

HHSC: Early Childhood Intervention Advisory Committee, August 31_{st}, 2020



The <u>Early Childhood Intervention Advisory Committee</u> 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	Sarah Abrahams
Program Representative	Department of Family Protective Services
Mission	(DFPS) Representative
Barbara Knighton, Chair-Elect	Austin
Parent Representative	Hannah Holmes English
Spring	Parent Representative
Ryan David Van Ramshorst, M.D.	Houston
HHSC Medicaid/CHIP Representative	Cynthia (Cal) Azenneth Lopez
San Antonio	Texas Education for Homeless Children and
Christina Renee Sherrod, M.D.	Youth (TEHCY) Representative
Physician Representative	Austin
Southlake	Cynthia (Cindy) Dawn Lee
Terrie Breeden	Public Provider Representative
Texas Education Agency Representative	Wylie
Austin	Guillermo Lopez
Patricia Kay Reedy	Program Representative
Parent	Austin
Texarkana	Chasey Reed-Boston, Ph.D.
Diana Ruiz, D.N.P.	Program Representative
Personnel Preparation Representative	Texas City
Odessa	Laura Warren
Stephanie Shine, Ph.D.	Advocate Representative
Head Start Representative	Blanco
Lubbock	Kristina Borenstein Otterstrom
Catherine Carlton	Parent Representative
Program Representative	Houston
Arlington	Rachel Cerkovnik Bowden
Lizzeth Saldana	Texas Department of Insurance (TDI)
Parent Representative	Representative
San Antonio	Austin
Melissa Griffiths	Allison Pearce Wilson
Parent Representative	Texas Workforce Commission Representative
Trophy Club	Austin
Jeremy Triplett	Stephanie Klick
Department of State Health Services (DSHS)	State Legislative Representative
Representative	Fort Worth
Austin	
Elizabeth (Betsy) Barry Zulfer	
Parent Representative	
Round Rock	

<u>Call to Order</u>. The meeting was called to order by the Chair, Pattie Rosenlund.

Approval of minutes for May 15, 2019; August 7, 2019; October 30, 2019; and January 22, 2020



ECI Program

Response to COVID-19–ECI state office staff teleworking.

- Provider response—Contractors have risen to the occasion using telehealth for service delivery.
- Question and answer document and other technical assistance.
- Electronic signature technology; addition of the Developmental Assessment of Young Children, Second Edition (DAYC-2); and other remote tools.
- Expanded Medicaid reimbursement—all services are now reimbursable through telehealth, at least as long as the pandemic continues.
- Coronavirus Aid, Relief, and Economic Security (CARES) Act resulted in the ability to reallocate contract dollars.

Quarterly data (Key metrics have been impacted negatively by COVID 19)

	SFY 2018	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 YTD
Average Monthly Referrals	7,181	7,350	7,267	7,215	5,430	6,638
Average Monthly Unduplicated Eligibility Determination	4,080	4,334	4,337	4,070	3,047	3,818
Average Monthly Enrolled	26,984	28,687	29,068	29,026	28,586	28,893
Average Monthly Comprehensive Served	29,556	31,433	31,885	31,757	31,128	31,590
Cumulative Total Clients Served (unduplicated)	57,485	60,596	37,533	45,511	52,022	52,022

Children Referred and Served:



Delivered Services and Evaluations

	SFY 2018	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 YTD
Average Monthly Delivered Service Hours (not parent-arranged)	83,374	85,979	85,915	83,068	62,293	77,092
Average Service Hours Per Child Per Month	2.82	2.73	2.69	2.62	2.00	2.44
Average Monthly Service Coordination (SC)/Targeted Case Management (TCM) Hours	13,206	13,673	12,932	12,122	11,134	12,062
Average Monthly SC/TCM Hours Per Child Per Month	0.45	0.43	0.67	0.66	0.60	0.69
Average Monthly Initial Comprehensive Evaluations	3,863	4,149	4,071	3,879	2,937	3,648

Training and outreach

- New Director's Orientation sections launched.
- Personnel standards
- SSIP
- Revised Family-Centered Case Management launched.
- Revamped All Together Now.
- Letters of collaboration with universities.

Outreach

- Recent conferences
- Texas School Ready Early Childhood Summer Institute
- The Texas School for the Deaf Family Weekend Retreat
- The Southern Alliance Virtual Career Fair

Outreach FY2020

- Participated in 14 events with approximately 12,000 individuals.
- Increased connections with families, healthcare professionals and community partners.
- Strengthened connections with child care centers and formed new connections with health care providers.
- Telehealth flyer for referral sources: Telehealth Links ECI Children and Families to Needed Services



• Keeping Infants and Children Healthy During the COVID-19 Pandemic webinar

State Systemic Improvement Plan

- ECI submitted Phase III Year 4 SSIP report on April 1, 2020.
- In the last year of the current iteration of the SSIP and anticipating guidance from the Office of Special Education on next steps.
- ECI completed 1 year of statewide implementation of the coaching evidence-based practice across all of its programs.
- Five cohorts for the coaching training with Shelden and Rush are scheduled between December 2020 and May 2022.
- Approximately 1,000 early intervention providers will receive foundational coaching training.
- 120 selected providers will receive training as master coaches.
- Early brain development trainings-of-trainers are tentatively scheduled for virtual delivery in late August and November 2020.

Federal Fiscal Year 2020 SNAP-Ed Program

- 10 participating ECI providers over last 6 months.
- Accomplishments during this time include:
 - Food and activity behavior pre- and post-test created.
 - \circ 497 families completed the test.
 - Participating programs served 841 families, including 786 receiving individual nutrition education via telehealth and 105 receiving virtual group services.
 - Submitted updated project description, budget and subcontractor budgets for FY2021 SNAP-Ed funds.

Individuals with Disabilities Education Act Part C grant award and federal determination

- Texas meets federal requirements.
- Texas was awarded \$45,957,813 in Part C funding for federal fiscal year 2020.
- Up from \$45,467,398 in federal fiscal year 2019.

ECI respite funding

- HHSC's current cost reduction plan proposes elimination of ECI respite funding beginning in fiscal year 2021.
- Reduction of \$400,000 in general revenue for ECI.
- The plan will not impact eligible families' access to developmental services provided by ECI.

Request for applications

- To disseminate the FY21 funding, HHSC initiated a competitive procurement for ECI services.
- Active procurement.



- Award dates will be no later than September 1, 2020.
- All counties were requested.
- \$4.1 million aggregate requested in excess of available dollars.

Questions/Answers/Comments

Is data being collected on outcomes with the change in COVID-19 service delivery? HHSC stated that they saw families who had declined services. About 30% of families decline telehealth services.

For the families where telehealth is not working, what are the barriers? Initially, they could identify families who needed technology devices and those were provided to families. Then connectivity was an issue so they developed hot spots, but not all could benefit from that. There is an effort now to develop connectivity in the rural areas with the demand from COVID-19 increasing.

Family Outcomes Survey

Overview of the Family Outcomes Survey

- Collaboration between Texas Health and Human Services (HHS) Early Childhood Intervention (ECI) program and Early Childhood Outcomes (ECO) Center.
- Measures family outcomes, which is Indicator 4 of the Annual Performance Report (APR).
- Helps understand family outcomes and level of family satisfaction with services and areas of improvement.
- Measures a family's perceived ability to support their child's needs.
- Is a helpful indicator of how successful ECI services have been in assisting families to reach their child's goals.

Family Outcomes Responses: Section A

Indicator	
1	Knowing your rights
2	Communicating your child's needs
3	Helping your child develop and learn



Section BOutcome1Understanding your child's strengths,
needs and abilities2Knowing your rights and advocating for
your child3Helping your child develop and learn4Having support systems5Accessing the community

Survey Period typically begins in April and ends in May. This year, the survey period took place from June 15 - July 31, 2020 and is being conducted solely electronically.

Family Outcomes Survey Webinar. The Webinar was conducted by HHS ECI for contractors where the recent change in the Family Outcomes Survey process for FY2020 was discussed. 276 personnel participated.

Family Selection involved families with a child who has been enrolled in services for at least six months at the start of the survey period. A stratified random sampling was used and families are selected from different geographic regions in Texas to help us attain equity and diversity in representation of respondents. The survey is voluntary for families and does not affect services.

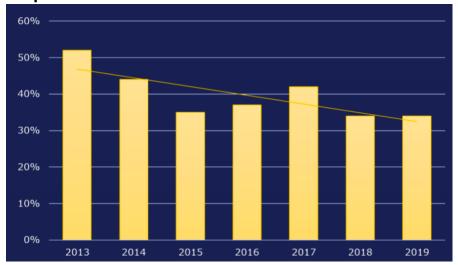
Impact of the Family Outcomes Survey. Family Outcomes Survey's impact on service providers and the families served.

- The survey's impact on the APR.
- Response rate.
- Family commentary.

Annual Performance Report. The Individuals with Disabilities Education Act (IDEA) Part C APR describes Texas ECI's progress in meeting targets established by the State Performance Plan. Indicator 4 of the APR describes family involvement and is measured through the Family Outcomes Survey.

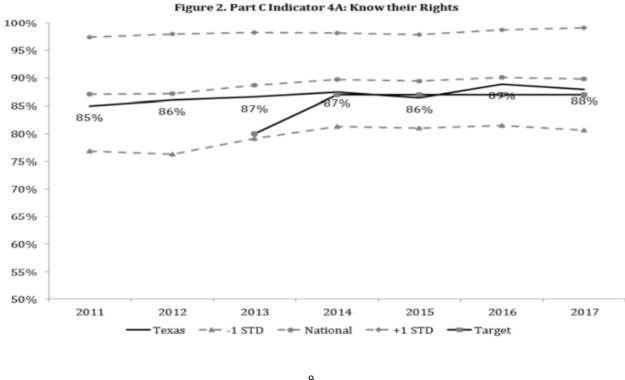


Response Rate



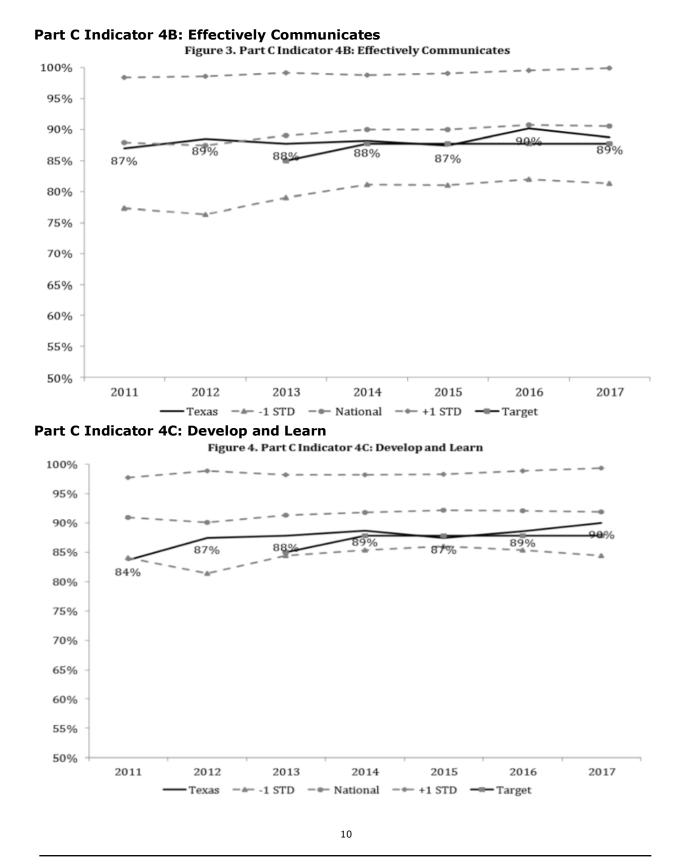
Over the past five years, all ECI contractors have been included in the sample of families for the annual Family Outcomes Survey. The FY2015 response rate was 35% and the FY2019 response rate was 34%. That means 66% of families did not return the survey last year.

There has been a reduction in contractors which impacted the response rate.



Part C Indicator 4A: Know Their Rights







Family Comments

- Allows for families to express personal experience with ECI services.
- Some examples:
 - "I'm nervous about my child's future and our family dealing with his needs after we complete the program."
 - "Estoy contenta porque este programa me ayudado con mi hijo y e aprendido cosas junto a mi hijo. Muchas gracias."

Survey Results: SFY 2019

Section A:	Respondents with a mean score >= 4
Indicator 1: Knowing your rights	86.58%
Indicator 2: Communicating your child's needs	88.16%
Indicator 3: Helping your child develop and learn	88.94%
Section B:	Respondents with a mean score >= 4
Outcome 1: Understanding your child's strengths, needs, and abilities	91.56%
Outcome 2: Knowing your rights and advocating for your child	88.26%
Outcome 3: Helping your child develop and learn	91.55%
Outcome 4: Having support systems	82.84%
Outcome 5: Accessing the community	84.79%

Questions/Answers/Comments

Are we below the national average because of the pandemic? HHSC stated this data was collected before the pandemic.

5. <u>Advisory committee bylaws review and adoption</u>. (Follow the link for detail of the bylaws.) A bylaws template had been created to ensure uniformity among the advisory committees. Changes include the substantive changes from the previous bylaws and additional non-substantive changes. Some of the changes appear below.

- "Definitions" is a new section and defines the term "high level of integrity"
- Duties of the Chair and Chair Elect
- Open Meetings, majority and Quorum requirements
- Conflict of interest is more clearly spelled out
- No proxy representation
- Subject matter expert participation
- The Chair only votes in the case of a tie
- Other changes may be found by following the link

MOTION: Adopt advisory committee bylaws - prevailed.



6. Member reports (Local program activities, Parent activities, Inter/Intra-Agency Partners' Activities). Significant updates include:

- The coaching model has gotten stronger
- Families are grateful for the flexibilities
- The parent coaching component is a mixed bag; roughly 20% of the parents unhappy with the situation
- Some providers are going to 25% face-to-face because of regression in child performance
- Applaud the flexibility of staff and families
- Programs have moved to a virtual delivery network
- DFPS has a COVID-19 support website that received two million hits
- The DFPS conference is completely virtual this year
- <u>http://www.helpandhope.org/</u> provides guidance to parents especially related to COVID-19
- TDI created a new group to focus on market conduct issues
- TDI Commissioner is stepping down
- Mental health parity rules are moving forward
- TEA is developing the guide to early transitions (from ECI to the school districts)
- All IDEA requirements must still be followed during COVID-19; there is a contingency plan on TEA's website
- COVID-19 Q and A for special education is available on the TEA website
- DSHS is the hub for the state of Texas for "Help Me Grow"
- 20% of childcare facilities have closed due to COVID-19
- Texas Rising Star program mentors providers of services to young children with special needs
- Infant and Toddler Specialist Network has been developed through TWC

7. Public Comment (limited to 3 minutes per person).

Mary Jane Williams, Family to Family Network, commented on transition services. There is an MOU between TEA and HHSC, but it is important for providers to know who has not been transitioned. The information from TEA related to transitions is not making it to the school districts. Respite is important for families and the state budget is stretched. The LAR should address respite.

Katie Mitten, Texans Care for Children, commented on the ECI Coalition. There are two pandemic-related challenges: cuts to respite services when families need respite most; transition from ECI to local school districts and these children are not being evaluated due to COVID-19. Childcare providers should be informed about ECI. TDI-regulated plans should cover all specialized ECI services.

8. Planning for Next Meeting.



- Next meeting is 1:30 Wednesday, November 4th (Backup: Thursday November 12th)
- Chair Elect has stepped down and will be filled at the next meeting

9. Adjourn. 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.