

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

## **Executive Summary**

### **Written by**

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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. 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.

## **Descriptions of the Three Services in the Review**

### **Mental Health Consultation Services**

Provided by a three-agency collaborative known as Child Care Solutions since 2001, 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.

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, work directly with the child, and provide referrals for additional services. A major goal of the service is to maintain 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.

**Inclusion Facilitation Services**

Provided by the Contra Costa Child Care Council since 2003, 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. The identified client is the child, but Inclusion Facilitation staff work closely with early childhood education/child care providers and parents as well. Technical assistance/facilitation includes direct observation of the child and the program, information gathering from providers and parents, and coordinating service planning with all parties involved.

**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 to help families and caregivers meet the unique challenges of parenting and providing care for children with special needs. Identified special needs include physical and/or developmental delays and disabilities, and medical conditions that cause children to be considered medically fragile.

CARE provides intensive and individualized support to parents including emotional support, content information about legal issues, and help navigating the system. Early childhood education and child care providers receive training on how to develop and deliver inclusive services and increase their capacity to manage children with special needs in their settings.

**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.

**Percentage of Service by Region**

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

- The South region of the county receives a smaller proportion of services relative to the other three regions, across all three services.
- Children served by Mental Health Consultation and Inclusion Facilitation are older than children served by Services for Parents & Caregivers of Children with Special Needs.
- The majority of children served are male.
- Multiracial children are receiving all three services at higher rates relative to their representation in the county.
- African-American children are receiving Mental Health Consultation and Inclusion Facilitation services at higher rates relative to their representation in the county.
- Services for Parents & Caregivers of Children with Special Needs are provided at higher rates to parents who speak Spanish as a primary language, relative to the other two services. It should be noted that part of their contractual obligation is to target Spanish-speaking families of children with special needs.
- The percentage of Spanish-speaking families receiving Services for Parents & Caregivers of Children with Special Needs approximates the representation of Hispanic/Latino families in the greater Contra Costa area (30% and 32%, respectively).

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**

### Outcomes Across All Three Services:

- Parents are learning new skills to address social, emotional, behavioral, developmental, and/or physical difficulties, delays and disabilities displayed by their young children.
- 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.
- Parents and providers are being supported emotionally.
- Families 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.

### Outcomes for Mental Health Consultation Services:

- 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) Based on interviews, it is a positive outcome when a child is moved to a setting

that is more appropriate to meet his/her needs (e.g., lower provider-to-child ratio, smaller class size).

- The majority of providers, both Teachers and Directors, have their goals met by the Consultation services. Goals include improved communication with parents, improved classroom management, reduced time spent with disruptive children, and receiving referrals for needed services for children in their care.

#### Outcomes for Inclusion Facilitation Services:

- Almost all providers are very satisfied or satisfied with the level of collaboration between themselves and the Inclusion Facilitators.
- Perhaps a stronger indication of the success of Inclusion Facilitation services, the vast majority of providers report that they anticipate enrolling additional children with disabilities in their early childhood care programs.

#### Outcomes for Services for Parents & Caregivers of Children with Special Needs:

- Almost all parents served are better able to adapt to the special needs of their children as a result of services received.
- Notably, all 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.

#### Additional Outcome Across Mental Health Consultation and Inclusion Facilitation Services:

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

### **Evolving Similarities in Two Services**

Mental Health Consultation and Inclusion Facilitation services each began with different goals and different populations to be served. The available data suggest that services may have evolved over time, such that the two may be achieving similar outcomes with potentially similar populations.

There are a number of complexities involved in identifying and addressing behavior problems exhibited by young children:

- The underlying reason/s for the behavior problems is not always clear, initially or over time.
- Behavior problems are often associated with social, emotional, developmental, and/or physical delays and disabilities. 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.
- The nature of young children's delays and difficulties often results in multiple diagnoses being assigned by the same and/or multiple professionals over time<sup>1</sup>.

While services are being sought for similar presenting problems, early childhood education/child care providers are clear about which service they access first. However, the rationale that providers use in determining which service they access first varies.

- Some providers base their decision on the specific needs of the child.

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<sup>1</sup> Neither Mental Health Consultation staff nor Inclusion Facilitation staff assigns diagnoses; both provide referrals for additional services, including further assessment.

- Some providers base their decision on their perception of how well they think the referral will be received by the parent/s. For example, some providers feel that parents will not respond well to hearing the phrase “mental health” (or seeing it on service literature), so they would call Inclusion Facilitation services first, regardless of the presenting issue/s.
- Some providers have a bias toward one service or the other based on their pre-existing relationship with that service and/or service staff.

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. However, we note some areas where further exploration might be beneficial:

- The similarities and differences across the populations served should be examined more closely.
- Explore more thoroughly the approaches used by both programs to address children’s behavior problems. 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.
- 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?

## **Recommendations**

Recommendations fall into three categories: Services, System Needs, and Evaluation.

### **Services**

1. Maintain support for current services, and consider some service expansions across racial/ethnic and linguistic groups and across geographic areas of the county.
2. Support efforts to maintain service quality when faced with staff attrition, and/or to address its causes.
3. Increase availability of information about existing services to center directors and parents in the community.
4. Increase education and training for parents and early childhood education/child care providers, and coordinate the new efforts. Providers and parents asked for more such training and educational opportunities on a range of topics.
5. Create a forum for communication and coordination between the Mental Health Consultation and Inclusion Facilitation programs 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.

### **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.

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.

## **Evaluation**

1. Data collection should be streamlined and standardized across services, particularly for those services working synergistically toward the same objective(s).
2. Services should be assisted in increasing response rates to questionnaires completed by service recipients.
3. More rigorous evaluation methodologies should be considered to enhance the ability of First 5 Contra Costa 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.

## **Conclusion**

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.