. And so, and I just think, you know, if you look across data for our county and our schools, our schools are seeing more kids with, you know, social, emotional delays, with speech delays.”

— Inclusion Service Provider

Finally, advocates identified understaffing, parental resistance, and lack of culturally relevant tools as common challenges. They shared how the demand for services is high, and service providers struggle to keep up, leading to long wait times for families or pushing families to travel long distances for services. Like Early Intervention providers, advocates also thought ECE providers’ salaries are too low and student-to-teacher ratios are too high, which they find contributes to burnout. For example, a 1:8 ratio for a toddler classroom might be appropriate for some settings, but if there is a student in the classroom diagnosed with needs, that ratio might no longer be sufficient because that child might require more focused attention, hence a 1:1 ratio might be more appropriate. Advocates observed how parents contribute to the challenges providers face through a lack of understanding around the importance of Early Intervention and occasional resistance to having their child screened or connected to services. Finally, advocates thought tools and information related to ECE and Early Intervention services are not provided in enough languages and developmental screening assessments do not always account for variations in cultural practices and traditions.



“We’re almost always full. As soon as we say we have an opening, then regional center case managers contact us and fill those spots. There’s a shortage of developmental specialists who provide this service in the area and so regional center is always looking for ways to support them... And there’s a shortage of staff. We have a hard time hiring staff who are experienced in the field. And so that’s been a challenge, not just for our agency. But it’s actually a national challenge.”

— Inclusion Service Provider

Areas for Improvement & Aspirations

Parents and caregivers shared their hopes for creating more inclusive ECE programs in Contra Costa County. They identified enhanced access to family-friendly services with in-home services and respite care, increased staff capacity, and improved cross-program collaboration efforts as areas for improvement. Specifically, parents and caregivers noted the importance of expanding access to services that meet families where they are and provide more flexible scheduling options beyond the typical 9 a.m. to 5 p.m. time frame. Parents and caregivers also expressed their desire for more staffing to enable smaller class sizes, which could lead to lower student-to-teacher ratios and include more consistent, in-person specialist consultations in classrooms. Finally, parents and caregivers shared their dream of having wraparound support services, and improved collaboration across the different programs and services that support children birth-to-5 with disabilities (diagnosed or undiagnosed), developmental concerns, and social-emotional delays, and their families as an ideal inclusive ECE system.



“In an ideal world where time and resources aren’t a limitation, an inclusive early care and education program would be a place where every child feels valued and supported. The facilities should be fully accessible, with sensory rooms and adaptive equipment for children with different needs. The curriculum would be diverse and inclusive, so that every child can see themselves represented. There should be a strong emphasis on family involvement, with regular updates and open communication between parents and educators. The program should also offer extended hours and flexible scheduling to support working families.”

— Parent/Caregiver

ECE providers shared increased staffing, staff training, expanded services, improved resource navigation, and formalized relationships with specialists as suggested areas for improvement to support inclusive ECE settings. They feel that creating pathways for ECE programs to hire more staff and increase the number of ECE providers will be pivotal in lowering the student-to-teacher ratio to more appropriate numbers, enabling ECE providers to have more focused attention on individual children. Additionally, providers shared that offering more benefits and incentives as well as providing frequent professional development opportunities that emphasize best practices for supporting children birth-to-5 with disabilities (diagnosed or undiagnosed), developmental concerns, and social-emotional delays could minimize staff turnover and support success. Some providers also felt that offering additional services would be helpful for families, including parent/caregiver training, in-person events for parents/caregivers to connect with their children, and wider availability of consultation, mentorship, and therapy services. Providers shared the importance of regularly updating resources and tools with information on providers/specialists in multiple languages and expanding resource navigation platforms to reach families where they are (e.g., religious centers, community centers, playgrounds, etc.). Finally, providers highlighted the need to create consistent and increased contact with specialists and other ECE providers in classrooms, including in meetings with parents when concerns about the child are discussed, and to integrate better mental health support for parents. ECE providers felt it could be helpful for a third-party organization, such as First 5 Contra Costa, to facilitate discussions between Early Intervention specialists and ECE providers to understand and address barriers around encouraging active, child-focused collaboration within different care and education settings.

Advocates suggested that having greater access to regularly updated tools and resources in multiple languages, offering trainings and webinars at off-peak hours, and hiring more bilingual staff (i.e., Mandarin, Portuguese, and Urdu) is important to create a more inclusive ECE system. Additionally, advocates shared that some families still do not know about the state financial assistance available to eligible families to help them access ECE programs, so more outreach is needed. For collaboration, advocates shared that cultivating partnerships among providers is important to support knowledge sharing, which could be accomplished through Communities of Practice, Train-the-Trainer models, or other approaches. Finally, advocates shared that expanding Early Intervention services to provide continuous birth-to-5 support and improving connections across organizations providing services for children birth-to-5 with disabilities (diagnosed or undiagnosed), developmental delays, and social-emotional concerns, and their families would lead to an ideal inclusive ECE system.

“One of the things that is big for me is really trying to support and [create] environments that...refrain from being deficit driven. I always want to come from an equitable approach...and just reframe our learning environments to be more inclusive of fortitude and resiliency, and positive discipline and thinking outside of the box...Often children are already labeled in the mental health and developmental systems, but there’s so much more than that, and there’s so much more to treating them and providing them with great environments that have a plethora of sensory early intervention support... that have more individualized learning plans and methods...I think we have to expand our views first, as the practitioners and educators, and also communicate with each other... and be persistent in building those close relationships as we’re supporting one another in partnership.”





— Advocate



Emerging Recommendations






As a result of the collective wisdom and feedback shared during the interviews, focus groups, and meaning making sessions, a set of short- and long-term recommendations emerged. The short-term recommendations focused on mini-grants, navigation supports, expanded consultation supports, and strengthened networks (Table 3).

Table 3. Short-term recommendations

	<p>Mini-grants</p> <p>Provide mini-grants for ECE providers to build staff capacity or acquire supplies and materials to enhance inclusive ECE.</p>
	<p>Navigation supports</p> <p>Expand navigation support for ECE teachers and families to improve awareness of existing resources and make them more available. For example, strengthen Help Me Grow Contra Costa’s connections with ECE providers, expand the number of languages in which resources are available, and increase the number of Family Resource Navigators, etc.</p>
	<p>Expanded consultation supports</p> <p>Provide expanded specialist consultation services (i.e., advice line, mental health consultation, child care health consultation, speech, physical therapy, and occupational therapy) within child care centers and Family Child Care Homes (FCCHs) and raise awareness of their availability.</p>
	<p>Strengthened networks</p> <p>Strengthen existing peer ECE networks and/or establish new networks that include Early Intervention providers and that can be settings for resource sharing, collaborative problem solving, and training on a variety of topics (inclusive ECE spaces, culturally responsive developmental screening and family support conversations, self-care/ burnout prevention, mental health supports, supporting children with autism spectrum disorder (ASD), etc.). Expand networks of peer support for parents and caregivers to create more spaces for connection and mutual support.</p>

The long-term recommendations focused on piloting the use of classroom aides, adjusting credentialing for ECE providers, augmenting Medi-Cal reimbursement rates for Early Intervention services, enhancing wage supports, and advocating for a shift to a Birth-to-Five service system, since the transition at age 3 can be difficult for children and their families. (Table 4).

Table 4. Long-term recommendations

	Classroom aide pilot Implement and evaluate a classroom aide pilot to explore whether additional adults/ reduced child: adult ratios in the classroom improve inclusive ECE.
	Credentialing Embed inclusion in credentialing through education programs and institute a requirement for publicly funded ECE providers in Contra Costa to attend inclusion training for all new hires and cover the cost of that training/credential.
	Birth-to-Five Services Advocacy Explore opportunities to advocate to elevate the need for an expansion to Birth-to-Five services in California.
	Reimbursement for Early Intervention Augment Medi-Cal/Regional Center reimbursement rates for Early Intervention services while advocating for enhanced rates.
	Wage supports Support advocacy efforts to address thriving wages for ECE providers and Early Intervention specialists through improved subsidies/ reimbursement, provider appreciation initiatives, wage boosts, or other benefits programs.



Emerging Priorities from the Community Convenings

In August 2024, First 5 Contra Costa and Cardea Services held two community convenings to share findings, unveil the emerging recommendations, and gather community perspectives and priorities related to the recommendations. In-person and virtual convening participants had similar perspectives on the order of priority for presented recommendations. Across the different conversations, **mini-grants** and **expanded consultation supports** were highlighted as the top two short-term recommendations that convening participants would roll out, and **provider wage supports** were highlighted as the first long-term recommendation that they would prioritize.

Additionally, convening participants also expressed support for enhanced navigation supports with particular emphasis on cultural and linguistic capacity expansion. Many participants elevated the potential benefits of network strengthening for ECE providers and Early Intervention specialists, as well as parents and caregivers. Furthermore, participants noted the importance of classroom aides to support children with diverse abilities in a timely manner and hoped that funding could support placement of classroom aides in the future.

Although most participants were able to prioritize an order for rolling out recommendations, some participants struggled to rank the options because all the recommendations felt equally important to them. Some participants suggested that the full menu of recommendations should be rolled out together to better support the expansion of inclusive ECE services and programs in Contra Costa County.

Overall, in-person and virtual convening participants emphasized the critical role that culturally and linguistically responsive services play in ensuring that ECE settings are accessible to under-resourced communities. Specifically, participants shared how important it is for providers to reflect the communities they serve and be able to easily and comfortably connect with the families. A few participants shared that they hope to shift awareness of how racism might come into play with regards to developmental screening. For example, some children who might have developmental delays might be written off as just having “bad behavior” rather than recognizing the behavior as an indicator of the need to connect the child to screening, resulting in delayed diagnosis and connection to needed supports.

In addition, participants elevated the importance of meeting families where they are when it comes to promoting ECE services and programs. In other words, outreach should happen in places where families commonly gather, and service providers should be more proactive with seeking out potential children that could benefit from their programs.

Participants also shared that providing supports such as increased wages and professional development opportunities to ECE providers might be critical for addressing staff burnout. Some participants also highlighted the importance of taking steps toward system improvements for inclusive ECE services quickly because of the compressed window of opportunity for a child’s development within the first three years and recommended investing in relationship building efforts between parents/caregivers and teachers to cultivate trust and foster open communication.

The results of convening participants' prioritization of the potential short-term and long-term priorities are shown in **Table 5** below.

Table 5. Short-term and long-term recommendations in order of priority by score*

Rank	Short-term recommendations	Score	# of rankings	Long-term recommendations	Score	# of rankings
1	Mini-grants	259	88	Wage supports	329	86
2	Expanded consultation support	210	86	Classroom aide pilot	273	86
3	Navigation supports	207	83	Credentialing	258	87
4	Strengthen networks	179	85	Reimbursement for Early Intervention	219	82
5	--	--	--	Birth-to-Five Services Advocacy	217	83

* The score is a weighted calculation. Items ranked first are given a higher value or "weight." The score, computed for each option, is the sum of all the weighted values.



Photo from August 2024 Community Convening

Where We Are Going

Short-Term Recommendations

In the short term, First 5 Contra Costa can strengthen the inclusivity of ECE programs in Contra Costa County for children of all abilities by investing in mini-grants aimed at bolstering ECE staff capacity to implement inclusive practices in their child care spaces. Mini-grants could support ECE providers in acquiring or upgrading materials or curricula in ways that support inclusion. These mini-grants could be paired with professional development opportunities designed to give providers the tools and best practices for managing diverse needs in their classrooms/care centers.

Topics for professional development could include Universal Design, basic training on inclusion topics, best practices for screening for children with delays and disabilities, communicating with families about developmental progress, peer-to-peer learning and resource sharing, and one-on-one technical assistance with screening tools. Also, a high priority for the community engaged in the process, is investing in expanded consultation support for ECE providers, which could include both more mental health consultation and raising awareness among ECE providers about the availability of existing early intervention, inclusion, and special education services.

Lastly, the community voiced a need for more navigation, outreach and information sharing targeting ECE providers and families to improve awareness of existing resources and make them more available and accessible. These efforts should be culturally and linguistically responsive and leverage existing networks and relationships that both ECE providers and parents have to reach them.

Long-Term Recommendations

In the longer term, the community engagement process identified needs beyond those that can be addressed with the county's current Measure X allocation for this work. For instance, the current funding would not support the long-term recommendations around evaluating a classroom aide pilot to explore whether additional adults/reduced child-to-adult ratios in the classroom improve inclusive ECE. Also, while the intent of the current Measure X allocation is to support ECE programs becoming more inclusive, the planning process also identified unmet needs of families who are struggling to navigate the early intervention landscape to meet their children's needs.

While outside the scope of the current allocation of resources, ideally the county could invest more to address these needs in the future. Potential family-focused avenues of investment include providing navigators for families to help guide them to available resources and establishing support networks where parents and caregivers can connect with each other. Key partners also identified broader systems-level changes that would necessitate multiple-year efforts to advocate for legislative and budget changes at the state level across multiple systems to impact young children. At the systems level, county partners could work in partnership with other community organizations and policymakers on initiatives to raise wages for ECE providers and Early Intervention specialists and explore approaches to integrate classroom aides into ECE settings to reduce child-to-adult ratios in ECE.

Looking Ahead

As needs change and priorities evolve, it will be essential for First 5 Contra Costa and its partners to continue to engage community perspectives and make appropriate adjustments that will strengthen inclusion services for all children in Contra Costa County.

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Care Parent Network

Organization type: Inclusion Service Provider



Mission/Overview: Care Parent Network offers parent-to-parent support and resources for families of children with special needs in Contra Costa County. They provide

emotional support, information, training, and assistance with navigating service systems through a one-stop family resource center. Staff are parents of children with special needs themselves, supporting families through all stages from early intervention to young adulthood. All services are free of charge.

Early Intervention/Inclusion-Specific Services and Programs:

- Family support and mentoring, navigation support for families, parent peer support groups
 - ◆ Mind the Gap program gives 1:1 coaching for parents
- Early Start, Special Education & Individualized Education Program (IEP) guidance
- Parent training workshops on various topics, including the importance of inclusion
- Resources and referrals to community and generic services
- Health care and mental health information and resources
- Teen transition to adult life, early education council (resources for professionals)
- Community involvement, advocacy information, parent and community support and training

Focus population(s) for Inclusion Services:

- Spanish-speaking populations
- Most prevalent diagnosis among children is autism spectrum, but children served with a wide variety of diagnoses such as cerebral palsy, Down syndrome, or mobility challenges
- Not serving providers directly, aside from informational presentations, peer professional support, and resources

Eligibility Requirements for Receiving Inclusion Services:

- Family needs to be Contra Costa County residents

Waitlist for Inclusion Services:

- There are no waitlists for services

Number of Clients Receiving Inclusion Services:

- Network serves about 2,000 families annually, in total

Key Partners:

- Network collaborates with Regional Center of the East Bay, CoCoKids, Help Me Grow, First 5 Contra Costa, Contra Costa County Health Services, local school districts, and Special Education Local Planning Areas (SELPAs)

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☐ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☐ Fundraising

CocoKids

Organization type: Inclusion Service Provider



Mission/Overview:

CocoKids serves the needs of children, families,

early educators, businesses, and communities. CocoKids is a nonprofit that champions and advances quality childcare and early education, providing services to improve the lives of children, families, and early educators. CocoKids offers a wide range of free and low-cost programs and services so parents can work, and children are ready for success in school and life. CocoKids connects families with licensed family child care homes and child care centers. CocoKids also provides state funding to pay for child care to eligible families.

Early Intervention/Inclusion-Specific Services and Programs:

- Phone and virtual consultation regarding questions about child development, disabilities, delays, behaviors challenges, connection to community resources, etc.
- Professional development/training for educators and families
- Inclusion Specialist supports educators to increase capacity for children of all abilities in their learning environments
- Inclusion Specialist consults about evidence-based strategies and practices to support children of all abilities at home and school
- Inclusion Specialist provides enhanced child care referrals for families with children with disabilities, delays, potential delays, behaviors challenges, medical and health needs, etc.

Focus population(s) for Inclusion Services:

- Providers served are mainly early care providers (e.g., family child care homes,

center staff, exempt/family, friends, and neighbor care (FFN), school-age providers, and before and after school programs)

- The Inclusion Warm Line typically serves families and educators who have questions or need resources regarding children with disabilities, delays, potential delays, behavior challenges, or other needs.

Eligibility Requirements for Receiving Inclusion Services:

- For the Inclusion Warm Line, there are no income requirements for providers or families. They must live or work within Contra Costa County
- Priority is given to families who are enrolled in CocoKids' Child Care Subsidy program.

Number of Clients Receiving Inclusion Services:

- 72 licensed providers and 1 license-exempt/FFN in 2023
- 107 families served directly in 2023

Key Partners:

- Services are promoted through other community agencies, such as Care Parent Network, First 5 Contra Costa, school districts, Contra Costa County Office of Education (CCCOE), Regional Center of the East Bay (RCEB), early start programs, Kaiser, UCSF Children's Hospital, autism services and agencies, libraries, mental health agencies, etc.

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☒ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☒ Fundraising

Contra Costa County Office of Education (CCCOE) Early Start STRIDE

Organization type: Early Intervention Provider



Mission/Overview: The Contra Costa County Office of Education Early Start STRIDE Program offers educational services for children from birth to nearly 3 years

old with vision, hearing, orthopedic issues, or developmental disabilities. The program focuses on parent education and involvement, child development, and helping families create an Individual Family Service Plan (IFSP). The STRIDE team, which includes various specialists, provides services through classroom activities, home-based instruction, consultations, play groups, and family activities.

Early Intervention/Inclusion-Specific Services and Programs:

- Parent coaching, parent-participation play groups, and individualized instruction
- Information on techniques for adapting the home setting to meet the child's special needs, assistance in using community resources, and deaf/hard of hearing (HoH) and vision specialized instruction
- Speech therapy and occupational therapy

Eligibility Requirements for Receiving Inclusion Services:

- Child is required to be delayed in one area (e.g., cognitive, adaptive, social, speech, or motor) or have a low incidence disability (deaf/hard of hearing, visual impairment, or orthopedic impairment)

- **Residency:** the child must live within STRIDE's service area in Contra Costa
 - ◇ Serves schools and homes in the following cities: Antioch, Bethel Island, Brentwood, Byron, Canyon, Crocket, Discovery Bay, Eastport, Knightsen, Lafayette, Martinez, Moraga, Orinda, Oakley, Pittsburg, Rodeo, and Walnut Creek

Waitlist for Inclusion Services:

- No waiting list but program capacity is limited by available funding. They enroll children who are deaf/hard of hearing (HoH) first, then they take other children.

Key Partners:

- Often gets referrals from Regional Center of the East Bay or local audiologists after a diagnosis, and pediatricians or other professionals. Families can also self-refer
- School districts work closely with STRIDE to aid in transition and make sure the school is ready to meet the child's needs when they turn three

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☐ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☐ Fundraising

Early Childhood Mental Health Program (ECMHP)

Organization type: Early Intervention Provider



Mission/Overview:

The Early Childhood Mental Health Program (ECMHP), initially founded as the Comprehensive Therapeutic Nursery School in 1974, was created by a community

group concerned about children's readiness for kindergarten due to adverse childhood experiences. ECMHP focuses on enhancing caregiver-child relationships and supports around 500 families annually to build resilience. It also offers professional development and training in trauma-informed practices for mental health and early education professionals.

Early Intervention/Inclusion-Specific Services and Programs:

- Comprehensive therapeutic preschool with a high teacher to student ratio (3:1) to provide individual support
- Child-family therapy and preschool mental health consultation services
- Professional development opportunities and training for professionals working in mental health and early education

Focus population(s) for Inclusion Services:

- Across ECMHP's programs, 60% identify as Latinx and 30% identify as Black
- All schools receiving mental health consultation services are schools that have been historically underserved and provide for children in communities furthest from opportunity

Eligibility Requirements for Receiving Inclusion Services:

- Families must have full-scope Medi-Cal
- Child must meet a medical necessity that allows them to meet criteria for a diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) and have two or more serious symptoms that cause severe impairments in two or more areas (Family, School, Self-care, or Peer relations).
- Child must have been expelled or asked to leave their usual school or have symptoms inhibiting them from succeeding in a typical preschool setting or is in danger of losing their home placement

Waitlist for Inclusion Services:

- Waitlist is managed well with no concerns

Number of Clients Receiving Inclusion Services:

- Currently serves 500 families annually across early intervention and inclusion programs

Key Partners:

- Program collaborates with Early Head Start and Head Start programs as well as Center-based organizations, family daycares, and other ECE spaces across Contra Costa County

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☒ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☒ Fundraising

Life Steps Foundation

Organization type: Inclusion Service Provider



Mission/Overview:

Life Steps Foundation is a nonprofit focused on enhancing the development of infants and toddlers with or at risk for developmental

delays and supporting their families.

Early Intervention/Inclusion-Specific Services and Programs:

- One-on-one home visits, one-on-two support full inclusion preschool programs, home-based coaching
- Provide inclusion specialist for designated children in the City of Walnut Creek's Community Arts Preschool program
- Virtual full inclusion circle time
- Inclusive Structured Peer Learning Group Preschool/Childcare Program, Early Intervention, and Family Matters Program
- Coach and support parents in strengthening parent/child relationships

Focus population(s) for Inclusion Services:

- Serves those who have developmental challenges throughout their life span — both infant and toddler programs as well as adult and senior programs

Eligibility Requirements for Receiving Inclusion Services:

- Family is funded for the program if their child has a 25% delay in one area of development (i.e., cognitive, social, emotional, fine motor, gross motor, speech and language, expressive language, receptive language)
- Income is not a qualifying factor

Waitlist for Inclusion Services:

- Referrals come through the Regional Center of the East Bay. A waitlist is not kept

Number of Clients Receiving Inclusion Services:

- Currently serving 35 families directly and 2 children at full inclusion program

Key Partners:

- Funds come from City of Walnut Creek Center for Community Arts and Regional Center of the East Bay

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☐ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☒ Fundraising

Regional Center of the East Bay Early Start

Organization type: Early Intervention Provider



Mission/Overview: The Regional Center of the East Bay (RCEB) is one of 21 Regional Centers

that are community-based, private non-profit corporations under contract with the California Department of Developmental Services. RCEB's Early Start Program provides Case Management and Early Intervention services to infants and toddlers (ages birth to 3) with developmental delays and disabilities in Alameda and Contra Costa Counties. They work in partnership with many individuals, family members, community leaders, and agencies to help the people they serve live quality, independent lives in their region. As the payor of last resort, the Early Start Program contracts with local vendors to provide specialized services, such as speech and language therapy, audiology or vision services, physical therapy, occupational therapy, behavioral services, and much more.

Early Intervention/Inclusion-Specific Services and Programs:

- Services provided in the child's natural environment, including individual services in the home and inclusive community-based infant development programs.
- Adaptive equipment and supplies such as wheelchairs, bath equipment, and personal lifts
- Ongoing assessment.
- Parenting training and education as the foundation of intervention services

Focus Population(s) for Inclusion Services:

- Children under the age of 3 with developmental disabilities or delays that meet eligibility criteria

Eligibility Requirements for Receiving Inclusion Services:

- Children are required to have a 25% delay in specific areas (cognitive, communication, social or emotional, adaptive, or physical and motor development including vision or hearing) to be eligible
- Have established risk conditions of known etiology with a high probability of resulting in delayed development
- Are at high risk of a substantial developmental disability due to biomedical factors

Timeline for Inclusion Services:

- For birth-to-3-year-olds, once a child is determined to be eligible for services and has an Individualized Family Service Plan (IFSP), services should start within 45 days from when caregiver signs the IFSP
- Often impacted by restricted schedule availability, shortage of service providers, transportation, or language accessibility, which can make it difficult to get a family a referral to a vendor

Number of Clients Receiving Inclusion Services:

- For children under the age of 3, RCEB's Early Start serves 2,512 children across Alameda and Contra Costa County

Key Partners:

- Early Head Start, First 5 Contra Costa, pediatricians, Neonatal Intensive Care Units (NICUs), Care Parent Network, STRIDE, school districts

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☐ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☐ Fundraising

Through the Looking Glass

Organization type: Early Intervention Provider



**Through
the Looking
Glass**

Mission/Overview:

Through the Looking Glass (TLG) is a multi-service agency providing an array of services to

families in Alameda and Contra Costa counties. TLG is a vendor of the Regional Center of the East Bay, offering Infant Development and Occupational Therapy Services for children from birth to age 3; is contacted with Alameda County to provide EPSDT (MediCal) behavioral health services for children and families from birth to age 18; has a home- and center-based Early Head Start program serving families in Alameda County; and provides mental health and developmental consultation services to area Head Start programs. Their developmental specialists work with families using a routines-based intervention and coaching model. They have particular expertise in supporting families when a parent or caregiver has an intellectual, physical, or vision disability. TLG provides home-based services for children with challenging starts, physical or developmental issues, or emotional or behavioral difficulties, and supports parent-child relationships, combining expertise in infant mental health, early childhood development, family therapy, disability adaptations, and peer counseling. Services are customized to meet the social, emotional, and cultural needs of each family.

Early Intervention/Inclusion-Specific Services and Programs:

- In-house developmental consultation and active support by embedded staff to support children with developmental difficulties attending TLG's Early Head Start Programs.
- In-house mental health referrals

- Home- and community-based services for children with physical or developmental challenges
- Mental health and developmental consultations through Head Start programming to support success in the classroom

Focus Population(s) for Inclusion Services:

- Children with an Individualized Family Service Plan (ISFP)

Eligibility Requirements for Receiving Inclusion Services:

- The family must be in Contra Costa or Alameda County to receive services
- The bulk of Contra Costa services are via Regional Center of the East Bay, so children need to be eligible for those services

Number of Clients Receiving Inclusion Services:

- At most, TLG can serve 25–30 families in Contra Costa

Key Partners:

- Regional Center of the East Bay; City of Oakland Head Start; Spanish-Speaking Unity Council; Region IX Head Start; Alameda County Behavioral Health

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☒ Private and institutional foundations
- ☐ Corporate foundations
- ☒ Family foundations
- ☐ Fundraising

VistAbility — George Miller and Lynn Centers

Organization type: Early Intervention Provider



Mission/ Overview:

VistAbility's

Early Start Programs offered at the Lynn Center (Pittsburg) & the George Miller Centers (Concord & Richmond) offer infant development services in a community based, preschool setting (Infant Development, Speech-Language Therapy, Occupational Therapy consultation & parent education

The Children's Behavioral Health programs at the Lynn Center provide comprehensive early intervention services to children and families dealing with trauma, stress, loss, abuse, attachment issues, or significant life changes.

Early Intervention/Inclusion-Specific Services and Programs:

- Early Start Services — *Great Beginnings and Bright Beginnings* developmental preschool program for children ages 18 months – 3 years
- Children's Behavioral Health Services — *New Beginnings* Therapeutic preschool for children aged 3 – 5

Focus Population(s) for Inclusion Services:

- Early Start — children (18 mos – 3yrs) exhibiting developmental delays or who have a diagnosed intellectual or developmental disability
- Children's Behavioral Health — families dealing with trauma, stress, loss, abuse, attachment issues, or significant life changes

Eligibility Requirements for Receiving Inclusion Services:

- Early Start programs — children receiving Regional Center services may attend at no cost to the family. There are also spots in each program for private pay.
- Children's Behavioral Health — Families must have Medi-Cal and must have a medical necessity

Waitlist for Inclusion Services:

- Varies across programs

Number of Clients Receiving Inclusion Services:

- Early Start Services — approximately 75
- Children's Behavioral Health Preschool — approximately 12

Key Partners:

- Regional Center and Contra Costa Health (Behavioral Health Services)

Funding Sources for Inclusion Services:

- ☒ Local, state, and federal grants
- ☒ Private and institutional foundations
- ☐ Corporate foundations
- ☐ Family foundations
- ☐ Fundraising

We Care

Organization type: Early Intervention Provider



Mission/Overview:

Through targeted, compassionate, and

effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. Designed for children from low-income families and those with diagnosed behavioral or emotional needs due to mental health issues, We Care's part-day preschool program offers a curriculum that addresses educational, social, and emotional development. Activities are developmentally, culturally, and linguistically appropriate, with an emphasis on pre-academic and positive social skills to ensure children are prepared for success in kindergarten. For children with significant mental health needs, behavioral specialists and a mental health therapist provide additional support. We Care also offers developmental playgroups and an Early Start Denver Model (ESDM) program for toddlers 18 months to 3 years with autism or at risk for autism.

Early Intervention/Inclusion-Specific Services and Programs:

- Part-day state preschool programs
- Preschool-based behavioral support
- Developmental playgroups
- Beyond Boundaries toddler program for children with Autism

Focus Population(s) for Inclusion Services:

- Spanish-speaking populations

Eligibility Requirements for Receiving Inclusion Services:

- Families must meet income eligibility requirements to access state preschool services
- Toddler program must be through referral from Regional Center of East Bay
- Children receiving Mental Health/Behavioral support services must have Medi-Cal

Waitlist for Inclusion Services:

- All programs carry waitlists

Number of Clients Receiving Inclusion Services:

- Toddler program serves six children at a time
- Developmental play groups serve 120–160 children a year
- Preschool serves 24 children per year

Key Partners:

- Regional Center of the East Bay, Community Services Bureau, Contra Costa County Mental Health

Funding Sources for Inclusion Services:

- ☑ Local, state, and federal grants
- ☑ Private and institutional foundations
- ☑ Corporate foundations
- ☑ Family foundations
- ☑ Fundraising



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