



# SPECIAL NEEDS PROJECT

## Final Program Evaluation Report

### 2010



**FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT  
FINAL EVALUATION REPORT**

## **Abstract**

The purpose of this study is to evaluate the effectiveness of the First 5 California Special Needs Project (SNP) by measuring performance on the expected project outcomes. Since the SNP is a demonstration project, the primary intent of this evaluation is to document issues to consider for future program development as well as the program's effectiveness. This study has several components: quantitative analysis of data in the project database, a survey of School Readiness (SR) Program staff, a survey of families participating in the SNP, and two qualitative analyses of interviews with SNP staff.

Study findings indicate that the SNP has successfully targeted its screening efforts for groups that are less likely to experience early identification of special needs – English learners, Latinos, and young children. The SNP sites screened children using a variety of measurement tools to identify potential developmental delays. Sites reported significant success in coordinating resources and creating new services for their individual communities. Families reported overwhelmingly positive experiences with the project and an impressive understanding of the importance of early screening.

The study concludes with a discussion of its limitations and recommendations for future program development.

## **ACKNOWLEDGMENTS**

### **FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT FINAL EVALUATION REPORT**

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# FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT FINAL EVALUATION REPORT

## **Introduction**

### *Background*

Proposition 10, the California Children and Families Act of 1998 (the Act), was the impetus for the creation of First 5 California (State Commission) and 58 county commissions, funded by a tobacco tax. The tobacco tax supports early childhood programs for children 0 to 5 through annual distributions to the State and county commissions.

First 5 California implemented the Special Needs Project (SNP) in Fiscal Year (FY) 2005-06 to screen young children for developmental concerns and to improve service utilization for children with disabilities and other special needs. The SNP is a matching funds demonstration program developed by First 5 California and implemented in 10 California counties at selected First 5 School Readiness (SR) Program sites.

The SR program is funded by First 5 California and local First 5 county commissions to improve children's school readiness and schools' readiness for children in the areas of health, child development, family functioning, and systems of care. SR programs target schools with low Academic Performance Index (API) scores. These low API schools are typically located in areas of high poverty and often include a high percentage of English learners. Due to its connection to SR, the SNP also targets these populations.

The following 10 counties participated in the SNP: El Dorado, Los Angeles, Mendocino, Merced, Monterey, Orange, Riverside, San Diego, San Francisco, and Sonoma. The county commissions provided matching funds and contracted with local grantees to implement the SNP in a manner consistent with local needs.

County commissions that applied for funding from First 5 California agreed to adhere to the terms and conditions of the Request for Applications (RFA; available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov)). The RFA specifies four objectives and four emphasis areas, as outlined below.

### SNP Objectives:

- Improve school readiness for children with disabilities and other special needs.
- Promote strategies and practices that improve early identification and intervention for children from diverse backgrounds with disabilities, behavioral/mental health concerns, and other special needs.

- Strengthen the SR Program and other First 5 California programs, including Power of Preschool and the Health Access Initiative.
- Produce evaluation results for evidence-based practices that will serve as a foundation for future program improvement and advocacy efforts.

SNP Emphasis areas:

- Universal access to screening for early identification and referrals for physical and developmental issues, including social, emotional, and behavioral issues.
- Improved access to and utilization of services and supports through coordination and reallocation of existing resources and building of new resources.
- Inclusion of young children with disabilities and other special needs in appropriate, typical, child care and other community settings with provision of necessary support to help the child succeed in these environments.
- Evaluation to determine effective practices and improve program capacity to include young children with disabilities and other special needs.

*Context of Program Implementation*

The SNP was a demonstration project, developed with the intent of examining which practices work best in the field. At the beginning of the project, First 5 California's Training and Technical Assistance contractor spent considerable time developing a screening and referral protocol that drew on the best research-based tools available. The protocol (Attachment 2) became available several months after the project began and involved a lengthy screening to assess children's health and development.

The screening protocol varied by site, but most included the following tools: a health screening, the Parental Stress Index – Short Form (PSI-SF), the Ages and Stages Questionnaires (ASQ), and the Ages and Stages Questionnaire - Social Emotional (ASQ-SE). Each tool includes a “cut-off” — a threshold score that the SNP staff use to identify potential areas of concern. If a child met the cutoff for a particular tool, SNP staff offered referrals to address the identified areas of concern.

SNP staff workload included administering the screening tools and providing case management for children identified with developmental concerns. SNP staff also assisted families in accessing and utilizing services and supports in the community. By identifying concerns early, the SNP intended to connect families with services and supports before the concerns developed into more serious problems and, thereby, decrease overall service expenditures. As one county commission staff said, “Intervening as we do, there's some anecdotal evidence that it's stopping the child from reaching the fundable level and impacting the regional center system.”

Each county implemented the SNP in a manner consistent with the resources available in its community. Three county grantees were school districts, one grantee was a County Office of Education, one was a Special Education Local Plan Area (SELPA), and five were Community-Based Organizations (CBO). Eight counties worked closely with local Head Start and Early Head Start. In addition to the screening and case management described above, SNP staff worked on improving systems of care for children with special needs and their families and on including children with special needs in appropriate typical settings.

First 5 California provided several levels of support to SNP sites in implementing the project. A program manager at First 5 California, and Training and Technical Assistance site liaisons were available as resources to answer questions about program implementation, provide training, monitor progress, and provide coordination. First 5 California also hired an evaluation contractor with expertise in special needs, whose staff were available as resources in program implementation, data collection, data entry, and to provide training and coordination.

During the course of the SNP, sites experienced several major changes in the provision of the above-mentioned supports. These changes in the environment may have influenced the sites' project implementation.

#### *Overview of this Report*

The Act requires First 5 California to define desirable program results and to collect and analyze data measuring progress toward attaining those results. Specifically, Section 130105 of the California Health and Safety Code states that First 5 California must support:

...research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of those programs and services.

This study satisfies the statutory requirement for program evaluation. To evaluate its SNP, First 5 California created the attached evaluation plan (Attachment 1). Since the SNP is a demonstration project, the primary intent of this evaluation plan is to document issues to consider in future program development. The evaluation plan is based on the description of the program in the RFA.

The RFA indicates a list of expected project outcomes for each emphasis area (refer to pages 4-9 of the RFA for details). First 5 California staff from the Research and Evaluation Division worked with staff from the Program Management Team to determine which expected project outcomes to include in the evaluation plan. The resultant SNP evaluation plan includes the following five components:

1. Proposition 10 Evaluation Data System (PEDS) data
2. SR Program Survey
3. Qualitative Analysis of Inclusion and Systems Change
4. SNP Family Survey
5. Case Studies

First 5 California staff completed an analysis of the PEDS data and the case studies, and hired two contractors to implement the three remaining evaluation plan components. One contractor, the Institute for Social Research (ISR) at California State University, Sacramento, completed both the SR Program Survey and the SNP Family Survey (available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov)). The other contractor, the WestEd Center for Prevention and Early Intervention (CPEI), completed the qualitative analysis (available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov)).

Upon completion of components one through four, First 5 California staff developed a list of areas. These areas provided the basis for the topics of study in the case studies. The case study methodology included a large group discussion of the topics at the May 28, 2009, SNP Network meeting and follow-up in-depth interviews with staff from each site. This report is a summary and synthesis of the five evaluation components. Data from the case studies are incorporated throughout the report in the applicable sections.

## **PEDS Data**

First 5 California staff analyzed the data collected in PEDS to determine the following:

- Number of children receiving screenings, by language and ethnicity
- Ages of children receiving screenings
- Number of children with diagnoses
- Screening outcomes

### *Number of children receiving screenings, by language and ethnicity*

The PEDS data<sup>1</sup> show that between the beginning of the program (FY 2005-2006) and June 30, 2009, the 10 sites collectively screened nearly 15,000<sup>2</sup> children:

- 33 percent spoke mostly English
- 67 percent were English learners; 63 percent spoke primarily Spanish
- 69 percent were Latino
- 15 percent were White
- 2 percent were Asian
- 2 percent were African-American
- 2 percent were Native-American
- 10 percent were other and unknown ethnicity

Sites varied considerably in the number of children they screened. All sites experienced delays in conducting screenings at the beginning of the program. During the first several months of SNP implementation, First 5 California staff and contractors were developing the screening protocol and data-sharing policies. Then, sites adapted their service delivery systems to accommodate the screening protocol.

Sites that screened larger numbers usually attributed their success to their service delivery models. The sites that screened larger numbers used methods such as a relationship-building with families (sometimes through a *Promotora* model), strong collaboration with partner agencies, home visits, and well-trained screeners who conducted screenings one-on-one with families.

Most sites that did not screen large numbers explained that they had other competing priorities such as devoting their energy to building relationships with families and providing ongoing support and follow-up case management; dealing with cultures that were sensitive about privacy, data-sharing, and being labeled

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<sup>1</sup> One county submitted data outside of PEDS for this analysis.

<sup>2</sup> Note that the number of screenings statewide is larger than this number of children screened since sites often re-screened the same children approximately annually (depending on age). Re-screening was an expected program element, specified in the RFA.

as “special needs;” and building partnerships with other agencies.

One site in particular experienced a dramatic increase in screening numbers after changing grantees. They began with a targeted strategy aimed at an at-risk population and had more success in screening more children after they changed to a more universal, broad outreach strategy.

The demographic information above is important in light of research that has shown that early identification is valuable for children with special needs (Guarino, 2007). Furthermore, there are significant discrepancies between groups in the identification of special needs. The groups experiencing later identification are: English learners, girls, and African-Americans (Guarino, 2007).

With regard to language, Children Now reports that 41 percent of entering kindergarteners in California are English learners (Children Now, 2009). Sixty-seven percent of those screened at SNP sites are English learners. Therefore, the SNP sites effectively reached out to this population.

During the initial application process, in response to the RFA, each SNP site selected a limited catchment area in which to operate. The catchment areas were located within SR zones in areas with low-performing schools. Statewide, the catchment area demographics were predominantly Latino, Spanish-speaking, and low-income. So, the race and ethnic groups served statewide by SNP were reflective of the catchment area demographics statewide.

More specifically, however, some catchment areas did include large concentrations of racial and ethnic groups not served by the demonstration sites. Sites experienced challenges in reaching Native American, Hmong, and African-American families. Sites reported having difficulties in reaching populations when the groups did not naturally congregate in any specific location, when the groups were distrustful of government programs, and when families had many other problems with day-to-day survival. As staff at one site described:

*There are cultural issues and engagement issues around families engaging with any organized agency. There's suspicion and just poverty; violence is huge....Kids are in lock-down regularly. So you wouldn't go to have a screening, that's the least of what you would be worried about....The resource center was on lock-down as well. You can't underestimate the violence in that neighborhood.*

#### *Ages of children receiving screenings*

The PEDS data show that between the beginning of the program and June 30, 2009, the 10 sites collectively screened about 15,000 children:

- 14 percent under the age of one year
- 15 percent one-year-olds

- 15 percent two-year-olds
- 20 percent three-year-olds
- 27 percent four-year-olds
- 9 percent five-year-olds

Although First 5 California staff could not locate any comparison data to find the number of young children screened in the general population, the PEDS data show that SNP sites successfully targeted screenings for younger children. Screening and identifying children with special needs and children at risk before they enter kindergarten could be beneficial in allowing more time for effective interventions.

*Number of children with diagnoses*

Very few diagnoses were recorded in PEDS. Therefore, there are not sufficient data available to answer research questions related to diagnosis.

*Screening outcomes*

SNP sites used a screening protocol to assess children’s health and development. The screening protocol varied by site, but most included the following tools: a health screening, the Parental Stress Index – Short Form (PSI-SF), the Ages and Stages Questionnaires (ASQ), and the Ages and Stages Questionnaire - Social Emotional (ASQ-SE). Each tool includes a “cut-off” – a threshold score that the SNP staff use to identify potential areas of concern. If a child met the cutoff for a particular tool, SNP staff offered referrals to address the identified areas of concern.

SNP sites used a health screening tool to assess children’s health status. A First 5 California contractor developed the health screening tool to evaluate children’s health status. The screening covered the seven basic areas recommended by the American Academy of Pediatrics and Child Health and Disability Prevention Program and identified concerns related to physical health, dental health, nutrition, hearing, vision, immunizations, and whether or not a child has a medical and dental provider. The PEDS data show that between the beginning of the program and June 30, 2009, the 10 sites collectively administered 12,769 health screenings. The results of the health screenings are shown below (5.44% did not know or declined to answer):

Excellent	30.92%
Very Good	30.55%
Good	28.75%
Fair	4.03%
Poor	0.32%

The health screening results show that participants’ health status was primarily positive. Some sites that were connected with health clinics reported that the

health screening did not provide useful additional information. Other sites, however, reported that the health screening was valuable. Some sites expressed interest in expanding the health data in the future to include information about the pregnancy and a specific screening for autism.

Parents completed the PSI-SF as a measurement of adult/child relationships. Between the beginning of the program and June 30, 2009, a total of 6,763 parents completed the PSI:

- 992 parents (14%) met the cut-off for Difficult Child
- 1,186 parents (17%) met the cut-off for Parent-Child Interaction
- 1,317 parents (19%) met the cut-off for Parental Distress
- 1,409 parents (20%) met the cut-off for Total Stress

Some sites reported difficulties in administering the PSI-SF and eventually dropped it from their protocol. Staff felt uncomfortable talking to parents about the instrument, and some parents felt uncomfortable answering the questions. In addition, staff reported difficulties with the Spanish translation. Other sites, however, reported no problems with the PSI-SF and would not consider dropping it because it provided such valuable information.

The ASQ is used to screen general developmental issues for specific age groups in five domains: communication, fine motor, gross motor, personal-social, and problem-solving. Parents completed a questionnaire based on their child's age. Between the beginning of the program and June 30, 2009, a total of 11,304 children's parents completed the ASQ:

- 21% met the cut-off for Communication
- 12% met the cut-off for Fine Motor
- 6% met the cut-off for Gross Motor
- 8% met the cut-off for Personal-Social
- 15% met the cut-off for Problem Solving

Parents completed 12,535 ASQ-SEs and 17% of the children met the cut-off, indicating potential concerns in the area of social-emotional development.

*What combination of screenings is most effective for detecting possible concerns?*

First 5 California staff sought to use the PEDS data cited above to determine the most effective combination of screenings for detecting possible concerns. Each screening instrument focuses on a specific area of possible concern: health, parental stress, development, and socio-emotional development. Thus, the question of the most effective combination of screenings depends on the areas of focus chosen and other specific program needs. For example, the PSI-SF requires the oversight of a mental health professional; as such, programs without

this oversight and appropriate training can not effectively implement this tool. Programs located in health clinics experienced a considerable amount of redundancy with the health screening and did not necessarily need to conduct one since the health needs of the child were already covered in that setting.

The PEDS data indicate possible redundancy with the ASQ-SE. The ASQ and the PSI-SF each detected about 1,300 children with potential concerns who were not detected by another instrument. The ASQ-SE, however, detected about 300 children who were not detected from another instrument. It is possible that future programs could conduct only an ASQ and add an ASQ-SE if there is any indication of possible concerns in this area. SNP staff indicated that the ASQ-SE results provided useful information for the Child Study Teams, so most sites would not want to drop the instrument completely.

### **SR Program Survey**

First 5 California included in the evaluation plan a survey of SR staff in order to measure the following expected project outcome articulated in the RFA: An increased number of children with special needs participating in appropriate inclusive preschool and other child care and development settings with provision of necessary supports to help the child succeed in the environment.

To evaluate the SNP demonstration sites' effectiveness in working with SR programs, ISR developed a survey to answer the following research questions:

1. Does the site have any preschool programs in which children with special needs are included?
2. What is the percentage of children in this program with special needs?
3. How does the program appropriately accommodate these children?

First 5 California commissioned ISR to conduct a survey of SR program staff during fall 2008 to answer the three research questions above. Comparison data to determine whether there was an increase in the number of children with special needs included in typical settings were not available. Thus, First 5 California asked ISR to conduct a cross-sectional study that could be used as a baseline for future studies and an exploratory examination of the SNP's effectiveness. The complete report is available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov) and this section contains highlights from the report.

*Does the site have any preschool programs in which children with special needs are included? What percentage of children in this program has special needs?*

ISR documented the extent to which children with special needs are being served by SR programs. There are 183 programs in the state and of these, 138 programs responded to the e-mail survey. Of the programs responding to the survey, 73 (53%) have a preschool program. Ninety percent of the SR programs

with preschool programs served children with special needs during FY 2007-08. The proportion of children with special needs in each preschool was typically between one and 10 percent. Statewide, 9 percent of the children served in the reporting SR programs had special needs.

*How does the program appropriately accommodate these children?*

Eighty percent of SR preschool programs provide in-class support services (assistive/adaptive technologies, special education staff, behavior training/modification, personalized instruction). Ninety-three percent of SR programs with preschool programs provide medical/health support services (occupational or physical therapy, health services, speech therapy, assessment/evaluation). Eighty-eight percent of SR preschool programs provide at least one other support service (transportation, family support/training/counseling, referrals to regional centers/other resources).

The findings of this study suggest that SR programs connected with a SNP demonstration site do provide more services and supports for children with special needs than SR programs not connected to a SNP site. The findings are neither robust nor generalizable, however, since only a small number of SR programs connected with SNP sites participated in this study.

Qualitative self-reported data from the case study interviews indicate that overall, sites worked closely with SR programs in their catchment areas. Nine sites reported very close connections with SR; several sites shared office space, staff, regular meetings, and training opportunities. Most sites regularly referred families between the programs. SNP staff reported that the experience enriched both program. For example:

*We provided the voice to helping frame the discussion of the importance of child development in a neighborhood that had not been used to thinking about it. I think (we did this by) having the partnership with the School Readiness site there and the SR coordinator. We participated in a lot of their health fairs, talking about the importance of child development; we provided activities, just having somebody there always available.*

One SNP coordinator said, "It took awhile but now it seems like we're on that path of understanding how we can all work together and be very successful."

### **Qualitative Analysis of Inclusion and Systems Change**

In the evaluation plan, First 5 California staff included a qualitative measure of the following SNP emphasis areas: to coordinate and reallocate existing resources to improve access to and utilization of services and supports; and to include young children with disabilities and other special needs in appropriate, typical, child care with provision of necessary support.

To examine the demonstration sites' effectiveness in these areas, First 5 California requested that CPEI conduct an analysis of qualitative interview data. CPEI conducted interviews with 24 SNP representatives (11 SNP coordinators and 13 county commission staff) during fall 2008. The complete report is available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov). This section contains highlights from the report.

CPEI identified the following themes and sub-themes (bullets below in italics) in the interview data. The numbers in parentheses show how many sites reported using each sub-theme.

#### Themes related to coordination and reallocation of existing resources and creation of new services

Coordinating partners to create coordinated services:

- *Involving existing partners (8)*
- *Evolution of partnerships (4)*
- *Creating a fluid process among services (6)*

Building relationships through consistent communication:

- *Initial outreach (6)*
- *Regular contact (4)*
- *Participation in leadership groups (9)*

Responding to community needs by creating services:

- *Interim services while waiting for mandated services (4)*
- *Kindergarten transition programs (3)*
- *Adult mental health (4)*
- *Speech and language enhancing groups (4)*
- *Parent and child playgroups (8)*

The data show that SNP sites developed strategies specific to their own communities, so each service delivery system looked different. Sites described the importance of persistent outreach, regular contact, and outgoing leadership to build and maintain necessary relationships. Each site identified gaps and created services for its community. The most common need was for parent and child playgroups.

#### Themes related to inclusion of children with special needs in typical settings

Creating blended programs:

- *Creating spots for children with special needs (3)*
- *Working with partners toward inclusion (6)*

Supporting staff to support children:

- *Providing consultation and strategies for a particular child (7)*
- *Providing training and professional development (10)*

- *Reflective supervision (3)*

Enhancing parental support:

- *Facilitating the creation of wrap-around care with parents and providers (3)*
- *Providing education on inclusive practices (3)*

The most common method of promoting inclusion is through providing support to staff using a variety of models, such as coaching for assistance with a specific child, and holding regular meetings for discussing issues and recommending strategies. The researchers identified these as a “promising practices” for including children with special needs.

Most SNP sites described having scattered inclusion programs. Sites do not seem to have focused as much in this area as they have in the systems change area, possibly indicating that this is an issue that is more challenging to address, although all sites did work on inclusion efforts. Some counties had already been working on inclusion, outside of and prior to the SNP. For example, one county said:

*There has been a lot of training on inclusion and inclusion practices in our county over the last 6 years even before the Special Needs Project even got started. It is in our county. Whether we can say we have made progress is tough to say.*

And in another county:

*We didn't start working on inclusion until about the 3<sup>rd</sup> year. We really only had the last two years where we were focusing on inclusion and this is probably because already our county preschools are full inclusion preschools.*

One county suggested that despite the fact that inclusion was part of the program, the practical implementation of the program may have been a factor:

*We need to be cognizant that setting a screening goal can set the tone. I know that in talks before with some of the staff, some of the sites weren't doing any inclusion or forgot about the inclusion piece. So the perception of myself and another person on our Leadership Team is that the project got so focused on screening that some of the other pieces of the project got lost, particularly with inclusion and the children with disabilities. We would have to make sure the screening goals weren't such a big thing that it overshadows everything else and changes the tone of the project.*

In addition to the possible barrier created by the SNP screening goal, two counties reported experiencing difficulty breaking down long-standing and entrenched systems that did not support inclusion.

Overall, the SNP sites appear to be making progress toward the two goals mentioned above, especially regarding coordination of resources. This study is limited in its ability to evaluate the program. Ideally, any study that attempts to

measure the sites' effectiveness in these areas would include a systematic comparison between the present and past services. Since data are not available to make this comparison, the study relies on an analysis of reports by SNP and First 5 county staff. The analyses are limited since the reports are based only on individual responses to semi-structured questions. The study shows that the sites report implementing policies to coordinate services and include children with special needs in typical settings in ways that fit their specific local contexts.

### **Family Survey**

The RFA included a number of expected project outcomes related to families' experiences:

- Children identified with special needs are transitioned into kindergarten with active Individual Education Plans (if qualified under the Individuals with Disabilities Education Act [IDEA] or other individualized transition plans formalized through this project).
- Families and caregivers have an active role in the interactive screening/assessment process. They understand the need and value of early screening, and obtain information that helps them promote optimal development in their children.
- Early interventions improve family functioning and enable the family to help their children grow, learn, and develop more fully to reach their maximum potential.
- Families are effective advocates for their children.
- Families understand their children's special needs, practice skills in implementing interventions, and are able to navigate the system.
- Family satisfaction on multiple levels is evident as measured with culturally and linguistically appropriate tools.
- There is a mutuality of engagement between parents and providers that encourages collaboration, support, and negotiation in order to make the inclusive environment a success for the child and the family.

Based on these expected project outcomes, First 5 California asked ISR to prepare and conduct a family survey in multiple languages during fall 2008 to answer the following research questions:

1. Do diagnosed children have an Individualized Educational Plan or a transition to kindergarten plan?
2. How important do families find early screening? If they do believe it is important, why do they think it is important?
3. Do families get information about how to help their child develop?

4. Does the program provide families with activities to do at home? What activities? If so, does the family do those activities at home?
5. Do families feel that the program works with the family to meet their needs (highlight language and culture)?
6. Do families feel program staff treat their child well?
7. Does the program staff understand the family's language and culture?
8. Do the program hours meet the family's needs?
9. Does the family find transportation to and from the program convenient?

ISR conducted telephone surveys in English and Spanish with families served between March 2007 and June 2008. They did not conduct surveys in any other languages because the number of participants speaking other languages was very small. The complete report is available by request to [evaluation@ccfc.ca.gov](mailto:evaluation@ccfc.ca.gov). This section contains report highlights summarizing responses to the survey questions:

*1. Do diagnosed children have an Individualized Educational Plan or a transition to kindergarten plan?*

The study found that children whose parents reported they had a diagnosed special need had an Individualized Educational Plan or a transition to kindergarten plan in only 53.5 percent of cases. The number of diagnosed children with these plans would never be 100 percent because some diagnosed special needs do not qualify for mandated services, some families decide not to pursue a plan, and some children may be in the process of completing a plan at any given time.

Sites explained that this low number could be caused by parents not understanding the question or parents not knowing that their child has a plan; *"It could be affected by where they are in the process, there is so much happening and also an emotional context."*

All sites reported providing services to children identified with special needs, although some sites identified challenges in doing so. Staff from one site described their struggles this way:

*I think we've also struggled over the course of the four years with how our project fulfills the intention of the original statewide project to support the children who have IEPs and their comprehensive needs. There's a lot to do. We have a ton of kids that fall in the high-risk category. That's been a bit of a struggle to get the information from the school district, for preschool children who have come into the system, not through our door, but we learn about them and support the families. That's still just developed more over the past year.*

*2. How important do families find early screening? If they do believe it is important, why do they think it is important?*

*3. Do families get information about how to help their child develop?*

*4. Does the program provide families with activities to do at home?*

Families reported that they understand the importance of early screening, consistent with the SNP expected outcome. Ninety-one percent believe early screening is important for their child. The most common reasons cited for its importance are to allow them to find help for delays or problems and to prevent illnesses. Seventy-five percent of families reported receiving information about child development, and 62 percent received activities to do at home. Ninety-six percent of the families receiving activities to do at home reported that they did them. There was a statistically significant language difference: English-speaking respondents were much more likely than Spanish speakers to report that program staff provided them with activities to do at home. Seventy percent of English speakers received activities whereas only 58 percent of Spanish speakers reported that they received activities.

*5. Do families feel program staff treat their child well?*

*6. Does the program staff understand the family's language and culture?*

The study found that families were very satisfied overall with the services and the staff at the program sites. Ninety-nine percent of families felt that program staff treated their children well, understood the family's language, and respected the family's culture. Ninety-one percent felt the program met their family's unique needs.

*7. Do the program hours meet the family's needs?*

*8. Does the family find transportation to and from the program convenient?*

Nearly all families (98%) reported that the program hours met the family's needs, and 94 percent felt that transportation was convenient, especially in rural areas. The reason for families reporting more convenient transportation in rural areas may be that the SNP often goes to the families in rural areas.

## **Discussion**

The purpose of this study is to evaluate the effectiveness of the SNP by measuring performance on the expected outcomes in the RFA. This study has several limitations. Some expected outcomes in the RFA are not measurable, so they were not included in the evaluation plan. This is unfortunate since sites may have focused efforts in these areas, yet they did not have the opportunity to report on these efforts in this final evaluation report. There are other forums in which the sites have reported more comprehensive descriptions of their work and this report should not be considered a definitive statement of the SNP's many accomplishments.

Another limitation is the lack of baseline data for many expected outcomes. The RFA identified a number of outcomes involving improvement, so measurement of these outcomes requires data for comparison. First 5 California staff were unable to measure effectiveness in terms of improvements in the areas identified in this report. As described throughout the report, however, the available data can serve as a cross-sectional picture of the project's performance at one point in time, which provides valuable information even if there is no comparison available. Qualitative data obtained from SNP staff also provide useful information, even though the report lacks an objective comparison for review.

**Despite its limitations, the study does show that the SNP achieved the measurable outcomes and made apparent progress in most outcome areas.** Prior research showed that early identification of special needs is important to link children and their families with appropriate supports as early as possible to improve outcomes for these children. Prior research also showed that English learners, girls, and African-Americans experienced later identification of special needs than other groups (Guarino, 2007). The data in this report show that SNP sites were effective in screening children at young ages as well as English learners.

The SR staff survey yielded limited data. These preliminary data suggest that those SR programs connected with a SNP demonstration site provide more services and supports for children with special needs than SR programs not connected to a SNP site. In-depth interviews with SNP staff revealed very close connections between SR and SNP at nine demonstration sites. Several sites shared office space, staff, regular meetings, and training opportunities.

SNP sites reported significant success in coordinating resources and creating new services for their individual communities, particularly parent-child playgroups. They did not report as much success, however, in the area of inclusion of children with special needs in typical settings. Some sites reported that their county already had been working on inclusion, while fewer other sites reported systemic problems that interfered with the goal of full inclusion. All sites did work on inclusion efforts.

Families reported overwhelmingly positive experiences with the project. Consistent with the expected project outcomes in the RFA, families reported that early screening is important, that they received information about child development and activities to do at home, that the program works with the family to meet their needs, that program staff treat their child well and understand the family's language and culture, that program hours meet the family's needs, and that transportation to and from the program is convenient.

This report highlights several areas in which the SNP sites achieved successful outcomes. These outcomes indicate areas that should be repeated in future programs.

- Sites successfully targeted young children and Spanish-speaking children.
- Sites reported significant success in coordinating resources and creating new services for their individual communities.
- SR preschool programs connected to SNP sites provided more program supports than SR preschool programs not connected to SNP sites.
- Families reported overwhelmingly positive experiences with the project and an impressive understanding of the importance of early screening.

Overall, this study found that the SNP sites successfully achieved most of the measurable expected project outcomes. Several measures were extremely successful, with 98 to 100 percent positive outcomes. Some areas, however, do need improvement or further study. The SNP was a demonstration project created to document promising approaches for identifying children with special needs and providing services. The results of this evaluation will be useful to First 5 California and other entities considering implementation of similar programs.

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