

Texas LAUNCH Early Childhood Committee
Meeting Minutes
November 15, 2018



In Attendance:

Department of State Health Services (DSHS) Title V-Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN)		
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- I. **Welcome and Introductions** Ramah Leith opened the meeting at 1:08pm with introductions and a short icebreaker.

- II. **Business:** Holly Gurslin shared information on all upcoming meeting dates for 2019, which included 2/21, 5/16, & 8/15. Ramah Leith has shared meeting invitations to all members. Holly also shared information on updated materials, that are available on the [Texas LAUNCH website](#), including minutes from the previous TLECC meeting, an updated membership roster, workgroup/state/local/expansion community updates, a newly released report entitled: [Texas Early Childhood Mental Health System: State of the State in 2018](#), and the newly published [TX LAUNCH Newsletter Edition 16](#). Newsletter sharing is tracked by Texas LAUNCH, please cc' Holly Gurslin when you share the newsletter with others. Ramah talked to members about today's meeting focus, which is sustainability options for LAUNCH.

- III. **Early Childhood & the 2019 Legislative Session:** David Feigen, from Texans Care for Children, provided a presentation on what to look for in the upcoming session regarding early childhood.
 - To start information was shared from the previous session to set the stage for upcoming bills/requests. House Bill (HB) 674 passed which prohibited out-of-school suspension for students from Pre-K through second grade. HB 2039/Senate Bill (SB) 1839 established an early childhood certificate programs for educations with specialty training on Pre-K through grade 3. HB 357 added children of fallen or seriously injured first responders to the list of eligible children to enroll in free public school Pre-K.
 - Information was shared on inaction in the last session. Regarding Pre-K, the state eliminated funding for the high quality programming as well as \$40 million in supplemental funding. This translates to approximately \$150 million in cuts to Pre-K services. Funding was replaced with Rider 78, which required districts to give 15% of funding toward high-quality programming. David reported that Texans Care for Children has completed a survey of 100 schools regarding their work on Rider 78 and will release that data soon. In terms of childcare, the previous session declined to pass any significant legislation. For the state Early Childhood Intervention program (ECI), the state cut Medicaid reimbursement rates, which lead to the closing of 18 providers and did not address enrollment growth.

- The Interim period offered opportunities for items that needed further discussion and investigation to have a year to look at the details of the material. This interim hosted the appointed school finance commission after a court deemed the Texas School Budget to be in need of urgent attention. David reported that he is excited to see the grade 3 reading benchmark because it means the importance of early education is a unifying agreement among members of the commission. David shared a quote, “Before grade 3 you are learning to read, after grade 3 you are reading to learn.” This benchmark would ultimately reward districts for increasing their grade 3 reading levels. Additionally weight would be given to schools serving special or vulnerable populations.
 - Texans Care for Children is supporting full day Pre-K to support this reading level outcome. David reported that if early childhood is a unifying force the house speaker can use it as a point of agreement.
- David shared information on the HHSC Legislative Appropriations Request, which he reports, “brings hope for ECI”. HHSC has requested \$71 million for ECI and used important narratives to justify their need during session. David feels people are listening to providers saying they can no longer keep their doors open unless something is done. David shared a quote from the HHSC request that he feels really diagnoses the problem perfectly.
 - “In the past eight years, 18 providers have left the program due to inadequate per child funding. As such, the burden of covering larger, and often more rural, areas can shift to the remaining contractors and the costs associated with serving new counties may not be covered by that provider’s contract. The contractors assuming these risks and challenges often do so knowing they will lose money when starting out, but make this commitment due to their dedication to the children and families they serve. Additionally, children and families feel the effects of contractor transitions as they develop close relationships with providers, which can be lost when contractors exit the program. The time needed to re-establish this relationship once a new contractor is fully operational could translate to negative consequences for families. As ECI only serves children from birth to age three, providers have a short time to make a difference; every day can impact a child and family’s future.”
- Information on the current financial landscape was shared in order to understand the state’s current standing and to discuss where money is already allocated. The state Rainy-Day-Fund (RDF) is now the largest amount in the state’s history, as well as the largest in the country. The RDF will be tapped for Hurricane Harvey efforts at an estimated \$2 billion, however David shared that mental health needs are likely not included in that estimate. The RDF could also be hit by the state’s need to pay \$3.2 billion in the next three years to provide special education services to students who were previously denied them due to incorrectly placed caps on services, and pay the Medicaid deferral of \$1-1.5 million from last session. David stated that there is hope because the Comptroller raised budget estimates and demonstrated a willingness to tap into the RDF for emergencies. How that term will be defined will be tricky.
- The **key early childhood priorities** that Texans Care for Children will be focusing on include:
 - **Investing in full-day formula funded Pre-K.** David reported that the survey sent out by Texans Care for Children asked the question, “What you would prioritize at the state?” They received an overwhelming response for focusing on full-day Pre-K. Currently full-day programs have to find funds to supplement their ½ time funding.

- **Supporting HHSC’s ECI request** but also wanting to expand the availability and access of ECI services.
- Want to **improve the safety and quality of childcare** specifically looking at ratios of teachers to students. David stressed that this priority is trying to seek information. Last year there was a bill submitted wanting to look at childcare ratios and Texans Care for Children will be supporting that again this time. Ratios are critical for safety, critical for reducing suspension/expulsion, and for quality of programming. Texans Care for Children is currently seeking a representative to file the bill.
- **Ensure kids in childcare maintain a healthy weight and lifestyle** by updating the state’s childcare standards regarding nutrition, physical activity, and screen time. A bill in last session only missed by 11 votes last year. Texans Care for Children is looking to simplify the bill and hone in on getting the states standards up to national standards. By working with state partners, Texans Care for Children is looking at where we are now and what the national best practice recommendations are from the national pediatrics society, working to align with the department of Agriculture. Currently rules around screen time do not match national standards and best practices. Testimony can be made that moving toward best practice guidelines would not raise costs or childcare or make it more difficult for providers.
- **Modernize childcare suspension and expulsion policies** to ensure young children receive the social-emotional and trauma-informed supports they need to be on a strong developmental path. David explained this priority is looking for information to help support centers with the tools they need to support children. Currently data is missing on if centers have policies and what they outline. David reported that childcare centers likely have higher rates of suspension/expulsion than pre-k at national rates. Parents can affect rates as well, so information is needed to understand the problem.
- Information on how TLECC members can help were outlined as follows: data sharing, story sharing, making themselves available to legislative staff and providing feedback.
- Q/A Session followed:
 - Is the 3.2 billion a total number or per year number? The \$3.2 dollars is over a three-year period, not each year.
 - Will the state want to re-define “high-quality” Pre-K? It is unlikely the state will re-define the term, however coding could look different. Pre-K and early childhood has social-emotional developmental opportunities that precipitates more than reading scores and advocates are working on expanding the states understanding.
 - Was mental health consultation (MHC) written into any early childhood legislative ask? Legislative asks around school mental health include MHC. Josette Saxton is the key contact. In early childhood asks, no. Other advocacy organizations may be looking into that. There may be an opportunity to explore MHC in Hurricane Harvey affected areas especially in the childcare communities. It can also be address in suspension expulsion work. There is a need to build up the MHC infrastructure in the state. David reported that he would continue to participate in both Suspension/Expulsion and MHC state workgroups.
 - Are there any bills looking at Applied Behavioral Analysis (ABA) for treatment of Autism? ECI can provide behavior intervention and some have gone toward Parent-mediated ABA, but that Medicaid does not reimburse services currently.

- Is there any data around the use of In-School-Suspension (ISS) – imagining there could be a spike post the prohibiting of suspensions and expulsions? David reported that Texans Care for Children is looking at rates of ISS. School systems like San Antonio (14 schools) are moving toward integrating conscious discipline and some teachers are having hard time with the nurturing approach, but it’s the change Texans Care for Children is happy to see.
- To end his presentation David provided information on the Texans Care for Children [website](#) that holds important information. Soon the suspension/expulsion numbers will be updated since the last report – the new report will be housed on the website.

IV. Preschool Development Grant Birth-5 (PDG:B-5): Jacquie Porter, with Texas Education Agency (TEA), provided a presentation on the application for the PDG:B-5 that TEA has applied for and the possible sustainability efforts that could affect LAUNCH strategies.

- Jacquie began her presentation by explaining that historically Texas had not received any of the “Raise to the Top” or “Pre-K” grants that other states were successful with. The PDG:B-5 focuses on state structure and sustainability and the application was turned in on November 6th. Forty awards will be granted by December 17, 2018 with a ceiling of \$15 million per budgeted period – this grant is a 1-year grant, then the state can re-apply for two expansions at 500k. Projected average award for the first year will be \$5 million; Texas asked for over \$2 million.
- Grant Activities: Jacquie shared that there are 5 grant activities: conduct a needs assessment, develop a strategic plan, increase parental choice and knowledge, share best practices, and improving overall quality. The first three activities are critical for the time period and the last two activities can be happening simultaneous to the first three.
- Multi-Agency Effort: Jacquie reported that this grant will be a multi-agency effort approach and will include the following entities: TEA, TDA, DFPS, DSHS, THSSCO, HHSC, TWC. (See [LAUNCH Acronym Cheat Sheet](#) for clarification). These agencies make up what is being termed as the “Mixed Delivery System” (see slide # 24 from presentation) demonstrating that this system can be hard for providers/stakeholders to navigate let alone a family in need of services.
 - Jacquie reported the progress and successes of a “Mixed Delivery System”:
 - DFPS, HHSC, TEA, TWC have come together to collaborate on a “Quad-Agency Director”, a person who will work for all offices looking at overlapping initiatives and where systems are aligning/disconnecting.
 - Public-private partnerships are growing – some examples include Head Start and LEA’s, Childcare and LEA’s and Partnership Grants.
 - There are councils/agency workgroups at many levels across the state engaging similar stakeholders to support common efforts and outcomes.
 - Additionally, Jacquie reported on the challenges of a “Mixed Delivery System”:
 - There is a lack of statewide unified governance so workgroups are siloes;
 - There is sporadic collaboration among local service providers but lacking sustainability or systematic reasoning for those partnerships;
 - Lack of unified strategic plans/funding plans;
 - Outcomes and definitions aren’t aligned;
 - The sheer size of the state and its diverse geographic needs make unification difficult.
- Jacquie announced that this grant will require the reinstatement of the [Texas Early Learning Council](#) (TELC), a federally mandated early childhood state council that has

been inactive since 2013. Although this is a government appointment group, subgroups and workgroups would likely be able to continue under the umbrella of the TELC for example the TRS provider workgroup, LAUNCH workgroups, etc. Representatives from all agencies would be needed, including parent leaders and advocates.

- A timeline for this grant was proposed as follows:
 - Feb. 2019: determine council operating procedures and define scope of needs assessment;
 - May 2019:
 - Review results of needs assessment and create plans for tracking progress addressing concerns, and addressing transition supports;
 - Review existing strategic plans and outline scope for gathering stakeholder feedback;
 - Aug. 2019:
 - Review stakeholder feedback;
 - Determine strategic goals and create indicators of progress;
 - Oct. 2019: finalization of strategic plan
 - During February and October additional activities include:
 - Create a consumer education website/app plan using a “user-centered” design;
 - Look at shared services - teaching centers to enhance their business platforms where providers can access it and not reinvent the wheel for each center;
 - Support local and state systems building - for example Austin and Dallas are piloting a unified eligibility and enrollment plan where you can enroll your child in Pre-K and the cite will automatically help you to see other services available to you. This process will help with reduction in registration paperwork and the mobility rate of parents. Additionally this grant wants to know what types of technical assistance centers need.
 - And if all activities above are addressed the state can begin addressing the building of a QRIS that went from 0-5 or 0- 2nd grade, pay for training to expand ASQ/ASQ:SE TOT programs to expand screening across sate, build capacity for NFP, Family Connects, and ECI pathways training.
- Jacquie reported a success that a private donor has offered the cost (200k) for Texas to become a BUILD State regardless if grant is awarded. This would open up opportunities for Texas to receive technical assistance from the BUILD initiative moving forward.
- The next steps Jacquie identified in this process include looking for the award notice in December, assisting with stakeholder identification/gathering, and assisting with the dissemination of the needs assessment/survey.
- A QnA session followed the presentation:
 - What did the [TELC](#) do in the past: The TELC was funded through the Head Start Reauthorization in 2007 and had 4-5 major focus areas that included data systems, early childhood standards, monitoring systems, and workforce knowledge. TX choose to look at data for integrated systems, infant/toddler early childhood standards, and workforce competencies. Additionally the group created recommendations for a QRIS system that would encompass both child development centers and school systems. After a three-year funding period, it would difficult for the platforms to be tracked across the state. Additionally the

group provided grants to communities to look at the Early Development Index (Australia, UK, and Canada).

- Does any of this PDG0-5 need legislative action? After our strategic plan, it's more likely the grant will need legislative backing.
- It was raised that other offices will be completed needs assessments during the same time - DSHS Maternal Child Health requested TEA to collaborate on this process.

V. **TLECC Sustainability:** Ramah reviewed that the TEA/PDG is one option for sustainability of the LAUNCH committees/subcommittees although the group may look different. Additional questions were proposed to the group to think about sustainability of LAUNCH work and this particular committee.

- Members reported not feeling married/tied to the label of TLECC, but can see the work continuing specifically around workforce development, as that spans early childhood systems. Additionally Laura Kender from MHMR stated that the advantage of sitting at the TLECC table is the fact that it is not a direct service provision framework – instead it is systemic and capacity building happens naturally as an outcome.
 - Jacquie with TEA clarified that the governor appoints the federally mandated TELC membership. Agencies that will be part of that include TEA, DFPS, HHSC, TWC, DSHS, LEA Representative, IHE Representative, Childcare Representative, Head Start Representatives, TSHCCO and perhaps others. From this council Jacquie reported that she believes there will be subcommittees/groups that could be run by members.

VI. **Recommendation Process:** Tracey Levins from UT Austin is an active member of the Children and Youth Behavioral Health Subcommittee (CYBHS) and lead the TLECC members in an interactive discussion around recommendations the group would make to CYBHS to move TLECC strategies forward. CYBHS has the ability to send recommendations up the pipeline to BHAC (the state mental health planning council), and BHAC makes recommendations to the HHS Executive Commissioner. Members were divided up into 4 groups and were directed to share ideas on four topics area: workforce development, screening, family strengthening and Consultation/Intervention Approaches. The invitation to begin sharing ideas was as follows: *“Over the past three years, the TLECC has focused on specific strategies to advance early childhood mental health. As you think about current barriers or potential opportunities, what recommendations would you make to further advance Texas’ efforts for prevention, promotion, and early intervention to support the mental health of young children and their families?”* Appendix A is a complete listing of all ideas shared under each topic area. Each group was asked to report out on brainstorm – then members were asked to identify 2-3 topics they could really support moving forward from everything they heard. Members shared these ideas with their colleagues and theme were identified.

- **Themes and Groups:** after each group reported out on their ideas/recommendations, themes were identified across all areas and members volunteered to assist in the drafting of language to send to CYBHS.
 1. Screenings for All – Ramah, Laura, Cheryl, Allison, and Sarah
 2. Education/Training on all identified topic areas – Judy, Christina, Karen K., Linda, Jacquie
 3. Consistent expectations related to family engagement (explore PTO) – Holly, Debbie, Karen P., Tammy

- Due to time constraints, there was not an opportunity for processing post this event and the group moved right into the Continuous Quality Improvement (CQI) activity and closing of the meeting.

VII. **Continuous Quality Improvement:** Judy led the group in a CQI activity asking what is working and what suggestions the group had for the TLECC meetings. Below is a comprehensive compiled list of all comments and notecards submitted for comment.

- What works?
 - Presentations from different agencies
 - Receiving the PowerPoint ahead of time or printed out
 - Getting material ahead of time
 - Interactions and discussions
 - Name plates
 - Briefing afterwards
 - Timely/starting on time/report time, etc.
- Suggestions
 - Needed more time to process the discussion items in the walk about (7 minutes) not comfortable making recommendations in such a short timeframe
 - Don't take making recommendations lightly/understanding how we play a part of the effort/didn't know the background information (CYBHS/BHAC) before being asked to provide feedback
 - Acronym list needed
 - Needed more information understanding what is being asked and needed at the meeting
 - Would like to begin an hour early to be able to leave at 3pm beating Austin traffic
 - Meeting starts too late

VIII. **Closing:** Ramah closed the TLECC meeting at 4:20pm reminding everyone of the next scheduled meeting for 2/21/18.

Appendix A:

Full listing of all brainstormed ideas/notes from each category in recommendation activity

Screening:

- Required in Childcare and HealthCare (walk in medical) clinics: supporting ASQ/ASQ:SE. Also, include screenings in WIC clinics and homebased programs. Incentivize parents to participate.
- Create a state-wide data base
 - Incentivize parents to participate
 - Track screening/referrals/service delivery – ensure there is a place to refer
 - Access school/childcare data
 - Possible HUBS include ECI, Schools
 - Be aware of FERPA, HIPPA and voluntary participation
- Look at the component of caregiver social determinants of health
- Ensure parents knowledge of developmental screening and advocate
- Funding:
 - Time to screen, time to refer
 - Bill for developmental screening

- Identify funding sources to purchase materials
- Promote resources that are already available

Workforce

- Training for school-based aids – having a certificate program, normalizing language between teachers and special populations in relations to other children, release time for teachers to be trained without penalty (schools/childcare/etc.)
- Broader/statewide use of TECPDS
- Push for trainers to develop needed trainings and add them to TECPDS (social-emotional learning, inclusion, reduction of stigma, trauma-informed practices)
- Have access to referral networks where providers know which organizations serve which populations – have some sort of marker or designated label to serving certain populations
- Include the terms “Mental Health” in the newer teaching certification for 0-5.
- Have training on helping teachers speak to families about their kid’s needs – training on parent engagement/cultural competence/Trauma-Informed Care (TIC)
- Hire a workforce that is reflective of the population
- Create partnership with ESC who have an array of training opportunities
- Connect the concept of Brain Development to Mental Health:
Social-Emotional Learning = Positive Brain Development + Positive Mental Health
- Be aware of including substance abuse education and the impact that has on the stigma of family needs and the impact on children’s mental health
- Provide training on parenting coping skills
- Use AEYC’s for forums for training
- Use the IMH Endorsement to increase the overall professional development of teachers and providers
- Use reflective supervision practices
- Address hot topics areas that providers are identifying needing help in: domestic violence, trauma-informed care, reflective supervision, mental health
- Fund professional development
- Address the mental health needs of teachers
- Address staff retention strategies and working environments
- Value workers via pay
- Measure common outcomes to justifying funding: curriculums used, program success, workforce-training topics
- Incentivize training
- Make people aware of available trainings: online, time-limited, etc.,

Family Strengthening:

- Spread best practices in parent education
- Increase awareness of resources to parents and families as well as healthy parenting strategies
- Parent support via trauma informed care
- Increase access to Parent Cafes - look to schools
- Integrate family support through on-going efforts (work/community)
- Utilize social media/technology – have multiple mediums for communicating with parents that are short and sweet
- Train teachers to identify the needs of parents/families

- Incorporate teacher release time to confer/build relationships with parents – use multiple methods
- Empower parents to have venues to communicate needs beyond PTA's
- Integrate the head start parent engagement council
- Educate families on healthy development, social-emotional wellness and health
- Identify resources to provide childcare while parents participate in trainings
- Have parent engagement plans for Pre-K align with Head Start plan

Consultation and Intervention:

- Have the state MHC workgroup sustain efforts with regards to criteria and credentialing of an MHC
- Funding and reimbursements remain barriers to services
- HOPES grant outlines what services can do
- Integrate Head Start funding and explore partnering with them
- Parent Cafes are really working - providing social emotional training for parents
- Provide training for teachers in trauma-based practices
- Create universal definitions
- Pairing suspension/expulsion work with MHC work
- Mirror practices that the schools use
- Interagency training
- Provide more education to parents within community
- Provide funding for childcare health consultations via TAEYC and CCHC program.
- Funding is needed for CCHC's and CCL's inspectors
- Offer training in positive guidance and supports
- Bring in representatives from federal, city and county to talk about funding together - example Harris and Travis County
- Explore parent involvement groups for support/volunteer support
- Outreach to philanthropy groups for money
- Take time constraints for parents into consideration
- Look at all caregivers
- Determine how to get decision-makers attending
- Learning how to sell the 3rd grade reading level as a benchmark and justification point for early childhood education
- Identify and clarify the return on investment