



Excerpts: Final Report April 2019
Prepared for Select Committee on Early Childhood Development
Informational Hearing August 13, 2019

Excerpted from Summary page 14-16: Access for Children and Families:

- Universal goal: California families at or below the State Median Income (SMI) would pay no more than 7% of their income on early care and education for children under the age of 6, regardless of whether they have access to subsidized child care, the state preschool program, or a federally funded program.
- Establish a dedicated AP Emergency Services Fund for immediate access to care, expedited eligibility, and navigation, with contracted slots available for homeless families or those at risk of homelessness, resource parents, other children under supervision of CWS, parenting transitioning former foster youth, foster youth, unaccompanied minors and others applying for refugee status and families facing dislocation and crisis as a result of domestic violence.
- The state should ensure that every child receives early developmental screening. Screening must be tied to increasing access to early intervention services for the most vulnerable.
- Children's well-being is inextricably connected with the well-being of their family. Increase access for all low-income families while targeting those facing challenges.

Excerpted from Access Section page 43-45:

Children with disabilities, mental health and other special health care needs.

- i. Ensure the early identification of potential delays, risk of delay and other special needs for all young children by implementing a comprehensive, coordinated, accessible system that provides all children access to early screening and intervention and the tiered services they need. High quality ECE should be an integral part of the system as an accessible and effective intervention for children with disabilities and one source for early identification.

- ii. Long term goal: Fully fund ECE and other services for children with disabilities so universal screening is accompanied by access to service. The percentage of children enrolled in special education services birth to five, including those eligible for enhanced rates and related services and infants and toddlers eligible for early intervention services, should be comparable to the percentage of children enrolled in special education services in TK-12.
- iii. Develop integrated and tiered systems of support and services responsive to the needs of all children including those at risk of a delay and those identified with special needs. We need to break down silos and build tiered systems of support for those at risk as well as those identified with delays and other special needs.
- iv. Expand the Child Find program so parents understand the no-cost resources available for screening and assessment with a focus on reaching those families where needs are under-identified due to a lack of connection to a medical home, ECE program, or other resources.
- v. Simultaneously ensure expansion of the capacity of Early Start programs, such as screenings, statewide standards in services offered, and eligibility determinations by the Regional Centers.¹ Coordination with the Regional Centers through the Early Start Program is critical.
- vi. Establish a Task Force including CDE, ECE stakeholders, TK-12, DDS, DSS, DPH, First 5s, MHSD, SELPA, Disability Rights CA, Regional Centers, legal advocates, Pediatricians and Head Start, with strong parental and provider representation to reform our bifurcated funding and administrative system.
 - a. Remove barriers leading to delayed transition between programs at age 3 and identify barriers to participation in inclusive ECE.
 - b. Broaden current legal definitions of disability used to determine eligibility and reimbursement rates.
 - c. Determine the cost to school districts of special education services for preschool children and allocate sufficient funding for special education preschool children as well as other children at risk of delay served in the TK-12 system.
 - d. Allocate funding for special education preschool children being served in the TK-12 system, as currently TK-12 does not receive funding for preschoolers receiving special education services.
 - e. Establish adequate special needs reimbursements for school district based programs, Title V and Title 22 and FFN providers receiving subsidies.

¹ Deborah Stipek and Colleagues, Stanford University *Getting Down to Facts II Early Education in California* (2008) page 45

- f. The Task Force should build on the work of the State's 2015 Special Education Task Force.
- vii. Child care providers including those in preschools, other center-based programs, licensed family child care providers and Family Friend and Neighbor providers should be trained to provide initial screenings and refer families for professional assessments.
- viii. Providers should receive the financial support, training, and resources they need to serve the broad range of children in their care, including children with special needs, and provide inclusive programs for all children.
- ix. CDE should eliminate burdensome documentation for providers to qualify for the special needs increased payment (known as the adjustment factor) and increase the adjustment factor added to the reimbursement rates to incentivize providers to care for this vulnerable population. Less than 3,300 children statewide qualified for the adjustment factor paid to providers who care for children with exceptional needs.².
- x. Eliminate racial disparities in identification and provision of early intervention services.
- xi. Eliminate disproportionality in discipline practices based on racial disparities and special needs.
- xii. Expand access to mental health services and screening for children and support and training for providers using best practices developed nationally (see Financing recommendations).

Excerpted from Workforce Section

Page 50: Equity and Diversity

- Establish supports and systems to optimize all providers' ability to meet the diverse needs of children and families, including engaging parents, working with children with special needs and providing trauma-informed care and instruction.

² According to CDE statewide data from 2016-17, only 3,214 children with exceptional needs were granted the adjustment factor.

Page 57-58: Family Friend and Neighbor Care Recommendations:

- Connect FFN providers and the families they work with to resources for developmental screening and early intervention services as detailed in Access
- Expand training and support for children with disabilities and connections to early identification and intervention, including to comprehensive services.

Page 62: Higher Education Systems

- ECE degree programs should develop content expertise *across* these domains with the expectation that students be prepared to support children's development and learning across these areas. 1) Dual Language Learners(DLL); (2) children with disabilities and special health care needs; (3) infants and toddlers; (4) trauma-informed care; and (5) adult-child interactions that support children's cognitive and language development.

Excerpted from Summary Financing Section page 18-19:

- The Secretary of the California Health and Human Services Agency should prepare a report to the Legislature, Governor and SPI by December 2019 outlining all federal opportunities including Medi-Cal to draw down federal funding to meet the goals outlined by the BRC and identify areas where new regulatory, legislative, or other action is required to maximize federal funding.
- Funding Children with Disabilities and Special Health Care needs: Establish a Task Force with strong parental and provider representation to reform our bifurcated funding and administrative system building on the work of the State's 2015 Special Education Task Force (see Access Recommendations).
- We should develop effective strategies and statewide requirements for counties and managed care providers to ensure Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is funding periodic screenings and identified needed treatment. Counties should be incentivized to develop best practices and county-level solutions in partnership with TK-12, First 5, and other child-serving county-based entities.
- Federal Law requires mental health plans to provide specialty mental health services to eligible Medi-Cal beneficiaries, including both adults and children. Enforce and ensure that EPSDT is available pursuant to federal law.
- Immediately establish policies and invest resources to ensure California meets the federal Early Start and Individuals with Disabilities Education Act (IDEA) Part C (early interventions for infants and toddlers birth to three) requirements in terms of procedures, timelines, and child outcomes. In addition, review current definitions of what constitutes a developmental disability or delay.