



**Early Childhood
Intervention Advisory
Committee
November 3, 2021**



[Early Childhood Intervention Advisory Committee](#) advises the HHSC Division for Early Childhood Intervention Services on development and implementation of policies that constitute the statewide ECI system.

The Early Childhood Intervention Advisory Committee, which is required by Part C of the Individuals with Disabilities Education Act, advises the Texas Health and Human Services Commission Division for Early Childhood Intervention Services on development and implementation of policies that constitute the statewide ECI system. The governor appoints the committee members.

The federal law establishing the system of early intervention programs for infants and toddlers with developmental delays or disabilities is Part C of the Individuals with Disabilities Education Act. In Texas, the Part C program is Early Childhood Intervention. ECI is a division of the Texas Health and Human Services Commission.

Each state that operates a Part C program must include as a part of its program an advisory council. Part C of the IDEA calls that council the Interagency Coordinating Council. The HHSC/ECI ICC is the ECI Advisory Committee. The function of the Advisory Committee is to advise and assist HHSC/ECI in its operation of the statewide system of providing ECI services to eligible children and families in Texas. The multidisciplinary and multi-constituency representation on the Advisory Committee contributes to making it an important part of the ECI system. It is ECI's major source of stakeholder input.

Pattie Rosenlund, Program Director, Chair

Program Representative

Mission

Barbara Knighton, Chair-Elect

Parent Representative

Spring

Ryan David Van Ramshorst, M.D.

HHSC Medicaid/CHIP Representative

San Antonio

Christina Renee Sherrod, M.D.

Physician Representative

Southlake

Terrie Breedon

Texas Education Agency Representative

Austin

Sarah Abrahams

Department of Family Protective Services

(DFPS) Representative

Austin

Hannah Holmes English

Parent Representative

Houston

Cynthia (Cal) Azenneth Lopez

Texas Education for Homeless Children and

Youth (TEHCY) Representative

Austin

Cynthia (Cindy) Dawn Lee

Public Provider Representative

Wylie

Patricia Kay Reedy

Parent
Texarkana

Diana Ruiz, D.N.P.

Personnel Preparation Representative
Odessa

Stephanie Shine, Ph.D.

Head Start Representative
Lubbock

Catherine Carlton

Program Representative
Arlington

Lizzeth Saldana

Parent Representative
San Antonio

Melissa Griffiths

Parent Representative
Trophy Club

Jeremy Triplett

Department of State Health Services (DSHS)
Representative
Austin

Elizabeth (Betsy) Barry Zulfer

Parent Representative
Round Rock

Guillermo Lopez

Program Representative
Austin

Chasey Reed-Boston, Ph.D.

Program Representative
Texas City

Laura Warren

Advocate Representative
Blanco

Kristina Borenstein Otterstrom

Parent Representative
Houston

Rachel Cerkovnik Bowden

Texas Department of Insurance (TDI)
Representative
Austin

Allison Pearce Wilson

Texas Workforce Commission Representative
Austin

Stephanie Klick

State Legislative Representative
Fort Worth

1. Call to order. The meeting was called to order by the Chair, Chasey Reed-Boston, Ph.D. A quorum was present.

2. Consideration of August 25, 2021, meeting minutes. The minutes were approved as written.

3. ECI program

Quarterly data

Children Referred and Served

	SFY 2019	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 Q3	SFY 2021 Q4	SFY 2021 YTD
Average Monthly Referrals	7,350	6,604	6,892	6,445	7,971	7,464	7,193
Average Monthly Unduplicated Eligibility Determination	4,334	3,746	3,713	3,536	4,220	4,003	3,872
Average Monthly Enrolled	28,687	28,519	26,912	27,030	28,292	29,235	27,860
Average Monthly Comprehensive Served	31,433	31,285	29,593	29,570	30,867	32,056	30,516
Cumulative Quarterly/Average Annual Total Clients Served (unduplicated)	60,596	59,234	34,937	42,531	51,563	60,204	60,204

Delivered Services and Evaluations

	SFY 2019	SFY 2020	SFY 2021 Q1	SFY 2021 Q2	SFY 2021 Q3	SFY 2021 Q4	SFY 2021 YTD
Average Monthly Delivered Service Hours (not parent-arranged)	85,979	74,845	70,566	64,766	75,800	72,810	70,999
Average Service Hours Per Child Per Month	2.73	2.39	2.38	2.19	2.46	2.27	2.33
Average Monthly Service Coordination (SC)/Targeted Case Management (TCM) Hours	12,891	11,358	6,154	4,937	6,062	7,057	6,052
Average Monthly SC/TCM Hours Per Child Per Month	0.66	0.63	0.54	0.52	0.54	0.56	0.54
Average Monthly Initial Comprehensive Evaluations	4,149	3,607	4,681	3,377	4,031	2,364	3,735

Training and outreach

- Building Stronger Brain Foundations training was released.
- Telehealth training is in progress--Providers may choose their own telehealth platform

Recent outreach events:

- Division for Early Childhood's 37th Annual Conference
- Texas Association for the Education of Young Children Conference
- Texas Woman's University Occupational Therapy and Physical Therapy Virtual Career Fair
- National Association of Social Workers, Texas Chapter Virtual Conference
- International Inclusion Institute Virtual Conference

Upcoming Outreach events:

- Partners in Prevention Conference on November 3-5, 2021
- Texas Occupational Therapy Association Annual Conference on November 5-6, 2021
- Texas Child Care Administrators Conference on November 8-10, 2021

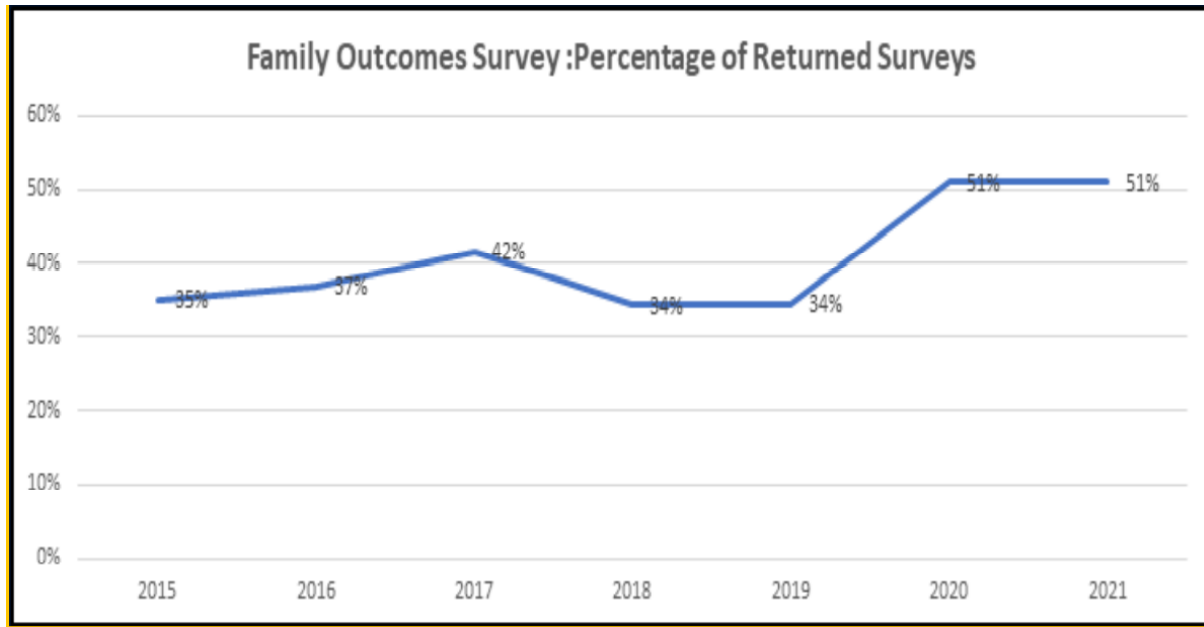
State Systemic Improvement Plan

- Office of Special Education Programs (OSEP) review of the Texas SSIP Phase III – Year 5 report was completed.
- Stakeholder engagement activities are in the works to support planning for year ahead.
- Data collection on implementation of the coaching practice continues, including completion of the coaching training offered by M'Lisa Shelden and Dathan Rush in addition to coaching observations.

Office of Special Education Programs Monitoring Report Corrective Action Plan update. The OSEP response was received September 20, 2021 and accepted some actions and requested additional documentation and evidence for others. HHSC responsive documentation and updates anticipated to be submitted in November.

The chair asked at what point the contract language will be made to providers. HHSC stated that the language is already in the contracts.

4. Increasing Equity in the Family Outcomes Survey. Family Outcomes Survey in Texas are conducted annually and use a random sample of families who have been enrolled for at least six months at the start of the survey period. The survey is offered in English and Spanish and includes six questions specific to Texas.

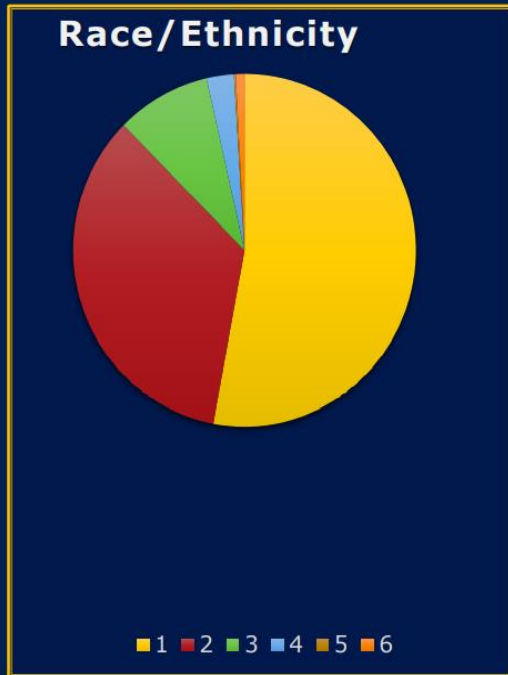


State Goals: Response Rate-- Improve our response rate

- Understand non-responders and reason for nonresponse.
- Provide supports to families to help with completing the survey (Texas Parent to Parent).
- Educate local points of contact on survey goals and process.
- Provide progress updates on survey response rates during the survey window.

State Goals: Improve Representation

Improve representation



ECI Wants to Hear from Families

Texas Health and Human Services Early Childhood Intervention

Why does ECI need to hear from families?

Every year Texas Health and Human Services Early Childhood Intervention (ECI) asks our families to tell us how we are doing.

Hearing from families shows us where we need to make changes to better serve them.



What do we want?

ECI wants all families to:

1. Know their rights and their child's rights while enrolled in ECI.
2. Learn how to communicate their child's needs and family priorities.
3. Discover ways to help their child learn and grow every day.

Last year, the percent of families who said ECI helped them:



Why do we need your help?

ECI's number one goal is to provide the best services we can to our enrolled families.

We need your help to reach that goal.



How can you help?

Please fill out our short survey and tell us what we are doing well and how we can improve to better serve your family.

If you have any questions or need assistance, please call 512-776-4300 for help.



What families think of ECI:

"COVID has changed a lot of the way services are rendered and sessions are held. Our child has grown and made huge strides by being at home with us and me being fully involved in therapy sessions. This year has been strange but really good for our child's growth."

"I would not have known what to do and how to do things if it wasn't for the team that stood 100% behind me and my child. The support group we had was above and beyond amazing and I thank them from the bottom of my heart."

"This program has been so beneficial for our child. We have learned many ways to help her grow and progress. The two women working with us have been wonderful. They prove that they care not only about our child's needs but the needs of our family as well. It's been a pleasure working with them."

Health and Human Services - Early Childhood Intervention - hhs.texas.gov/eci

State Goals: Improve Performance-- Improve performance and initiatives

- Partner with parents on opportunities for improvement.
- Share best practices.
- Provide targeted technical assistance to local programs on using Family Outcomes Survey data to improve performance.
- Create equity dashboards.

Your Participation allows us to obtain diverse perspectives and provides input for decisions related to specific areas, such as:

- policies,
- training and technical assistance, and
- overall program improvement.

5. Discuss impact of House Bill 4, 87th Legislature, Regular Session, 2021, on ECI telehealth services (tabled for another meeting)

6. Proposed rules presentation: Texas Administrative Code, Title 26, Part 1, Chapter 350, concerning Division for Early Childhood Intervention Services

The Texas Health and Human Services Commission is proposing amendments to the rules that outline policies and procedures for the Early Childhood Intervention (ECI) program in Texas. The public has an opportunity to review and comment on these proposed edits. This guide aims to provide a summary of the edits and their potential impact to assist stakeholders and families in their review. Some rule changes are being made to update references and align with HHSC rule conventions and do not change programmatic requirements. The list below includes only changes that are substantive. The purpose of the proposed rule changes is to:

- clarify requirements for ECI providers to include provisions already in provider contracts;
- increase administrative efficiencies and improve processes for ECI contractors;
- provide administrative flexibilities for ECI contractors;
- add requirements, which are already in contract, related to criminal background checks of ECI service providers;
- strengthen transition services for children and families enrolled in ECI; and
- update references and align rules with HHSC rule conventions.

Rule	Recommendation	Rationale	Impact to ECI providers and families	Purpose (efficiency, clarity, terminology, etc.)
§§101.501, 101.503, 101.505, 101.507, 101.509, 101.511,	Repeal in Texas Administrative Code (TAC) Title 40, Part 2, Chapter 101, Subchapter C, Division 3, concerning Early Childhood Intervention Advisory Committee and relocate to 1 TAC Chapter 351.	This change will remove rules related to ECI from the chapter related to the Department of Assistive and Rehabilitative Services, which was abolished September 1, 2016, and relocate them to 1 TAC Chapter 351, where	None	Align with HHSC Advisory Committee rules

Rule	Recommendation	Rationale	Impact to ECI providers and families	Purpose (efficiency, clarity, terminology, etc.)
101.513, 101.515		other HHSC advisory committee rules are located.		
,et§350.209 Subchapter B	Clarify what it means to receive a full explanation of the Individualized Family Service Plan (IFSP).	This change adds clarity regarding what aspects of the IFSP must be explained, with whom a complaint is filed, and the language in which a disagreement must be indicated; updates references; and brings the rule into alignment with HHSC rule conventions	Will help ensure the IFSP is understood by families.	Clarity
§350.310 Subchapter C	Clarify the requirement for criminal background checks on every new hire.	This change clarifies that contractors must get a criminal background check on all service providers, even if they had a criminal background check for their licensure. It also removes unnecessary language and updates a TAC reference.	None. This is already in the ECI contract and is the current practice for ECI contractors.	Clarity
§350.313 Subchapter C	Revise the minimum qualifications for an Early Intervention Specialist (EIS) to provide flexibilities related to the credentialing requirements for EISs, clarify when contractors must check with HHSC regarding EIS ethical violations, update references, and bring the rule into alignment with HHSC rule conventions.	The current minimum educational qualifications for EISs are too restrictive. Texas supports building and retaining the EIS workforce. The new language clarifies requirements related to course work. Allowing for exceptional circumstances allows the state office to determine, on a case by case basis, if an EIS can exceed the time	Will reduce barriers faced by programs in hiring qualified personnel.	Efficiency
		frames for credentialing activities if the EIS experienced a significant life event, such as a needing to take extended medical leave. The language related to inactive status aligns with the other requirements for EIS CEUs. The language related to checking the EIS registry ensure contractors are aware of any code of ethics violations before hiring an EIS.		
§350.315 Subchapter C	Revise the minimum qualifications for service coordinators.	This change will allow ECI contractors to hire qualified service coordinators without having to enter them in the EIS registry if they do not deliver specialized skills training.	Will reduce barriers faced by programs in hiring qualified personnel.	Efficiency
§350.823 Subchapter H	Clarify the timeline for determining eligibility for continued ECI services.	This change adds clarity to when a contractor should determine a child's eligibility for early childhood intervention services.	Will provide more clarity to providers on when an eligibility evaluation is needed for a child approaching 36 months of age.	Clarity
§350.1004 Subchapter J	Establish that an IFSP meeting must be conducted at least annually only if a child was younger than 21 months of age at the previous initial or annual IFSP meeting.	This change allows for administrative efficiencies related to IFSPs for children within three months of their third birthday.	Will allow contractors to continue an IFSP for a child who will age out of ECI	Efficiency

Rule	Recommendation	Rationale	Impact to ECI providers and families	Purpose (efficiency, clarity, terminology, etc.)
			within three months.	
§350.1007 Subchapter J	Add new section (b) pertaining to an annual interim IFSP and revise "interim IFSP" to "initial interim IFSP" in section (a).	This change allows for flexibilities for families and contractors who may be unable to meet for an annual IFSP meeting due to exceptional family circumstances.	Will provide flexibility for both providers and families.	Efficiency, Terminology
§350.1004 Subchapter J	Align TAC with federal regulations regarding exceptional family circumstances.	This change aligns with federal regulations and allows for flexibilities related to exceptional circumstances.	Will add flexibility for both providers and families.	Efficiency
§350.1104 Subchapter K	Clarify service delivery requirements and add a new subsection (c) pertaining to family education and training.	The requirement for service recipients to be in Texas aligns with therapy practice acts/rules. The amendment allows for flexibilities for family education services, which do not require the child to be present.	Will add clarity on requirements for service recipients. Will provide flexibility for both families receiving family education services and contractors providing the service.	Clarity, flexibility
§350.1205 Subchapter L	Requires contractors to provide information on Medicaid waiver programs to families of children who are likely to qualify for those waivers.	This amendment will support ECI's goal of setting babies and toddlers with developmental delays up for long-term success in Texas. Adding a requirement to educate families on	Improved transition services for families of children with long-term needs.	Clarity, service improvements
		Medicaid waivers and enroll children on interest lists will ensure potentially eligible children have access to services more quickly.		
§350.1207 Subchapter L	Add subsection (H) pertaining to providing information on Texas Medicaid waivers.	This amendment will support ECI's goal of setting babies and toddlers with developmental delays up for long-term success in Texas. Adding a requirement to educate families on Medicaid waivers and enroll children on interest lists will ensure potentially eligible children have access to services more quickly.	Improved transition services for families of children with long-term needs.	Clarity, service improvements
§350.1425 Subchapter N	Remove from §350.1425 Public Benefits and Insurance and add to §350.1419 Private Insurance as (g).	This amendment moves the language to a more appropriate section of the rule.	None.	Clarity

Proposed amendments do not include changes from the Governor's office. OSEP reviewed the rule proposals and they had no problem with the rules.

Questions/Answers/Comments

It looks like we are opening up for less qualified individuals and requirements. HHSC stated that this has been brought up by program directors. The current requirements were developed and reviewed by a workgroup.

Some of this is not about loosening requirements but allowing flexibilities for contractors.

Current proposed amendment language can be requested through the ECI mailbox at HHSC.

7. Member reports:

Local program activities

100% telehealth because of COVID infection

78% of programs are understaffed

Referrals have doubled

We have equity mentors in the program

Family Connects program has increased referrals into ECI

Hybrid approaches are happening in some centers

Parent activities

Some parents are looking for additional services outside of ECI

Made presentations at public gatherings

Inter/intra-agency partners' activities;

TDI—adopted final mental health parity rules; met with autism advocates

TEA—Training has been updated and presented to 1,000 attendees. Related materials are available.

ARPA funds of \$20 million have been made available. The focus of the funding is for remediating loss of educational opportunity resulting from COVID.

TT University Center for early Head Start—They have struggled with staffing but are presently fully staffed. The Governor's office has disallowed requiring masks for staff, and the result is some children have become seriously ill.

Medicaid and CHIP Services—Pediatric COVID vaccine has been approved. Providers can pre-order the vaccine. HB4—Medicaid is working with providers on the HB4 telehealth initiatives. The Autism initiative is on track for implementation February 1.



Advocate Representative—two new projects virtual trainings on person centered approach for emergencies. An MCO approached them to enhance their medical education program. They are looking at a pilot to help new parents with telehealth appointments.

Personnel Preparation Representative—commented on vaccination clinics in different nontraditional places.

8. Public comment. No public comment offered.

9. Planning for next meeting. January 26th , April 6th , and August 17th

10. Adjournment. There being no further business the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
