Texas Performance Evaluation

Preschool Development Grant, Birth to Five renewal grant

Prepared for The Texas Workforce Commission by

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Introduction

The Preschool Development Grant Birth through Five Renewal Grant (PDG B-5) activities in Texas established pilot programs, spurred community groups to build infrastructure, and supported specific sectors to help increase stability in the workforce. PDG B-5 activities were spread over three state agencies and over 50 local organizations. Through this work, tens of thousands of Texans have directly interacted with a program or event supported by PDG B-5 funds, and more have indirectly benefited from the impact that this work has had on early childhood systems and the workforce.

Texas proposed 10 unique activities to advance and pilot over the course of the PDG B-5.

Four of these activities progressed enough to have a full performance evaluation

Two activities are in progress with preliminary evaluation data

Two activities are in progress, but without evaluation data

One activity was started, but its uptake by the community was very low and could not be evaluated

9. Training on practices that limit and reduce suspensions and expulsions

The final activity was not started

10. Provide research-based teacher-child interaction assessment and coaching

The last two activities are not included in the evaluation report.

Early Childhood Systems Building

Early Childhood Systems Building work was coordinated through 29 grantees who were either receiving funds to implement the Maternal, Infant, and Early Childhood Home Visiting (Texas Home Visiting Program) or Healthy Outcomes through Prevention and Early Support (innovative family support programming) in their respective areas. A unique aspect of each of these funding mechanisms is that both require participation in an early childhood coalition. Therefore, these grantees were well-positioned to use these funds for activities that specifically focused on strengthening their coalition or strengthening the way that providers collaborated to serve families.

Grantees were given a menu of 10 different activities that they could engage in with these funds. Grantees often chose to engage in two or more activities. Additionally, these funds were not intended for activities that were isolated from the grantee's other projects, but rather to complement and enhance programming in the area through systems building.

Strategy	Number of participating grantees
New Help Me Grow Affiliate Status	4
This activitiy allows local agencies to lead the development of their Help Me Grow systems coordination work to achieve Help Me Grow affiliation status. This strategy is funded through Early Childhood Systems Building and technical assistance is provided by the Department of State and Health Services (DSHS).	
New or Expanded Centralized Intake and Referral System	12
This strategy is focused on developing a single call line or access point within their communities. This access point should be accessible to families and allow them a single point to find services. This is a central activity of becoming a Help Me Grow affiliate.	
Family & Community Engagement	16
This strategy focuses on outreach in the community and to families to inform them of services and other resources being provided. This is also a central activity of becoming a Help Me Grow affiliate.	
Health Care Provider Outreach	11
This strategy focuses on outreach to medical providers to inform them of services and other resources being provided and to establish referral routes. This is also a central activity of becoming a Help Me Grow affiliate.	
Data Collection and Analysis	8
This activity focuses on shoring up data collection and analyses for coordinated activities. While this activity is necessary for Help Me Grow affiliation status, it is an activity that is also part of strengthening local coalition work	
New or Expanded Family Resource Center (FRC)	11
An FRC is a "one stop shop" and physical space. An FRC is not just a place for resources but also a place for the community to gather. FRCs are seen as ways to strengthen coalition work as they function best when organizations collaborate to provide resources and services at the FRC.	

Strategy	Number of participating grantees
Training on Standards of Quality for Family Strengthening and Support	3
Family Support Services (formerly Prevention and Early Intervention) has been funding training slots on the Standards of Quality for Family Strengthening and Support for several years. This strategy allows agencies and coalitions to reserve slots and take the training as a group.	
Develop or Sustain a Parent Advisory Council	9
This strategy is focused on developing a parent advisory group that helps the local agency and coalition be responsive to the needs of parents. An important aspect of this strategy is that the funding allows for reimbursing parent participants.	
Parent Cafés	7
Parent Cafés are non-intensive parenting support groups. This model allows parents to attend as they need or have time. The cafes allow for parents to connect with and support one another while also getting parenting support. Parent Cafés, like FRCs, have become a way for organizations in a coalition to work together by either providing physical space support, food, resource support, or other types of support during the cafés.	
Early Childhood Coalition Coordination	11
This activity provided funding to designate and compensate staff who coordinate coalition activities.	

The evaluation of this portion of the PDG B-5 grant was conducted with interviews in 2023 when grantees were beginning their activities, and interviews in 2025 as the time period for the PDG B-5 grant was ending. Quarterly grant reports were also analyzed and included in the analysis. The evaluation focused on whether there was evidence that the local early childhood system was strengthened through these activities. Individual activities were not evaluated based on whether they were well executed or done to fidelity. However, it has become clear through the evaluation that the successful implementation of many of these activities was dependent on the agency's partnerships and the functioning of the local early childhood system.

Evaluation Methodology

Twenty-nine grants were awarded funds in May 2023, and final deliverables associated with these funds will complete in December 2025. Two of the grantees are combined in our analysis as they worked together on the same goals across an expanded service area. In fact, their quarterly reports were identical. Therefore, in our analyses, the base number of grants is 28.

Each grantee submitted quarterly grant reports, which were coded and analyzed to assess the project's reach, partner involvement, and family involvement. Interviews at the beginning and end of the funding cycle were conducted to provide context for the grantee's activities. The first interview was semi-structured and conducted to understand the goals of the activities and the role the early childhood coalition played in developing or executing the activities. All grantees were interviewed in this first round. The second interview was customized and asked grantee-specific questions about activities, partnerships, impact, and sustainability. Twenty-six grantees could be reached and interviewed in the second round.

Five categories of partnership activities were developed from the analysis of the progress reports. These five categories represent five different levels of partnership maturity; however, they do not represent a linear scale where one level of partnership is left behind when a new level is achieved. Additionally, they are not progressive levels that must be achieved for a partnership to have a positive impact on a community. Rather, these categories were developed to show collaboration and integration of the early childhood system.

Networking

Networking is the base level of partnership that is seen in the reports. Networking activities included meetings aimed at understanding a community partner's services or resources, meetings with the explicit goal of inviting another group to collaborate on an activity, and coalition meetings that featured agency spotlights or shared resource information. The structure of the quarterly reports best captured these activities and were not discussed in the final interview.

Referral System

Often, networking activities evolved into organizations agreeing to refer to each other. These referral activities are those that enhance or create referrals between organizations in the community. These activities can be fliers, memorandum of understanding documents (MOUs), on-site referrals, or the development of formal referral systems. Referral System activities also include activities that increase general awareness of programs among families. These outreach activities, focused solely on community/family awareness, are not part of larger community-building events. These activities were well-reported in the quarterly progress reports and were rarely discussed in the final interview.

Cross-Beneficial

One of the partnership activities is what we are labeling "Cross-Beneficial." These activities are spearheaded by a single backbone agency but involve participation from multiple agencies. The most common type of cross-beneficial activity is a health or resource fair. These are often sponsored by a single organization, but multiple organizations participate as vendors and promoters. Cross-Beneficial activities also include partnerships where one organization distributes materials to families for another. These materials are more than promotional; they include items such as books, baby bags, or other materials that directly benefit or support the family. These activities were commonly reported in the quarterly reports. These activities were discussed in the final interview, as the reports did not always contain information about how partners were involved in the event. The interviews allowed for some of these activities to be re-coded to a different partner-maturity category.

Collaborative Resource Provision

This level of partnership is one of the two highest levels of partnership maturity that were observed in the reports and interviews. Collaborative Resource Provision centers on two major activities. One activity involves an organization providing a resource to another organization that expands or enhances the receiving organization's capacity. An example of this activity is (co-)training with follow-up support. The other major activity that falls in this category is service co-location. Service co-location involves two or more organizations providing services to families in the same location. Some of these activities were identified in the reports; however, most were coded from the final interviews

with grantees.

Collective Activities

This level of partnership occurs when there is an explicit, shared goal that organizations collaborate on to achieve. In this partnership, partners codevelop and co-fund the activity or activities that address the goal. These activities are different from Collaborative Service Provision in that they should be seamless for the family. These activities include service integration, jointly funding and hosting community events, and co-creation of service lines.

The primary goal of most collaboratives is to achieve collective impact. Collaboratives exist because members believe that the collective impact of their work is greater than the sum of their parts. However, at this time, we cannot say that Collective Activities are more mature than Collaborative Resource Provision. Both of these partnership categories require trust, coordination, and deep commitment by the partners to assure success. They are separate because they are qualitatively different in the way they are described and in the way they are executed. Further research will be necessary to determine if these activities result in quantitatively different outcomes for families and communities. However, both of these categories of activities indicated collaboration and partnership at a level that reflects a strong early childhood system.

Results

Networking

All grantees engaged in substantial networking throughout the entire grant period. While the number of reported networking activities decreased as the grant progressed, they never stopped. Continuous networking allowed grantees to expand their existing partnerships, establish new partnerships, and expand the range of services offered to families.

In interviews, grantees made it clear that the PDG B-5 funds, which allowed staff to be dedicated to partner outreach and networking, were key to expanding their partnerships or strengthening their coalition.

> *I think it goes back to that community and partner trust and that the coalition exists with the goal to not provide services necessarily, not be a program, but to do [things] as a community in partnership with other providers. And to, you know, build up what we have here in this community. So, I feel like it has been successful in sort of building up that network. (ECSB-5)*

A goal of Early Childhood Systems Building was to strengthen early childhood coalitions. Much of the networking, especially for agencies that employed a coalition coordinator, did just that. For other agencies, this networking was strategic and served to advance the services being received by families or to strengthen early childhood training in their area. For example, several agencies focused their networking activities on child care services with the explicit goal of providing services (such as Parent Cafés) or helping to expand the child care center's ability to conduct developmental screenings. Many also engaged with business partners with the goal of having them donate goods, volunteer, or provide classes at the Family Resource Center.

Referral System

Twenty-one of twenty-eight agencies reported Referral System activities in their quarterly reports. Within the reports, there was an increase in Referral System activities over the grant period. However, all agencies discussed work to strengthen inter-partner referrals and family outreach in their interviews. Two agencies that were not direct service providers explicitly discussed activities that facilitated outreach for the direct-service providers in their area. This outreach and referral facilitation included hosting provider meet-and-greets and promoting different partner services through other means.

Cross-Beneficial Activity

The number of Cross-Beneficial Activities reported in the quarterly reports significantly increased as the grant period progressed. Twenty-four grantees had activities in their reports that could be coded at this maturity level. Four agencies did not report any activities that could be coded as this type; however, two of the agencies described cross-beneficial activities during their interviews. One of the four agencies could not be reached for an interview.

Cross-Beneficial Activities often included health fairs, baby block parties, and other events that had the purpose of educating the community about resources available to them. However, other events were not resource-focused, including: Books, Blocks, and Balls; Trunk-or-Treats; back-to-school events; and other community events designed to increase awareness of developmental activities. Some of these events are part of community outreach for Help Me Grow and some are part of community traditions.

> *But one of the things that, I think has been really great about these events. Both Baby Day and Books, Blocks and Balls. Is that it's really given our community partners a place for them to participate in activities that we are hosting and organizing. (ECSB-5)*

The other type of Cross-Beneficial Activity that grantees describe is material distributions to families or new parents. These material distributions included books, baby bags, or developmental toys. These activities are cross-beneficial because, in the simplest case, the grantee buys and prepares the materials, and another organization distributes them as a benefit to their clients. However, there are also situations where the lead agency involves the coalition or other partners in preparing the materials.

> *Yeah, every once in a while, we'll do, like, a coalition packing day, and we just invite anyone on the coalition, but, our {staff member}, she's really engaged in different churches and community groups that want to come, and … it's really just been a conversation between me and her. Let's invite this group that you have a connection with, or that I have a connection with. The Presbyterian Church, they have loved packing the boxes, so they will bring, like a big group of people to do that. Some people from her church, and then, you know, we've even reached out to, like, different nonprofit organizations and businesses to see if they want to come and pack them. (ECSB-16)*

These types of Cross-Beneficial Activities often have substantial reach. Grantees have reported up to 2,000 attendees at a single event, with most events having hundreds of participants. One grantee is reaching every baby born in a hospital in their county through their material distribution activities.

Cross-Beneficial Activities also included classes and events at Family Resource Centers, if the

class was taught by a partner organization or community member, or the event included other organizations from the community. This partnership requirement means that not all classes and events at Family Resource Centers were coded as Cross-Beneficial.

> *the Health District comes, they've increased their partnership. They're here, like, 4 or 5 times a month now, doing cooking, or…immunizations or any kind of thing. WIC comes, and does cooking classes a lot. (ECSB-15)*

These activities also include classes that were developed with feedback from parents and families. In several cases, these classes were conducted by parents.

> *A lot of the members that come to the Family Resource Center started with the support group, that's what we call {…}. That support group started. Well, it started with our PAC members. Okay? And some of those PAC members would do a skill workshop. So one of the PAC members started doing a jewelry class. From that jewelry class, some of those participants came in and they said, "Well, we know how to do this." So they offered their services. They knew arts and crafts. They knew all this. (ECSB-2)*

Another Cross-Beneficial Activity that is seen at FRCs is the space being utilized by other partner organizations for programming or services.

> *ECI often uses [our FRC] for their visits, so there are some families, you know, who just don't want you in their home, so they utilize this space a lot. Early Head Start uses our [FRC] a lot for their home-based program, so they have to meet once a month, and they utilize our space. They were here last week, so we have a lot of different agencies using the space for different classes, or to meet their requirements. (ECSB-15)*

Collaborative Resource Provision

Of the two categories capturing high partnership maturity, Collaborative Resource Provision was the most prevalently coded category in the quarterly reports. The emergence of these activities increased as the grant progressed. However, after the final interviews, it became clear that many grantees were engaging in this level of partnership maturity at a rate significantly higher than what could be accurately coded in the reports.

Collaborative Resource Provision centers on two major activities. One activity involves an organization providing a resource to another organization that expands or enhances the receiving organization's capacity. An example of this activity is (co-)training with follow-up support.

> *So we go talk to their staff, they come talk to ours, we've done some mixers, too, where we actually have both of our staff groups talk to each other, and we've done, like, table topic discussions, so we give them, like, a case study of a family in whatever situation. And then they can kind of go back and forth and say, oh, yeah, so I've had something similar, this is what I would do, or they're asking each other, like, hey, okay, if we can't help them with this, could y'all help support them in this? Or is this one I should refer them to you, or vice versa? (ECSB-24)*

Co-training was also seen with partners coming together to discuss best practices for service provision. This was sometimes facilitated by the grantee and other times it emerged from the coalition or another training group. These activities were moving the partners toward developing a community of practice or a learning collaborative around a single topic.

[It is easy to get] interest from fathers; it's a whole other thing to actually get them invested in returning to the services. But we've got folks in that subcommittee that have been doing the work a long time, and our focus is really, in that group, is honing in on how do we lay the base level and start it in the correct way from the beginning, with the different agencies around the table, and focus in on how we can move that work forward and work together and lean on each other in that subcommittee, for, best practices and how we do the work (ECSB-28)

Another area where grantees worked to expand capacity across organizations was with training and follow-up services centered on developmental screening. Several other activities associated with the PDG B-5 aimed to increase developmental screening through Ages & Stages Questionnaire (ASQ) training. In the Early Childhood Systems Building work, these efforts often went a step further into collaborative training and support. Two grantees had activities with the specific aim of increasing knowledge and capacity in health care. In both situations, they worked directly with residents and local clinics to train them on conducting developmental screenings, while also providing additional support that expanded capacity. For one grantee, that capacity-expanding activity was hosting a resident rotation that focused on developmental screening and early intervention. Another grantee worked with a physician champion to train and provide clinics with bundles of toys that could be used during ASQ screenings. Clinicians could use these toys to screen, demonstrate developmental concepts, and send select toys home with parents when needed.

I know for a lot of the families that we work with in home visitation, sometimes it's just showing that parent, "if you'll do these activities, they're gonna catch up on fine motor skills, or they're going to catch up on…" and so… but these physicians didn't have some of the same tools that we did, you know? And so, putting together those kits that could go home with the parent that had the blocks in it, or [toys] that the child needed, or teaching that physician to use it in a more effective way. And… and he found, when he met with these physicians one-on-one, they were like, oh okay, I get it now, you know, and they were very thrilled to get the kits that they could use there in their clinics. (ECSB-17)

Several other grantees also saw this same need with child care. These capacity-building activities were something that evolved over the course of the grant. One grantee talked about how they developed these capacity-building activities after talking with child care organizations about why they did not implement screening after ASQ training.

We then have [our partner organization] train them to become screeners at their school. So [child care providers] make the pledge that, yes, through a MOU, […] we would also like to be a screening partner. And so, what that affords them is that [our partner organization] supports that ASQ work by providing the ASQ kit. [We] come in […and] train on the Enterprise component [… and] our agency comes in with a laptop. So we [try to] remove any barrier that may be there […] We provide the training, we provide the material, we provide the laptop. And so everything is there, accessible for them to really be successful at being an ASQ partner. (ECSB-27)

The other major activity that falls in this category of partnership maturity is service co-location. This activity involves two organizations providing services to families in the same location. These activities were highly prevalent among those with an FRC. Only one grantee with an FRC did not report activities like this.

We have quarterly wellness events where all of our mobile units go out along with our community partners in high-risk maltreatment areas, and they offer things like free

haircuts. So we partner with, like, beauty schools that come out and do free haircuts, because, you know for a family of four, that's a couple hundred bucks, you know to have to do that. So that's being creative with partners to lessen the stressors that families have. (ECSB-12)

But in that community with the FRC, work [with our partner] is primarily around the car seat safety that allows us to pull families in. They do the educational component in sort of a classroom setting. Then we have the kids there. So why not? We'll do ASQs while they're there and make it multiple kind of leverage. All the things… share other resources we have while the families are getting checked for their car seats. (ECSB-11)

Collective Activity

The goal of many collaboratives is to engage in collective impact work. Studies have identified different characteristics of effective collective impact collaboratives. However, there are some clear threads that tie these studies together: (1) resource sharing from all partners, (2) shared goals, and (3) co-creation of services or activities. For the purpose of this evaluation, there had to be evidence of all three of these characteristics to code an activity as a Collective Activity. Many of the activities that we coded as Collaborative Resource Provision could also be a Collective Activity if we had more understanding of the planning that went into them. This possible overlap is one reason Collective Activities are not being interpreted as being more mature than Collaborative Resource Provision.

In the reports, we coded three instances of a Collective Activity. From the interviews, we coded at least one activity across eight grantees.

Many Collective Activities were in Family Resource Centers. Two grantees spoke about co-designing and co-funding special spaces within the Family Resource Center with partner organizations, such as developing a breastfeeding suite or a sensory suite. Another grantee described developing a Family Resource Center with a partner organization for a special population served by the partner organization. Another grantee talked about developing a Family Resource Center at a partner's location, but having it evolve into a reciprocal collaboration.

So that collaboration. So, what has it done for us? It's given us awareness as a source and a pipeline for help in a setting that is so respectful. And one of the surprising outcomes was we're getting, we're actually working with [the partner] collaboratively, you know, reciprocally. (ECSB-11)

The FRCs also provided space for service integration for families.

I know we can text, […] that provider, "hey, we got a question with this family", instead of going through all these different, you know, waiting, you know, time is of the essence for the families. They need to get something. So being able to text them and say, what about this? Or… let's say the family comes in for an issue, like, being able to text the director of the food pantry, "hey, do you have anything that we can give these families" … and then we're able to, to do that, you know, be able to kind of get that quickly with something that… they might have to wait maybe until next week for otherwise. (ECSB-21)

For another grantee, this service integration also resulted in the expansion of services that could be offered to the community outside of the Family Resource Center. This grantee described a medical provider who could provide well-child checks and vaccines for families coming in for other services.

Additionally, the medical provider collaborated with them on community-based activities.

> *When we opened up the Family Resource Center, we were like, oh, well. Since they had these additional funds to also serve the community… the community members outside of just the foster care system […] So we were like, well, why don't y'all open a pediatric clinic in our Family Resource Center? This is, like, the perfect collaboration, and they did, and it's been amazing […] They're helpful to us because they can do, like pop-up services wherever we need them. So, they can come do, like, vaccination clinics at the schools that we serve, or, I think most recently, we partnered with them to be able to do vision and hearing checks for a school down in one of our counties that… where the school wasn't able to do that (ECSB-20)*

Another grantee, who was also collaborating with a health care provider, talked about their collaboration expanding their services. In the case of this grantee, the health care provider trained the grantee's staff to conduct anemia and lead testing. The health care provider provided follow-up services to the screenings and accompanied the grantee at several large-scale events to provide education and intervention to families who needed it, especially with lead screening.

There were also examples of Collective Activities outside of Family Resource Centers. Two grantees described deep commitment and partnership across community organizations for their Child Abuse Prevention events in April. In both cases, community partners contributed monetary resources, the event was co-planned by all partners, and they shared a common vision for the event. One grantee described this partnership when we asked how they managed an event with over 2,000 attendees.

> *That was something. Our April event is required by a lot of grants, and so whenever I took over, I was like, "why are we all throwing these different events? Why don't we pool our money, funding, come together, and make one big event?" And so that's what we've done the last few years. We come together, and all of us join in… in one partnership, and [collaboration] do one big event where the community can actually benefit from it, instead of like, just throwing another park event, or something like that, you know, because you don't have enough money to really do something cool. (ECSB-3)*

There were 13 grantees with at least one activity coded as either Collaborative Resource Provision or a Collective Activity. While these examples are referred to as "activities," we want to emphasize that they represent long-term and sustained partnerships. In other words, these are examples of deep, committed partnerships that have had a positive impact on all partners and their ability to reach and serve families.

What is also striking about these partnerships is that some are unusual and outside of what has been seen in the past with the early childhood coalitions. These partnerships included organizations identified in the 2022 Texas Needs Assessment as being difficult to include in coalitions and activities, such as local Workforce Boards, healthcare providers, or school districts. However, some are partners outside of early childhood, such as banks, higher education, or trade schools.

Parent Cafés

Parent Cafés have not been included in the partnership maturity analysis, thus far. Yet, it is clear that the successful implementation of Parent Cafés requires partnerships. We separated Parent Cafés from other activities in our partnership maturity analysis because a single event (hosting a café) can show evidence of multiple levels of partnerships.

The Parent Café model is simple on the surface but requires a significant amount of logistics and planning to implement. This level of work means that many grantees only have the capacity to hold one Parent Café a month and some have fewer. For grantees holding multiple Parent Cafés each month, this level of implementation can be attributed to their partnerships, including their collaboration with their Parent Advisory Council.

Of the grantees interviewed, nine discussed their Parent Cafés. It is important to note that only six were explicitly funded through these funds to implement Parent Cafés. The remaining three grantees were implementing them through other funding but discussed the Parent Cafés as part of their Early Childhood System Building work to expand or develop their Family Resource Centers. Two grantees are not included in the maturity analysis above because they almost exclusively focused on Parent Cafés.

Across these nine grantees, we coded several levels of partnership maturity that facilitated the reach and eased the burden of implementing the Parent Café. For this analysis, we will focus on the three highest levels of partnership maturity and discuss how the partners helped contribute to the success of the Parent Café.

Cross-Beneficial Activities related to Parent Café are seen through 7 of the 9 grantees. These activities were often in the form of a partner organization providing space for the café and contributing (at least) a small amount of staff time. This level of partnership is comparable to classes being offered by a partner at a Family Resource Center. For the two grantees where we did not code this activity, it was because the Parent Café was being offered only at the grantee's Family Resource Center.

Collaborative Resource Provision activities related to a Parent Café were also seen in seven of the nine grantees, albeit not the same seven. These activities fell into two major categories: (1) co-training with another organization and (2) facilitation of a café.

When we code co-training in the case of Parent Café, it is not training another organization to host, but this training has the goal of helping the organization understand what a family experiences in a café and what is needed to partner on a café. One grantee wisely called these sessions, "Provider Cafés." Three grantees specifically discussed these trainings, however, we suspect more grantees are doing these types of activities. Each of the three grantees talked about how these cafés expanded their reach and brought in new partners as sites, referral sources, or help with logistics. These trainings went beyond awareness but deepened partnerships and expanded capacity.

The other Collaborative Resource Provision activity that was coded was a partnership around facilitating a Parent Café. For these activities, a partner organization provided babysitting, incentives, food, or resource navigation to families during the Parent Café. This activity also included partner organizations or Parent Advisory Board members being table hosts for the café.

> *So it's, you know, it's kind of like we help each other type of thing. Where we go, we do the presentation. We do the Parent Café [at the partner's site], and then they have some interns that might help us with being a table host. (ECSB-22)*

For many grantees who were implementing more than one Parent Café a month, these partnerships were a clear key to their success.

Collective Activities with Parent Cafés were coded for two grantees. For both grantees, these activities expanded the community's capacity to provide Parent Cafés. For one grantee, their

collective activity centered on recruiting, organizing, and hosting cafés with partners. While this sounds like Collaborative Resource Provision, for this grantee, these activities were in close coordination and collaboration with partners. These activities included co-organizing the café, sharing resources, and having a clear shared goal among partners.

> *And that way, you know, we can distribute the schools and know exactly what it is that we're doing, and I come up with the themes as well in the beginning of the month, and I send it to all of the parent engagement coordinators, liaisons and then they start preparing their flyers. They help me make them, just because, you know, we do have so many schools. And then, yeah, just word of mouth. They do a lot of phone calls (ECSB-11)*

The other Collective Activity that we coded related to Parent Cafés was a grantee creating a Parent Café resource library for all organizations in the community who have been trained to implement them.

> *so what we were able to do is to develop a lending library. And so now we have kits that are already together. We have 16 […] And so, we give them the flyer that has the lending library titles. All they need to do is send me a calendar invite, "hey, this is when I would love to host a parent cafe, […] can I check out the self-care kit?" And they meet with me [...], we exchange all of the information, and they go set up and host their parent cafe. So we have it to where they have 16 titles, they can do one a month and never repeat a cafe, but the whole vision and the whole wish was to have the resource available so that there is not even a lull [between training and implementation]. (ECSB-27)*

What is common in both of these activities is that the grantee worked closely with community partners to understand the partners' capacity and limitations, then collaborated with them to expand capacity by providing the missing resources to host a café.

> *Originally, and this is where our partners come in, we really wanted parent liaisons to be trained in Parent Cafés, and for them to provide it. But what we realized is they're part-time. They couldn't handle the volume, you know, of all of this, because they're doing so many different things at a part-time level. So that's where we realized, oh, we need to step in. (ECSB-11)*

Conclusion

Over the course of the two and a half years of Early Childhood Systems Building work, we have seen all grantees, except two, make significant progress towards building a stronger early childhood system, as evidenced by their partnership maturity levels. For both of these grantees, networking and referral systems are being built in these communities. Several facilitating factors were identified that helped propel partnerships forward.

A facilitator of partner maturity was that co-developed community events, Parent Cafés, and Family Resource Centers were tangible things that benefited families and that the grantee and partners could work on in a mutually beneficial way. In several fields, there are evidence-based activities to address community-level issues via multi-sector collaboration and coalitions. For example, in the fields of substance use prevention and obesity prevention, community-level prevention activities are implemented through coalitions. In early childhood, there is a call for using coalitions to improve systems, coordination, and service provision, but there is little guidance on how they can do that. The

activities identified in this evaluation served as something that unified and supported partnerships in these communities. Most of these activities can be implemented by a single agency with minimal input or community collaboration. However, to do these activities well, other partners must be involved in some capacity. As these activities matured, so did the partnerships.

Another facilitator that was key partnership maturity was parent involvement. Parent involvement was a central activity of the Early Childhood Systems Building work, but these activities will be discussed in more depth in the Family Engagement section of the evaluation. What was observed, however, was that robust family partnerships were associated with robust community partnerships. While causality cannot be inferred, it is clear that some partnerships were developed and deepened to specifically address family needs and requests from parent advisory committees. This relationship was especially true for financial planning classes, some car seat safety events, and a variety of community-wide events.

Grantees highly credited the innovative funding that "allowed us to dream big". Further, grantees could dedicate staff time to developing these activities and fostering partnerships. As some grantees told us, the flexibility of the funds took getting used to as they were used to more prescriptive parameters for grant reporting often focused on service goals.

Even without emphasis on service goals, grantees collectively reported nearly 19,000 encounters through events, classes, and services at Family Resource Centers. There were approximately 3,500 encounters at Parent Cafés just in 2025. Based on conversations with grantees and other reported events, these numbers underestimate the number of times that community members directly benefited from the programs and events developed through these funds.

This underestimation is especially true for Family Resource Centers, despite the impressive reach numbers. Those developing Family Resource Centers reported the number of families receiving intense service navigation, those attending a class, or those attending an event. Some grantees reported all contacts in a Family Resource Center, however, many of the grantees did not report "one-off" referrals they provided to parents, those that came in for services or classes with partner organizations, those seeking support while completing an application, or those coming to the center for organized playtimes. Our observation is that the more mature the partnerships at the Family Resource Center were, the more likely it was that the center's reach into the community was underestimated in the reports. As several grantees told us when we asked about their enrollment numbers, "there are always families in our center." Or as another told us:

> *[the FRC director], I know, has talked with me about this. We've seen a lot more families who are coming to the FRC […] just to bring their kids in and let the kids play. And just coming in, not for anything in particular, but just coming in to hang out for a little while. And I'm just real pleased with that. I mean, that was obviously something we wanted. (ECSB-2)*

This evaluation assessed if these funds strengthened early childhood coalitions and strategic collaborations. For some communities, their coalition activities and work were strengthened through these funds. However, the biggest impact of these funds was on strengthening strategic partnerships to better serve families, regardless of the coalition. There were significant increases in referral systems and activities associated with mature partnerships over the course of the grant and this translated into increased service activities and events that directly impacted the families in their communities.

Growing and Sustaining Safe Child Care Options

The Child Care Regulation established a Child Care Licensing Navigator (CCL Navigator) program to assist individuals applying for a permit to operate a child care facility. This program was established prior to 2023 and was significantly expanded with PDG B-5 funding. The program consists of CCL Navigators who are located in different parts of the state and cover different geographic areas so that all areas of the state have access to a CCL Navigator. In 2024 there were eight CCL Navigators and six more were added in 2025.

The CCL Navigators have extensive experience in child care, either as child care directors or working with child care licensing. They have all experienced submitting a licensing application and are able to quickly identify gaps that would result in the application being rejected or returned for corrections. The main purpose of the CCL Navigators is to reduce the number of rejected and returned applications. They also help applicants navigate into services that will assist them in opening a safe and licensed child care operation.

The original intent of the program was for CCL Navigators to help unregulated care operations obtain a license, thereby avoiding closure and fines. The CCL Navigators assist these operations, but their scope was expanded to support all operations applying for a child care permit. Those who begin an application to open a licensed center (child care center, school-age program, before or after-school program) or home (licensed or registered) are assigned a CCL Navigator who helps them through the permitting process and application. Those applying to become a listed family home, serving up to three unrelated children, are no longer supported by CCL Navigators due to the volume of applications.

Evaluation Methodology

CCL navigators tracked all operations that they assisted through a survey system set up and managed by the Child Care Regulation. This system provided the dates that permits were started, submitted, returned, withdrawn, and approved. If the permit application was returned or withdrawn, the reason was also documented in the system. Further, the system tracked the CCL Navigator's contact with the applicant, assistance provided, and resources the applicant was given at each step of the process.

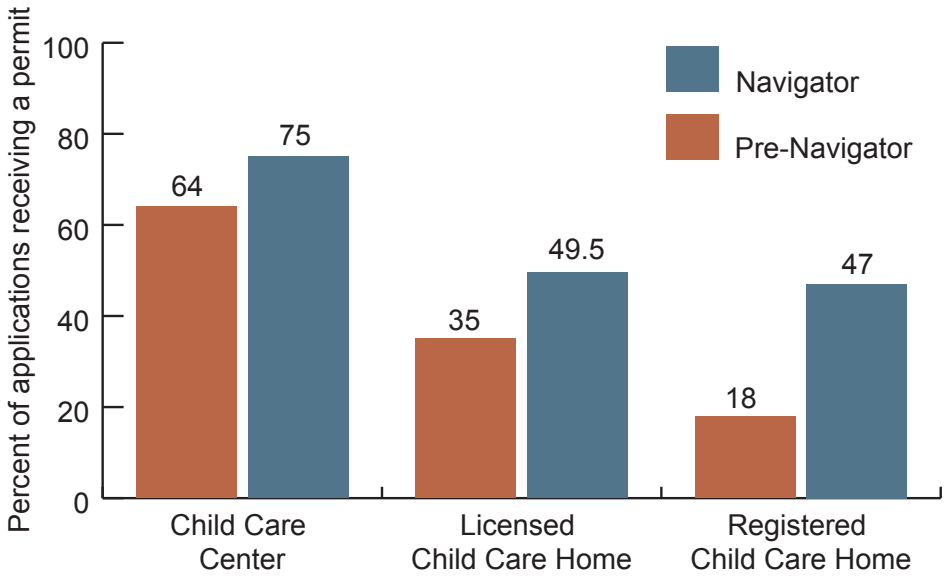
These data were merged by the evaluation team with child care desert data from the Texas Workforce Commission based on the year of the application and the ZIP Code of the proposed operation. These data were also merged with Child Care Regulation open operations data from Oct 1, 2025. This merge provided information on the number of operations that moved from permitting to opening, their licensed capacity, and whether they accepted child care subsidies.

Child Care Regulation also provided aggregate baseline data on permit issuance rates. These data were used to assess whether permit issuance increased after implementation of the CCL Navigator program.

Results

The navigators have assisted 3,168 applicants across the state between December 2023 and September 30, 2025 representing 3,067 unduplicated operations. Of these applicants, 1,664 were operational as of October 1, 2025, with 883 operating under full permits – the remaining were operating with initial, registered, or license permits.

The purpose of the navigators is to increase permit issuance. There are higher rates of permits issued for those who worked with a CCL Navigator than what is seen in historic data (pre-navigator).



8.2% of all open operations were assisted by a CCL Navigator. Of all open operations, 22% had permits issued in 2024 and 2025, and CCL Navigators assisted 51% of them. As of October 1, 2025, 9.5% of the total capacity of child care operations in the state is in an operation assisted by a CCL Navigator. Total capacity of those assisted by a CCL Navigator was 114,164 slots.

Of those individual operations assisted and opened, 11.5% were in a child care desert when they began their application. The increased issuance rate for Licensed Child Care Homes and Registered Child Care Homes is particularly notable when considering child care deserts. Of all the applicants assisted by a CCL Navigator, these types of operations were significantly more likely to be in a child care desert than child care centers. Operations assisted by CCL Navigators increased capacity in ZIP codes designated as a child care desert by 9,463 slots. Each operation in a child care desert had an average capacity of 49.5 slots (median = 16 slots, range 3 to 272 slots). This increase in capacity is proportionally lower than what is seen in non-desert ZIP codes. However, this result is because operations in child care deserts tend to be smaller and home-based.

Operations that were opened and assisted by a CCL Navigator were significantly less likely to accept child care subsidies than other open operations. Only 20% of the operations assisted by CCL Navigators accepted child care subsidies. In contrast, 37.5% of operations with permits issued in 2024 and 2025 accepted subsidies. This disproportionate rate of child care subsidy acceptance was present even when assessing only operations with full permits.

Conclusion

The CCL Navigator program has successfully increased permit issuance rates and increased child care capacity in child care deserts throughout the state. The work of the CCL Navigators is notable in the number of slots that have been added to the overall child care capacity in the state. There is no part of the state that has not benefited from the work of the CCL Navigators.

However, there is a point of improvement as this program expands and moves into sustainability. One finding that deserves more attention is the lower acceptance of child care subsidy by those assisted by a CCL Navigator. This finding may be a function of how new these operations are. It may be harder for a new operation to understand how subsidies might impact their overall operation and business plan; therefore, they may delay accepting subsidies. Further, these operations may be focusing on Texas Rising Star ratings before accepting subsidies in order to maximize their reimbursement rate. In either case, these operations may need more and continuing support to see the subsidy acceptance rate increase.

To address this point, both the CCL Navigators and the Texas Workforce Commission (TWC) should better understand the barriers and concerns that new operations may encounter when deciding to accept child care subsidies. This information will help the CCL Navigators better prepare these new operations and, importantly, increase the number of operations that accept the child care subsidy.

Retaining the Early Childhood Workforce

COVID had a large impact on retention in the early childhood workforce. One sector that was particularly impacted was Early Childhood Intervention (ECI). ECI provides therapy and intervention services to children diagnosed with a developmental delay or disability. During COVID, these professionals had to change their work modality (moving from in-person to virtual) practically overnight, which was particularly challenging as these professionals were accustomed to providing direct, in-person coaching of families who were not familiar with services provided in a virtual setting. COVID-era job stress, along with other issues, affected the retention of therapists and developmental specialists. A retention stipend was established to help prevent turnover in ECI. Providing stipends to eligible ECI personnel continued with PDG B-5 funding.

In addition to these stipends, ECI has been working to increase retention through their Individuals with Disabilities Act (IDEA) Part D funds. ECI has been partnering with the University of Texas at El Paso (UTEP) to assess non-pay related factors that impact retention. Through this work, nine ECI subrecipients have also been participating in studies and workshops that address other aspects of job satisfaction and retention.

Evaluation Methodology

Retention rates were reported by all ECI subrecipients on a monthly basis. These rates were tracked over time and compared between those that did and did not provide retention subsidies. Further, these rates were compared between those subrecipients that engaged in additional retention activities and improvements through the ECI retention grant and those that did not.

Associations between the retention stipend and individual-level attitudes and job stress were also assessed. As part of the 2025 PDG B-5 Needs Assessment update, all ECI subrecipients were sent a survey and asked to forward it to four therapists or developmental specialists within their organization. Among other things, this survey asked whether the individual received a retention stipend or bonus. Furthermore, they completed three validated surveys of workplace burnout, stress, and supervision.

Results

Across the entire reporting period, retention rates were very high. All subrecipients had retention rates above 95% for the entire reporting period. Of the 40 ECI subrecipients, 36 accepted the funds for the retention stipend. This high acceptance rate, paired with the high retention rates, made it difficult to assess differences between subrecipients.

At the individual level, 128 individuals responded to our survey and 68% indicated that they had received an ECI retention stipend. Job stress was assessed with a modified version of the Job Stress scale and consisted of three subscales that measured (1) how demanding the individual considers their job, (2) whether they feel they have control in their job, and (3) whether they feel appreciated for the work they do. Those who received a retention stipend had significantly higher sum scores related to feeling appreciated for their work. There were no significant differences related to the other job stress subscales.

The lower sum scores for feeling appreciated among those who did not receive a stipend were driven by respondents skipping or not answering questions. It is not likely that these skip patterns were random because these sum scores also predicted the individual's feelings of being burned out in their job, with those who felt more appreciated having lower sum scores on burnout if they received a stipend. Importantly, higher mean scores related to feeling appreciated (which accounts for the skipped items) were also significantly associated with lower burnout scores.

Conclusion

The work being done in ECI to increase retention is multifaceted and extends beyond retention stipends. As in other early childhood fields, retention for ECI is a combination of job stress, pay, fulfillment, and feeling supported. Many ECI subrecipients have been working to address a wide array of factors that have been shown to contribute to burnout and poor retention. These efforts are not part of the wider evaluation of the retention stipends offered through the PDG B-5 grant. However, these efforts must be taken into account when interpreting these results.

Increasing pay and providing retention stipends have been shown in other early childhood sectors to be a necessary, yet not sufficient, step towards reducing burnout. The other retention improvement efforts by ECI are considering and addressing broader issues associated with burnout. These issues include job stress, fulfillment, supportive supervision, and positive relationships with clients and families. It is likely that the high retention rates seen throughout this study period are related to these broader efforts. However, there is also evidence that the retention stipends also positively impacted fulfillment. If these efforts continue and are replicated across other sectors, assessing retention as multifaceted will be necessary to develop sector specific improvements.

Family Engagement and Leadership From the State to Local Organizations

While the state agencies involved in this activity have a workgroup, their work has not progressed enough to be evaluated. We have, however, seen increases in family engagement at the local level through the Early Childhood Systems Building grantees and through our evaluation activities. The evaluation will focus on the impact of families on local level activities and on the PDG B-5 evaluation.

Early Childhood Systems Building

Twenty-eight of the 29 Early Childhood System Building grantees spoke of their family advisory councils (FACs) in reports or interviews. These FACs have become central to their activities and a major contributor to the success of this activity. The impact of FAC involvement was particularly striking for grantees who developed or expanded a Family Resource Center (FRC).

A major component of a Family Resource Center is a FAC, and having a route for community feedback and engagement. Without mature FAC engagement, Family Resource Centers often look like an extension of the backbone agency's service array. Through our evaluation and interviews, it became clear that those with a mature FAC had classes, events, and services in the Family Resource Center that reflected the community. As one grantee with an Family Resource Center told us, "we do not do anything without the FAC". Or as another told us:

> *It all started with what I thought the community needed, which was definitely not the right way to go if I wanted to keep my community engaged. I really needed to listen to what they really wanted. They started asking me for English classes. They started asking me for how to finish their GED, how to do this or that. They started asking for nutrition classes […]*
>
> *We turn our intake package into a big conversation where we can start learning about the family, the dynamics. What's going on? How many children? How are you struggling financially? What are your needs? Do you have Medicaid? Do you have food stamps? What are we lacking? You're looking for CCS for child care, all that gets put down in the intake. And that's how we started. […]*
>
> *But the resource center really had to be made up of what the community needs. That's really my 1st step is listening to the community. (ECSB-19)*

The rich engagement by the FACs and the community prompted us to ask grantees who the Family Resource Center belonged to.

> *Honestly, if I'm being genuine. I think I've been with [organization] for almost 8 years, I think, and I've been doing a lot of mental health and substance use. So I'm very familiar with what treatment is… this was totally different. The family resource center was not a program. This is a center. I really had to learn that myself before I can try to explain to the community what the family resource center is. […]. So I think this is the reason why it has been so successful is because they've [the community] made this "my family resource center". I can genuinely say it belongs to my families, to my community, for sure. (ECSB-19)*
>
> *That was hard for us as a staff to wrap our minds around at the beginning, because,*

you know, we walked in and it was an empty building, and we worked really hard to get it built. So, handing it over has been pretty hard, and there's some things we still aren't ready to hand over, but yeah, it definitely belongs to the community, and we always get community input, and we implement it, and that's why agencies are here, and families are leading it. We're kind of to the point now where we're just more of the structure, I guess a place, you know, cleaning and running it, but, not really ours anymore, so that was kind of hard, but I think you see the beauty in it being that way also. (ECSB-15)

To tie it all together. That is the backbone of the Family Resource Center. Parents, the community that we serve, our Parent Advisory Committee, and the partners that we're partnered with […] if you're truly doing the work that the FRC is supposed to be doing, if you are doing it, community is leading it, the PAC, partnerships, those things are leading what is needed in that specific community (ECSB-13)

Our team is able to come up and say, hey, we've had a, you know, been asked for this request a lot, we don't have it, how can we meet that need? And so it's working with another community partner, finding that need, and just really adapting to the community. I think that is… the biggest strength that I've seen [of the FRC]. (ECSB-20)

Family Research Forum

Families have been included in the development of the evaluation to ensure family voice is included in evaluation efforts. Through the Family Research Forum, families have provided feedback on evaluation topics including high-quality child care, gaps between ECI and Early Childhood Special Education (ECSE) special education and related services which are for eligbile students aged 3 through 5 and not enrolled in kindergarten or other school-based services understanding acceptance of infant and early childhood mental health consultants and practices that accommodate and include children with developmental delays and disabilities. The following highlights findings from the Family Research Forum and how that work impacted the performance evaluation.

Inclusion and High-Quality Child Care:

Our first advisory session focused on high-quality child care practice, and the second advisory sessions were conducted with family forum members who have or had a child receiving ECI or therapies for a developmental delay or disability. Both of these sessions underscored that many practices for children with developmental delays are what parents with typically developing children are looking for in high-quality child care practices. Further, it is clear that the way we have been measuring both is not completely aligned with the way that families talk about and experience these practices. From these discussions, we developed a survey for child care and public pre-k that assessed these high-quality practices. This survey was included in the 2025 PDG B-5 needs assessment update on workforce practices and included in the evaluation of consulting services in child care settings.

The survey has four major best practices areas. (1) The General Practices section focuses on training and practices related to the acceptance of a variety of differences between children and families. This section also includes practices related to including the whole family and extended family in child care activities. (2) The Structural section focuses on the use of quiet corners and accommodating outside therapy. (3) The In-Class Practice section consists of questions about the

use of schedules, personalized reward systems for children, staff comfort with difficult behaviors, and communication to parents about their child's day. (4) The Policy section focuses on asking about late-arrival policies, whether the center receives assistance from Child Care Services for the inclusion of child with special needs, and their policies and practices around expelling students from the center.

ECI to ECSE or Other School-based Services Gaps:

The second session of the Family Forum only included families with experience with ECI or with therapies for a developmental delay or disability. These conversations were wide-ranging, but a common perspective shared by the family forum is that there are gaps between ECI and ECSE or other school-based services. The family forum discussed reasons for these gaps. One participant told us about her child turning 3 in the summertime and ECI discharged the child, but there was no school assessment until the new school year began. This resulted in gaps in services for several months.

In addition, some parents who were discharged from ECI felt that the discharge process was abrupt and that they were left not understanding the next steps or wondering why their child was no longer receiving services. Not only is this disorienting for the parent, but also for the child who must adjust to the transition to a new therapist without overlap and hand-off. There was considerable confusion about the handoff to ECSE or other school-based services, which led many parents to seek private therapies for their children when possible.

One of the other concerns transitioning from ECI to ECSE or other school-based services centered on moving the child to a pre-K school when they were stable and secure in their child care setting. This move can be an undue burden on a child with developmental delays and can result in regressive behavior as they adjust to the new setting. Some parents felt that their child care center was better equipped to care for their child than the pre-K that they enrolled in to receive ECSE services.

The family forum's various experiences suggest regional differences in the quality of these services. Most everyone agreed that the hand-off between ECI and ECSE or other school-based services needed to be improved. However, the quality of the school-based services and the integration of supportive practices in pre-K differed widely across the family forum participants. Some parents who moved to ECSE or other school-based services complained about losing therapies for their child (especially OT) or feeling that therapies were being cut back to the point that their child was regressing. Others felt that their schools were partners and provided high-quality care that helped their child grow. It is essential to note that policies are in place to address and explain many of the family's perceptions and concerns. However, there appear to be communication challenges that are resulting in misunderstandings or possible noncompliance at the local level (ECI or schools), which is contributing to the variation in experiences. There is an opportunity for local programs to use this feedback to improve their communication with families.

Conclusion

Including family voice and perspective can have a profound impact on service delivery and program perspective. However, including family perspective must be done with respect and intention. Families agree to provide perspective (and in some cases labor) because there is personal meaning and

ownership to the work that they are doing. This ownership is easiest to implement at the local level. Even within the Family Research Forum, it was difficult to have families own an activity. However, at the local level, families are leading in their FRCs, with different community events, with recruitment activities, and with community building. As activities are removed from these tangible grass-roots activities, it may be harder to directly include them in an intentional way.

Expansion of earlychildhood.texas.gov

The expansion of the earlychildhood.texas.gov website focused on including an early childhood screening form that allows users to assess which early childhood programs they may be eligible for. These programs include Head Start, Early Head Start, Public Pre-kindergarten, ECSE and child care subsidies. After completing this form, users are provided with more information about how they can officially apply for the services they may be eligible for.

These webpages were publicly launched at the end of August 2025 and were officially public for all of September 2025. The timing of the launch did not allow a full evaluation of the impact of the screening form on website navigation or on the types of questions that users send to the early childhood Texas inbox. However, there are initial impacts of the screening form.

In just one month, the early childhood screening landing page became the most visited page on earlychildhood.texas.gov outside of the home page. The screener landing page had 856 page views in September 2025. Additionally, the screening form had 593 views, with the confirmation screen having 474 views, indicating that 80% of the users who viewed the eligibility form went on to fill it out.

Historically, the Head Start page has been the most viewed page on the website. In the first month the screener launched, it has become the most viewed page on the website. Further, the child care education and “find a program” pages had more page views than the Head Start page after the launch of the screener.

Before the launch of the early childhood education screening form, the most asked questions in the Early Childhood Texas inbox focused on assistance finding child care and financial assistance for child care. There has not been enough time to assess whether this pattern of messages have changed. However, the increased traffic to “Find a Program” and the child care education page suggests that some of the questions may be better addressed on the website now.

Socio-Emotional Behavioral Support Through Infant and Early Childhood Mental Health Consultation

This strategy is focused on piloting the use of Infant and Early Childhood Mental Health Consultancy (IECMHC) in local communities. IECMHC refers to the work an individual conducts with various early childhood sectors to provide support to adults caring for young children, promoting the well-being of both young children and their families. These consultants do not have to be licensed mental health practitioners, but many are. A core component of the IECMHC model is to promote relational health between adults and young children. Sometimes that relationship strengthening is between the primary caregiver and the child, and sometimes it is focused on the professional providing a service to the family. What is important to emphasize is that this is a consultation model, not a therapeutic model. The consultant is not providing mental health therapy but is helping adults assess and better support the emotional and behavioral needs of the child they are working with.

IECMHC in Texas has been scattered without a clear overall state strategy. Several programs offer IECMHC (such as Head Start/Early Head Start and the Nurse Family Partnership home visiting program). Additionally, several local organizations have supported IECMHC through various innovation grants. The Texas Health and Human Services Commission also sponsored a brief pilot of IECHMC for ECI in 2023. However, there is no comprehensive statewide strategy for funding or understanding of the role of IECMHC across the state.

Through the first year of PDG B-5 , the University of Texas at Austin developed a roadmap and framework for what IECHMC could look like for the state. In year 3, they have been contracting with and providing technical assistance to local organizations throughout the state to pilot this framework. These local organizations have hired and provided IECMHC services to other local organizations in their area. In addition, UT Austin has been collaborating with other groups to offer various levels of training to the early childhood workforce, promoting reflective supervision, relational health models, and training in IECMHC models.

Evaluation Methodology

The evaluation for this activity includes interviews with ECI organizations that received consulting in 2023 and data from the UT Austin implementation in 2025. The ECI pilot was not PDG B-5-funded, but the interviews were. The interviews with these programs provide important context for assessing and understanding the PDG B-5 implementation. Sixteen individuals from 7 different organizations were interviewed about their use of IECHMC and the impact it had on their practices.

UT Austin worked with the evaluation team to develop metrics that would show the scope and impact of the IECMHC implementation. Many of the metrics that were tracked also helped demonstrate how this implementation addressed some of the findings from the ECI pilot. In the results we will refer to the UT Austin led implementation as the “PDG B-5 implementation.”

Results

One major theme present in the interviews from the ECI pilot is that there were different ideas about who the consultants were intended to assist. The training provided to supervisors and organizations provided a broad definition of the consultants and their use. Supervisors and directors saw the consultants as a benefit for the ECI provider. They thought that the consultant was there to help their staff problem-solve and work through difficult situations with families. However, the ECI providers thought that the consultant was for the family. Many expected to be able to “hand-off” the issues to the consultant.

Despite this confusion, the ECI providers who did use the services found it helpful and saw a need for this type of support among their families. The types of support that ECI providers expressed that they needed fell into three major categories: (1) direct support for the family, (2) brainstorming about a difficult situation, and (3) support in their approach to a difficult situation.

This push and pull of understanding the IECMHC model’s scope was directly addressed in the PDG B-5 implementation. This implementation explicitly trained on and tracked consultancy services at the system, provider, and family level. As of October 1, 2025 the PDG B-5 implementation has served 131 cases. Of these, 85 cases were focused on the family, 33 at the group/classroom level, and 13 at the program level.

Another major theme of the ECI pilot interviews was the need for time to develop trust and rapport between the provider and consultant. The ECI pilot occurred over the course of two to three months. Many directors felt that more of their therapists would have used the consultants if they knew the consultants better. ECI providers (as well as other early childhood providers) are protective of the families they serve and their relationships with those families. They do not feel comfortable recommending a service or bringing in another person if they do not know and trust the individual.

The PDG B-5 implementation also addressed this issue. The PDG B-5 implementation has been in place since January 2025. In the first quarter of the implementation, only 8 families and 2 classrooms were served. In contrast, 37 families, 7 classrooms, and 5 programs were served in the third quarter of 2025.

The most important finding from the ECI pilot was that the continuity and sustainability of consultancy needed to be communicated clearly, especially when a family is directly involved. The ECI pilot was very short, and that left some ECI providers concerned that their families had no closure with the consultant. Some felt that the family was “just left hanging,” which may have been a misunderstanding due to unclear expectations. However, in some situations, that feeling arose because some families needed additional support and the consultant stepped away when the pilot ended, which left the ECI provider in a difficult situation.

The need for longer-term engagement is also seen in the PDG B-5 implementation. The average time of a consultation case is currently 21 weeks (range 3 to 40 weeks). This average time is likely to change as it only represents 12 closed family-focused cases of the 85 that opened during the reporting period. As the ECI providers expressed, family-level consultancy requires sustained engagement and follow-up.

Despite the shortness and challenges with the ECI pilot, participants expressed a need for the program and wished that it had continued. The PDG B-5 implementation is also seeing the same

satisfaction with the consultancy. All early childhood education providers have rated their satisfaction with the program as very high and all have said that it helped them do their job better.

It is important to note that the PDG B-5 implementation served more than early childhood education: 44.7% of family-focused cases occurred in an early childhood education setting, 30.6% were in ECI, and 24.7% were in a home visiting program. Programmatic consultation cases were almost evenly split between ECI and early childhood education.

A major barrier to accessing IECMHC is a lack of stakeholder knowledge and awareness. Across early childhood sectors, there is a lack of understanding of what these consultants do. To address this knowledge gap, the PDG B-5 implementation also included statewide trainings on the base framework used to promote early emotional and behavioral development through a relational health lens (the Pyramid Model). These trainings have included home visitors, family support staff, and child care teachers. These trainings are in progress, and as of October 15, 2025, 94 individuals have completed a three-day or intense two-day training on this model. There are 7 additional training series scheduled.

The Georgetown IECMH certificate program was also provided. This program provides learners with a certificate in IECMH, but does not grant the credential to practice this type of consulting. This program is designed for direct care providers (including health care) to help them learn the basics of infant and early childhood mental health. This training can be a step toward IECMHC credentials for some. Nineteen individuals completed this 10-month training series.

Conclusion

IECMHC is one type of consultancy that the early childhood sector can access. The Texas Workforce Commission also offers short-term consultancy for child care operations looking to accommodate a child with special needs. Furthermore, the Infant-Toddler Specialist Network, co-sponsored by the Children's Learning Institute and the Texas Workforce Commission, offers consulting services to child care operations on implementing high-quality educational practices. Both of these consultancy models differ significantly from IECMHC in that they only provide classroom-level support, not family-focused support. Additionally, these consultancy models are specific to child care, whereas IECMHC can be used across several early childhood sectors.

Unlike these other consultancy models, the ability to access IECMHC is not spread consistently across the state as most efforts to promote this type of consultancy have been confined to innovation grants and pilot programs. This inconsistent funding has created a situation where many of the same agencies are accessing and providing this service across different grants. This is not a criticism of these agencies, as they are patching together funding to keep the services available to the community. What we have seen from the ECI pilot and the PDG B-5 Implementation is that a lack of continuity can create issues for uptake, trust, sustainability, and effectiveness of the program. A program that, at its core, promotes relational health cannot be effective if it does not have time to foster relationships.

The 2025 PDG B-5 Needs Assessment specifically asked child care operations if they had accessed any outside consultation services to help with behavioral issues in the classroom or to better accommodate a child with developmental delay or other special needs. Those who had accessed these services were significantly more likely to express confidence in handling four challenging

behaviors -- elopement, a child hurting another child during a “melt-down”, a child damaging property during a “melt-down”, and a child disengaging from learning activities. These data cannot differentiate the type of consultation received, but they do indicate that these services are associated with greater confidence in the operation’s ability to handle such behaviors. This finding, combined with the current evaluation results for IECMHC, indicates that these consultation services enhance the quality of child care in the state.

However, we want to emphasize that the evaluation results also indicate that these consultancy services are desired across the entire early childhood service array. The findings from the ECI pilot clearly showed a desire to make the consultants more available. The PDG B-5 implementation also shows that home visiting groups wish to access these services. As the plan for the long-term sustainability of IECMHC is developed, the impact of this service across multiple early childhood sectors should be considered.

Aligning and Simplifying Career Pathways to Include High School, Credentials (CDA), and Degrees (2 and 4 year)

The Texas Workforce Commission had to rethink and reassess this activity after the first year of the grant because of contracting issues. This led to the creation of a new contracting mechanism that solicited Institutions of Higher Education to develop different credit pathways for early childhood education degrees. Grantees were given the opportunity to work five different models to address nontraditional ways to earn credits.

Three institutions were awarded these contracts. Two chose to work towards creating articulation agreements that allowed credit transfer between colleges and Universities. One chose to work on credit for competency and credit for work-based learning. Both of these mechanisms would allow those in the workforce to use their experience for credits. Two chose to work on creating college credits for those with a Child Development Associate credential. One chose to develop a dual credit pipeline for those in high school.

These activities are in progress and no reporting had been made by October 2025.

Early Childhood Integrated Data System

The Early Childhood Integrated Data System (ECIDS) work is in progress. Texas participates in ECDataWorks Community of Practice for the development and evaluation of ECIDS. As of October 2025, the ECIDS development team has conducted interviews and collaborated with stakeholders from all involved agencies. These interviews have focused on understanding the priorities of each program to reach a consensus on priorities for the data system.

These interviews have resulted in 5 priority use cases and the corresponding data requirements for each. Each of these use cases begin with aggregate data. The ECIDS development team has begun their sprints for three of these use cases.

As these sprints progress and the data system begins to take shape, it will be important to evaluate the system on several different levels:

- How well the data system fulfills the needs of the use case
- Whether updating the data system is sustainable
- Whether the use case results in programmatic use

Each of these levels of evaluation will be necessary for the long-term health and expansion of the integrated data system.