

In response to the significant impact the COVID-19 pandemic had on the special needs system of care, Section 2014(a) of the American Rescue Plan Act (ARPA) of 2021 provided supplemental grant funds for early intervention services for infants and toddlers under Part C of the Individuals with Disabilities Education Act. The California Department of Developmental Services (DDS) – the entity that implements Part C through the regional center service delivery system – received one-time funding for Early Start. DDS contracted with regional centers throughout California to implement pilot projects to strengthen the early intervention service system.

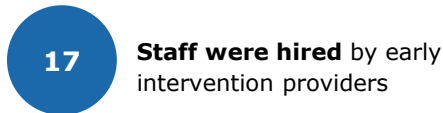
The goal of Alta California Regional Center’s (ACRC) pilot project was to expand and diversify the Early Start workforce and increase the accessibility of Early Start services for children and families in their 10-county catchment area. Monetary incentives were provided to Early Start providers who hired student interns and/or bilingual clinicians. Providers also received an incentive to provide in-home early intervention services to families who have historically faced barriers to accessing Early Start therapies.

DDS partnered with Harder+Company Community Research to conduct an evaluation of the ACRC pilot project to explore how the program was implemented, its impact, as well as key lessons learned. Findings were informed by data collected between June 2022 and November 2024 including program progress and evaluation reports; surveys and testimonials; and interviews with regional center staff.

## Key Findings

### As a result of ACRC’s outreach efforts, early intervention providers hired 17 new staff and 33 interns; nearly all were bilingual and/or bicultural.

Through their pilot project, ACRC staff expanded their provider recruitment and outreach efforts. One ACRC staff member shared, “We know there’s a shortage of Early Start providers. Regional centers are struggling to compete with the rates that hospitals and school districts pay and unfortunately, we lose people to those fields.” Outreach activities included more intentional collaboration with colleges and universities, as well as hosting and attending job fairs to expose and attract students to internships and eventual careers in early intervention. Funding also provided incentives for providers to take on interns with the goal of familiarizing them with Early Start. Additionally, incentives were offered to vendors who hired clinicians who were bilingual. ACRC’s efforts led to increased awareness of regional center services, deepened relationships with early intervention providers, and an expanded and diversified network of providers.



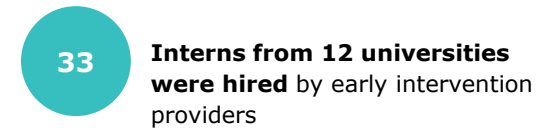
All hired staff were bilingual



*1 spoke Russian and 1 spoke Romanian*



*25% identified as White*



19 interns were bilingual



*1 spoke German, 1 spoke Punjabi, and 1 spoke Vietnamese*



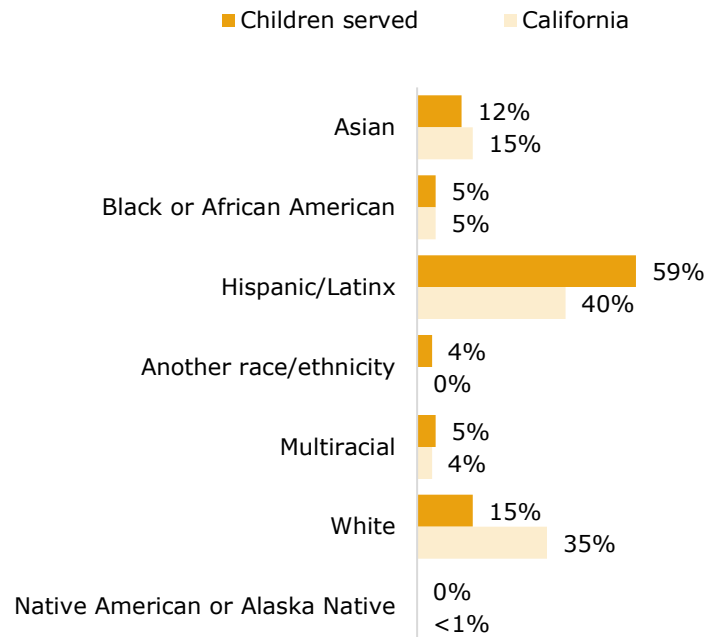
## Over 2,000 in-home early intervention services were provided to 735 families in the Early Start program.

ACRC offered monetary incentives to new and existing Early Start vendors who provided services to families who live in remote or underserved areas, who needed translation services, and/or who preferred to receive services during non-typical service delivery times (e.g., weekends, evenings, and holidays). ACRC shared these strategies were crucial to ensure all children have access to needed services and support. One regional center staff person shared, "In our 10-county catchment area, we have urban areas and very remote country areas, and also parts of our catchment area that are underserved." They added, "It's important that Early Start therapies happen as soon as possible because there's just so much development going on for young children that the sooner we can get these services in place, the more successful they will be."

**2,412** in-home early intervention services provided

to **735 families** who lived in an underserved area, needed services during non-working hours, or lived in a remote area.

Over half of children who received in home services were **Hispanic/Latinx**, followed by Asian, White, multiracial, Black/African American, or another racial/ethnic identity. Compared to the race/ethnicity of California overall, ACRC's pilot project reached more Hispanic/Latinx children and fewer White children.



**During home visits, numerous languages were used by providers to engage with children and their families.** In addition to English, providers used American Sign Language (ASL) and spoke Chinese (in three different dialects), Dari, Farsi, Hindi, Hmong, Khmer, Russian, Spanish, Tagalog, and Vietnamese.



One ACRC staff member shared,

"Having services available in so many languages removes one of the barriers for families to get the help they need. Families now can really understand what the therapist is saying to them and are able to practice those skills more fully [with their child]."

## Lessons Learned

Data suggests the ACRC pilot project was successful in achieving its goal to expand and diversify the Early Start workforce and increase the accessibility of Early Start services for children and families served in the Early Start program. The following lessons learned were gleaned from ACRC's progress reports, along with interviews with ACRC staff members.

- ▶ **Recruit and hire staff who have similar identities to clients.** By hiring staff who mirrored the racial, ethnic, and linguistic diversity of their community, ACRC early intervention providers increased their capacity to connect with and build trust with their clients. One provider shared, "Through this incentive program, we were able to offer internships to three bilingual Speech-Language pathology students who all accepted a permanent therapist position with us following graduation. Additionally, we were able to recruit and hire two occupational therapists and two bilingual child development specialists. The number of ACRC children waiting for our services has reduced from dozens to none." These findings suggest diversifying the workforce can improve access to and utilization of early intervention services.
- ▶ **Assess early intervention provider comfort providing services in hard-to-reach areas.** ACRC is altering the way they conduct interviews with new vendors, inquiring about their comfort, ability, and commitment to serve families who live in remote and underserved areas. One ACRC staff member shared, "We now ask them what counties can you serve? What zip codes would you be interested in? Are you comfortable bringing an interpreter along if necessary to help a family." Collecting this information early on is helpful to inform the service delivery approach.
- ▶ **Provide monetary incentives to providers to reach high need children.** Providers responded positively to incentives to serve children and families who have historically faced barriers accessing services. One vendor shared, "We've been able to accommodate clients who would not have had access to speech therapy services due to distance, transportation challenges, or limited availability of providers in their local area." Another vendor shared, "It's challenging to recruit staff to work outside of typical hours. The incentive provided the opportunity for us to branch out into something new." ACRC staff shared being able to continue to incentive vendors to provide in-home services would "make the biggest impact in the shortest amount of time for not a huge investment."

**"Their involvement in the job fair provided attendees with valuable insights into various career opportunities and resources. They offered important information for students seeking jobs as SLPs and SLPAs, allowing these individuals to begin fostering connections that enhance their professional development."**  
- National Student Speech Language Hearing Association president

**"I work at an hourly job and can't leave to be at a speech session in the middle of the day. The after-hours program is just what we needed. My child's therapist came over at 6:30pm. This changed everything. My child got the services she needs, and I was relaxed and got to participate without worrying about losing my job."** – Early Start Parent

**"We live in the country, and it is challenging to get in-person services in our area. Therapists don't always like to drive to the country for visits. This program motivated the therapist to come to my house instead of having a computer visit. My child responded to the session, and I learned more by watching the therapist with my child so I can practice on my own."** – Early Start Parent