

**Meeting Summary**  
**Atlanta Early Education Leadership Council Meeting**  
**April 26, 2018 | 8:30am – Noon**

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8:45 **Welcome, Agenda Review, Process Overview**

*After a welcome from the chair, Stephanie Blank, our facilitator, Bill Potapchuk, will review the agenda. Mindy Binderman will discuss the process for recommendations and the development of the final report.*

Our last two meetings are **May 18<sup>th</sup>** and **June 12<sup>th</sup>**

A draft template for presenting recommendations to the Council was presented for review. Participants noted:

- It is important to include the path forward (funding, etc.)
- It is Important to include the “who”. Include implementing partners, funding partners, and stakeholder support that might be needed

Mindy described the final report. It will come out in the fall. We are hiring a writer to draft the report who will work through the summer, interviewing council members and writing. It will be unveiled in the fall with a public event. We will set the date for this soon and it will be an opportunity to celebrate the work. It will include steps towards financing and implementation.

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9:15 **Reviewing Draft Recommendations for Pre-K and Transitions from Pre-K into K**

*Erin Hames presents the draft recommendations for discussion. Her presentation is included in materials.*

Recommendation #1: Conduct a needs-assessment to identify barriers to Pre-K. Use data gathered to support actions to remove existing barriers.

Comments and questions from the Council members:

- Comer Yates: So much of it comes back to defining quality.
- Yasmin Tyler Hill: There are certain issues and deficiencies within families. Our needs assessment should focus on where these pockets of families are located.
- Stephanie Blank: How do you find these families?
- Yasmin Tyler Hill: Population health medical records can give us a general idea. Medicaid data and where they are being served, which may be found in the TCC.

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- Stephanie Blank: Are there any conflicts with HIPAA?
  - Yasmin Tyler Hill: There's population data and then there is patient specific data that is subject to HIPAA laws. But we should investigate ways of getting around that.
  - Amy Jacobs: We can talk to parents of kids already in Kindergarten, ask them where they went to Pre-K, if they went, why or why not?
  - Lizzy Smith: We have so much data already, I agree with Amy, we need to go where the parents are. Consider an APS recruitment programs, and how charter schools stay informed.
  - Frank Fernandez: The needs assessment needs to provide both qualitative and quantitative data.
  - Donna Davidson: At Head Start, we are masters of door-to-door solicitation, we have extensive information from focus groups and our recruitment efforts about the barriers.
  - Nicole Patten Terry: We will eventually end up with 4 groups from which to gather information: parents with kids in Kindergarten, from kids/parents in Pre-K, all 4-year-old programs that are not GA pre-k, and the group of kids not in any programs (we will have to have different approach)
  - Mindy Binderman: Adding Pre-K slots may not solve the problem. We must learn why there are vacancies and how to fill them.
  - Meria Carstarphen: In APS, the Douglass cluster. We've moved spots around but ultimately, there are vacant seats in areas where data tell us we have highest need.
  - Michelle Hill: We don't share waitlists adequately. We need a more streamlined system.

Recommendation #2: Expand Summer Transition Programs (STPs) for Rising Pre-K students and rising Kindergartners to serve students who need additional instructional time and transition support

- Stephanie Blank: Should we focus on funding/developing a program for 6 weeks or 4 weeks?
- Michelle Hill: As a private provider a 6-week program works for us.
- Billie Walker: Most camps are 6 weeks. We should look at the alignment of the date for when school ends and begins again.
- Michelle Hill: Summer transition is income based (CAPS). There are children that need the service that cannot take advantage of it.

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- Yasmin Tyler Hill: What about families in shelters or between homes? How do we reach that group? How can this work for them?
  - Amy Jacobs: We have a search feature at [qualityrated.org](http://qualityrated.org) that gives info on
  - Lizzy Smith: Different purposes for these programs. It is not just for summer camp for working families, it is to give kids with little to no formal care to get them prepared for school. I believe they should be the number one priority.
  - Blythe Robinson: That is the current model, these are children new to formal care. If we want to expand this specific program, we have to look at data that compares the 4-week vs. 6-week program.
  - Stephanie Blank: There is some tension between the two models, can we accomplish both transition and instructional help in 4 weeks?
  - Nicole Terry: Four weeks will get you an improvement in academic outcomes, and in general when children participate in summer programs, particularly those with the highest need. Research suggests primary barrier to success of these programs is attendance.
  - Michelle Hill: There should be a distinction between programs that are instructional and those just for transition purposes.

Recommendation #3: Develop a focused, cluster-level strategy for easing the transition from early learning programs to elementary schools and ensuring children and families receive the services they need

- Stephanie Blank: Is the transition specialist a responsibility of the child care provider or APS or the city?
- Mindy Binderman: Ultimately, is this a game changer? To what entities are they linked?
- Comer Yates: How much alignment will children have?
- Frank Fernandez: Cluster level vs. school level (esp. in clusters) the workload would be too much for one person. Without there being a common method, some alignment in the transition process, we will get different outcomes.
- Donna Davidson: I think in terms of transition there is a lot of information that providers can give on the child and their family.
- Stephanie Blank: Is everyone in agreement about the importance of transition programs?

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- Ed Munster: I think it is important for the hand off to who will be receiving the child, and what they need to know about them.
  - Stephanie Blank: Schools have to be open to receiving the help.
  - Blythe Robinson: We need to develop a clearly defined position of what a transition coach does.
  - Meria Carstarphen: I lean away from case management, it is about relationships and building bridges between families and schools and parents. I think APS would have the responsibility. There must be a city-wide message about all of this and how it works.
  - Comer Yates: There has to be a common language around how we treat children. In 6 weeks you could redefine kindergarten and the transition for all kids.
  - Stephanie: Maybe we should work on creating a common experience for what this transaction should be.
  - Group: Yes.

Recommendation #4: Create an Early Childhood Education Leadership Institute with the purpose of team-building and substantive professional development for cohorts of elementary school principals and childcare center directors

- Amy Jacobs: I love this idea. Everything must start from the leader.
- Stephanie Blank: Is this a not-for-profit entity that hosts such a program?
- Mindy Binderman: Yes. Leaders go for a specified period, to stay on the same page.
- Meria Carstarphen: These are the kinds of things that go into the same category as certifications for teachers, specialized degrees, etc. It should be mandatory.
- Amy Jacobs: That is a state level issue. I agree with you but that involves other entities.
- Meria Carstarphen: It should be treated like a continuing education course as well. At the heart of this we are trying to professionalize what we're doing.
- Stephanie Blank: So there seems to be some consensus, but we need some mechanism to ensure participation.
- Billie Walker: We should include a piece to develop trauma informed professionals as well to address high risk kids.

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Recommendation#5: Create a multi-platform, city-wide messaging campaign that includes a “Countdown to Kindergarten” focused on giving parents the information they need regarding the importance of high-quality early learning, including Pre-K, developmental milestones, best practices, and services available to support children and families.

- Stephanie Blank: If we should be starting at the prenatal point
- Paul Alberto: Maybe there should be a series of messages because the information parents are hearing at Grady may be different than what they hear from ECE providers. The emphasis of the messaging at birth is different from that of ECE professionals.
- Erin Hames: The idea of this is that it should be very comprehensive. It should provide information that helps parents at all stages. Think of this as a continuum.
- Stephanie Blank: Do we want four campaigns? Or a central message that gets people to visit the hub and collect information.
- Mindy Binderman: GEEARS has the first 2,000 Days. It contains direct messaging focused on bringing awareness of that continuum of birth to kindergarten.
- Frank Fernandez: We should be clear about the timeline and duration of the campaign. We need an ongoing information source.
- Nicole Terry: There is a model for how we can provide this info is going on continually. We should have something that defines the milestones.
- Lizzy Smith: We have such a variety of people in our audience. We should use multiple mechanisms. A massive information/advocacy campaign and a push campaign to motivate people.
- Meria Carstarphen: City-wide message should be something everyone recognizes, well branded, well defined. We should want to say to people that move to Atlanta, this is what we promise to do for you and your family. At APS, we’ve done recruiting campaigns with billboards and social media. We in this group must spend time defining that commitment in a way that makes it uniquely Atlanta.
- Stephanie Blank: It’s not necessarily a tool to teach people, but more so a tool to get them interested and raise awareness.
- Lizzy Smith: You can’t get to capacity building for the parent unless they know how to truly take advantage of the information they’re being taught.
- Liz Blake: I think we should look and see what other cities are doing.

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- Jason Esteves: I agree, NYC pushed a very popular campaign. I was a tourist and was so intrigued I googled it.
  - Ed Munster: But wait is it from birth or ECE to kindergarten?
  - Stephanie Blank: Yes, actually from prenatal care. Perhaps we can change the name of “countdown to kindergarten”

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10:35 **The Health and Wellness Landscape for Children 0-8**

*Dr. Yasmin Tyler-Hill presents on important maternal and child health issues facing families in Atlanta. Q & A followed her presentation which is included in the materials.*

Key points included:

- From birth through 36 months, there are 12 scheduled visits between pediatricians and families.
- The basic science of pediatrics is based on biology, ecology, and health & development.
- If she could do anything, she would write prescriptions for high quality early learning.
- There are not enough mental health providers for children. 20% of children will have some kind of mental health issue.
- The nurse navigator program uses resources that are already available in the community.

Her recommendations included:

1. Incorporate ELC into the medical home by working with the AAP
2. Target the primary care pediatricians in the TCCN to adopt Bright Futures
3. Target major pediatric providers to families
4. Develop a data sharing agreement between CHOA/TCCN for students in APS
5. Advocate for CMS to add school readiness assessment as a quality measure
6. Develop a universal school health form for the 0-3-year-olds
7. Establish Healthy Beginnings model as the school health program in ELC

Her developmental or longer-term recommendations included:

1. Secure funding to support an Office of Child Health and Education
2. Develop a clearinghouse for data collection and research
3. Develop grant writing competency to support research and development in child well being

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4. Develop a workforce development treatise

And the aspirational recommendation:

- Develop an Office of Child Health and Education charged with: advocacy and policy development, initiatives to improve school readiness, initiatives to help pediatric providers with P4P, data collection and research

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11:00 **Panel: Meeting the health and social-emotional needs of young children in Atlanta**

*Stephanie Blank will moderate a panel of childcare providers in the city to discuss the health and wellbeing of children and families, how childcare centers are addressing their needs and how systemic changes could serve all families well. The panel will include Donna Davidson (Easter Seals), Michelle Hill (Kidazzle), Tiffany Hill (YMCA) and Blythe Robinson (Sheltering Arms).*

- Stephanie Blank kicks-off the conversation by stating that mental wellbeing starts at a very early age. She asked panelists, “What is the number one thing you are doing to serve children’s health needs?”
- Donna Davidson: start by ensuring that children have a medical home. At Easter Seals, they see a very significant amount of dental issues (1000 of 1600); a significant number of children who are either underweight or obese.
- Michelle Hill: Kidazzle partners with the YMCA to serve children in Head Start. They primarily serve children not in Head Start or the Georgia Pre-K program. The biggest issues parents identify are housing and unemployment.
- Tiffany Hill: YMCA incorporates Strong for Life principles to address obesity. They have medical providers who come into the center but try to help families connect to pediatricians and learn to advocate for themselves.
- Blythe Robinson: Seeing early onset of diabetes and a significant percentage of children with asthma.
- Donna Davidson: We often transport families to the doctor.

What percentage of families have a medical home?

- Michelle Hill: 20% of families show up to Head Start without a medical home but they quickly get one. Most childcare providers do not know if children they are serving have a medical home.
- Donna does a developmental screen on all children as well as the screener for autism.

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Behavioral issues surface when children have been exposed to trauma. Have employees in their centers been trained to serve children with trauma experiences?

- Blythe Robinson: Yes, we have specialists on staff in their centers who are trained but there is more work to do in this area to change practice in providing services for children. Also, most providers do not have the resources to do this.
- Donna Davidson: We have implemented the Incredible Years (one of two evidenced-based models for serving children with mental health needs). 170 children were identified through their mental health screenings this year. They are working with 130 families expressing domestic violence and substance abuse; last year, they served 400 families (out of 1600) with these issues.
- All of these providers have a no expulsion policy. They often get children who have been expelled from other programs. This is a very serious program.
- A lot of children come to school hungry.
- There is a very big distinction between providers that have Head Start and the resources that go along with it and those that do not.
- Ed Munster says that the funding for these blended programs is very complicated and the standard of care changes based on the funding available.

What are the doable opportunities for the city that would have an impact?

- Jason Esteves asks: What about coordination with the Medicaid providers?
- Yasmin Tyler-Hill: We do not have enough specialists to whom children can be referred. The medical community needs to address this. Medicaid providers who take CMO dollars are required to do specific things, but we must ensure that there are sufficient numbers of specialists in the city so that children can be referred to providers.
- Billie Walker: At the Children's Shelter, they do psychiatric evaluations. Many children are not equipped with social-emotional strengths.
- Fozia: Public Health partnered with Emory to train child psychologists. This should provide additional support to address the mental health needs of children.
- Blythe Robinson states that we need to address the workforce component for this.



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11:30 **Healthy Beginnings**

*Susan Bertonaschi and Nurse Johnnie Thomas will present on the Nurse Navigator program and how it could be replicated in other centers. There will be a time of Q & A after their presentation.*

Supporting healthy development where kids and families are: in quality early learning programs. This program provides young children with access to healthcare by connecting them to health insurance coverage, medical and dental homes and other specialty care as needed to support their continuing health and development as they prepare to become successful learners throughout life.

The components of the Healthy Beginnings program include

- Health navigation/care coordination
- Health education
- Community partnerships/advisory board
- Multidisciplinary care
- Behavioral health/social-emotional support
- Data collection/evaluation

How do we serve children not in centers with these resources?

DECAL primarily provides support to teachers in the classroom dealing with children with challenging behaviors. Their intervention specialists help support these teachers.

Liz: Someone in the report, we need to note the issue of transiency.

Stephanie asks if mobile units delivering these services would be helpful. Nurse Johnnie says that the nurse navigator model is better and costs less money.

Blythe expresses support for this model and the fact that it is a good investment.

Stephanie states that we need to reach consensus around messaging.

Pam states that all centers need these health navigators. We need to better understand the barriers that stand in the way of this happening. Could this potentially be included in the QRIS system.

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11:50 **Next Steps and Closing Comments**

Stephanie asks: What do we want our promise to children in the city to look like?

Noon **Adjourn**

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Next meeting is May 18th

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Council members present:

Yasmin Tyler-Hill

Milton Little

Paul Alberto

Amy Jacobs

Donna Davidson

Kevin Greiner

Michelle Hill

Billie Walker

Frank Fernandez

Stephanie Blank

Blythe Robinson

Comer Yates

Lizzy Smith

Liz Blake

Ed Munster

Jason Esteves

Meria Carstarphen

Council members not present:

Bill Bolling

Jennifer Button Henderson

John Grant

Felicia Moore

Keisha Lance Bottoms

Jovita Moore

Raphael Warnock