



Preschool Development Grant Birth – 5 (PDG B-5)

Kickoff Meeting 05/01/19

Background:

Close to 100 stakeholders (parents, early learning providers, advocates, funders, policy makers and others) met to provide input into the PDG B-5 statewide early learning 'needs assessment' and 'Strategic plan' process.

The meeting goals were:

- *To share the overview, vision and process of the PDG B-5;*
- *To collect input that will help inform NM's early learning Needs Assessment and Strategic Plan activities of the PDG B-5;*
- *Explore ongoing ways that stakeholders can be involved in the success of New Mexico's early learning Needs Assessment and Strategic Plan.*

NM's Early Learning Needs Assessment:

- **Community forums / listening sessions** in 10 communities statewide, as well as Forum with other groups, including vulnerable and underserved populations and with particular stakeholders, including around particular system issues (workforce, state and local level governance, equitable access, etc.)
- **Statewide early learning survey** with a broad distribution to parents, early learning providers and other stakeholders.
- **Use of ECIDS** (Early Childhood Integrated Data System) for data on provision of early learning services statewide and to identify gaps, as well as data on the workforce and number and distribution of early learning providers.
- Investigate **national research and recommended practices**, as well as the **experience of the states** in building strong early learning systems and in particular their experience in creating early learning / early childhood departments.

Report out from small groups

Deciding which communities to hold early learning forum / listening sessions:

- 1) ***In what communities should we hold community forums?***
- *Rural Group:* Cities noted for forums are larger cities, which would mean rural people having to travel. Need to recognize cultural differences from community to community. Recommend forums in local communities. Need to incorporate the work that was already done e.g. Investment zones from RTT

- *Native American*: Need to define the Native American communities in NM as Census definitions do not always address how these communities describe themselves? Perhaps setting up a situation where people can self-identify, rather than check boxes. Need to get to all Native American pueblos, tribes – or Native American meetings for several tribes. Community asset mapping was discussed as a resource? Recommended building on what's been done (e.g. Native American Budget & Policy Institute – Capturing Native American Views Toward the Business Plan for Early Childhood Development). Recommend that the early learning media campaign be tailored for each group – not one for all.
- *Dual Language and Immigrant*: Recommend change name of group to 'immerging bilinguals'; Need to research where are the immigrant communities? Make meeting accessible, not just Spanish. Consider virtual, teleconference into meetings for those without transportation. Locations should be intentional and welcoming, maybe a church, community center, i.e., South Valley in ABQ. Forums should be linguistically and culturally responsive — native speakers, not just translators.
- *Infant and EC Mental Health*: Locations do matter—many more and spread across state, make sure voices do matter
- *Teen Parents*: The where and the who are important. Best persons to lead groups are people from that community.
- *Children with Disabilities*: Recommend: transportation for families to attend; stipends; multiple meetings - so they are small enough for discussion; varied locations; provide interpreters; child care; evenings; weekends; family's schedules are not typical.
- *Native American*: Recommend reaching out to more tribes, pueblos, must be at the table from the beginning; Include all Native Communities, home visitation with Las Alamos, Community asset mapping What's Working; Not Working; How do you want to see your community in the future? Consider urban native people and take to the individual communities

2) Who are the key partners in that community?

- *Teen Parents*: Have a lot of organizations, but it is everybody's role.
- *Child Welfare*: Welcome the community groups that include law enforcement, pastors, child care, victim advocates, district attorneys, foster parents
- *Disabilities*: Family Infant Toddler (FIT) Program – early intervention, NM Autism Society, Down Syndrome Association, Autism Society, Parents Reaching Out and EPICS (Education for Parents of Indian Children with Special Needs) and parent ambassadors from these groups, school systems, Advocacy Groups, local councils

Engaging Vulnerable and Underserved Populations (see definitions below):

1) Does the group need a specific conversation?

- *Infant Mental Health*: Hold several conversations in communities; families more likely to attend with trusted people; confidentiality is important; there's an opportunity to bring in the unusual partners, medical community, business leaders, chambers of commerce, faith-based; be cautious that it is a safe place i.e. not at CYFD office or law enforcement location.
- *Teen Parents*: Recommend a separate group for this audience. Need to examine here are there duplications and gaps in service and how are we helping the teen parents to navigate the 0 to 5 system? Need to examine both support and collaboration.
- *Child Welfare*: Recommend that folks to go to them – This would include law enforcement, pastors, child care, victim advocates, district attorneys, foster parents.

- *Homeless*: Recommend reaching out to agencies, providers, WIC, clinics, workforce solutions, domestic violence shelters. Many do not identify as “homeless” i.e. families doubling-up / living with other family members — need to think about how we categorize who is truly homeless. Must go to them and forums must be in their home language
- *Dual Language*: Recommend engaging with the Asian Family Center, Muslim private school provides PreK. We must be intentional in how to group people together, think about groups are broken up. Be intentional to engage families; sometimes parents need a conversation beforehand about their issues, so they are ready to speak. Provide child care and food.

Statewide Early Learning Survey:

- *Infant Mental Health*: could give a voice to those who want to remain anonymous. Perhaps surveys could be completed in a group setting.
- *Child Welfare*: Need different instruments for different audiences; Target biological parents, foster parents, caseworkers, etc., may need to read the survey to parents.
- *Native American*: Distribute to multiple groups and in multiple locations e.g. setup laptops / tablets or paper surveys at state and county fairs, flea markets, basketball games, interesting activities for kids. Include interviews. This takes a lot of work, over months. Recommend to not just send a online survey. Need to be aware of the timing of the school summer break. August-September best for school populations. Excited that SB22 / Early Childhood Education and Care Department (ECECD) promotes Native American engagement, will have an assistant secretary to move it along.
- *Rural*: Survey could explore ideas such as: how grow their own educators? how can we incentivize coming back to serve their own? How can we be culturally responsive? Making sure they have home supports if they choose to keep children at home.
- *Disabilities*: Make sure those distributing the survey they are trained, have the same message, have the tools. Categories: coordination and collaboration of services; providers send out multiple surveys, so providers should see what data exists, so survey is not repetitive of other surveys.
- *Homeless*: Utilize social media, narrow audiences, reach out to providers who work with families
- Teen Parents: Input fatigue, set the stage with “why?” and potential impact, timely follow-up with next steps
- Dual Language/Immigrant: Things often go home, but it never gets returned. Be intentional with length of survey, 3 questions; communicate the “why” intentionally as to participation. If parents are showing up, ask why and have conversations, make sure they know there is food, communication is clear. Think about the population: What is high quality to them? Might be different to cultures. Come from strengths, watch labels,
- Child Welfare: reading levels toned down, watch EC lingo, plain wording.

List of Underserved and Vulnerable Populations

New Mexico's PDG B-5 application identified a vision for success in which all New Mexico children, birth to age five, and their families will have equitable access to quality early learning opportunities. In order to reach *all* New Mexican children, *underserved and vulnerable children and their families* need to be given prioritized attention. The NM PDG B-5 application defined the following populations:

Underserved populations:

- **Rural Communities** – Census Bureau designations encompassing territory that is not considered urbanized (50,000 or more) or urban clusters (2,500 – 50,000)
- **Frontier Communities** – Counties with fewer than 7 people per square mile
- **Native American Children** – as specified by their parents as Native America, including New Mexico's 19 Pueblos, 2 Apache Tribes, the Navajo Nation and other US tribes.

Vulnerable populations:

- **Low Income/Poverty** – Families who are at or below 100% of the federal poverty guidelines as updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C 9902(2).
- **Teen Parents** – including teen parents involved with CYFD Juvenile Justice Service (JJS), including in JJS facilities
- **Dual Language Learners** – Children who are simultaneously developing skills in two languages (for example, their home language in addition to English)
- **Child Welfare** – Substantiated cases of child abuse or neglect, where the child may be with the biological in state custody and placed with a family member or foster family
- **Homeless Children** – as defined in the McKinney-Vento Act as “individuals who lack a fixed, regular, and adequate nighttime residence.” The act includes specific examples
- **Developmental Delays and Disabilities** – a child with an identified developmental delay, disability or mental health condition requiring early intervention, special education services, or other specialized services or supports, including hearing and vision.
- **Children with Special Health Care Needs (CSHCN)** – have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and

who also require health and related services of a type or amount beyond that required by children generally.

- **Infant & Early Childhood Mental Health** – Children exposed to trauma and toxic stress, often referred to as Adverse Childhood Experiences (ACEs), as well as parental challenges with substance abuse and mental health issues including depression that effect parenting, including attachment.
- **NICU-** Any child who was in the Neonatal Intensive Care Unit regardless of length of time or medical diagnosis or separation, stress, and trauma experienced by parents.
- **Immigrant Families** – Parents born in another country. Parents and children may be citizens, permanent residents, or visa status or undocumented.
- **Prenatal/Current Drug Use by Parents** – Use of alcohol and illicit drugs during pregnancy and use after the child is born that present challenges for the stability and well-being of infants.
- **Grandparents Raising Children/Kinship Care** – Short or long-term and with or without legal guardianship.