SENATE BILL 54 REPORT

An Overview of Health and Human Services for Children Under Age Six

Submitted to the Texas Legislature

As Required by
Senate Bill 54
77th Legislature, Regular Session, 2001

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Frequently Cited Acronyms

Health and Human Services Agencies	**HHS**
Health and Human Services Commission	**HHSC**
Children's Health Insurance Program	CHIP
Community Resources Coordination Groups	CRCG
Family Violence Program	FV
Food Stamps	Food Stamps
Healthy Child Care Texas	HCCT
Health Maintenance Organizations	HMO
Medicaid	Medicaid
Office of Program Coordination for Children and Youth	OPCCY
Office of Early Childhood Coordination	OECC
Primary Care Case Management	PCCM
Refugee Affairs Program	RA
Special Nutrition Programs	SNP
Temporary Assistance for Needy Families	TANF
Texas Early Childhood Comprehensive Systems Initiative, *Raising Texas*	TECCS
Texas Health Steps	THSteps
Department of Aging and Disability Services	**DADS**
Community Living Assistance and Support Services	CLASS
Community Mental Retardation Services	CMRS
Consolidated Waiver Program	CWP
Home and Community-based Services	HCS
Intermediate Care Facilities for Persons with Mental Retardation	ICF/MR
In-Home and Family Support Program	IHFSP/MR
Medically Dependent Children Program	MDCP
Primary Home Care	PHC
Texas Home Living Program	TxHLP
Department of Assistive and Rehabilitative Services	**DARS**
Blind Children's Vocational Discovery and Development Program	BCVDDP
Early Childhood Intervention	ECI
Department of Family and Protective Services	**DFPS**
Child Care Licensing	CCL
Child Protective Services	CPS
Texas Families: Together & Safe	TFTS
Department of State Health Services	**DSHS**
Case Management for Children and Pregnant Women	CPW
Children with Special Health Care Needs	CSHCN
Community-based Mental Health Services	CMHS
Immunization Program	Immunizations

Kidney Health Care	KHC
Newborn Screening	NBS
NorthSTAR	NorthSTAR
Program for Amplification for Children of Texas	PACT
Primary Health Care Services	PHCS
Safe Riders	Safe Riders
State Mental Health Facilities	SMHF
Texas Early Hearing Detection and Intervention Program	TEHDI
Texas Health Steps (See HHSC)	
Title V Maternal and Child Health Fee-For-Service	MCH FFS
Women, Infant and Children	WIC
Vision and Hearing	V&H

Non-Health and Human Services Agencies	**Non-HHS**
Office of Attorney General	OAG
Texas Education Agency	TEA
Texas Workforce Commission	TWC
Texas Department of Insurance	TDI

Associations

Texas Medical Association	TMA
Texas Pediatric Association	TPA
Texas Head Start State Collaboration Office	THSSCO

Executive Summary

With knowledge of the importance that early childhood plays in the outcomes of children in Texas, the Legislature has passed a series of related bills to support and monitor services to young children. In response to Senate Bill (S.B.) 54, 77th Legislature, Regular Session, 2001, the Texas Health and Human Services Commission (HHSC) has surveyed health and human services (HHS) agencies to provide information on efforts to provide services to children under the age of six. This is the third biennial report.

There are over two million children under the age of six in Texas. Numerous studies have confirmed that a child's early experiences can shape the architecture of the brain impacting all areas of development, and that all areas of development are important in building a foundation for future growth and learning. The ability to problem-solve, handle complex emotions and acquire essential social skills develops during the earliest years of life. *From Neurons to Neighborhoods: The Science of Early Childhood Development* indicates that the first three years of life are critical to developing healthy brain circuitry and that "excessive, chronic, continuous, 'toxic' levels of stress impact negatively by interfering with the architecture and function of the developing brain." Extreme and repeated stress can actually trigger the release of chemicals that disrupt the development of healthy neural circuits.[1] This points to the important role both health and human services as well as educational services play in preparing children for school and life.

There is growing evidence that problems later in life can be linked to poor early experiences. Conversely, research points to numerous benefits, including significant returns on investment resulting from the provision of quality services to children while they are young. Given the 'right' environment, children can make up for poorly developed neuro-circuits, but it will be harder and more expensive than if they had developed healthy circuitry in the first place. Best practices indicate that collaborative, coordinated early childhood programs and activities generate support that can strengthen entire families. Through such coordinated endeavors, gaps in services can be avoided and duplicative efforts decreased.

In fiscal year 2005, the state of Texas spent approximately $1.1 billion in health and human services to children under age six. Total federal and state funding for children under the age of six was approximately $3.7 billion. In reviewing the survey responses, it is apparent that despite tight fiscal constraints, many programs have developed enhanced or innovative approaches to delivering services in the past two years. Increased coordination between both HHS and non-HHS agencies and programs was also evident, including practical steps to bridge certain health and human services with early educational services.

One initiative that has provided an opportunity for increased collaboration and coordination is the Texas Early Childhood Comprehensive Systems (TECCS) initiative, *Raising Texas*. With support from a federal grant, and in partnership with the Department of State Health Services (DSHS), HHSC has spearheaded an initiative between health, human and educational service programs to begin developing a coordinated, comprehensive early childhood system. An

[1] Sia, C.C.J., Wilson, L.B., Taba, S. (2006) *The Medical Home & Early Child Development in Primary Care* Monograph - Department of Pediatrics, John A. Burns School of Medicine, University of Hawaii at Manoa.

implementation plan has been developed and is scheduled to begin in fiscal year 2007. The *Raising Texas* plan focuses on coordinating and strengthening the state's system of services for young children, filling the gaps in services where possible. The purpose is to provide children and their families with needed services so that all children are ready to start school.

Early childhood survey results indicate that 19 health and human services programs have developed enhanced or innovative approaches in the past two years. Some programs changed policies or requirements to provide new or additional services to young children and their families including the use of evidenced based practices, while others included new coordinated or collaborative actions with other programs.

Changes to policies or requirements were evident in the Texas Health Steps program, which now requires additional developmental screenings, and in the Immunization program, which has added new vaccine requirements. Additionally, the Newborn Screening program will be expanding the number of screening tests from 5 to 27 disorders.

The Temporary Assistance for Needy Families program has developed an initiative to provide new support services for children in DFPS conservatorship and new services to pregnant women. Child Protective Services has also developed a number of innovative approaches for children in CPS conservatorship. Two programs focus on extended families by including extended families in permanency planning and providing support services to extended family members caring for children in CPS conservatorship. Two others improve coordination of services including a process for educational records to follow each time a child enrolls in a new school and a mechanism that coordinates physical and behavioral health services in a central, automated location.

Other programs are also using electronic and/or internet processes that either help to facilitate the receipt of services or transferring information with speed and quickness. Examples would be the use of an electronics benefit card in the WIC program, the ability of child placing agencies to report to Child Care Licensing electronically, or the improved tracking of children between the Texas Early Hearing Detection and Intervention program and the Early Childhood Intervention program.

Other efforts include activities such as targeted public awareness campaigns, increased training and other forms of collaborative/coordinated activities

HHSC is in a unique position to encourage further collaboration and coordination of services through the implementation of the TECCS, *Raising Texas*, plan, over the next two years. *Raising Texas* will provide Texas with an opportunity to improve services for all children under the age of six and their families by continually looking for opportunities to increase the integration of health, human, and educational programs and services.

Legislative Basis
Importance of the Early Years

Senate Bill 54
The 77th Legislature, Regular Session, 2001, adopted S.B. 54 to inform the Legislature on HHS agencies' efforts to provide health and human services to children up to six years of age. The legislation requires the Texas Health and Human Services Commission to prepare and deliver a biennial report on these efforts, including the development of any new programs or enhancements to existing programs. The report may contain recommendations by HHSC to better coordinate state agency programs relating to the delivery of health and human services to children younger than six years of age and may propose joint agency collaborative programs. This is the third report.

Research
There are over two million children under the age of six in Texas. Research indicates that early childhood is a critical time for human development and that how children develop impacts them for the rest of their lives. Evidence-based research shows that all domains of development, including health and social-emotional development, are as important as cognitive development for building a foundation for success in school and in life. In addition, there is evidence that many problems in adult life may have their origins in pathways that begin in childhood including: obesity, mental health problems, aggressive and violent behavior, criminality, poor literacy, and welfare dependency (ACE Study 1998, RAND Study, 2006).

Programs that provide health and human services, while critical, only touch on some of the domains that impact children's growth and development. HHSC recognizes that it is extremely important when looking at services to look across developmental domains, bridging health services with education services. For example, research has shown the relationship between the quality of children's early experiences and their subsequent social and academic success. Since a large percentage of young children are in early care and education settings before they enter school, many studies look at how these settings impact the development of young children. In recent years, the economic benefits have also become increasingly evident. A growing number of studies, from think tanks and universities to the Federal Reserve Bank, show that high-quality early care and education programs offer long-term economic payoffs as well as near-term savings.

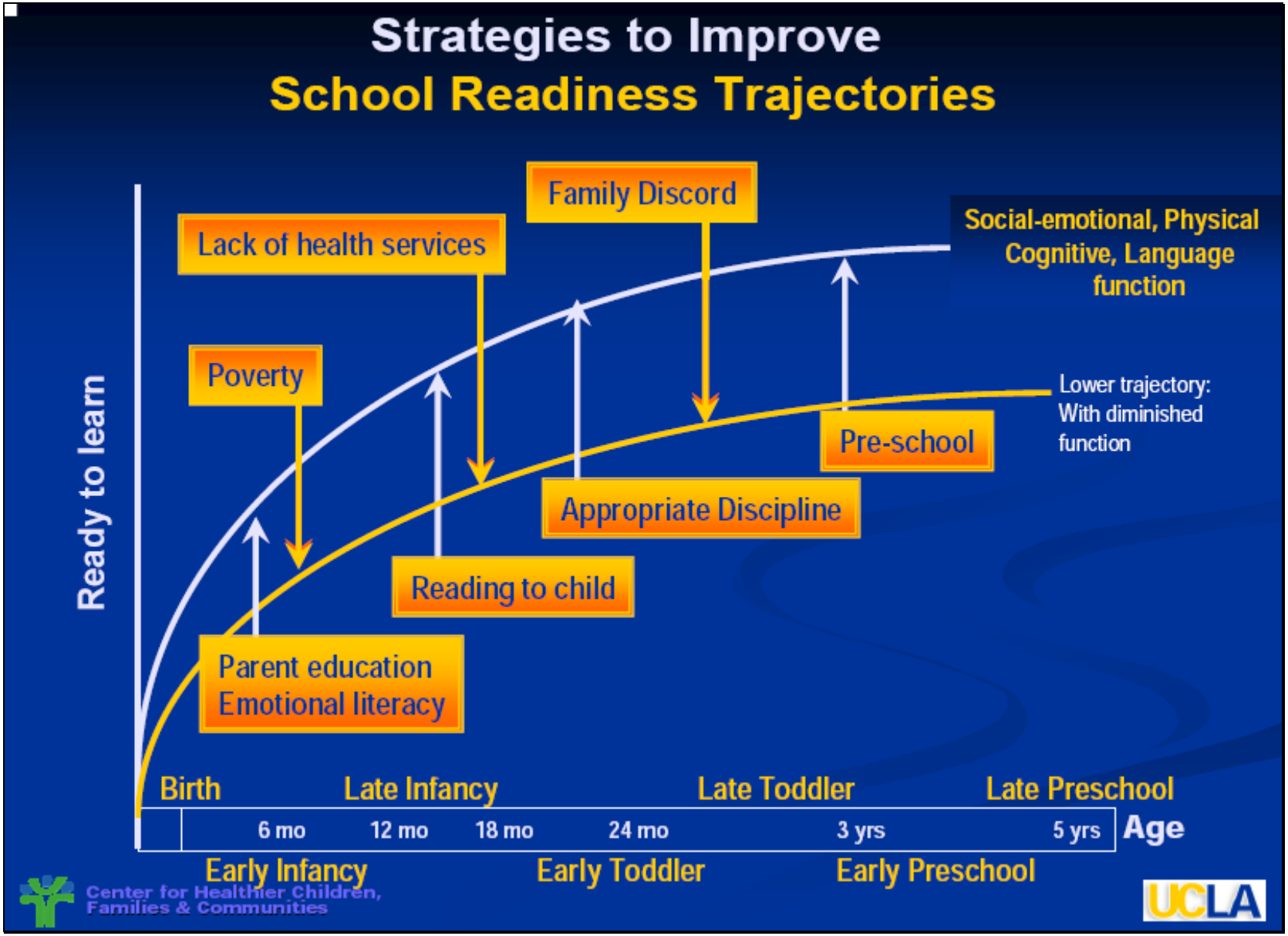
One of the more recent studies, released in January 2006 by the RAND Corporation, found that well-designed programs for disadvantaged children age four and younger that are based on best practices can produce economic benefits ranging from $1.26 to $17 for each dollar spent. Well-designed programs address health and behavioral issues as well as parent education and family support. The report states that effective early childhood programs return more to society in benefits than they cost, enabling youngsters to lead more successful lives and be less dependent on future government assistance. It also states that high-quality early childhood programs can keep children out of expensive special education programs, reduce the number of students who fail and must repeat a grade in school, increase high school graduation rates, reduce juvenile

crime, reduce the number of youngsters who enroll in welfare as adults, and increase the number of students who attend college. The chart on the next page shows the potential trajectory of children with risk factors and how state agency programs and services could help alleviate these risk factors and prevent children from achieving their full potential.

The Legislature recognized the importance of the early years when it adopted S.B. 665, 77th Legislature, Regular Session, 2001, to create the Office of Early Childhood Coordination (OECC) under the umbrella of HHSC. The OECC was charged with promoting an integrated and seamless delivery of health and human services to all children younger than six years of age to ensure that all children are prepared to succeed in school. This legislation also recognized that both HHS agencies and non-HHS agencies provide the critical components needed in a successful delivery system. The OECC was required to identify methods for coordinating HHS services with early childhood services provided by the Texas Head Start-State Collaboration Office (THSSCO), the Texas Education Agency (TEA), and the Texas Workforce Commission (TWC). Having strong state-coordinated systems of services that bridge health systems with education systems to improve school readiness has become a growing national movement.

In an effort to fulfill the intent of S.B. 655, the OECC, in partnership with DSHS, applied for and received grant funding from the Health Resources and Services Administration, Maternal and Child Health Bureau, to develop a statewide early childhood comprehensive system of services for children under the age of six (Appendix C). The grant provided seed money to the state for the creation of the Texas Early Childhood Comprehensive Systems (TECCS) initiative, *Raising Texas*. *Raising Texas* partners have been working for the past three years to develop a strategic plan to create a more coordinated system of services that will increase the potential of all young children to be developmentally ready for school and life. This plan focuses on five components of early childhood: health care, social-emotional development/mental health, early care and education, parent education, and family support.

While the focus of this report is on health and human services for children under age six, HHSC acknowledges that all components of a service delivery system are critical to helping young children grow and thrive. As HHSC and partner agencies begin the implementation process, the plan will be continuously monitored, updated, and improved, to ensure the process of addressing early childhood as a comprehensive, coordinated system, is responsive to the growing and changing needs and resources of the state.


Strategies to Improve
School Readiness Trajectories
Ready to learn
Family Discord
Lack of health services
Social-emotional, Physical
Cognitive, Language
function
Poverty
Lower trajectory:
With diminished
function
Pre-school
Appropriate Discipline
Reading to child
Parent education
Emotional literacy
Birth
Late Infancy
Late Toddler
Late Preschool
6 mo
12 mo
18 mo
24 mo
3 yrs
5 yrs
Age
Early Infancy
Early Toddler
Early Preschool
Center for Healthier Children,
Families & Communities
UCLA

Type of Information Collected for This Report

HHSC created the Office of Program Coordination for Children and Youth (OPCCY) to help ensure better coordination and efficiencies among health and human service programs serving children. OPCCY develops, implements, and directs designated children's programs and initiatives, including the OECC. OPCCY provides technical assistance for policy initiatives at HHSC and across HHS agencies to assure that needs unique to children are recognized and applied when setting policy and designing services. The OECC, with direction from OPCCY, was responsible for collecting information from each HHS agency and preparing this legislative report.

All HHS agencies were asked to complete a detailed survey (Appendix F). The narrative section asked for a brief, general description for each program that served children under age six including information on the type of services provided, target population(s), specific age group(s), and geographic area(s) served. The survey also asked if any were new programs, enhancements to existing programs or newly adopted innovative approaches to providing services.

Agencies were also asked to provide information germane to components of the Texas Early Childhood Comprehensive Systems (TECCS) initiative, *Raising Texas*. The components and their definitions are listed in Appendix C.

HHS agencies were offered an opportunity to present program needs, barriers, current collaborative efforts and how HHSC OPCCY could assist programs.

The data section of the survey required HHS agencies to report on the numbers of children served, sources of funding, and expenditures.

Eligibility Criteria and Populations Served

A total of 37 surveys were received from the 5 HHS agencies, identifying programs that provided services to children under the age of 6 years. Descriptions of each program's targeted population may be found in Appendix A. Eight programs reside in HHSC, nine are at DADS; two are at DARS, three are at DFPS, and fifteen are at DSHS. Programs vary significantly in the numbers and ages of persons served. While most are statewide, a few target specific counties. Some serve adults and children while others target very specific age ranges. Most programs have specific eligibility requirements; relatively few serve all children without any identified condition or status.

Geographic Areas Served
Thirty-two of the programs were statewide, providing services in 254 counties. Of the remaining six programs, the number of counties served ranged from 1 county to 240 counties.

Ages Served

Agency	Program	Ages Served
DSHS	Texas Early Hearing Detection and Intervention	Birth up to 36 months
DARS	Early Childhood Intervention	Birth up to 36 months
DSHS	Women, Infants, and Children	Birth up to 60 months
DSHS	Safe Riders	Birth up to age 14 years
DFPS	Child Care Licensing	Birth up to age 17 years
DFPS	Child Protective Services	Birth up to age 18 years*
DSHS	Newborn Screening Case Management Follow-Up	Birth up to age 18 years
HHSC	Temporary Assistance for Needy Families	Birth up to age 18 years**
HHSC	Children's Health Insurance Program	Birth up to age 19 years
DADS	Medically Dependent Children Program	Birth up to age 21 years
DSHS	Case Management for Children and Pregnant Women	Birth up to age 21 years
DSHS	Children with Special Health Care Needs	Birth up to age 21 years
DSHS	Program for Amplification for Children of Texas	Birth up to age 21 years
HHSC	Medicaid/Texas Health Steps	Birth up to age 21 years
DSHS	Title V Maternal and Child Health Fee-For-Service	Birth up to age 21 years
DARS	Blind Children's Vocational Discovery and Development Program	Birth up to age 22 years
DSHS	Community-based Mental Health Services	36 months to age 17 years
DSHS	State Mental Health Facilities	36 months and up
DADS	In-Home and Family Support Program	48 months and up
DSHS	Vision and Hearing Program	48 months up to age 21 years
HHSC	Community Resource Coordination Groups	All ages
HHSC	Medicaid	All ages
HHSC	Food Stamps	All ages
HHSC	Special Nutrition Programs	All ages
HHSC	Family Violence Program	All ages
HHSC	Refugee Affairs Program	All ages
DSHS	Immunization Program	All ages
DSHS	NorthSTAR	All ages
DSHS	Primary Health Care Services	All ages
DSHS	Kidney Health	All ages
DFPS	Texas Families: Together & Safe	All ages
DADS	Home and Community-based Services	All ages
DADS	Intermediate Care Facilities for Persons with Mental Retardation	All ages
DADS	Community Mental Retardation Services	All ages
DADS	Community Living Assistance and Support Services	All ages
DADS	Texas Home Living Program	All ages
DADS	Primary Home Care	All ages
DADS	Consolidated Waiver Program	All ages

*Some children in foster care may receive services up to age 22 years
**Unless the child is a full-time student and the child is expected to graduate before or during the month of his 19th birthday.

Eligibility Criteria
Programs offer services to diverse target populations. While some services are available to all Texans (i.e., all newborns in the state of Texas are eligible to receive hearing, screening and genetic screening), others are available only to persons/children meeting specific eligibility criteria such as age (as noted in the previous section) or diagnosis. Eligibility criteria can be simple or complex, few or many, although it appears that most programs use multiple eligibility criteria before providing services.

Income is the most commonly used eligibility criteria. The vast majority of programs target low-income families. For example, income eligibility is the primary criteria used by such programs as CHIP, Food Stamps or Medicaid, and these programs are responsible for determining a family's income eligibility. Other programs use a family's enrollment in an income-based program to establish eligibility for the program. For example, to receive services from PACT a family must be enrolled in Medicaid.

Some programs use **multiple income criteria** to determine the level of services received. In programs such as the SNP, the process used to determine eligibility varies by whether the child is categorically eligible (enrolled in TANF or Food Stamps) or their total household income falls in one of three categories: at or less than 130 percent of the federal poverty level (FPL), at or less than 185 percent of the FPL, or exceeds 185 percent of the FPL. Reimbursement rates may vary (free, reduced, paid) based on the number of children in each of these categories.

The second most common criteria used to determine eligibility is the presence of some **physical or health condition**. Conditions range from children who exhibit mental health problems or mental retardation to children who are blind, deaf, or have other extraordinary medical needs, disabilities, or chronic health conditions. A child's condition is a primary factor in such programs as CSHCN, ECI, or CLASS.

Citizenship status is a prerequisite to receive such services as refugee services or TANF. Other programs provide services if **harmful behaviors** such as violence, child abuse, or neglect exist in the household.

Some services may only be delivered to children in specific settings such as a child's home, an institution, a health clinic, or an early care and education setting such as child care, day homes, or schools. The majority of programs use multiple eligibility criteria. For example, to receive services from the PACT program, one must be income eligible as well as have a hearing diagnosis that requires the use of hearing aids, etc. Some programs only provide services if potentially eligible persons participate in specific activities. For example, the TANF program requires parents to be in training activities or working to receive financial assistance and support services such as childcare. Some programs offer different services to different populations, such as the Safe Riders program which only offers child safety seats to low income families but check-ups and fitting stations are available to all families.
One program, CRCG, is somewhat unique in how it provides services to children. CRCGs serve children whose needs require interagency coordination and cooperation (which includes public and private service providers).

Program Activities and Services

Overall descriptions of the HHS programs' activities and services surveyed may be found in Appendix A. What follows is a summary of major survey findings (including an analysis of the programs), those programs that experienced significant changes or enhancements in the past two years, and efforts towards systems change and current collaborative efforts.

Services Provided

The scope of services provided and the ages of persons served vary significantly from one program to another. Some programs offer a wide range of services, others provide limited services, and some offer multiple services through a variety of activities. Many provide additional education and support services to the child, the child's family or parents. Programs provide different levels of services that vary in intensity. Providers may offer preventive services and/or therapeutic services. The following are examples of some, but not all, of the services and some, but not all, of the programs that provide those services (directly or indirectly):

- Case management and coordination of services (such as HCS, MDCP, ECI, CMRS, CPW, FV, CSHCN)
- Cash assistance (such as RA or TANF)
- Child care or respite care services (such as TANF via TWC, CLASS, CMRS, CWP, TxHmL, CMHS)
- Counseling services or therapy (such as FV, CLASS, CWP, CMRS, ECI, CMHS, WIC)
- Education services (such as TFTS, CCL, CPS, TFTS, ECI, Safe Riders, WIC)
- Emergency shelter or crisis services (such as FV, CMHS)
- Equipment or supplies (such as CLASS, TANF, PACT, Safe Riders)
- Food (such as Food Stamps, SNP, WIC)
- Health services (such as CHIP, Medicaid, TxHmL, CSHCN, Immunizations, ECI, PHC, THSteps)
- Mental health services (such as CMHS, SMHF, ECI, NorthSTAR)
- Protective services (such as FV, TFTS, CPS)
- Information and referral services (such as FV, TFTS, ECI, CRCG)
- Regulatory services (such as CCL)
- Screening and diagnosis (such as CMHS, Medicaid, ECI, TEDHI, NBS, V&H)
- Social services (such as RA, ECI)
- Training (such as BCVDDP, ICF/MR, CCL, CMHS)

Enhancements/Innovative Approaches

Detailed descriptions of program enhancements and/or innovative approaches may be found in Appendix B. Of the 37 programs, 17 programs provided enhanced services or innovative approaches: 4 programs at HHSC, 1 program at DADS, 1 program at DARS, 3 programs at DFPS, and 8 programs at DSHS.

Program enhancements and/or innovative approaches cover a wide range of activities. Below are only some of the enhancements/innovative approaches being offered:

Provision of new programs, and new or additional services to existing programs:

- CHIP now includes dental services.
- Medicaid HMO contractors may offer additional acute care value-added services, and STAR members are being provided with three enhanced benefits.
- RA is now providing social services to refugee school children in five counties.
- TANF has a new program that will provide services to pregnant women and a new program that provides new support services for children in DFPS conservatorship.
- MDCP has added transition assistance services and consumer directed services.
- Medicaid/THSteps has revised policy to include requirements for conducting additional screenings.

Innovative approaches:

- CCL, when revising minimum standards for residential facilities and child placing facilities, used a new format to increase understanding of the standards.
- CPS developed four new innovative approaches:
  - A depository for the educational records for children in the conservatorship of CPS ensuring that records accompany a child each time he/she enrolls in a new school,
  - A method of being inclusive of extended families in the permanency planning for children,
  - The provision of coordinated physical and behavioral health services to children in the conservatorship of CPS as well as a mechanism that will ensure physical and behavioral health care for children in conservatorship is maintained in a central, automated location and is available to medical providers to ensure consistency of care, and
  - A program that provides support to extended family members caring for children in conservatorship of CPS.
- Many CRCGs are incorporating components of wraparound and system of care service delivery approaches.

Use of evidence based practices:

- BCVDDP is working with families to provide Requests for Proposals (RFP) and more outcome driven services.
- TFTS has a new evidence-based requirement in its current RFP.
- CMHS has implemented a resiliency and disease management (RDM) model of care.
- CRCGs' use of wraparound and system of care service delivery approaches have been proven as promising practices from state and federal demonstration projects in Texas.
- Immunizations has enhanced the functionality of the ImmTrac system, a proven best practice.

Increased public awareness:

- BCVDDP is increasing awareness of available services.
- CCL has three statewide campaigns:
  - To reduce the number of children drowning,
  - To reduce the number of children being left in cars, and
  - To educate parents regarding the advantages of using regulated care.

Better coordination of services:
- Medicaid HMO providers must coordinate care for members.
- CPW is a consolidation of two programs.
- Kidney Health (KHC) is providing coordination of benefits with Medicare Part D.

Increased collaboration:
- The TECCS state plan will implement increased coordination and collaboration across HHS and non-HHS agencies.
- CCL is working with community organizations to provide a variety of services to child care providers to increase the quality of care.

Increased training:
- BCVDDP is training staff so they will have the competencies they need to provide comprehensive services.
- CCL will train staff on new standards.

Enhanced organizational structures:
- NBS has changed the organizational structure of the section to allow increased medical direction and input into policy and planning by the physician consultant.

New, enhanced, or more efficient processes:
- CCL is using electronic reporting for child placing agencies.
- CMHS's disease management initiative will use limited resources more effectively.
- TEHDI is developing an enhanced tracking system with ECI.
- WIC Electronic Benefits Transfer food delivery system, which uses a smart card, is expanding statewide.

Enhanced regulatory approaches:
- CCL has revised the way rules are written for ease of understanding, is working on a weighted standards enforcement system, and has new drug testing regulations for residential providers.

New or enhanced reimbursement rates:
- TANF now provides limited financial assistance for eligible relative caregivers.

Development of an Early Childhood Comprehensive Systems Plan

We know that early childhood is a critical time for human development and that how children develop impacts them for rest of their lives. Data indicates that many children are not ready to learn when they enter school. One of the ways to ensure that children receive the services they need to grow and thrive is for agencies providing those services to work together so gaps in services can be addressed and duplication of services avoided. By building collaborative systems of services, we can best ensure that the development of all young children in Texas is addressed comprehensively. Research shows that over time, providing the services that children need when they are young will have long-term benefits for the child as well as the economy and society.

As previously mentioned, HHSC has spearheaded the TECCS initiative, *Raising Texas*. *Raising Texas* is a statewide, collaborative effort to strengthen the system of services for young Texas children, age birth through five, and their families so that all children enter school healthy and ready to learn. *Raising Texas* offers an opportunity to coordinate policy development, program development, and service delivery in Texas, and to create a comprehensive, coordinated system of services that links health systems with educational systems. The TECCS initiative, *Raising Texas*, developed an implementation plan that will begin by bridging services and systems at the state level in fiscal year 2007. The plan is in Appendix C.

There are five critical components to the TECCS initiative: Access to Health Insurance and Medical Home, Social-Emotional Development/Mental Health, Early Care and Education, Parent Education, and Family Support. The definitions of these components are in Appendix C. HHSC used this survey as a means for collecting critical information that could be utilized in developing and implementing a coordinated system of services.

A brief analysis of the surveys found that program activities and efforts ranged from simply providing information on how to find and/or access services to formally referring persons to specific services or providing the services directly. The responses indicated program efforts related to the following components:

- Access to Health Insurance and/or Medical Home – At least 26 programs
- Social-Emotional Development/Mental Health – At least 22 programs
- Early Care and Education – At least 25 programs
- Parent Education – At least 25 programs
- Family Support –At least 23 programs

While not all program efforts have the potential of impacting systems, among the programs surveyed, all key programs that significantly impact children under the age of six have actively supported the development of a more coordinated/comprehensive system. These programs have been at the table during the development of the TECCS plan, and will be strategic partners in the implementation phase of the plan. The surveys also provided information on other program efforts, not currently involved in the initiative, that have the potential of furthering the

development of an early childhood system. HHSC will use this information to determine additional *Raising Texas* partners and other services to be coordinated. The plan is fluid and will adjust as new and updated information is received. Building a coordinated system will only succeed if the "system" is responsive to change.

Agency Collaborative Efforts

Current Collaborations
All 37 programs engage in some form of collaboration or coordination of services. Appendix D provides information on the efforts of each agency to collaborate/coordinate with others. Some collaborate/coordinate with other programs in their own agency, others collaborate/coordinate with programs in other HHS agencies and a number of agencies collaborate/coordinate with non-HHS state agencies including community based organizations and associations. The nature of these efforts varies from referrals to case management; but, the overwhelming majority of efforts involve some form of referral. Following is a list of some of the methods used:

- Providing outreach and referral
  - Providing information about other services
  - Helping distribute information about other programs
  - Assisting in accessing/connecting with other services (e.g., helping with applications, verifying/certifying status, etc.)
  - Coordinating and helping with the expansion of outreach efforts to ensure access to services
  - Enlisting the involvement of other partners
- Coordinating policies, procedures, and services
- Sharing expertise and resources
- Providing technical assistance and training to staff from other agencies about services and/or jointly conducting the training
- Exchanging data
- Partnering in operating programs
- Coordinating medical care or screenings
- Helping with successful transition to other services
- Distributing resources, materials, and equipment
- Working together to assess and meet community needs
- Case management to provide comprehensive services
- Utilizing workgroups to increase and improve coordination of services

Future Collaborations
Raising Texas has partnered with a wide range of state agencies (both HHS and non-HHS), community-based agencies, childcare providers, medical/physical health and mental health professionals, and parents of young children in developing its implementation plan. Of the 37 HHS programs listed in this report, 14 programs have been and will continue to be key partners in the implementing the TECCS, *Raising Texas*, plan. Not all HHS program partners involved in the TECCS initiative are reflected in this report. A detailed list of TECCS partners may be found in the TECCS, *Raising Texas*, implementation plan in Appendix C. Some of the agencies, organizations, and associations that will be collaborating and implementing the *Raising Texas*

plan are: programs from all of the HHS agencies, Texas Department of Insurance (TDI), TEA, TWC, THSSCO, the University of Texas at Houston-State Center for Early Childhood Development (SCECD), Texas Medical Association (TMA), Texas Pediatric Society (TPS), United Ways of Texas, Texas Association for Infant Mental Health Association (TAIMHS), Office of Attorney General (OAG), Parents as Teachers (PAT), and many other public and private organizations.

Data Collection

HHSC considered two issues in developing this section of the survey based on limitations indicated in previous requests for data. HHSC found that:

- Many programs serving children under six years of age also served children over the age of six and frequently could not separate the numbers by age or by expenditures, and
- Numbers reported were often rough estimations.

Therefore, HHS agencies were asked to report the number of children served from 0-18 years of age, the number of children served under 6 years of age, expenditures for both groups and whether the data were estimates or actual. (Ages served and expenditures for all programs will be found Appendix E.)

Numbers of Children Served

Determining the total number of children/families served by HHS agencies is complex. Not all agencies target children birth to six years of age. In addition, some numbers do not reflect all of the persons receiving services because the data represents households, not individuals. For example, the Refugee Affairs Program (RA) does not collect information on children served or funding allocated to children. The entire family is served but the costs are not separated out. Other numbers reflect a child/family who receives services from multiple programs, resulting in duplicated counts. It should also be noted that some programs such as CCL do not provide services to children but license/regulate programs that do serve children. For example, in fiscal year 2005, regulation by CCL impacted 958,036 children in out of home care. Specific data on children under six is not maintained by CCL. Also in fiscal year 2005, CCL conducted 58,418 inspections and investigations and issued 3,959 permits. Expenditures and data for children under six years of age are not tracked separately by CCL.

Programs Serving Children

10 Largest Programs by Number of Children Served in FY 2005 0-18 Years of Age	
Vision & Hearing Screening Program--Vision screenings	2,360,907
Vision & Hearing Screening Program--Hearing screenings	2,290,534
Medicaid (Includes THSteps)	1,951,489
Food Stamps[1]	1,296,157
Women, Infants, & Children	868,071
Texas Early Hearing Detection & Intervention Program	336,379
Children's Health Insurance Program	333,707
Special Nutrition Program-Summer Food Service Program	280,062
Special Nutrition Program-Child and Adult Care Food Program	234,237
Temporary Assistance for Needy Families[1]	145,832

10 Largest Programs by Number of Children Served in FY 2005 0-6 Years of Age	
Women, Infants, & Children	868,071
Medicaid (Includes THSteps)	862,817
Vision & Hearing Screening Program-- Hearing screenings	734,419
Vision & Hearing Screening Program--Vision screenings	584,204
Food Stamps[1]	542,216
Texas Early Hearing Detection & Intervention Program	336,379
Temporary Assistance for Needy Families[1]	63,315
Children's Health Insurance Program	60,895
Early Childhood Intervention	43,528
Safe Riders	15,929

[1]Numbers are estimates

Expenditures

Below are the fiscal year 2005 expenditures for children 0-18 years of age and 0-6 years of age, by state and total expenditures.

HHS Agencies' Total Expenditures By Age

State Expenditures in FY 2005 For Children 0-18 Years of Age	
HHSC	$1,344,542,669
DSHS	$113,277,222
DADS	$61,366,731
DARS	$45,516,097
DFPS	$1,594,201
	$1,566,296,920

Total Expenditures in FY 2005 For Children 0-18 Years of Age	
HHSC	$5,119,198,996
DSHS	$542,763,374
DARS	$119,369,641
DADS	$114,508,596
DFPS	$10,387,656
	$5,906,228,263

State Expenditures in FY 2005 For Children 0-6 Years of Age	
HHSC	$1,022,004,459
DARS	$45,258,513
DSHS	$31,006,377
DADS	$5,369,344
DFPS	$167,451
	$1,103,806,145

Total Expenditures in FY 2005 For Children 0-6 Years of Age	
HHSC	$3,218,839,580
DSHS	$415,509,680
DARS	$118,914,638
DADS	$8,161,872
DFPS	$527,995
	$3,761,953,766

Expenditures by Age and Program

10 Largest Programs by State Expenditures in FY 2005 For Children 0-18 Years of Age	
Medicaid (Includes THSteps)	$1,214,874,582
Children's Health Insurance Program	$128,918,087
Early Childhood Intervention	$44,985,823
Children's Community Mental Health Services[1] [2]	$41,119,578
Community Mental Retardation Services / In-Home & Family Support[1]	$29,896,295
Immunization Program[1]	$26,056,668
State Mental Health Facilities[1] [5]	$18,966,600
Family Violence Program[1]	$18,366,000
Children with Special Health Care Needs[1] [4]	$17,293,411
Home & Community-based Services / Texas Home Living	$8,452,043

10 Largest Programs by Total Expenditures in FY 2005 For Children 0-18 Years of Age	
Medicaid (Includes THSteps)	$3,100,751,867
Food Stamps[1]	$1,310,692,258
Children's Health Insurance Program	$396,194,328
Women, Infants, & Children[1]	$226,700,000
Immunization Program[1]	$191,928,848
Special Nutrition Programs--Child and Adult Care Food Program	$155,126,373
Early Childhood Intervention	$118,471,877
Temporary Assistance for Needy Families[1]	$110,318,991
Children's Community Mental Health Services[1]	$53,898,128
Community Mental Retardation Services / In-Home & Family Support[1]	$34,320,793

10 Largest Programs by State Expenditures in FY 2005 For Children 0-6 Years of Age	
Medicaid (Includes THSteps)	$994,818,034
Early Childhood Intervention	$44,985,823
Children's Health Insurance Program	$27,186,425
Immunization Program[1]	$23,972,136
Community Mental Retardation Services / In-Home & Family Support[1]	$3,942,033
Children's Community Mental Health Services[1]	$2,590,533
Children with Special Health Care Needs[1]	$2,233,862
Primary Home Care	$1,008,307
Texas Early Hearing Detection and Intervention Program[1]	$936,066
Newborn Screening Case Management Follow-up[1]	$391,903

10 Largest Programs by Total Expenditures in FY 2005 For Children 0-6 Years of Age	
Medicaid (Includes THSteps)	$2,539,096,566
Food Stamps[1]	$548,296,474
Women, Infants, & Children[1]	$226,700,000
Immunization Program[1]	$176,574,540
Early Childhood Intervention	$118,471,877
Children's Health Insurance Program	$83,550,009
Temporary Assistance for Needy Families[1]	$47,896,531
Community Mental Retardation Services / In-Home & Family Support[1]	$4,525,434
Children with Special Health Care Needs[1 4]	$3,406,765
Children's Community Mental Health Services[1 3]	$3,395,582

[1]Numbers are estimates
[2]State Expenditures as of 5/31/06
[3]Expenditures to date
[4]Expenditures as of 6/15/06

Needs, Barriers, and Collaborative Solutions

Agency programs were asked to indicate program needs and barriers. In reviewing the needs and barriers cited by programs, certain themes became evident. The list below does not reflect the importance of, nor the number of, programs that cited issues in the following areas.

- Education and outreach, including
  - Awareness of available services
  - Understanding the needs of the population and the reason for such services
  - Lack of availability of information about other programs
  - Locating eligible populations
- Access to services, including
  - Availability of services
  - Availability of transportation to reach services
  - Ease and timeliness of eligibility determination and enrollment
  - Retention of eligible populations
  - Prioritization and competing populations
  - Policy of first-come, first-served impacts the number of young children served
- Recruitment and retention of qualified staff and providers, including
  - Need for more staff and providers, especially in rural areas
  - Need for better-trained staff and providers
  - Language/cultural sensitivity
- Funding, including
  - Numbers served
  - Interest lists or wait lists
  - Decreased benefits in some programs
  - Reimbursement rates
  - Latitude allowed in how funds are spent
- Collaboration/coordination, including
  - Need for increased partnerships
  - Need for coordinating state level programs with community level programs
  - Need to improve referral processes between agencies
  - Cumbersome processes, rules, and procedures
- Other, including
  - Time and funding needed to conduct impact studies before changing rules
  - Mobility of the population
  - Need for data systems to collect and maintain more information
  - Ease of data retrieval when information is requested

HHSC is in a unique position to facilitate the coordination/collaboration of programs through the TECCS initiative. Many of the issues cited above are addressed in the *Raising Texas* implementation plan. A major goal of the plan is to build better partnerships among HHS and non-HHS state agencies, providers, community-based organizations, businesses and advocates to help bridge the gaps between health services and educational services.

The need for training and information was cited repeatedly and it was suggested that OPCCY provide a forum or tool to improve awareness of program services and to act as a clearinghouse for information. The development of a comprehensive guide or website was suggested as a solution. In fact, the TECCS, *Raising Texas*, implementation plan addresses the development of a website. The scope and content of the website has yet to be decided, but it will likely serve both families and professionals. In the coming year, HHSC will assess what information and resources to offer by determining the comprehensiveness of existing related websites and how the *Raising Texas* website might complement those sites.

Next Steps

HHSC is committed to using a collaborative approach to provide services to children less than six years of age. HHSC has made a concerted effort through *Raising Texas* to involve public and private leadership in planning for the future delivery of services. This has included HHS and non-HHS state agencies, community-based organizations, state level associations, families, and advocates. HHSC recognizes, however, that more still needs to be done.

In fiscal year 2007, HHSC will build an infrastructure to oversee the implementation of the TECCS, *Raising Texas*, plan. The infrastructure will continue the collaborative approach, and will consist of component workgroups and a steering committee to provide ongoing leadership, guidance, and assistance in addressing the needs and barriers in order to create a more coordinated, efficient, and effective service delivery system.

We know that an understanding of how a child develops and what influences this development is crucial when determining how the provision of health and human services impacts children and their families. While parents assume the primary responsibility for their children's care, health, human, and educational services can provide needed supports to help strengthen families and assist them as they raise their children. Indications are that these efforts will pay off in the long run as families help their children grow and develop into adults who make positive contributions to our society, and that providing services early prevents future societal issues such as obesity, mental health problems, aggressive and violent behavior, criminality, poor literacy, and welfare dependency. By ensuring that a child's basic needs are met and that appropriate opportunities to grow and learn are provided, children in Texas will enter school healthier, and better prepared to learn and succeed in life.

APPENDICES

Appendix A
Program Descriptions

HEALTH AND HUMAN SERVICES COMMISSION

Children's Health Insurance Program
CHIP is designed for families who earn too much money to qualify for Medicaid, yet cannot afford to buy private insurance for their children. CHIP coverage provides eligible children with coverage for a full range of health services including regular checkups, immunizations, prescription drugs, lab tests, X-rays, hospital visits and more. Services are provided statewide.

Community Resource Coordination Groups
CRCGs are county-based interagency teams of public and private service providers that meet in partnership with families, for the purpose of developing an individual service plan for a child/youth (birth through age 21) that has complex needs and requires interagency coordination. Currently, there are local CRCGs available to all 254 Texas counties. This model is currently being expanded to serve the adult population through a separate CRCG for adults or a combination of the two groups, forming a CRCG for families (serving all ages).

CRCGs make it more likely for individuals and families to get the help they need before the situation becomes unsolvable. In many communities, CRCGs identify service gaps in their area and help plan for appropriate resources to meet their clients' needs. As a result, more people get the services and support they need.

Family Violence Program
The FV program contracts with non-profit agencies in 3 categories (shelter centers, nonresidential centers and special nonresidential projects) to provide FV services. Fiscal years 2006, there are 72 shelter centers and 8 non-residential centers providing comprehensive family violence services to victims. Comprehensive services for victims include:

24 hour emergency shelter
24 hour a day crisis hotline services
Counseling for adults and children
Educational arrangements for children
Information regarding training and job placement
Legal assistance in civil and criminal justice system
Referrals to existing community services
Emergency medical care and transportation
Community education and training
Cooperation with criminal justice officials
Recruitment and training of volunteers.

In fiscal year 2006, HHSC also contracted with 19 family-violence service providers for special nonresidential projects. These projects provide at least one specialized family violence service in addition to all required core services.

A victim is defined as an adult member of a family or household who is subjected to an act of family violence, or a member of the household of the adult previously described, other than the member of the household who commits the act of family violence. The act of family violence is defined as an act by a member of a family or household against another member of the family or

household that is intended to result in physical harm, bodily injury, or assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, or assault, but does not include defensive measures to protect oneself; or is intended to inflict emotional harm, including an act of emotional abuse. The act of family violence is criminal, under Texas Penal Code, Chapter 22. Services are provided without any financial eligibility testing and free of charge. Services are provided statewide.

Food Stamps

The Food Stamp Act of 1977, as amended, is the legal base under which Texas administers the Food Stamps program. The purpose of the program is to permit low-income households to purchase a nutritionally adequate diet through normal channels of trade. Recipients receive a monthly allotment based on income and household size, which they can use like money to purchase food at the store. Benefits are accessed using an electronic card. The Food Stamps program targets individuals and families with an income less than 165 percent of the FPL and whose countable resources are less than $5,000. Services are provided statewide.

Medicaid

Medicaid is a state and federal cooperative venture that provides medical coverage to eligible needy persons. Title XIX of the Social Security Act is the legal basis for the Medicaid program. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. Medicaid is different in every state. HHSC's Medicaid Office is responsible for statewide oversight of the Texas program. All clients must meet the eligibility requirements for the Medicaid program. Medicaid serves primarily low-income families, children, related caretakers of dependent children, pregnant women, elderly, and people with disabilities. Women and children account for the largest percentage of the Medicaid population. Fifty-six percent of the Medicaid population is female and 54 percent are under age 21. There are different models for delivery of care. These include fee-for-service and managed care (HMO and PCCM).

Texas Health Steps

Texas Health Steps (THSteps) is a special Medicaid program called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children from birth to age 21 who are on Medicaid. The service is Medicaid's comprehensive and preventive child health service for individuals younger than 21 years of age. In Texas, EPSDT is known as the THSteps Program. EPSDT was defined by federal law as part of the Omnibus Budget Reconciliation Act of 1989 and includes periodic screening, vision, dental, and hearing preventive services. In addition, section 1905(r)(5) of the Social Security Act requires that any medically necessary healthcare service listed in the Act be provided to THSteps (EPSDT) clients even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.

THSteps provides medical check-ups, dental check-ups and dental therapeutic care for Medicaid clients from birth through 20 years of age. Medical check-ups include history, physical, nutritional, developmental, mental health, sensory screenings, appropriate immunizations, age-appropriate laboratory and TB screening, age-appropriate anticipatory guidance, health education, dental screening and referrals on any identified areas of concern.

Dental services for young children include emergency care, comprehensive oral evaluation beginning at age one, and periodic evaluations each six months thereafter; preventive care such as teeth cleanings, topical application of fluoride, application of sealants to tooth surfaces at high risk of decay, oral hygiene instructions and nutritional counseling, restorative oral care for tooth decay, and other therapeutic care. Services are provided statewide.

Refugee Affairs Program
RA contracts with public/private agencies in eight areas of the state to provide refugee cash, medical assistance, and social services to eligible refugees, asylees, and victims of severe forms of trafficking. The program is federally funded and currently provides over 27 programs aimed at assisting refugees in becoming self-sufficient and adjusted to their new communities in the United States.

In fiscal year 2006, RA contracted with 37 agencies throughout the state and entered into two interagency agreements with the DFPS to provide federally funded service for unaccompanied refugee minors and with the DSHS to provide health screenings for newly arrived refugees. All clients under the RA program must meet the definition found in CFR 45, part 400,401. The geographic areas served are limited to Austin, Amarillo, Abilene, El Paso, Dallas, Ft. Worth, San Antonio and Houston.

Special Nutrition Programs
The SNP consists of eight federally funded nutrition programs administered under a federal-state agreement with the United States Department of Agriculture (USDA). Their purpose is to integrate a nutritious meal service or food component with services that are being offered to low-income children, individuals, and households. Five of the programs are Child and Adult Nutrition Programs; three are Commodity Distribution Programs. The programs are administered under the HHSC Office of Family Services. Services are provided statewide.

Child and Adult Nutrition Programs
The programs include the Child and Adult Care Food Program (CACFP), National School Lunch/School Breakfast Programs (NSLP/SBP), Special Milk Program (SMP), and the Summer Food Service Program (SFSP). CACFP enables nonresidential child and adult day care facilities to integrate nutritious food service with organized day care; NSLP/SBP provides nutritious low-cost lunches and breakfasts to children during school and snacks to children after school, and encourages consumption of domestically produced agriculture products; SFSP provides nutritious meals to children during times when schools are closed; and SMP encourages consumption of fluid milk by children in schools and child care facilities. CACFP provides cash reimbursement for meals served in child and adult day care facilities. NSLP/SBP provides cash reimbursement for meals served in private nonprofit schools and public or private nonprofit residential childcare institutions. SMP provides cash reimbursement for milk served to children in schools and child care facilities that do not receive benefits from other child nutrition programs. SFSP provides cash reimbursement for meals served during summer months to children in summer school, parks and recreation programs, and summer camps.

Commodity Distribution Programs
The programs include the Food Distribution Program (FDP), Texas Commodity Assistance Program (TEXCAP) and Commodity Supplemental Food Program (CSFP). The mission of the programs: FDP helps stabilize the agricultural market through price support and surplus removal and provides wholesome nutritious foods to children participating in the USDA Child Nutrition Programs; TEXCAP helps relieve hunger by distributing USDA-donated commodities to low-income and unemployed persons and households; CSFP helps relieve hunger by providing USDA-donated commodities and nutrition education to low-income women, infants, children and elderly persons. FDP provides USDA-donated commodities to public and private schools, and summer programs for use in preparing the meals that they serve to children. TEXCAP distributes USDA-donated commodities through food banks throughout Texas. Food banks receive the food and distribute it to agencies that prepare meals for homeless individuals or distribute the food to needy households for home consumption. CSFP distributes USDA-donated commodities and provides nutrition education through select Texas food banks. Food banks receive the food and distribute it to agencies who in turn provide the food to low-income women, infants, and children who do not participate in WIC, and to elderly persons.

Temporary Assistance for Needy Families
This program originated in the 1935 Social Security Act which provided federal funds under Title IV of the Act to match state funds. The purpose of the program is to provide temporary financial assistance to needy dependent children and other services intended to ensure children may be cared for in their own homes, end the dependence of needy parents on government benefits, prevent and reduce the incidence of out-of-wedlock pregnancies, and encourage the formation and maintenance of two-parent families. Eligible TANF households may receive monthly cash benefits. The target population is low-income families with dependent minor children. Recipients of TANF cash assistance must also comply with the Personal Responsibility Agreement, which is intended to facilitate independence from welfare. The recipients agree to participate in the Choices work program, cooperate with child and medical support requirements, not voluntarily quit a job, participate in parenting skills if referred, stay free of alcohol or drug abuse, and ensure their children have health screenings, are attending school, and are immunized.

Texas includes all two-parent families in a state funded cash assistance program. Eligibility criteria are substantively identical to the TANF program. In accordance with the Human Resource Code Section 34.003(b) and 31.014, all individuals must register with TWC's employment services program or participate in TWC's "Choices" program. Services are provided statewide.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Community Living Assistance and Support Services

The CLASS program is a Medicaid waiver that provides home and community-based services and supports to individuals with related conditions as a cost-effective alternative to residing in an ICF/MR. Individuals must reside in the geographic area of the contracted provider and may live in their own or family home or in a residence with no more than three individuals with developmental disabilities who are receiving similar services. Services include adaptive aids and medical supplies, case management, consumer directed services, habilitation, minor home modifications, nursing services, occupational and physical therapy, psychological services, respite, specialized therapies, and speech pathology. An individual may be of any age and must have a diagnosis of a related condition; require habilitation services; have a monthly income that is within 300 percent of the monthly income limit for SSI ($1,809/month); have countable resources of no more than $2,000; and have an initial Individual Service Plan that does not exceed 125 percent of the cost of ICF/MR services.

CLASS provides services in approved Texas counties. There are currently 176 counties where individuals may receive CLASS services.

Community Mental Retardation Services

Funding for CMRS for individuals with mental retardation basically remained the same as the previous year with no changes related to children under six years old. The local mental retardation authorities continued to provide community based services for children, such as service coordination, community support, respite services, and specialized therapies.

Funding for the IHFS/MR program for persons with mental disabilities provides an annual grant up to a maximum of $2,500 per individual. Services include equipment purchase, minor home modifications, respite, specialized therapies, training and/or counseling. Services are provided statewide.

Consolidated Waiver Program

CWP is a Medicaid waiver program in Bexar County for individuals whose names are on the interest lists for other DADS waiver programs. CWP provides a cost-effective alternative to residing in a nursing facility or ICF/MR. Services include adaptive aids and medical supplies, adult foster care, assisted living/residential care, audiology, behavior communication, child support services, dental, dietary services, emergency response services, family surrogate services, habilitation, home-delivered meals, independent advocacy, intervenor services, minor home modifications, nursing services, orientation and mobility services, personal assistance services, transportation, psychological, respite, social work, physical and occupation therapy, and speech/language pathology.

An individual may be of any age; must reside in Bexar County; must be on the interest list in Bexar County for Community Based Alternatives, CLASS, Deaf Blind/Multiple Disability (DB/MD), CS or MDCP waiver services; must have a monthly income that is within 300 percent of the monthly income limit for SSI ($1,809/month); must have countable resources of no more than $2,000; and must have an Individual Service Plan that does not exceed 125 percent of the aggregate cost of ICF/MR services or 150 percent of the nursing facility payment rate. Services are only provided in Bexar County.

Home and Community-based Services
The HCS program is a Medicaid waiver that provides home and community-based services and supports to individuals with mental retardation or a related condition as a cost-effective alternative to residing in an ICF/MR. Individuals may live in their own or family home, in a foster/companion care setting, or in a staffed residence with no more than three other individuals who receive similar services. Services include case management, residential assistance, supported employment, day habilitation, respite, dental treatment, adaptive aids, minor home modifications and specialized therapies such as social work, psychology, occupational therapy, physical therapy, audiology, speech/language pathology, dietary services, and licensed nursing services. An individual may be of any age and must have a determination of mental retardation or a diagnosis of a related condition; have a monthly income that is within 300 percent of the SSI monthly income limit ($1,809/month); have countable resources of no more than $2,000; and have an individual plan of care (IPC) that does not exceed 125 percent of the annual ICF/MR reimbursement rate for a small ICF/MR for the individual's level of need or 125 percent of the estimated annualized per capita cost for ICF/MR services, whichever is greater. Services are provided statewide.

Intermediate Care Facilities for persons with Mental Retardation
ICF/MR facilities may be operated by private or public entities. They provide residential and habilitative services, skills training and adjunctive therapies with 24-hour supervision and coordination of the individual program plan. These residential environments range from six beds to several hundred beds for persons who have mental retardation or a condition related to mental retardation. Services are provided statewide.

In-Home and Family Support Program
The IHFSP/MR program is not a new program. After the initial IHFSP/MR pilot project in San Antonio, in April 1988, proved to be successful, the 71st Legislature, through S.B. 1509, directed the then Texas Department of Human Services to expand IHFSP/MR into a statewide program. This was accomplished effective April 1990.

IHFSP/MR provides direct grant benefits to individuals age four or older with physical disabilities, which substantially limit the individual's ability to function independently, and/or their families to purchase services that enable them to live in the community. Eligible individuals are empowered to choose and purchase services that help them to remain in their own home. Services are provided statewide.

Medically Dependent Children Program
MDCP is a Medicaid waiver that provides home and community-based services and supports for families caring for children who are medically dependent as a cost-effective alternative to residing in a nursing facility. Specific services include case management, respite, adjunct support services, adaptive aids, minor home modifications, and transition assistance services.

An individual must be under 21 years of age and meet the medical necessity requirements for nursing facility admission; have a monthly income that is within 300 percent of the monthly income limit for SSI ($1,809/month); have countable resources of no more than $2,000; and have an IPC that does not exceed 63 percent of the nursing facility rate associated with the individual's TILE score. The income and asset figures are for the individual, not the individual's parents. Services are provided statewide.

Primary Home Care
PHC is a non-technical, medically related personal care service. PHC is available to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living. Services are provided statewide.

Texas Home Living Program
The TxHmL program provides essential services and supports to individuals with mental retardation or a related condition as an alternative to residing in an ICF/MR. Individuals may live in their own or family home. Service components are divided into two categories: the Community Living Service category and the Professional and Technical Supports Services category. The Community Living Service category includes community support, day habilitation, employment assistance, supported employment, and respite services. The Professional and Technical Supports Services category includes skilled nursing, behavioral support, adaptive aids, minor home modifications, dental treatment and specialized therapies services. An individual may be of any age; must have a determination of mental retardation made in accordance with state law or have been diagnosed by a physician as having a related condition; may live in the individual's own or family home; must be Medicaid eligible; must meet the requirements for ICF/MR Level of Care I; and have an IPC that does not exceed $10,000. Services are provided statewide.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)

Blind Children's Vocational Discovery and Development Program
The Division for Blind Services (DBS) provides services to blind children birth – 22 years of age and their families through the BCVDDP. Blind children's specialists provide services to blind and visually impaired children and their families who reside in Texas. Services are provided statewide.

The specialist works with each child and family to create a plan of service that is tailored to each child's unique needs and circumstances. The specialist works in partnership with the family and extended family, school personnel, doctors, therapists, and others in the community who provide assistance, services and/or supports to the child.

BCVDDP offers a wide range of services that are tailored to each child and family's needs and circumstances. Services are associated with six major program components. We think of them as stepping stones to an independent, productive, and satisfying life.

- Adjustment to Blindness: The specialists familiarize families with diagnostic procedures, medical treatments, and other things they need to know to support their child. Other services are designed to equip the child with coping and self-advocacy skills to boost confidence and self-esteem as he or she adjusts to living with a visual impairment.
- Independent Living (IL) Skills: IL services promote independence and self-sufficiency as the child grows and matures. The DBS provider and the family identify services that support the child in being as independent as possible in everyday life.
- Communication Skills: With strong communication skills, children who are blind or have a visual impairment can thrive at home, in school, and in the community. DBS promotes development of a variety of skills including reading, writing, and using Braille and other techniques, using assistive technology and accessing information.
- Travel Skills: Children who are blind or have a visual impairment must develop orientation and mobility skills to safely navigate and explore the world around them.
- Support Systems: DBS helps children and families connect with a wide range of community support systems such as peer, parent and sibling support groups, advocacy organizations and educational support groups.
- Vocational Discovery and Development: For a child with a vision disability, vocational discovery begins at an early age and involves the whole family. Children who will grow into independent, confident and productive adults learn problem-solving and organizational skills. DBS assists youth in career exploration and vocational development.

Early Childhood Intervention Services
ECI services are provided to families with children, birth to three years of age, with disabilities or developmental delays. Services are provided statewide by a variety of community-based agencies throughout Texas.

ECI assures that families with young children with developmental delays have the resources and supports they need to reach their goals. Young children learn best in their own homes and familiar places, so ECI services are provided in the family's natural environment. Eligible children receive comprehensive services based on an Individualized Family Service Plan (IFSP) that may include: assistive technology, audiology, early identification, screening and assessment, family counseling, family education, health services, home visits, medical diagnostic services, nursing, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work services, developmental services, targeted case management, speech-language therapy, transportation, and vision services. ECI provides Follow Along monitoring of children who are determined ineligible for comprehensive services, but by clinical opinion, may be at risk for developmental delay (e.g., extremely low birth weight infants). Programs also provide respite to families of enrolled children as funding allows.

ECI's service delivery system emphasizes the use of family centered Routines-Based Intervention. This model uses a systematic, family-centered approach to assess the child's developmental strengths and needs and to develop an IFSP that embeds intervention in the

context of family life. Family-centered services support families in their natural care-giving and decision-making roles by building on their individual unique strengths as people and families. By using family routines and community settings that are familiar to the child, intervention occurs on a regular, frequent schedule.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing

The CCL Division within DFPS is a regulatory program charged with protecting the health, safety, and well-being of children, ages birth through 17 years, who reside in out of home care for all or part of the day by:

- Developing minimum standards to promote the health, safety, and well being of children,
- Processing applications and issuing permits to child care operations (this is a term inclusive of child day care, residential child-care, and child-placing operations) meeting minimum standards,
- Inspecting child-care operations to ensure they maintain compliance with minimum standards,
- Investigating complaints of abuse/neglect or standard violations and ensuring appropriate corrective or adverse actions are taken,
- Conducting criminal background checks and DFPS central registry checks on all adult staff or caregivers, and youth age 14-18 who will be in frequent or regular contact with children in child-care operations,
- Providing technical assistance on compliance with minimum standards and encourage improvement of child-care operations, and
- Educating and advising consumers of child-care operations by providing the operations' compliance history.

Child Protective Services Program

CPS becomes involved with a family when a report is received of child abuse and/or neglect. Upon investigation of the report, CPS can provide services to families at any time in the life of the case. The target population is any child under the age of 18. However, children who are in the conservatorship (foster care) of CPS at the age of 18 can remain in care until 22 years of age to complete high school. Contract services are obtained for children that include mental health, education, daycare, parenting education and support, health care, and developmental delay services. These services are accessed through the case management model of service provided by the Investigation, Family Based Safety Services and Conservatorship caseworkers. Services are provided statewide.

Texas Families: Together & Safe

TFTS is an existing DFPS program of family support grants. Family support services are provided through community-based prevention programs. These programs are designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford a safe, stable and supportive family environment, to strengthen parental relationships and otherwise to enhance child development. As community-based programs, the specific services offered by each contractor vary based on local need.

Any family residing in Texas with a child(ren) under the age of 18 years living in the household or expecting a child(ren) is eligible for services. Families that are assessed as having multiple presenting issues and risk factors are the target populations for these programs and may include teen parents, first-time parents, parents with young children, and parents with children determined to be at high-risk of abuse, neglect, developmental delay, disability, emotional, school or health problems. The program provides services to 30 counties.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Children and Pregnant Women

The CPW program was implemented in September 2003. It combined the previous services provided by the THSteps Medical Case Management and the Targeted Case Management for Pregnant Women and Infants. CPW provides case management services to pregnant women of all ages with high-risk conditions and children, birth through 20 years of age, with health conditions or health risks (conditions and risks must be outside the norms expected for same age peers). All clients/parents/guardians must desire CPW services, have a need that, if not met, would lead to deterioration of their condition, and be Medicaid eligible.

Providers of case management services are approved through DSHS and then enroll with the Medicaid Claims Administrator. DSHS regional social work staff also provides CPW services.

CPW services include an intake to determine eligibility for the program, a comprehensive needs assessment, the development of a service plan for all identified needs and follow up contacts to assure needs are met. All billable services must be prior authorized through DSHS. Case managers assist clients/parents/guardians in accessing services in areas such as health care and needs, transportation, education, financial, housing, mental health services and any other psychosocial needs which could impact the health of the client. Case managers are expected to coordinate their services with other health care professionals and agencies and advocate on behalf of clients. Services are provided statewide.

Children with Special Health Care Needs

The CSHCN services program provides services to eligible children under the age of 21 with extraordinary medical needs, disabilities, and chronic health conditions. Applicants must meet both financial and medical criteria to become eligible. Financial eligibility must be renewed every 6 months, and medical eligibility must be renewed at least annually.

Services to eligible clients include health care benefits and case management. Health care benefits include payments for medical care, family support services, and related services not covered by Medicaid, CHIP, private insurance, or other “third party payers.” Case management services are provided through DSHS regional offices and contracted community-based agencies throughout Texas.

The CSHCN services program is funded through the Title V Block Grant from the federal government for maternal and child health programs and through state funds. Because CSHCN services program funds are limited, there may be a waiting list for health care benefits.

The CSHCN program also provides leadership for or participates in an array of system improvement activities in support of the Title V performance measures and Healthy People 2010 objectives related to services for children with special health care needs. Examples include participation on interagency work groups or committees, consultation for the development of Medicaid medical and dental policies for children with special health care needs, and provider education initiatives. Services are provided statewide.

Community-based mental health services
CMHS consists of 39 local mental health authorities that ensure the provision of basic mental health services across Texas. Children and adolescents eligible for community-based services are those between the ages of 3 and 17 years with a mental health diagnosis (other than a single diagnosis of mental retardation, pervasive developmental disorder, or substance abuse disorder) and one of the following criteria: (a) serious functional impairment; (b) at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or (c) enrolled in a school system's special education program because of a serious emotional disturbance**.**

In fiscal year 2005, core services included crisis hotline, screening, crisis services, pre-admission assessment, treatment planning, routine case management, intensive case management, wraparound planning, counseling, respite services, medication-related services, psychoeducation, skills training, family training, flexible community supports, family partner, multi-systemic therapy, treatment foster care, intensive crisis residential, and inpatient services. As resources permit, other services such as outreach and 23-hour observation are available.

Although community-based mental health services is not a new program, significant enhancements have been made in fiscal year 2005 through the statewide implementation of a disease management model of care, as outlined in H.B. 2292. The primary goal, of the RDM initiative, is to ensure the provision of interventions with empirical support to eliminate or manage symptoms and promote recovery from psychiatric disorders. Other goals of this project include (a) establishing who is eligible to receive services, (b) establishing ways to manage the use of services, (c) measuring clinical outcomes or the impact of services, and (d) determining how much these services should cost. The RDM initiative is intended to better match services to mental health consumers' needs, and to use limited resources most effectively. This is an innovative strategy for disseminating evidence-based practices and will serve as a model for other state mental health systems. CMHS includes all areas of the state except counties that are included in the NorthSTAR managed care initiative (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall).

Immunization Program
The Immunizations Branch conducts the core elements of an immunization program as outlined in its federal grant: program management; vaccine management; operation of a registry; provider quality assurance; service delivery; consumer information; disease surveillance; population assessments. Services are provided statewide.

Examples of activities in each of these areas include:

- Program Management - requests funds necessary to operate all activities in the Branch and ensures funds are expended appropriately;

- Vaccine Management - purchases and distributes vaccines to clinics enrolled in the Texas Vaccines for Children TVFC program, ensuring that vaccines are available, accounted for, and purchased according to federal and state guidelines;
- Registry - manages and operates the statewide immunization registry, ImmTrac;
- Provider Quality Assurance - manages a contractor that conducts educational site monitoring visits in more than 90 percent of all clinic sites enrolled in the TVFC annually;
- Service Delivery - contracts with 52 local health departments to enhance immunization service delivery in their jurisdictions and works with DSHS regional clinics to provide services where there is no local health department;
- Consumer Information - operates a toll-free hotline, prints and distributes educational materials, and conducts an annual media campaign;
- Disease Surveillance - the Infectious Disease Control Unit conducts disease surveillance for all vaccine-preventable diseases; and
- Population Assessments - conducts annual school surveys and local area analyses to determine vaccine coverage levels for a specific geographical area.

Kidney Health Care Program
KHC provides limited benefits for recipients of all ages with End-Stage Renal Disease. KHC has been in existence since 1973. Services are provided statewide.

Newborn Screening Case Management Follow-Up
NBS was established in the 1970s. State law mandates that all infants born in Texas be screened for five genetic disorders: Phenylketonuria, Galactosemia, Congenital Hypothyroidism, Sickle Hemoglobin, and Congenital Adrenal Hyperplasia.

House Bill (H.B.) 790, 79th Legislative Session, requires DSHS to expand the number of newborn screening tests. HB 790 set a deadline of November 1, 2006, for implementation of the expanded screening, which will expand to 27 disorders recommended by the American College of Medical Geneticists. DSHS' is proceeding with implementing the expansion utilizing tandem mass spectrometry technology.

NorthSTAR
The NorthSTAR program is a publicly funded managed care approach to the delivery of mental health and substance abuse services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties. NorthSTAR combines separately funded and disparate systems of care with different eligibility requirements (Medicaid, substance abuse contracted providers, community mental health system) into one system of care. Most Medicaid recipients who reside in the service area are automatically enrolled based on their Medicaid status. Non-Medicaid individuals who reside in the service area and meet clinical and financial eligibility (less than or equal to 200 percent FPL) are eligible, but must complete enrollment paperwork. Services are provided in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall counties.

Primary Health Care Services
As authorized by Health and Safety Code, Chapter 31, PHC provides funding to establish local capacity to deliver a range of preventive and primary health care services to persons residing in Texas with incomes at or below 150 percent of the FPL who are not eligible to receive the same services from other funding sources. Primary health care services include diagnosis and treatment, emergency services, family planning services, immunizations, health education and laboratory and other diagnostic services.

Any of the following optional services may be provided after the provision of the priority services has been met. These services include: nutrition services, health screening, home health care, dental care, transportation, prescription drugs, devices and durable supplies, podiatry services, and social services. Services are provided statewide.

Program for Amplification for Children of Texas
PACT provides services and hearing aids to children and young adults ages birth through 20 years with permanent hearing loss, who are either Medicaid eligible or being served by the CSHCN program. Services are provided statewide.

Safe Riders
The Safe Riders program was born in 1985 through the 69th Legislature, Regular Session, 1985 to serve as the state's vehicle to provide child safety seats to low-income families. This program is a partnership between DSHS and the Texas Department of Transportation.

The target population of Safe Riders' clients are children 14 years of age and younger. Safe Riders distributes safety seats, educational materials, and provides technical training and certification in child passenger safety to many residents of Texas.

Information about Safe Riders is accessible through the Internet and a toll-free number. Educational materials are available by fax, phone and online. Check-up and fitting station venues are regularly scheduled to address and correct use of safety seats or nonuse altogether. Safe Riders is certified to teach the 32-Hour Standardized National Highway Traffic Safety Administration Workshop. This workshop is offered six times a year and certifies 120 individuals as child passenger safety technicians who in turn educate and share valuable information on occupant protection statewide. Services are provided statewide.

State Mental Health Facilities
State hospitals have special units that provide inpatient mental health services to children and their families. The goal of these units is to ensure successful reintegration for the child into their community and family. The planning of treatment focuses on returning the child to a less restrictive setting as soon as possible. Discharge and aftercare planning begins at admission and focuses on meeting developmental needs. In these facilities children under six receive services tailored specifically to their developmental needs. There have been no enhancements in the past two years. Services are provided statewide.

Texas Early Hearing Detection and Intervention Program
The TEHDI program is the state's universal newborn hearing screening, tracking, and intervention program. Established in 1999 through the passage of H.B. 714, TEHDI is currently being implemented at 247 birth facilities. DSHS is the oversight agency. H.B. 714, enacted by the 76th Legislature, requires that certain birth facilities offer newborn hearing screening (NBHS) to all families of newborns during the birth admission. Facilities that must offer NBHS are: a) Hospitals licensed under Chapter 241 that offer obstetrical services and are located in counties with populations greater than 50,000, and b) Birthing Centers licensed under Chapter 244 that are located in counties with populations greater than 50,000 and that have 100 or more births per year. Facilities that are legislatively mandated to offer NBHS are certified by DSHS. Services are provided statewide.

Title V Maternal and Child Health Fee For Service Program
The MCH Block Grant under Title V of the Social Security Act has operated as a Federal-State partnership for more than 60 years. For children from birth to 21 years, Title V MCH FFS provides preventive and primary health care services, including medical and social history, developmental and mental health screening, physical exam (baseline and interval), screening tests (including, but not limited to, vision and hearing screening), diagnostic lab (including, but not limited to, newborn hereditary/metabolic testing), client education, anticipatory guidance, health risk assessment, immunizations, and referrals as clinically indicated. In addition, Title V MCH FFS also provides dental services, case management services for children (up to age one), maternity services, dysplasia, and family planning services.

The target populations are low-income women and children with income at or below 185 percent FPL who are Texas residents, otherwise uninsured for the same service provided, and not eligible for Medicaid or CHIP. Services are provided statewide.

Texas Health Steps (See HHSC)

Special Supplemental Nutrition Program Women, Infants, and Children
WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children up to age five from households with incomes at or below 185 percent of the FPL. Food benefits are issued for each client. Other services include breastfeeding support, immunizations (at some clinics) and Farmers' Market benefits (at some clinics). Both fathers and mothers can receive and spend the benefits for their children.

The target population: Pregnant women, postpartum women (women who are breastfeeding a baby under one year of age, and women who have had a baby in the past six months), infants, and children under the age of five that meet income and residency requirements, and are determined to be at nutritional risk. Services are provided statewide.

Vision and Hearing Program
The V&H program was implemented for the early identification of individuals who have special senses and communication disorders and who need remedial vision, hearing, and speech or language services. It is not a new program and there have not been any enhancements. The program provides services to children 4 to 21 years of age. Services are provided statewide.

Appendix B
Program Enhancements/Innovative Approaches

Health and human service agencies continue to explore new and innovative ways to enhance services to children. Although funding increases, if any, have been limited, enhancements have occurred that have resulted in better services for children and their families. Brief descriptions of new initiatives and/or enhancements realized over the past two years are listed below.

HEALTH AND HUMAN SERVICES COMMISSION

Children's Health Insurance Program

CHIP now includes dental services. Dental services became effective April 1, 2006.

Medicaid

Managed Care

Medicaid managed care consists of both an HMO model and a Primary Care Case Management (PCCM) model. Medicaid HMO contractors are responsible for providing a benefit package to members that includes all medically necessary services covered under the traditional, fee-for-service Medicaid programs except for Non-capitated Services provided to STAR members outside of the HMO capitation and specifically designated. Medicaid HMO contractors must coordinate care for members for these Non-capitated services so that members have access to a full range of medically necessary Medicaid services, both capitated and non-capitated. A contractor may elect to offer additional acute care value-added services. STAR members are provided with three enhanced benefits compared to the traditions, fee-for-service Medicaid coverage:

- Waiver of the three-prescription per month limit;
- Waiver of the 30-day spell-of-illness limitation under fee-for-services; and
- Inclusion of an annual adult well check for patients 21 years of age and over.

The continuous eligibility period for the term of children's coverage remains at six months.

Innovative approaches: The PCCM model has been used in the urban and rural areas in addition to the fee for service and health maintenance organization model. These models have not been available statewide.

Texas Health Steps

There have been changes in the THSteps medical policy to include additional requirements for developmental screening, TB screening, screening for type 2 diabetes, and cervical cancer screening.

Refugee Affairs Program

In the past two years, RA has provided social services to refugee school children in the Amarillo, Austin, Dallas, Ft. Worth and Houston area through a grant from the Office of Refugee Resettlement.

Temporary Assistance for Needy Families

- Pregnancy Support Program was effective September 1, 2005 and is administered by the HHSC. This program provides support services to Texas women to promote childbirth. The program offers comprehensive services including information and counseling; mentoring services related to parenting and life skills; referral to other services to support pregnant females and childbirth; promotion of public awareness of other resources that support childbirth; and programs to provide or assist expectant parents and their unborn children to obtain certain goods and services such as pregnancy testing kits, cribs, car seats, maternity and baby clothes, and temporary child care.

- Relative Caregiver Reimbursement Program was effective September 1, 2005 and includes an array of services dedicated to promoting continuity and stability for children in the conservatorship of DFPS. The program includes support services and limited financial assistance for eligible caregivers who assume care giving responsibilities for children in DFPS conservatorship. An initial one time integrated payment is a one-time benefit and is provided to facilitate the transition of the sibling group. The benefit is not available on a per child basis or to subsequent placements. This payment is only available to children placed after March 1, 2006. Annual flexible support payments are available to enhance the ability of the caregiver to provide for each child placed in their home. This benefit is limited to $500 per child annually, and may not be used to support the birth or adopted children of the caregiver family. This payment is available to caregivers; however, reimbursement is limited to expenses incurred after September 1, 2005.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Medically Dependent Children Program

New rules were adopted August 1, 2005 that included the addition of Transition Assistance Services and Consumer Directed Services as a new service option. The Consumer Directed Services option allows individuals to become the employer of record and choose their own Personal Assistance Service provider.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Blind Children's Vocational Discovery and Development Program

DBS has been placing greater emphasis on working with families to provide appropriate skills and vocational direction to blind children as well as increasing general awareness of the specialized children's services available through the division. To this end, DBS has taken definitive steps to ensure that blind children and their families receive focused vocational discovery and development services. These steps include (1) placing greater emphasis on working with families to provide blindness-specific outcome driven services; (2) refocusing staff training efforts so that program staff have the unique competencies in child development and blindness-specific expertise to provide comprehensive vocational discovery and development services; and, (3) implementing more effective marketing plan to increase general awareness of the specialized children's services available through the program.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing

CCL has implemented the following enhancements and innovative approaches to regulation within the last 2 years:

- CCL established a statewide program to inspect randomly selected agency foster homes. Sixty additional CCL staff were hired to implement this inspection program. Child placing agencies and foster parent groups participated in the development of the program and supported the implementation process. The information gathered during these inspections will be used in determining a child-placing agency's compliance with minimum standards. Foster homes selected in the sample are notified by letter about what to expect during an inspection. Foster parents are provided a feedback form at the end of the inspection, where they can share information with CCL about the inspection visit.
- Child-care providers statewide can now submit background check information electronically, which facilitates a quicker turn-around of information. Coordination with the Texas Department of Public Safety (DPS) has facilitated the use of electronic fingerprinting for those persons required to submit fingerprints as part of a background check.
- Child-placing agencies statewide can now submit update information on foster homes electronically reducing paperwork.
- CCL has implemented three statewide public awareness campaigns targeted at both parents and caregivers, including "Look Before You Leave" to reduce the number of children being left in cars, especially during the summer months; "See and Save" to reduce the number of children drowning; and "Don't Be in the Dark About Child Care" to educate parents on the advantages of using regulated child care.
- CCL revised the minimum standards for residential facilities and child-placing agencies. Minimum standard rules are written in a plain English question and answer format. Residential CCL staff statewide, will be trained alongside child-care providers on the new standards.
- CCL initiated work on a statewide weighted standards enforcement system. A weighted enforcement system will assign a weight to individual standards based on the risk to children. This information will be combined with compliance information, such as repetition and patterns of violations and timeliness of corrections, to determine licensing enforcement actions. A weighted system will allow licensing staff to focus resources where they are needed the most, provide a clearer picture to consumers about the performance of an operation, improve the consistency of licensing decisions, and help providers have a clearer picture of how rules work to protect children.
- CCL has implemented regulatory rules regarding drug testing for residential child care providers, Licensing of Child Placement Administrators, and increasing the time frame a facility is prohibited from re-applying for a license from two years to five years after denial or revocation of a license.
- CCL has established local child care advisory committees in each CCL district and continues to work with the Statewide Advisory Committee on Child care Administrators and Facilities. Executive Commissioner Hawkins appoints members to this committee.

- In addition to regulatory duties, CCL staff collaborate with local child care associations and boards statewide in providing training for child care providers, facilitating conferences, town meetings, and workgroups, improving the quality of care, and providing technical assistance regarding the health and safety of children and child care regulation. Collaborations have been developed with local fire and environmental health departments, regional immunization coordinators, regional tuberculosis program managers, regional and local zoning and occupancy permit departments, regional educational service centers, local community colleges, local government councils, local law enforcement, county extension agents, workforce boards, resource and referral agencies, and other state agencies.

Child Protective Services

Recent program innovations that positively impact the ages of 0-6 are the Educational Portfolio, Family Group Decision Making (FGDM) and Kinship care.

- The Educational Portfolio is a depository for the educational records for children in the conservatorship of CPS. It accompanies the child each time he/she enrolls in a new school - ensuring proper grade and services placement, assisting the school with graduation requirements and providing a smooth transition for the child.
- Family Group Decision Making is a method of being inclusive of extended families in the permanency planning for children. It invites families to partner with CPS in making plans for the safety and well-being of the children. The planning process includes contact with extended family members and including formal and informal supports to remedy the problems that initially brought the family to the attention of CPS.
- Kinship care is the emotional, financial, educational support provided to extended family members who are caring for a child in the conservatorship of CPS. This program recognizes the important role in caring for the child who would otherwise be placed within the foster care program.
- The Medical Home and Medical Passport are two approaches that are currently being devised and are expected to positively impact this population. The Medical Home model, which is currently being procured by HHSC, will provide coordinated physical and behavioral health services to children in the conservatorship of CPS. The Medical Passport is a mechanism that will ensure that physical and behavioral health care for children in the conservatorship of CPS is maintained in a central, automated location. The passport will then be available to medical providers to ensure consistency of care.

Texas Families: Together and Safe

An evidence-based requirement was introduced for the TFTS program in the RFP released May 26, 2006 for contracts to be effective September 1, 2006. Evidence-based programs and services may be considered innovative approaches to providing services.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Pregnant Women
This program, implemented in September 2003, combined the previous services provided by the THSteps Medical Case Management and the Targeted Case Management for Pregnant Women and Infants. The rules for CPW will need to be reviewed in fiscal year 2007 and may include some enhancements to the service at that time.

Community-based Mental Health Services
Although CMHS is not a new program, significant enhancements were made in fiscal year 2005 through the statewide implementation of a disease management model of care, as outlined in H.B. 2292. The primary goal of RDM is to ensure the provision of interventions with empirical support to eliminate or manage symptoms and promote recovery from psychiatric disorders. Other goals of this project include (a) establishing who is eligible to receive services, (b) establishing ways to manage the use of services, (c) measuring clinical outcomes or the impact of services, and (d) determining how much these services should cost. The RDM initiative is intended to better match services to mental health consumers' needs, and to use limited resources most effectively. This is an innovative strategy for disseminating evidence-based practices and will serve as a model for other state mental health systems.

Kidney Health Care
Recent enhancements include coordination of KHC benefits with Medicare Part D Prescription Drug Plans, which allow a greater access to necessary drugs for eligible recipients.

Immunization Program
Enhancements include the addition of new vaccines as they become available and are recommended for use with the target population, and increasing the functionality of ImmTrac, the statewide immunization registry, to make it more user-friendly for providers. In 2005, 1,946 TVFC private providers received quality assurance site visits. Each site visit is an opportunity to review provider immunization practices and make recommendations for improvements. The Texas Immunization Statewide Working Group and three ImmTrac working groups have been implemented and these partners from across the state work together on specific immunization goals.

Newborn Screening Case Management Follow-Up
Changes have been made to the organizational structure of the section in order to allow for the physician consultant to provide increased medical direction and input into the policy and planning of the program. This was accomplished by hiring a program manager responsible for the administrative and day-to-day operational duties required of the program. The program has also hired additional staff to assist with the program workload and to educate providers and stakeholders of the NBS program.

NorthSTAR
Enhancements include the introduction of RDM for mental health services, the rollout of the 340B medication program, the introduction of Medicare Part D, a new service area mobile crisis vendor, and the current procurement by contractor for acute front door evaluation services.

Texas Early Hearing Detection and Intervention
Recently, ECI applied for and was funded a HRSA grant to enhance the statewide information system to enable better tracking of follow up testing and intervention services. ECI has completed year one and is waiting for year two funding decision. The resource specialists from Deaf and Hard of Hearing Services are working with birth facilities and out patient providers to determine whether babies were able to receive the needed follow up services after failing their newborn hearing screen.

Texas Health Steps (See HHSC)

Women, Infants and Children
An Electronic Benefits Transfer (EBT) food delivery system was piloted in 2005 and approved for expansion statewide, estimated for completion in fiscal year 2008. The EBT system replaces a paper voucher system and consists of a smart card, embedded with a computer chip that stores food benefits data for all members of a household participating in the WIC Program. Use of a smart card streamlines issuance of food benefits to clients at local service delivery providers as well as the processing of WIC transactions in grocers' checkout lanes. WIC clients have greater flexibility in their purchase of foods because they can purchase items as needed, instead of all at one time under the paper voucher delivery system. EBT enhances DSHS administrative efficiency through the elimination of the largely manual process of paper voucher tracking and the grocery store reimbursement process. Grocers are paid two to three times faster through electronic claims submission.

Appendix C
TECCS, *Raising Texas*, Implementation Plan

Definitions of the TECCS Components

Access to health insurance and medical homes for all children – Health insurance, both public and private, that is accessible to all children and their families and provides comprehensive coverage. Medical homes that provide comprehensive physical and child development services for all children including children with special health care needs. Medical homes include assessment, intervention, and referral services of children with developmental, behavioral, or psychosocial problems.

Early care and education services - Early care and education services from birth through five years of age that support children's early learning, health, and development of social competence.

Mental health and social-emotional development - Availability of services that address the needs of children with mental and/or behavioral health problems and/or concerns as well as children at-risk for the development of mental and/or behavioral health problems. Service delivery pathways to facilitate entrance of these children into appropriate child development and mental health delivery systems.

Parent education - Services that provide support to parents in their role as prime educators of their children.

Family support services - Services that address the stressors impairing the ability of families to nurture and support the healthy development of their children.

THE PLAN

The following plan was submitted to the Maternal and Child Health Bureau but to-date has not yet been approved.

RAISING TEXAS

The Texas Early Childhood Comprehensive Systems Plan

June 2006

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OVERVIEW

Raising Texas is a collaborative and comprehensive effort to strengthen Texas' system of services so that *all children enter school healthy and ready to learn.* The U.S. Department of Health and Human Services' Maternal and Child Health Bureau has provided funding for the *Raising Texas* initiative.

Early Childhood Development and Systems of Services

Early childhood is a crucial time for human development. The first five years of life are an especially critical period that forms the foundation for all areas of development. Evidence-based research shows that all domains of development, including health and social-emotional development, are as important as cognitive development for building a foundation for success in school and in life. In addition, there is evidence that many problems in adult life may have their origins in pathways that begin in childhood including: obesity, mental health problems, aggressive and violent behavior, criminality, poor literacy, and welfare dependency (ACE Study 1998, RAND Study, 2006).

Many U.S. children enter school without the competencies they need to succeed. Service systems are not adequately organized to promote optimal development and readiness for school (Shonkoff & Phillips 2000). Building strong state-coordinated systems of services for young children to improve their readiness for school is a growing national movement. A review of the literature indicates that in order to ensure the optimal development of young children, states must develop a common vision, unite different sectors of government around common goals, and coordinate services in order to be more effective in serving the birth through five population (Halfon, 2004; Bruner, et al. 2004). By increasing the coordination in the system of services for young children, the state of Texas, in partnership with families and community stakeholders, has the potential to alleviate many of the risk factors that prevent children from achieving their full potential. In addition, through increased coordination in service delivery, the state of Texas can address the immediate needs of its children in preparing them for school, and could realize a return on investment for the future of Texas (RAND Report, January 2006).

The *Raising Texas* initiative provides the opportunity to increase the coordination of services and more adequately meet the developmental needs of young children in Texas. Spearheaded by the Office of Early Childhood Coordination (OECC) housed in the Texas Health and Human Service Commission (HHSC), *Raising Texas* partners have been working for the past three years to develop this strategic plan to create a more coordinated system of services that will increase the potential of all young children to be developmentally ready for school and life.

For Strategies to Improve School Readiness Trajectories Chart, see page 9 in the Report.

THE PLANNING PROCESS

Building an Infrastructure

The Office of Early Childhood Coordination is housed within the Office of Program Coordination for Children and Youth (OPCCY) under the Office of Health Services at the Texas Health and Human Services Commission. The OECC was established in 2001 by the 77th Legislature and was charged with the responsibility for promoting, coordinating, and integrating service delivery for all children under the age of six. OECC staff is responsible for the facilitation of the Texas Early Childhood Comprehensive Systems (TECCS) plan.

Building Partnerships

Texas began developing a strategic plan for an early childhood comprehensive system of services by working with the OECC Advisory Committee and other key stakeholders. During the first and second year of planning, these key stakeholders consisted of family members, state agency programs, and early childhood organizations. Many members were frontline experts in the delivery of services to young children. In addition to OECC Advisory members, staff from the Texas Department of State Health Services (DSHS) Title V program participated in a leadership role in the development of four workgroups addressing all five component areas of the grant. Key stakeholders from across the state met to discuss their current perceptions of service delivery. These stakeholders identified where they perceived policy and system changes were needed and drafted recommended plans for increasing the coordination of services and the inclusion of best practices in policy development.

To ensure public input, the University of Texas, Center for Disability Studies (TCDS), was hired in 2004 to develop, distribute, and analyze the results of a professional/provider survey. The survey was sent to early childhood professionals that represented each of the four component areas of the grant. The purpose was to understand the professionals'/providers' perceptions of services available to families in their communities. Respondents were asked to rank their opinion on key service issues. Three areas were ranked the highest: they felt that staff were well-trained, family-centered service models were used, and referrals to other programs were made. The lowest ratings included behavioral and health care services and systems issues. Systems issues made up the lowest ranked items that included: inadequate funding, inadequate staffing, and policy issues. In addition, TCDS also conducted family focus groups throughout the state with parents of children under the age of six who utilize health and human services. Four themes emerged from the discussions with these families. The need for:

- Respect,
- Communication/information sharing,
- Access to services and service delivery, and
- Access to medical care.

The results of the family focus groups were taken into consideration when developing the recommended draft plans in five component areas that include: Access to Insurance and Medical Home, Social-Emotional Development/Mental Health, Early Care and Education, Parent Education, and Family Support. It was decided to combine two of the plans, Parent Education and Family Support, for a total of four component plans. Each draft component plan identifies a desired result (or outcome) with specific goals, objectives, and activities.

Building a Comprehensive Plan

It was critical that stakeholders identify a common vision, mission, and set of guiding principles in the development of the draft component plans. Though it is recognized that a good start in life begins before birth, the vision and mission for the *Raising Texas* initiative is:

VISION

Achieve optimum development and well-being for every Texas child beginning at birth.

MISSION

To promote an effective, comprehensive, seamless system that serves and supports families in areas of early care and learning, mental health/social and emotional development, parent education, family support, and access to medical homes.

The guiding principles that were present throughout the development of the draft component plans were:

GUIDING PRINCIPLES

- **All children have a right to be healthy, happy, and develop to their fullest potential.**
- **All children have a right to live in a family.**
- **Children must be viewed within the context of the family.**
- **Families are the central focus of young children's health and development.**
- **Families need supports that are culturally appropriate and assist them in reaching self-sufficiency.**
- **Public/private partnerships must be enhanced to meet the needs of all young children and their families.**
- **Public policy should ensure that services are comprehensive, coordinated, accessible, cost efficient, and culturally sensitive.**
- **The Texas Health and Human Services Enterprise and early care and education programs should be accountable for child outcomes.**

The State of Texas Children

The first critical element in developing a statewide strategic plan requires baseline information on the status of children age birth through five and a review of the systems of services available. The size of Texas presents numerous challenges and opportunities in obtaining the needed information. There are over two million children between the ages of birth through five. Gathering information and data for this population is complex. Many programs do not gather or target information and data specific to this population. Because of this, it is difficult to determine the expenditures, services, or outcomes of the services dedicated to this population. The *Raising Texas* initiative will provide an ongoing opportunity to comprehensively collect information and data on the very young, and identify gaps where additional information and data are needed.

Available data indicates that 25.7 percent of children under the age of six in Texas live in poverty. Just over 18 percent do not have health insurance (HHSC Research Department/Strategic Decision Support) contributing to a large number of families with young children utilizing emergency rooms for their health care. In the area of behavioral health,

prevalence rates on the number of children under the age of six with mental health concerns is scattered. Based on national research, it is suspected that potentially nine percent (Lavigne, 1996) of children age birth through five has diagnosable emotional and behavioral health concerns. Yet current state data, drawn from three known early childhood programs, which provide social-emotional development and mental health services (Head Start, IDEA Part B, and Community Mental Health Centers), shows that less than 5,000 children received mental health services in both 2004 and 2005.

Many early care and education programs provide services for all areas of development most especially in the areas of cognition and language. Yet, many of the early care and education programs in Texas are stretched to capacity and many have waiting lists [i.e., Head Start/Early Head Start, Texas Workforce Commission (TWC) Subsidized Child Care, etc.]. There is little information regarding the condition of care for infants and toddlers receiving out-of-home care in Texas and there are significant shortages of trained professionals in many areas of early childhood services including physicians, mental health providers, parent educators, and qualified staff in early care and education settings. In addition, there is currently no statewide coordination of parent education programs, which would help to ensure that parents have the knowledge and skills they need as their child's first teacher.

Despite some of the limitations on data and information available *Raising Texas* partners have been able to develop the Texas Early Childhood Comprehensive Systems plan. The plan identifies a sustainable infrastructure through which to implement the goals and activities outlined within the four components of the plan in the coming year and beyond.

Healthy Child Care Texas

Healthy Child Care Texas, housed at HHSC, is an initiative that supports safe and healthy environments in early care and education settings. The Healthy Child Care Texas initiative will provide an additional platform in which to implement goals and activities in the four component areas of the *Texas Early Childhood Comprehensive Systems Plan*.

Four Component Plans

For the past three years, key stakeholders and partners have worked together to identify the goals, objectives, and activities outlined in each of the four components of the plan. Many of the goals and activities were finalized this past year and have been built upon existing programs and legislative initiatives. Outlined below for each component area is: 1) a review of recognized best practices, 2) current information on available services and data obtained through both internal and external environmental surveys, 3) a narrative description of current and planned efforts to address each of the goals, objectives and, activities outlined within each component, 4) key stakeholders who will be involved with the implementation of the plan, 5) identified outcome/result, 6) matrix of goals, objectives, activities, and 7) proposed indicator measures.

Access to Insurance and Medical Home (AIMH)

Best Practice

The research and national movement on school readiness recognizes that health care services will need to be more responsive in meeting the needs of our youngest children. Primary health care providers are in a unique position to serve as a platform for connecting families to needed services identified for their children. It is also recognized that early care and education platforms are in a unique position to promote the health and well-being of our youngest children (UCLA Center for Healthier Families and Children, Policy Brief No. 10).

State of Texas Children

Currently in Texas, 18.3 percent of children under the age of six have no identified insurance or health care (Research Department, Strategic Decision Support, December 2005). The HHSC Research Department/Strategic Decision Support indicates that in 2005, the total population of children under six was 2,183,645. Of those, 55,860 children or about 2.6 percent were enrolled in the Children's Health Insurance Program (CHIP) and 870,383 or 39.9 percent were enrolled in Medicaid, for a total of 926,243, or 42.4 percent enrolled with public coverage. There were 486,000 children under age six eligible, but not enrolled in CHIP or Medicaid as of December 2005. Of these, 243,000 (11.12 percent of the total population of children under age six) had no other form of insurance. In 2004, DSHS reported 72.5 percent of Texas children ages 19-35 months were fully immunized against nine diseases, compared to 80.9 percent at the national level.

Current and Planned Efforts

Ensuring health coverage for the birth through five population is a daunting task. Several public awareness initiatives are underway to address the need for increased health coverage, including:

- In 2005, the 79th Legislature passed Senate Bill (S.B.) 261 with the purpose of creating a program to educate the public on the value of health coverage and to increase public awareness of health coverage options. A task force of management staff has been identified to develop the program.

- In 2000, the Texas Department of Insurance (TDI) conducted a survey of private insurance providers who offered policies for families to purchase "individualized" health coverage for their children. Plans are underway to update the survey to obtain baseline information on the availability and options for families to purchase insurance for their children through private companies.

- In December 2005, new processes for Medicaid and CHIP enrollment were implemented and enrollments and re-enrollments began dropping. In April 2006, HHSC launched a public awareness and outreach campaign to ensure that Texas families understand eligibility requirements, the application process, and the importance of submitting their renewal packets on time. Identifying effective means for disseminating materials that target families of children age birth through five will be part of the campaign efforts.

- S.B. 1188, 79th Legislature, Regular Session, 2005, directed HHSC to launch a Comprehensive Medical Assistance Education Campaign and reduce hospital emergency room utilization. A workgroup has been assembled to review materials provided to Medicaid recipients and providers.

In addition to addressing the issue of health coverage, there are activities in place to address the promotion of the Medical Home concept as a means for the delivery of health services for young children. The Texas Medical Home Workgroup (MHWG), led by DSHS, consists of public and private stakeholders, associations, physicians, parents, and others to continue to address the promotion of the Medical Home concept. The MHWG has evolved from a Title V program that focused on promoting the Medical Home concept for Children with Special Health Care Needs (CSHCN) to identifying activities to address the promotion of the Medical Home concept to providers and families for all children age birth through five. The mission of the MHWG is to enhance the development of medical homes within the primary care setting. MHWG developed the following definition for medical homes: "A medical home is a respectful partnership between a child, the child's family, and the child's primary health care setting. A medical home is family-centered health care that is accessible, continuous, comprehensive, coordinated, compassionate, and culturally competent."

Recently, the Medical Home Workgroup and a team of physicians participated in an initiative to promote the Medical Home concept. The initiative, called the Medical Home Learning Collaborative, was funded through the National Initiatives for Children's Health Care Quality (NICHCQ). The Medical Home Learning Collaborative has a dual-purpose: to improve the quality of care for children with special health care needs and their families by implementing the Medical Home model in primary care practices, and to build capacity in Title V agencies to sustain and spread the Medical Home model in primary care practices in their states. *Su Clinica Familiar*, a Federally Qualified Health Center (FQHC) in Harlingen, Texas, participated in the National Medical Home Collaborative. Currently, the team of physicians within *Su Clinica Familiar* has been sharing their experience in hopes of identifying opportunities for replicating the design in other FQHC's in Texas. The Baylor College of Medicine Transitional Clinic has also participated in the Collaborative and provides a model for providing transition services within the context of a medical home.

In collaboration with the Parent-to-Parent Network, a Medical Home Toolkit has been designed and is being disseminated throughout the state via training workshops. Healthy Child Care Texas' Child Care Health Consultants will also disseminate the Medical Home Tool Kit to early care and education programs.

To help encourage physicians to adopt and implement a medical home approach within their practices, the Medical Home Workgroup will be addressing the feasibility of allowing provider reimbursement for procedure codes that represent non-face-to-face time spent by primary care providers in the provision of certain medical home (care coordination) services for children.

There are four additional DSHS program areas that will work together to implement the goals and activities within the Access to Insurance and Medical Home component area. They include

the program areas responsible for services to pregnant and postpartum women, developmental screening, immunizations, and dental homes.

During the 79th Legislature, Regular Session in 2005, S.B. 316 was passed requiring the dissemination of information to prenatal and postpartum women. The information requires that pregnant and postpartum women, at the time of delivery, be given information on the "baby blues" or postpartum depression. S.B. 316 requires health providers, including midwives, to provide the infant's parent(s) or other adult caregivers with resource information on postpartum depression, shaken baby syndrome, immunizations, and newborn screening.

The benefits of ongoing developmental screening and identifying developmental delays early in life are well recognized. Texas Health Steps is the Texas name for the federal program known as the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). In 2005, Texas Health Steps revised the requirements for the developmental screening component of the medical check up. The new requirements require physicians, physicians' assistants, and advanced practice nurses to conduct a standardized developmental screen for a child between 9-12 months of age, 18-24 months of age, and every other year thereafter (through age six), or when a parent expresses concern about the child's development. The physicians must still assess developmental status at all other visits based on parent report and observation of milestones reached. Physicians have a choice of utilizing either a parent or observational questionnaire. Registered nurses completing the medical check up must complete a standardized developmental screen at all visits through age six. The registered nurse is required to use an observational screen at the ages listed above and a parent questionnaire at the other visits. Providers are referred to the American Academy of Pediatrics (AAP) for further information on developmental screening including a listing of tools. Neither AAP nor Texas Health Steps endorse any specific tool at this time.

It is also recognized in early childhood the need to identify visual or auditory concerns. Currently in Texas, children are required to receive vision and hearing screenings within early care and education programs beginning at age four, and all newborns receive newborn hearing screening at birth. Vision and hearing screenings are not required in early care and education programs between the ages of birth and three years and will be an area addressed within the Access to Insurance and Medical Home component plan. The Newborn Hearing Screening Program at DSHS is mandated to ensure that all infants born at a certified birthing facility are screened for hearing loss and appropriate follow up testing and referral to Early Childhood Intervention (ECI) Part C programs as appropriate. THSteps as a component of a comprehensive check up does require visual and hearing screenings.

The DSHS Immunization Branch operates the Texas Vaccines for Children (TVFC) program, authorized federally under 42 USC, 1936, Section 1928 of the Social Security Act, and the Omnibus Reconciliation Act of 1993. Eligible children include: Medicaid, American Indian/Alaskan Native, uninsured, and underinsured children who are 18 years of age or younger. Texas contributes state funding to supplement the federal funds and increase the number of children who are eligible. In 2006, there were an estimated 3,603,217 children eligible for the federal VFC and the state contributed additional funding to cover an additional 123,640.

In addition, the Immunization Branch operates and promotes a statewide immunization registry, ImmTrac. Families are given information about the registry at birth and birth registrars have the opportunity to obtain and forward consent and denial of consent to DSHS through the birth registration process. Once consent is verified by DSHS, providers may add shot records to the child's history through 17 years of age. DSHS is working with stakeholders to increase the number of providers that report to the registry and the number of children with complete vaccination records in the registry. The Immunization Branch also works closely with DFPS' Child Care Licensing in order to ensure childcare facilities are in compliance with immunization requirements. ImmTrac is also promoted to childcare facilities as a means of tracking the immunization status of children enrolled in the childcare program. In addition to the activities of the Immunization Branch, a Texas Immunization Stakeholder Working Group (TISWG) has been established to support statewide efforts to raise vaccine coverage levels. The TISWG provides a forum for partners in the state immunization system to share ideas, best practices, and resources to more effectively raise vaccine levels in Texas.

The strategic plan for providing dental services to young children will target families of infants, emphasizing the importance of dental care before the age of one and promoting dental visits for preschool children prior to starting kindergarten.

ACCESS TO INSURANCE AND MEDICAL HOME COMPONENT PLAN

KEY PARTNERS IN ACCESS TO INSURANCE AND MEDICAL HOMES

Texas Department of Insurance (TDI)
Texas Health Institute (THI)
Texas Health and Human Services Commission (HHSC)
- Medicaid and CHIP Division
- Healthy Child Care Texas

Texas Workforce Commission (TWC)
Texas Medical Association (TMA)
Texas Pediatric Society (TPS)
Texas Head Start Collaboration Office
Parents As Teachers (PAT)
Texas Department of State Health Services (DSHS)
- Title V Maternal and Child Health (MCH)
- Services to Pregnant and Postpartum Women
- Medical Home Workgroup (MHWG)
- Immunization Branch – ImmTrac
  - Texas Immunization Stakeholder Workgroup
- Texas Health Steps - EPSDT
- Oral Health Group
  - Texas Oral Health Coalition (TOHC)
  - Texas Dental Association (TDA)
  - Texas Academy of Pediatric Dentist (TAPD)
  - Texas Dental Hygiene Association (TDHA)

RESULT: All children in Texas will be enrolled in a public or private health care program and receive quality health related services in a medical home.

ACTIVITIES		STAKEHOLDERS
ACCESS TO INSURANCE		
Goal One: All children under the age of six will be enrolled in a public or private health care program.		
Objective: Increase the enrollment of all children under the age of six in public or private health care programs. Completion by 2008	**1.1.1.** Review baseline information on the current number of children who are not enrolled in public and private health care programs.	TDI THI HHSC PAT
	1.1.2. Identify the availability of affordable individualized (stand alone) private health coverage for children from the prenatal phase to age six.	
	1.1.3. Develop a plan for coordinating and integrating outreach and education for the access and use of healthcare benefits to pregnant women and the families of children age birth through five.	
	1.1.4. Work with Texas Health and Human Services Commission's Communications Medicaid/CHIP outreach campaign in order to increase the number of eligible children age birth through five enrolled in Medicaid/CHIP.	

PROMOTING MEDICAL HOMES		
Goal Two: All children in Texas will receive their health care in a medical home that emphasizes family-centered care.		
Objective One: Increase public awareness and understanding regarding the Medical Home concept. **Ongoing**	**2.1.1.** Develop educational/public awareness campaigns for healthcare providers, families, state leaders, managed care organizations, social workers, office managers, discharge staff, child life specialists, early care and education providers (Pre-K, Part C, Head Start, child care, and others).	MHWG HHSC HCCT PAT Parent to Parent Network
	2.1.2. Partner with other prevention and public health awareness and education campaigns, such as campaigns to increase immunizations, to emphasize the importance and role of a medical home in such efforts.	
	2.1.3. Identify, augment, and promote training opportunities for sharing medical home information with families and providers.	
	2.1.4. Develop materials and training opportunities targeted to case managers and service coordinators.	
	2.1.5. Inform and promote the medical home practice among Medicaid managed care providers, primary care case managers and HMO providers.	
	2.1.6. Maintain the Medical Home Workgroup and sustain attention and member efforts to support progress to achieve the components of the strategic plan.	
Objective Two: Ensure family participation and partnership in coordination of care and in the education and training of health care providers and ancillary staff. **Completion by 2008**	**2.2.1.** Partner and network with Texas Parent to Parent, family support groups, Family Voices, and others to identify opportunities and grant funding to support ongoing parent input, support, and assistance to medical home practices.	MHWG Texas Parent to Parent Network
	2.2.2. Develop and disseminate material for families (e.g., Medical Home Toolkit) to promote medical home services.	
	2.2.3. Expand family training programs (e.g., Delivery of Chronic Care (DOCC) or other related programs) for providers to understand families' role with medical care.	
Objective Three: Increase the number of health care practitioners providing a medical home. **Ongoing**	**2.3.1.** Partner with the Texas Association for Community Health Centers to spread the Medical Home model among FQHC's.	MHWG Texas Association for Community Health Centers TMA TPS
	2.3.2. Promote medical home services as the standard of care for children through development and implementation of medical home policy and procedural requirements in federal and state public health care programs (including necessary legislative action).	
	2.3.3. Investigate telemedicine's role in implementing a medical home.	
	2.3.4. Work to effect changes in medical and nursing schools.	
	2.3.5. Work with health profession associations (e.g., Texas Medical Association).	

Objective Four: Explore alternative approaches to maximizing compensation for operating comprehensive medical homes. **Completion by 2008**	**2.4.1.** Educate health care providers and office staff regarding appropriate coding; highlight coding strategies for optimal appropriate reimbursement for CSHCN medical home care.	MHWG HHSC Medicaid/CHIP
	2.4.2. Implement and track the impact of a clinician-directed care coordination policy for Medicaid and CSHCN Services program coverage.	
	2.4.3. Explore additional financial incentives for provision of medical home services through federal/state health care programs.	
Objective Five: Increase continuity of health care for children in the foster care system, including children with special health care needs. **Completion by 2008**	**2.5.1.** Assess impact on quality and continuity of care of the implementation of medical home principles, practice tools, and strategies in the re-design of the Texas foster care system, including implementation of medical home passports and medical homes for children in foster care system, etc.	MHWG HHSC Medicaid/CHIP DFPS DSHS - CSHCN
PREGNANT AND POSTPARTUM WOMEN		
Goal Three: Birth and infant outcomes in the state of Texas will be improved through the provision of perinatal services.		
Objective One: The proportion of pregnant women in Texas, who receive early and adequate prenatal care, as measured by the Kotelchuck index, will increase to 90 percent. **Completion by 2010**	**3.1.1.** Provide CHIP coverage for prenatal care to unborn children whose pregnant mothers are not otherwise eligible for Medicaid due to immigration reasons and/or family income above Medicaid eligibility levels, but at or below 200 percent of federal poverty level.	DSHS Title V MHWG HHSC Medicaid/CHIP PAT
Objective Two: The perinatal, neonatal, post neonatal, infant mortality rates, and the low birth weight rate will be reduced to Healthy People 2010 target rates. **Completion by 2010**	**3.2.1.** Fund projects in targeted areas/subpopulations of the state that are aimed at improving birth outcomes through reduction in teen pregnancy, reduction in sexually transmitted diseases, reduction of low birth weight, and increased access to prenatal care.	DSHS Title V DSHS Mental Health and Substance Abuse Services
	3.2.2. Align programmatic goals and resources of DSHS Mental Health and Substance Abuse Services and DSHS Family Community Health Services.	
	3.2.3. Analyze Texas Pregnancy Risk Assessment Monitoring System data related to prematurity, low birth weight, prenatal care, and teenage pregnancy.	
Objective Three: The proportion of new Texas mothers that report a health care professional talked with them about the "baby blues" or postpartum depression during their pregnancy and postpartum will increase to 90 percent. **Completion by 2010**	**3.3.1.** Provide information about postpartum emotions, including "baby blues" and depression as well as shaken baby syndrome, immunizations and newborn screening during pregnancy or at delivery to mothers, fathers and other adult caregivers of newborn children.	DSHS Title V PAT

DEVELOPMENTAL SCREENINGS		
Goal Four: All children under the age of six will receive appropriate developmental screenings.		
Objective: Increase the utilization of comprehensive developmental screening tools and referrals. **Completion by 2010**	**4.1.1.** Make available lists of recommended standardized comprehensive developmental screening tools.	DSHS THSteps TMA TPS MHWG
	4.1.2. Increase the number of physicians and health care professionals who refer children with suspected developmental delays (Part C and Part B of IDEA).	
	4.1.3. Explore the need for, and the feasibility of, increasing and improving vision and hearing screening requirements for the birth to three population.	
IMMUNIZATIONS		
Goal Five: All children under the age of six will be up-to-date on their immunizations.		
Objective One: Increase parents' and early care and education providers' understanding regarding the importance of children, age birth through five, receiving their shots in a timely manner. **Ongoing**	**5.1.1.** Implement media campaigns to increase awareness of the importance of immunizations.	DSHS Immunization Branch DFPS Child Care Licensing PAT
	5.1.2. Distribute immunization information to providers and public early care and education programs.	
	5.1.3. Distribute and promote Standards for Immunization practices for all ages to early care and education programs.	
	5.1.4. Through early care and education programs, identify, refer and follow-up underserved and high-risk individuals who need immunizations.	
Objective Two: Increase the utilization of ImmTrac by medical providers. **Ongoing**	**5.2.1.** Increase the percentage of providers participating in ImmTrac by developing an educational plan in conjunction with stakeholders and implementing enhancements to ImmTrac identified by stakeholder workgroups.	DSHS Immunization Branch
	5.2.2. Increase the percent of children with consent to participate in ImmTrac by ensuring that the birth registration processes allows parents the opportunity to consent and deny consent, as required by state law. The Immunization Branch of DSHS will follow up with parents that deny consent to give them another opportunity to grant consent.	
Objective Three: Ensure that immunizations are part of the standard of care for prenatal services. **Fall 2006 then Ongoing**	**5.3.1.** The DSHS Immunization Branch, Texas Immunization Stakeholder Working Group (TISWG), and TAOG will develop an educational packet for ob-gyns to give to patients that will include information on pregnant females' immunization needs, the needs of her child, and promote the statewide immunization registry, ImmTrac.	TISWG TAOG
	5.3.2. The DSHS Immunization Branch will distribute information on the packet (standard of care) for immunization services in ob-gyn offices.	

Objective Four: Increase the number of health care providers implementing reminder/recall systems to ensure that parents are reminded the next immunizations are due. **Ongoing**	**5.4.1.** The DSHS Immunization Branch will ensure that reminder/recall is promoted through TISWG.	DSHS Immunization Branch TISWG
	5.4.2. The DSHS Immunization Branch will ensure that all providers enrolled in the Texas Vaccines for Children program receive education regarding reminder/recall annually during site monitoring visits.	
	5.4.3. The DSHS Immunization Branch will ensure that contracts with local health departments require reminder/recall activities.	
	5.4.4. The DSHS Immunization Branch will ensure that tools to conduct reminder/recall and training for providers on the use of the tools will be available.	
Objective Five: Encourage regional and local health departments to identify community partners that will promote the above strategies. **Completion by September 2006**	**5.5.1.** The DSHS Immunization Branch will work with TISWG to identify potential community partners and share the information with regional and local health departments.	TISWG DSHS Immunization Branch
	5.5.2. The DSHS Immunization Branch will ensure that contracts with local health departments include a requirement to identify and work with community partners.	
	5.5.3. The DSHS Immunization Branch will provide ongoing technical assistance to regional and local health departments regarding working with community partners.	
DENTAL HOME		
Goal Six: Encourage all parents/caregivers to establish a dental home and access dental care for their children prior to entering kindergarten.		
Objective One: Increase awareness of the importance of accessing dental care for preschool children. **Ongoing**	**6.1.1.** Work with the Texas Oral Health Coalition, Texas Dental Association (TDA), Texas Academy of Pediatric Dentists (TAPD), Texas Dental Hygiene Association (TDHA), and Texas Head Start Collaboration Office, to develop an informational brochure and poster entitled "First Dental Visit by Age 1" or something similar.	TOHC TDA TAPD TDHA Texas Head Start Collaboration Office Head Start/Early Head Start DFPS PAT THSteps/Oral Health Group
	6.1.2. Distribute the developed informational brochure to parents/caregivers of preschool children in Texas by providing the brochures to WICs, Head Starts, public and private daycares, preschool programs, public health clinics, private physicians and dentists, Texas Health Steps outreach and informing contractor, and faith-based and community-based organizations that assist families with preschool children.	
	6.1.3. Distribute the developed poster to daycares, private and public preschool programs, and faith-based and community-based organizations accessed by parents/caregivers of preschool children, dentists, pediatricians, family practice physicians and nurse practitioners, hospitals, public health clinics, WIC clinics, etc.	

Objective Two: Increase the acceptance of preschool children by dentists in Texas for the establishment of a dental home and first visit by age 1. **Ongoing**	**6.2.1.** Work with the Texas Dental Association, Texas Academy of Pediatric Dentists, Academy of General Dentists (AGD), Texas Dental Hygiene Association, and representatives from DSHS and the three dental schools in Texas to develop informational materials regarding dental homes and training materials on the incorporation of preschool children into a dentist's practice.	TDA TAPD TDHA TOHC THSteps/Oral Health
	6.2.2. Distribute developed materials to dentists in Texas, senior dental students, and graduating dental hygiene students.	
	6.2.3. Work with TDA, TAPD, and AGD to provide CEUs to dentists and dental hygienists for the training materials developed.	
	6.2.4. Work with TDA, TAPD, and AGD to provide training opportunities regarding incorporating preschool children into a dentist's practice.	
HEALTHY CHILD CARE TEXAS		
Goal Seven: Increase the number of early care and education providers who assist parents in obtaining health insurance for their children.		
Objective One: Increase the knowledge base of Healthy Child Care Texas National Training Institute Trainers and HCCT Child Care Health Consultants to ensure that they understand health insurance options and how to access those options within their communities. **Ongoing**	**7.1.1** HHSC will provide resource information to NTI Trainers about health insurance options, where to find resources, and how to access those resources.	NTI Trainers CCHCs
	7.1.2 HCCT NTI Trainers will strengthen the HCCT CCHC curriculum and training to ensure CCHCs' understanding of health insurance options and resources.	
Objective Two: Increase the knowledge base of early care and education providers to ensure that they understand health insurance options and how to access those options within their communities. **Ongoing**	**7.2.1** CCHCs will provide information to early care and education providers about health insurance options and resources.	NTI Trainers CCHCs
	7.2.2 Early care and education providers will provide parents with information about health insurance options in their communities and inform parents on how to access those resources.	
Goal Eight: Increase the number of early care and education providers who promote the Medical Home concept within their programs.		
Objective One: Increase the knowledge base of Healthy Child Care Texas National Training Institute Trainers and HCCT Child Care Health Consultants to ensure that they understand the Medical Home concept and incorporate it in their trainings. **Ongoing**	**8.1.1** HHSC will ensure that NTI Trainers understand the Texas definition of a medical home by providing information at HCCT Task Force meetings and through HCCT NTI Trainer meetings and electronic mailings.	NTI Trainers CCHCs
	8.1.2 HCCT NTI Trainers will strengthen the HCCT curriculum and training to ensure CCHCs' understanding and promotion of the Medical Home concept.	

Objective Two: Increase the knowledge base of early care and education providers to ensure that they understand the Medical Home concept and assist staff and parents in understanding the concept. **Ongoing**	**8.2.1** CCHC will consult with and provide training and technical assistance to help early care and education providers incorporate the Medical Home concept in their program policies, procedures, and materials.	NTI Trainers CCHCs
	8.2.2 Disseminate published information on medical homes, including Medical Home Tool Kits, and information on the availability of trainings, and resources within the community.	
	8.2.3 CCHCs will help early care and education providers determine the availability of medical homes within their community and will stress the use of 2-1-1 to find needed services.	
	8.2.4 HCCT NTI Trainers and CCHCs will help early care and education administrator's buy into the concept of Medical Home through meetings, distribution of materials, and by working with Child Care Licensing, Work Force Development Boards, Parent-to-Parent programs and others.	

PROPOSED BASELINE INDICATORS

- Percentage of children under age six without health insurance
- Percentage of children under age six eligible for and enrolled in CHIP
- Percentage of children under age six eligible for and enrolled in Medicaid
- Percentage of mothers eligible for and participating in the HHSC CHIP Prenatal Care Program (CHIP PCP) (added the word "in" after "participating" and capitalized prenatal)
- Proportion of fetal and infant deaths during the perinatal period (28 weeks of gestation to 7 days or more after birth)---(HP2010 target is 4.5/1000 live births plus fetal deaths)
- Proportion of neonatal deaths (within the first 28 days of life)--(HP2010 target is 2.9/1000 live births)
- Proportion of Post-neonatal deaths (between 28 days and 1 year)--(HP2010 target is 1.2/1000 live births)
- Proportion of all infant deaths (within 1 year)--(HP2010 target is 4.5/1000 live births)
- Percentage of low birth weight (under 2500 grams)--(HP2010 target is 5.0%)
- Percentage of very low birth weight (under 1,500 grams)--(HP2010 target is 0.9%)
- Percentage of 19-35 month olds who are fully immunized (National Immunization Survey (as measured by the Center for Disease Control)
- Compare National Immunization Survey data to the school compliance data for Kindergarten (as measured by the Centers for Disease Control).
- Percentage of children age birth through five eligible for and receiving Texas Health Steps medical and dental checkups
- Number of children age birth through five receiving oral health services

"Achieving the national policy goal of school readiness for all children requires paying more strategic attention to early, social, emotional and behavioral challenges as well as cognitive development." ~Jane Knitzer

Social-Emotional Development/Mental Health (SEDMH)

Best Practice

In Texas and other states across the country, significant numbers of children start kindergarten lacking the social and emotional skills needed to succeed. The National Education Goals Panel (1999) defines social and emotional school readiness as those children who are: respectful of the rights of others, can relate to peers without being too submissive or overbearing, being willing to give and receive support, and treating others as one would like to be treated. The National Education Goals Panel further recognizes that social and emotional competence is rooted in the relationships that infants and toddlers experience in the early years of their life and that social-emotional competence cannot be taught to children, but is developed from infancy, through the toddler and preschool years (Huffman, etl. 2000).

Determining the number of young children at risk for school failure because they lack the social and emotional skills they need to succeed is difficult. In a recent longitudinal study of 22,000 children entering kindergarten, about 10 percent showed behaviors predictive of early school failure (Raver & Knitzer 2002). A recent Yale study found that expulsion rates for preschoolers due to behavioral issues were 3.2 times higher than the expulsion rate of children in K-12 programs (Gilliam 2005). Another survey focusing on low-income children showed that 16 percent of the children were held back due to behavioral problems. In a recent report, The Children's Campaign (Texans Care for Children) indicated that the reason many children repeat early grades may be due to behavioral problems. In addition the report indicates, based on figures available, that in the 2001-2002 school year, 42,473 children were retained in grades K through 2. It was estimated that if the retention rates were similar during the 2003 school year, the cost for retaining the same number of children would be over $300 million dollars.

In addition, understanding mental health disorders in young children is a fairly new area of study and currently there is no consensus on the best criteria for defining mental health disorders in young children. There have been scattered studies over the past ten years on the prevalence rates of young children with mental health disorders. One study suggests four to seven percent of young children have some form of diagnosable conduct disorder (Cluett, et al. 1998). Another study of 3,800 preschoolers reported 21 percent of children showed signs of psychiatric disorder, with 9 percent of them severe (Lavigne 1996). Currently, less than ten percent of young children with emotional and conduct problems actually receive treatment, and even fewer of these receive an evidence-based treatment (Report of the Surgeon General 2000).

Preparing children for school with the social-emotional skills they need and addressing mental health concerns when identified will require a system of promotion, prevention, and intervention, including the development of providers with the skills to treat young children and their families with mental health concerns.

State of Texas Children

The current prevalence rate of children with social-emotional concerns or mental health disorders under the age of six in Texas is unknown. Baseline data will need to be identified. In 2005, 1,941children ages three through five received services through local community mental health centers. There were 180 children (age three to five) identified with emotional/behavioral disorders who received special education (Texas Education Agency PEIMS data 2004), and 573 children (age three to five) identified with emotional/behavioral disorders who received services through Head Start (Head Start PIR 2005).

In addition, there is a shortage of mental health professionals in the state. In 2006, there were 184 counties (out of 254 counties) identified as having shortages in mental health providers. Some Texas counties have no behavioral health providers available for children covered under CHIP.

Current and Planned Efforts

Creating a mental health system of promotion, prevention, and intervention for very young children will be complex. This will require increased training to primary health and early care and education providers about screening young children for social, emotional, and mental health concerns. Training on promotion and prevention of social-emotional and behavioral health concerns is limited. Until recently, the Texas Medical Association and Texas Pediatric Society had initiatives to provide training for increasing physicians' and health care providers' knowledge on the importance of social and emotional development and the promotion of behavioral health screening. These were conducted both in residency and CME in-service trainings. The Texas Association for Child Care Resource and Referral Agencies (TACCRRA) is currently providing training to licensed child care providers on Positive Behavioral Support techniques. One nationally recognized program, Parents as Teachers (PAT) currently provides home-based services through 96 programs throughout the state. PAT is funded through the Mental Health Association of Texas (MHAT). The PAT curriculum is recognized for addressing the social-emotional development of children and the importance of building relationships between parents and their children.

While more is needed in terms of training primary health and early care and education providers on how to recognize social-emotional problems, a system of providers who have the knowledge base to provide appropriate and evidence-based treatment for children age birth through five, is also needed. The Texas Association for Infant Mental Health (TAIMH), and the Early Childhood Intervention Program (Part C of IDEA), are currently working to increase the number of providers who can provide both infant and early childhood mental health consultation and intervention treatment for children and their families. In addition, the TAIMH has launched a tiered credentialing system as an approach for meeting the need for qualified professionals to provide consultation and intervention services for infants, toddlers, and preschoolers.

In October 2005, Texas was one of seven states that received a federal Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMSHA), Mental Health Transformation Grant. One of the primary areas of the grant is to develop an ongoing, comprehensive, interagency plan that will transform the mental health system of services in the state. The transformation plan is designed to create a continuum of services that

addresses promotion, prevention, and intervention services across all ages including early childhood. The plan is required to address the President's New Freedom Commission's goals including the promotion of mental health in young children. The Commission's goals also suggest a national focus on the mental health needs of young children and their families that addresses screening, assessment, early intervention, treatment, training, and financing of services. A high level, Texas Mental Health Workgroup, has been assembled to begin the task of developing a plan. Coordination of the SAMSHA Mental Health Transformation Plan and the Social-Emotional Development/Mental Health component plan will provide an opportunity to identify the need for a system of prevention, promotion, and intervention services for children ages birth through five. Technical assistance will be provided through Project Thrive at Columbia University to assist in the coordination of efforts between the SAMSHA Mental Health Transformation Plan and the Texas Early Childhood Comprehensive Systems initiative.

The Social-Emotional Development/Mental Health (SEDMH) workgroup, comprised of both public and private providers and parents, has and will continue to dedicate much of their efforts towards increasing public awareness about the importance of social-emotional development and the mental health needs of infants and toddlers. The SEDMH workgroup has participated in training through the Infant and Early Childhood Technical Assistance Center at Georgetown University and the Zero to Three Infant and Early Childhood Summit in which the group participates in ongoing national discussions on mental health policy for children age birth through five.

SOCIAL-EMOTIONAL DEVELOPMENT/MENTAL HEALTH COMPONENT PLAN

KEY PARTNERS IN SOCIAL-EMOTIONAL DEVELOPMENT/MENTAL HEALTH

Department of State Health Services (DSHS)
- Transformation Workgroup
- Community Mental Health Services

Department of Assistive and Rehabilitative Services (DARS)
- Early Childhood Intervention (ECI)(IDEA Part C)

Texas Education Agency (TEA) (Part B)
Texas Association for Infant Mental Health (TAIMH)
Texas Medical Association (TMA)
Texas Pediatric Society (TPS)
- Texas Association for Child Care Resource and Referral Agency (TACCRRA)

Texas Workforce Commission (TWC)
Advocacy, Inc.
Texas Head Start Collaboration Project
Parents as Teachers (PAT)
Mental Health Association of Texas (MHAT)
Texas Health and Human Services Commission (HHSC)
- Healthy Child Care Texas

RESULT ONE: Families nurture their children to be healthy, happy, and to become contributing members of society.

ACTIVITIES		STAKEHOLDERS
PUBLIC PARENT AWARENESS		
Goal One: Develop a statewide strategy aimed at "prevention and promotion" through the education and training of <u>parents</u> on the importance of social-emotional development in children age birth through five.		
Objective One: Develop a public awareness campaign to decrease the stigma associated with mental illness and mental health services. **Completion by 2008**	**1.1.1** Specific activities to be determined by the Social-Emotional Development and Mental Health Implementation Workgroup.	DSHS Community Mental Health Services and Substance Abuse TMA TPS
Objective Two: Identify and disseminate materials for primary care medical providers and early care and education providers to distribute to families of children age birth through five on the importance of social-emotional development. **Completion by 2008**	**1.1.2** Specific activities to be determined by the Social-Emotional Development and Mental Health Implementation Workgroup.	HHSC DFPS Child Care Licensing TWC TMA TPS
Objective Three: Identify resources for primary care medical providers and early care and education providers to give to parents to address parental physical/mental health and well-being. **Completion by 2008 then ongoing**	**1.1.3** Specific activities to be determined by the Social-Emotional Development and Mental Health Implementation Workgroup.	HHSC DFPS Child Care Licensing TWC TMA TPS

RESULT TWO: Children will enter school with the social and emotional skills they need to succeed in school and life.

ACTIVITIES		STAKEHOLDERS
TRANSFORMATION PLAN		
Goal One: Ensure that the Texas Mental Health System Transformation Plan addresses the promotion, prevention, and provision of treatment services for children age birth through five.		
Objective: Provide input to the comprehensive state plan in assessing needs and resources for children age birth through five with, or at-risk for, mental health concerns. **Completion by August 2006**	**1.1.1**. Participate in the development of an information technology system to inform the statewide needs assessment that will assist in identifying the prevalence and mental health resources available for children birth through five.	Transformation Workgroup Members
	1.1.2. Identify, to the extent possible, which evidence-based practices are provided to children age birth through five.	
	1.1.3. Provide input to the comprehensive Texas Mental Health System Transformation Plan in the identification of providers that are qualified to provide consultation and treatment approaches that reflect best practices and evidence-based health care delivery for children age birth through five.	
	1.1.4. Develop payment systems that drive the use of evidence-based practices and continuous improvement.	
PROVIDER TRAINING		
Goal Two: **Increase the number of qualified infant and early childhood mental health providers for children age birth through five.**		
Objective One: Identify the current number of mental health service providers for children age birth through five in the state. **Completion by 2007**	**2.1.1.** Develop baseline information on the number of licensed and/or credentialed providers who provide mental health services to children age birth through five and their families.	HHSC DSHS DARS – ECI TAIMH MHAT
	2.1.2. Survey what treatment approaches are most utilized by providers for the birth through five population and their families.	
Objective Two: Increase the number of universities that offer coursework for undergraduate and graduate students on the social-emotional development/mental health of children age birth through five. **Completion by 2008**	**2.2.1.** Survey and identify the current number of institutes that offer courses on the social-emotional development and mental health for children age birth through five.	University of Texas Texas State University
	2.2.2. Increase the number of colleges/universities and institutes providing coursework that addresses the social-emotional development and mental health in children age birth through five.	
Objective Three: Develop a process for professional development for infant and early childhood mental health endorsement through the Texas Association for Infant Mental Health. **Completion by February 2006**	**2.3.1.** Identify funding resources to support an infant and early childhood mental health endorsement infrastructure (TAIMH Endorsement System).	TAIMH MHAT
	2.3.2. Develop an early childhood mental health training and endorsement system.	

Objective Four: Work with state agencies and mental health associations and boards to recognize the Texas Association for Infant Mental Health Endorsement system. **Completion by 2008**	**2.4.1** Specific activities to be determined by the Social-Emotional Development and Mental Health Implementation Workgroup.	DSHS DARS – ECI TAIMH
ACCESS AND REFERRAL		
Goal Three: **Increase access to social-emotional development/mental health services for children age birth through five.**		
Objective One: Increase early care and education providers' understanding in the promotion and prevention of social-emotional/mental health concerns by making available access to information, training, and resources. **Completion by 2008**	**3.1.1.** Increase early care and education providers' access to training through the Texas Association for Child Care Resource and Referral on Positive Behavior Supports (PBS). **3.1.2.** Increase early care and education providers' access to Infant and Early Childhood Mental Health Consultants.	DFPS Child Care Licensing Texas Head Start Collaboration MHAT TAIMH TACCRRA
Objective Two: Create a comprehensive system of screening, identification, and referral for children age birth through five with social-emotional/mental health concerns. **Completion by 2010**	**3.2.1.** Increase early care and education providers' ability to screen and refer children age birth through five with mental health concerns. • Provide early care and education providers with information on social-emotional and mental health screening tools. • Encourage the utilization of mental health screening tools by early care and education providers. • Ensure that early care and education providers understand how and who to refer children age birth through five with social-emotional or mental health concerns.	DFPS Child Care Licensing DSHS – Community Mental Health Centers DARS – ECI TEA TWC Texas Head Start Collaboration TAIMH

	3.2.2. Increase physicians', nurses', and other health professionals' access to information, training, and resources on social-emotional development and mental health in children age birth through five. • Work with residency programs (GME) to implement a curriculum to increase training on the importance of screening and referring children age birth through five with mental health concerns. • Increase in-service training (CME) provided through Texas Pediatric Society and Texas Medical Association on the importance of screening for mental health concerns. • Develop presentations on the implementation of the new Bright Futures Curriculum (AAP). • Provide training programs on billing and coding for social-emotional and mental health screening. • Conduct follow-up evaluations on GME, CME, and Bright Futures presentations and training.	
HEALTHY CHILD CARE TEXAS		
Goal Four: Increase the number of early care and education providers (administrators and direct staff) who understand and support positive social-emotional development/mental health in young children.		
Objective One: Increase the knowledge base of NTI Trainers and CCHCs regarding social-emotional development/mental health. **Ongoing**	**4.1.1** NTI Trainers will attend the Texas Association of Child Care Resource and Referral Agencies' (TACCRRA) Positive Behavioral Support train-the-trainer training.	NTI Trainers CCHCs
	4.1.2 NTI Trainers will incorporate Positive Behavioral Support techniques into the CCHC training.	
	4.1.3 CCHCs will attend the 12-hour training in addition to the CCHC training.	
Objective Two: Increase early care and education providers' knowledge and understanding of the social-emotional development/mental health of young children. **Ongoing**	**4.2.1** CCHCs will consult with/train early care and education providers on social-emotional development/mental health.	NTI Trainers CCHCs
Goal Five: Increase the number of early care and education providers who know how to assess children's social-emotional development/mental health and access needed services.		
Objective One: Increase the number of credentialed infant mental health specialists. **Ongoing**	**5.1.1** NTI Trainers and CCHCs will become credentialed through the Texas Association for Infant Mental Health.	NTI Trainers CCHCs
	5.1.2 NTI Trainers and CCHCs will become familiar with developmental screening tools that early care and education providers could use.	

Objective Two: Increase the number of early care and education providers who know how to identify potential social-emotional or mental health concerns in young children and identify next steps. **Ongoing**	**5.2.1** CCHCs will educate early care and education providers on identification of potential mental health problems and the use of developmentally appropriate screening tools.	NTI Trainers CCHCs
	5.2.2 CCHCs will consult with/train early care and education providers on using Positive Behavioral Support methods with the children in their care.	
Objective Three: Increase the number of early care and education providers who know when and how to request mental health consultation and know when and who to refer children to community mental health providers. **Ongoing**	**5.3.1** CCHCs will assist early care and education providers on when and how to work with parents regarding the mental health of their children.	NTI Trainers CCHCs
	5.3.2 CCHCs will identify mental health resources available in their community.	
	5.3.3 CCHCs will disseminate information to early care and education providers on existing mental health resources in their community and how to access them.	
	5.3.4 CCHCs will train parents on social-emotional development.	
	5.3.5 Early care and education providers will assist parents in finding mental health services in the community.	

PROPOSED BASELINE INDICATORS

- Number of children age birth to three receiving services for social and emotional concerns through Part C (ECI)
- Number of children 3-5 referred and receiving services through mental health community centers
- Number of children age 3-5 referred and receiving services paid through Head Start
- Number of children age 3-5 eligible for special education services through Part B (Non-Categorical Early Childhood or Emotional and Behavioral Disorder)
- Number of infant and early childhood mental health providers who have received a TAIMH Endorsement Credential

Early Care and Education (ECE)

Best Practice

The relationship between the quality of children's early experiences and their subsequent social and academic success is known. In recent years, the economic benefits have also become increasingly evident. A growing number of studies, from think tanks and universities to the Federal Reserve Bank, show that high-quality early care and education programs offer long-term economic payoffs and savings.

One of the more recent studies, released in January 2006 by the RAND Corporation, found that well-designed programs for disadvantaged children age four and younger that are based on best practices can produce economic benefits ranging from $1.26 to $17 for each dollar spent. The report states that effective early childhood programs return more to society in benefits than they cost, enabling youngsters to lead more successful lives and be less dependent on future government assistance. It also states that high-quality early childhood programs can keep children out of expensive special education programs, reduce the number of students who fail and must repeat a grade in school, increase high school graduation rates, reduce juvenile crime, reduce the number of youngsters who enroll in welfare as adults, increase the number of students who attend college, and help adults who participate in the early childhood programs.

State of Texas Children

The following agencies currently maintain separate funding streams for children under the age of five: the Texas Workforce Commission that provides for the subsidized child care program; the Texas Education Agency that provides for a state funded Pre-Kindergarten (Pre-K) program for four year-olds; and Head Start/Early Head Start Programs that are federally funded, locally governed programs for low-income preschool children. There are currently over 180,000 children served in the state Pre-K program (four year-olds) and over 77,604 under the age of six served through subsidized child care vendors. There are over 139 Head Start programs including delegate agencies and 42 Early Head Start programs. In 2005, Head Start and Early Head Start programs served over 81,000 children yet still maintain a waiting list. There are concerns that not all children who are low-income or live in poverty have access to early care and education programs.

Current and Planned Efforts

Historically, very little coordination of services has occurred between state Pre-K, Head Start, and subsidized childcare. To encourage coordination of preschool services, the State Center for Early Childhood Development (University of Texas-Health Science Center) was charged, during the 78th Legislative Session in 2003, to develop multiple pilot projects that demonstrated the integration of services between Pre-K, Head Start, and subsidized child care programs. The project was called the Texas Early Education Model (TEEM) and there were 11 demonstration sites across the state. The 79th Legislature in 2005 passed S.B. 23, which allowed TEA to establish a program of incentives to local school district Pre-K programs to encourage demonstration projects between government-funded child care and early education services including Head Start, Pre-K, after school, and private child care programs. S.B. 23 increased the number of demonstration sites to 20 and there are concurrently over 1,000 classrooms participating. Texas currently maintains no standardized school readiness indicators.

S.B. 23 authorized the State Center for Early Childhood Development (SCECD) to develop a school readiness certification system for use in certifying the effectiveness of all early care and education programs in preparing children for kindergarten. This system is to be available on a voluntary basis to program providers.

There is less information available on the status and design of infant and toddler programs in the state. In 2005, there were 10,545 licensed childcare centers and homes. In addition, there were 7,808 registered homes and 4,132 listed homes. There are currently 42 Early Head Start programs serving approximately 8,000 infants, toddlers, and pregnant women. A key effort will be to identify statewide information on services to infants and toddlers through a survey of standards and practices within infant and toddler programs.

EARLY CARE AND EDUCATION COMPONENT PLAN

KEY PARTNERS IN EARLY CARE AND EDUCATION

University of Texas at Houston
State Center for Early Childhood Development (SCECD)
Department of Family Protective Services (DFPS)
Child Care Licensing
Texas Education Agency (TEA)
Texas Workforce Commission (TWC)
Texas Head Start Collaboration Project
Texans Care for Children
Texas Early Care and Education Coalition (TECEC)
Texas Association for the Education of Young Children (TAEYC)
United Ways of Texas
Texas Health and Human Services Commission (HHSC)
Healthy Child Care Texas

RESULT: All children in Texas age birth through five will have access to quality early care and education programs.

ACTIVITIES		STAKEHOLDERS
PUBLIC AWARENESS		
Goal One: The public understands the importance of early learning and supports the promotion and sustainability of a "quality" early care and education system.		
Objective One: Increase public awareness of the importance of early childhood development. **Ongoing. Initial benchmark completed by 2009**	**1.1.1.** Encourage and promote the use of common terminology across all statewide and local early care and education programs and state systems.	HHSC TCECD TEA TWC Texas Head Start Collaboration Project TECEC TCC United Ways
	1.1.2. Parents understand the importance of choosing quality early care and education programs and know what to look for in choosing a quality program. • Texas Child Care Licensing will disseminate "Don't Be In the Dark" materials to families on the importance of enrolling their children in a licensed childcare or registered home facility. • The State Center will work with a public relations firm to market the School Readiness Certification System to build parent awareness of what it means for an early childhood education program to be certified as a "School Ready Program." • Healthy Child Care Texas CCHCs will speak to and train parent groups on the importance of, and how to identify, quality early care and education programs.	

	1.1.3. Increase physicians' and other health professionals' knowledge of the impact of children's health and well-being on early learning. • Recruit physicians to be advocates for quality early care and education settings through: o The Texas Medical Association and Texas Pediatric Society in-service training. o The State Center continuing Reach Out and Read Texas for pediatricians to support child literacy through the use of books during well-child visits. • Healthy Child Care Texas, will recruit physicians to become Medical Consultants o Encourage physicians to take the Healthy Child Care Texas CME course to become Medical Consultants. o Encourage physicians who are Medical Consultants to recruit other physicians. o Encourage Medical Consultants to form teams with Child Care Health Consultants.	
	1.1.4. Community members such as government officials, policy makers, and business leaders will better understand the vital role "quality" early care and education plays in present child functioning and on later school and work successes. • Early care and education programs and key public stakeholders will present to government officials, policymakers, and business leaders, research information on the importance of investing in "quality" early care and education programs, and future economic return on investment. • The State Center (and other named entities) will utilize all opportunities to present to groups such as the Texas Legislature, United Way of Texas, Texas Early Childhood Education Coalition, Texas Licensed Child Care Association, and the Texas Business and Education Coalition. • As feasible, forums will be held by the State Center (and other named entities) for business leaders across the state on the importance of quality early childhood education. • The State Center (and other named entities) will work with key groups to obtain and explore the feasibility of obtaining legislated waivers around applicable state and federal regulations to increase the accessibility of full day, full year pre-kindergarten programs for all four year-old children.	

Objective Two: Increase community capacity and investment in quality early care and education programs. **Ongoing**	**1.2.1.** Increase the capacity of quality early care and education programs to utilize "cost sharing" strategies or combine funding streams in order to: • Increase enrollment, • Provide for full day, full year programming through wrap around or "mixed delivery models," • Maximize early care and education services through coordination of resources among state funded pre-kindergarten programs, Head Start agencies, and private non-profit child care programs, and • Explore the feasibility of developing state funded Early Head Start programs.	HHSC TCECD TEA TWC Texas Head Start Collaboration Project TECEC TCC United Ways
	1.2.2. Identify those early care and education models that have increased their capacity to meet the needs of all working parents including those that provide for: • Sick child care, • Extended hours and overnight care, • Children with special needs, • And/or specialize in migrant, homeless, Limited English Proficient (LEP), and bilingual populations.	
	1.2.3. Continue community leaders' involvement and action in early care and education initiatives and legislation on increasing affordability of quality early care and education programs. • Develop community partnerships between private and public entities to support and subsidize quality programs and teacher training. • The University of Texas Children's Learning Institute, which includes the State Center, will help promote the work of early care and education providers, through donor opportunities as they may present themselves.	
PROVIDER TRAINING		
Goal Two: Develop a coordinated system of personnel preparation and ongoing professional development for providers and administrators.		
Objective One: Develop a competency-based personnel preparation system that includes articulation agreements with colleges/universities. **Ongoing. Initial benchmark completed by 2009**	**2.1.1.** The State Center will continue working with the Legislature to improve the recruitment, retention, and quality of early childhood education professionals, while establishing the field as a multi-level career path.	HHSC TCECD TEA TWC Texas Head Start Collaboration Project

Objective Two: Develop an infrastructure of ongoing training and technical assistance for early care and education staff that supports school readiness and quality early care and education programs. **Ongoing. Initial benchmark completed by 2009**	**2.2.1.** Promote the use of registered trainers identified in the Texas Trainer Registry.	HHSC TCECD TEA TWC Texas Head Start Collaboration Project TECEC TCC United Ways
	2.2.2. Encourage the use of Healthy Child Care Texas Child Care Health and/or Medical Consultants in pre-kindergarten.	
	2.2.3. Explore the feasibility of requiring all early care and education teachers and directors in licensed childcare and registered homes, receive training annually in all five areas of growth and development (cognitive, speech and language, social emotional, fine and gross motor, and self help).	
	2.2.4. Encourage licensed child care programs and registered homes to receive training on: • How to conduct developmental, social-emotional and mental health screenings, • Language and literacy, • School readiness, • Identification and referral for children with suspected developmental delays and disabilities, • Cultural and linguistic competency, and • Inclusion of children with disabilities.	
	2.2.5. Explore the feasibility of strengthening child care licensing regulations to require training that meets the above requirements.	
MONITORING AND ACCOUNTABILITY		
Goal Three: Develop a feasible and evidence-driven early care and education monitoring and accountability system.		
Objective One: Support those programs that prepare children for school through the alignment of early care and education standards, the promotion of best practices, and the voluntary utilization of a "school readiness" certification system. **Completion by 2009**	**3.1.1.** Develop a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age three to five, and explore the feasibility of aligning Child Care Licensing, Head Start Performance Standards, and TEA Pre-K guidelines.	SCECD TEA TWC
	3.1.2. Develop a statewide uniform set of quality standards that are proven to meet best practices in early care and education programs for children age birth to three, and explore the feasibility of aligning Child Care Licensing and Early Head Start Performance Standards for infants and toddlers. • The State Center will explore the development of a downward extension of integrated curriculum through an NIH funded Program Project for the two to three year-old population that addresses (language/literacy, math, and social development). • Survey quality standards utilized in publicly and privately funded infant/toddler childcare model projects and initiatives, including Early Head Start.	

	3.1.3. Increase number of providers who participate in the State Centers' Texas School Readiness Certification System. The system encourages the use of quality standards for cognitive readiness, developmentally appropriate curriculum, developmental screening and progress monitoring tools, ongoing observation and assessment to meet individual needs of children and program planning, and research-based early childhood professional development training for all teachers and early childcare providers.	
	3.1.4. Utilize tools such as technology and validated self-evaluation to feasibly increase the level of monitoring and accountability in Pre-K, Head Start, Early Head Start, and licensed child care programs that participate in the Texas School Readiness Certification System.	
Objective Two: Increase the number of early care and education providers who implement the newly identified statewide uniform set of standards and participate in the Texas School Readiness Certification System. **Completion by 2009**	**3.2.1.** Create incentives for providers to voluntarily meet the identified statewide early care and education standards and participate in the Texas School Readiness Certification System.	SCECD TEA TWC
Objective Three: Explore the feasibility of strengthening childcare licensing regulations by aligning with the American Academy of Pediatrics' *Caring for Our Children* standards. **Completion by 2009**	**3.3.1** Specific activities to be determined by the Early Care and Education Implementation Workgroup.	HHSC
HEALTHY CHILD CARE TEXAS		
Goal Four: Increase the number of early care and education providers who provide quality care.		
Objective One: Increase the number of CCHCs and MCs who understand and support evidenced-based best practices in early care and education. **Ongoing**	**4.1.1** NTI Trainers and the HCCT Task Force will continually revise and update the "Quality Section" in the CCHC training curriculum to ensure that it reflects the latest in best practices.	NTI Trainers CCHCs
	4.1.2 NTI Trainers will train CCHCs to understand and support evidence-based best practices in early care and education.	
	4.1.3 NTI Trainers will serve as communication liaisons to CCHCs by providing ongoing communication about latest information on quality early care and education.	
	4.1.4 HHSC/DSHS and the HCCT Task Force will revise/update sections in the Medical Consultant's CME curriculum to address quality and best practices in early care and education.	

Objective Two: Increase the number of early care and education providers who understand what is meant by quality care and recognize the principles of quality care. **Ongoing**	**4.2.1** CCHCs will train and provide individual technical assistance to early care and education providers about what is meant by quality. **4.2.2** CCHCs will provide training and technical assistance to early care and education providers about nationally recognized standards.	NTI Trainers CCHCs
Objective Three: Increase the number of early care and education providers who seek to achieve nationally recognized accreditation standards. **Ongoing**	**4.3.1** CCHCs will consult with and provide training and technical assistance to support early care and education providers' efforts to achieve nationally recognized accreditation standards.	NTI Trainers CCHCs
Objective Four: Increase the number of parents who understand what quality early care and education provides. **Ongoing**	**4.4.1** CCHCs will facilitate the sharing of information about quality care with parents. **4.4.2** CCHCs will serve as community advocates for quality early care and education programs.	NTI Trainers CCHCs

PROPOSED BASELINE INDICATORS

- Number of child care programs volunteering to use the "School Readiness Certification System"
- Number of qualified registered trainers in the Texas Trainer Registry
- Number of articulation agreements between universities and community colleges

Ass*uring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support and services.*
(Family Support America 2005)

Parent Education and Family Support (PE/FS)

Best Practice

Positive interactions with parents improve young children's social competence and their overall capacity to learn (Neurons to Neighborhoods, 2000). Parenting skills and children's experiences in home environments is a major predictor of future issues in society. Child abuse, neglect, delinquency, substance abuse, violence, poor academic achievement, teen pregnancy, and a number of other issues can trace their roots, directly or indirectly, to how children were reared (Carter, N., 1996). It is recognized that there are significant information gaps in what parents know and understand about child development. A gap in knowledge has significant impact on parents approach to raising their children. Some of the greatest areas of misunderstanding include:

- A child's ability to sense what is going on around them,
- Most beneficial forms of play,
- Expectations of children's behavior, and
- Discipline and spoiling.

(Zero to Three, 2000)

Many parent education programs target women, but the value of addressing fatherhood is now being realized through a number of initiatives. In addition it is recognized the impact of a stable and secure family life has in the promotion of a child's sense of wellbeing and confidence in school and in life.

State of Texas Families
There is no single entity in Texas that provides oversight or systematic coordination of all parent education programs and initiatives. Services are fragmented and scattered among efforts such as Parents as Teachers programs funded through the Mental Health Association in Texas and Family Strengthening programs provided through the Texas A & M University Extension. There are initiatives designed to increase parental awareness of child development through the dissemination of materials to families. These include Healthy Start, Grow Smart (distributed through Medicaid and available to other programs) and the Born Learning campaign materials sponsored by the United Ways of Texas.

Several new national initiatives have come upon the horizon and are currently being developed in the state. These pilot programs are designed to support the development of Healthy Marriages and Strengthening Families in targeted areas and populations in the state. These programs will utilize a combination of methods that will provide for family stabilization and parent education simultaneously.

Several other strategies are being utilized for family support services including the statewide 2-1-1 system. 2-1-1 Texas is a free, easy to remember phone number connecting callers with health, human, early care, and education resources available in every community in Texas.

Through 2-1-1, families can also access the HHSC integrated eligibility system. HHSC has created a menu of options to allow consumers to apply for state services, including Medicaid, food stamps, CHIP, Temporary Assistance for Needy Families and long-term care. In the new system, Texas will be able to apply for services by phone, in person, over the Internet, by fax or mail. Field offices are strategically located to provide easy access to programs and services.

The Health and Human Services Commission's Colonias Initiative works to provide colonia residents access to health and social services available in the community. Colonias Initiative in the Lower Rio Grande Valley, El Paso, and Laredo all use a model based on interagency workgroups, and community centers and Promotores who work with families to provide information and referral to community services. The Colonias Initiative will continue to enhance their efforts by working with faith-based community partners, private sector partners, improving access to medical care, and establishing local food banks. Colonias Initiative provides services to over 1400 Colonias and 400,000 individuals.

In 2005, the Texas Legislature enacted SB 1188. The bill directs the Health and Human Services Commission to assess review and undertake optimization of case management programs and services. Case management is provided in numerous programs and structures and through a variety of modalities across HHS agencies. In order to address SB1188, HHSC recently released a Request for Proposals for a consultant to assist the state of Texas in optimization of case management to enhance the quality outcomes and cost savings in all departments and programs.

In addition, there are numerous stand-alone, grant-funded initiatives scattered throughout the state that address family support and stability. One such program is, the Zero to Three Court Systems for Maltreated Infants in Ft. Bend County. This program is designed to reduce the recurrence of abuse and neglect and improve outcomes for very young children and their families.

Current and Planned Efforts

A targeted effort of the parent education and family support component plan will be to identify all parent education programs in the state. A second effort will be to evaluate the effectiveness of those parent education programs before promoting or expanding these programs. Efforts will continue to build on collaborative partnerships with the Healthy Marriages initiative, Building Strong Families initiative, and the efforts of faith-based organizations.

Based on experiences of the family focus groups conducted by the University of Texas Center for Disability Studies in year two, the input provided by the families will be taken into consideration in the implementation of the Texas Early Childhood Comprehensive System Strategic Plan. As a result of these findings, a major goal in this component area, and for the implementation phase, will be to increase family involvement at all levels of the implementation plan. This includes family participation in implementation component workgroups, identification of increased opportunities for family involvement in state level policy groups, and the use of consumer survey reports.

PARENT EDUCATION AND FAMILY SUPPORT COMPONENT PLAN

KEY PARTNERS IN PARENT EDUCATION AND FAMILY SUPPORT

Texas Health and Human Services Commission (HHSC)
- Office of Family Services (OFS)
- Healthy Child Care Texas

Office of Attorney General (OAG)
- Division for Families and Children

Department of Family Protective Services (DFPS)
- Prevention and Early Intervention (PEI)

Texas A&M University Extension – Strengthening Families
Border Affairs – *Colonias* Initiative
One Star Foundation – Governors Faith based Initiative
Parents as Teachers (PAT)
United Ways of Texas

RESULT ONE: All Texas children will thrive in nurturing family environments achieving their full developmental potential.

ACTIVITIES		STAKEHOLDERS
PUBLIC AWARENESS		
Goal One: Increase public/parent understanding on the importance of supporting and guiding early childhood development.		
Objective: Increase public/parent awareness of how positive parent-parent and parent-child relationships impact the healthy development of their child. **Completion by 2008**	**1.1.1** Increase the distribution of Healthy Start, Grow Smart based on chronological age and number distributed.	TWC OAG HHSC- Family Services Parents As Teachers ***Colonias*** Texas A &M
	1.1.2 Increase the distribution of the United Way Born Learning Campaign.	
	1.1.3 Increase the distribution of the Child Abuse Prevention Kit (DFPS/PEI).	
	1.1.4 Increase distribution of the Department of Family and Protective Services' Prevention and Early Intervention Public Awareness Campaign.	
	1.1.5 Increase awareness of the needs of infants and toddlers through activities sponsored by the Texas Early Childhood Education Coalition Professional Advisory Committee on Infants and Toddlers (TECEC).	
	1.1.6 Increase distribution of the Parent to Parent relationships materials.	
EFFECTIVE PROGRAMS		
Goal Two: Parents will have access to effective and culturally appropriate parent education and family support services that provide parents with the knowledge and skills they need to support the healthy development of their children.		
Objective: Identify and inventory effective parent education programs in the state. **Completion by 2007**	**2.1.1.** Determine a statewide definition for effective programs serving parents/families that is shown to increase positive outcomes for young children.	TWC OAG HHSC- Family Services Parents As Teachers ***Colonias*** Texas A &M
	2.1.2: Identify current best practices and evidence-based programs effectively serving parents in Texas and, as a result, are showing positive outcomes for young children.	
	2.1.3. Identify national programs and systems that are effectively serving parents and achieving positive outcomes for young children.	

	2.1.4. Create a strategic plan for implementing a better system of care for parents and creating positive outcomes for young children. • Determine gaps/needs in effective service delivery for parents/families of young children. • Work to identify strategies for addressing the gaps and gaining services for parents. • Increase funding opportunities to assist with the evaluation of programs to increase the knowledge base of effective programming. • Seek ways to strengthen the capacity of communities to promote coordination of parenting programs by multiple providers. • Identify agency regulations and policies that prevent coordination across agencies and services. • Work with HHS agencies and programs to ensure that services are safe, clean, accessible, and friendly and that quality assurance procedures and processes include assessing whether quality customer service is provided.	
PARENT EDUCATION PROGRAMS		
Goal Three: Identify opportunities for increased coordination of parent education programs at the community level.		
Objective: Develop a means of identifying all parent education initiatives at the community level. **Completion by 2007**	**3.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	TWC OAG HHSC- Family Services Parents As Teachers ***Colonias*** Texas A &M PAT
HEALTHY MARRIAGES AND STRENGTHENING FAMILIES		
Goal Four: Improve child well-being through healthy marriage initiatives.		
Objective One: Coordinate a demonstration project that improves child well-being by fostering healthy marriages within underserved communities. **Completion by 2008**	**4.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC OAG
Objective Two: Coordinate a demonstration project for strengthening healthy marriages for low-income parents with young children. **Completion by 2008**	**4.2.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC
Goal Five: Improve child well-being through family strengthening initiatives.		

Objective One: Coordinate a Building Strong and Healthy Families demonstration site. **Completion by 2008**	**5.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC OAG
Objective Two: Coordinate a Strong Start-Stable Families demonstration project that intervenes with unmarried parents in order to lay the foundations for a stable family. **Completion by 2008**	**5.2.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC OAG
Goal Six: Identify opportunities for working with faith-based initiatives in the development of parent education and family support initiatives.		
Objective: Build a database of faith-based initiatives. **Completion by 2007**	**6.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC One Star Foundation

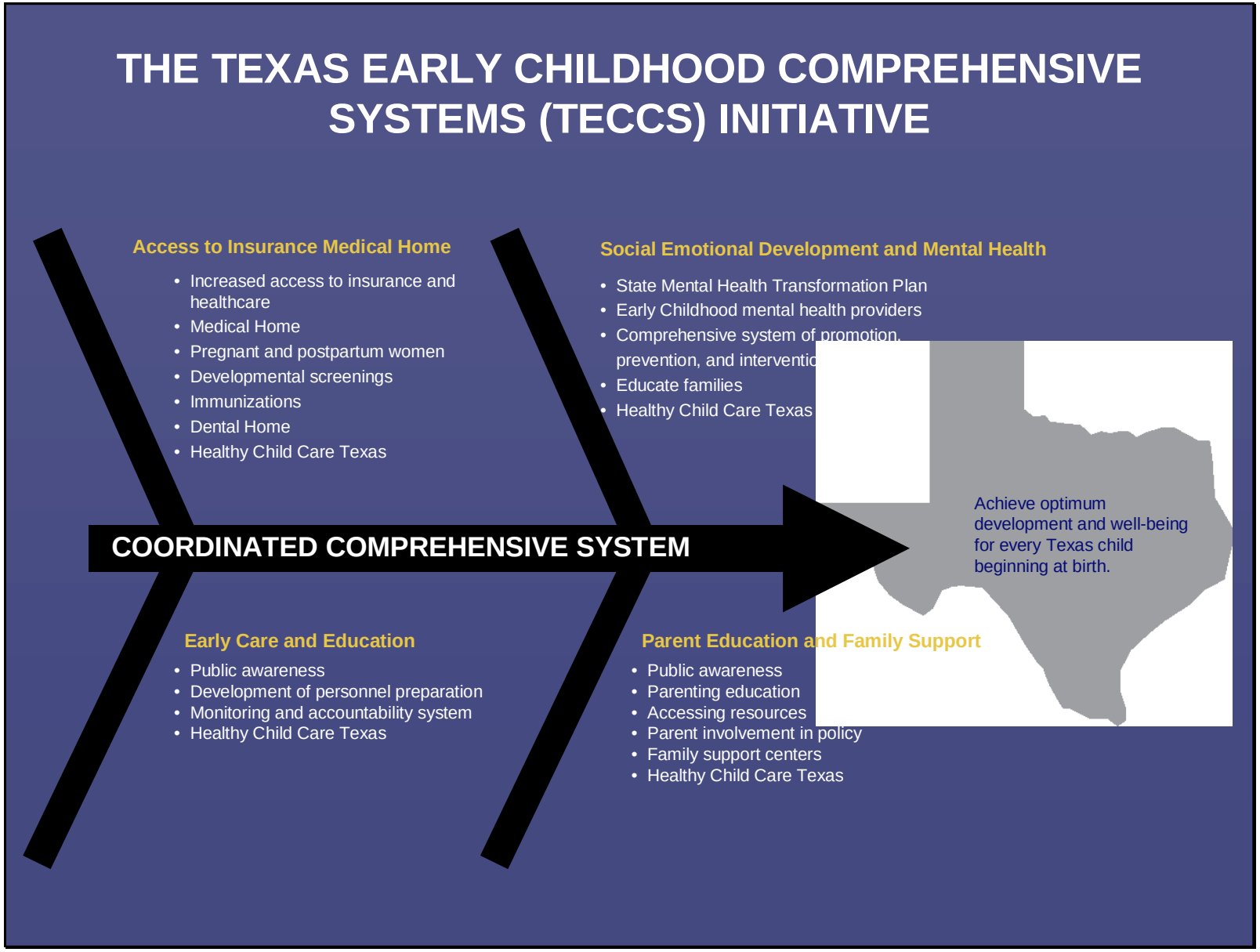
RESULT TWO: Families will have the capacity, access to, and available resources to meet basic needs and achieve stable self-sufficiency.

	ACTIVITIES	**STAKEHOLDERS**
INCREASE ACCESS		
Goal One: **Parents will have access to needed supports and self-sufficiency.**		
Objective: Families will have an understanding of how to access the information and resources they need through 2-1-1. **Ongoing**	**1.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHSC

FAMILY PARTNERSHIPS		
Goal Two: **State agencies will partner with families as consumers to improve access to services they need.**		
Objective: Identify and support family participation in the development of policies and programs at the community and state level. **Ongoing**	**2.1.1** Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.	HHS Agencies
HEALTHY CHILD CARE TEXAS		
Goal Three: Increase the number of early care and education providers who model appropriate relationship-based behavior.		
Objective: Increase the number of early care and education providers who are sensitive to different cultures including communication (cultural and personal) and learning styles of parents and model appropriate behaviors when interacting with parents. **Ongoing**	**3.1.1** NTI Trainers will evaluate and edit the CCHC training curriculum regarding cultural diversity content and review the methodology of how this information is delivered in training sessions during a meeting to be held in the Summer of 2006. **3.1.2** NTI Trainers will provide updates to CCHCs about parent education/family support information and resources including methodologies for sharing information.	NTI Trainers CCHCs
Goal Four: Increase the number of providers whose policies/procedures address parent involvement.		
Objective One: NTI Trainers and CCHCs will promote the concepts of parental involvement and family support. **Ongoing**	**4.1.1** NTI Trainers will review the CCHC training materials and strengthen the section on parent involvement and family support. **4.1.2** CCHCs will train early care and education providers on how to develop parental involvement and family support policies and procedures including such methods as utilizing parental volunteers or creating parent advisory councils.	NTI Trainers CCHCs
Objective Two: NTI Trainers and CCHCs will promote family-centered childcare. **Ongoing**	**4.2.1** NTI Trainers will review/update the CCHC training materials to include the concept of family-centered childcare. **4.2.2** CCHCs will educate early care and education providers through trainings and consultations on the concept of family-centered childcare.	NTI Trainers CCHCs

PROPOSED BASELINE INDICATORS

- Number of home visiting programs
- Number of calls to 2-1-1 from families with children under the age of six


THE TEXAS EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (TECCS) INITIATIVE
Access to Insurance Medical Home
• Increased access to insurance and healthcare
• Medical Home
• Pregnant and postpartum women
• Developmental screenings
• Immunizations
• Dental Home
• Healthy Child Care Texas
Social Emotional Development and Mental Health
• State Mental Health Transformation Plan
• Early Childhood mental health providers
• Comprehensive system of promotion, prevention, and interventio
• Educate families
• Healthy Child Care Texas
COORDINATED COMPREHENSIVE SYSTEM
Achieve optimum development and well-being for every Texas child beginning at birth.
Early Care and Education
• Public awareness
• Development of personnel preparation
• Monitoring and accountability system
• Healthy Child Care Texas
Parent Education and Family Support
• Public awareness
• Parenting education
• Accessing resources
• Parent involvement in policy
• Family support centers
• Healthy Child Care Texas

Building Momentum and Sustainability…A Cause to Pause

This past year of planning has provided challenges and opportunities for the *Raising Texas* initiative. The sequence of activities for the third year of planning was delayed at the beginning of the fiscal year due to the aftermath of Hurricanes Katrina and Rita. Activities within the health and human services agencies were focused on responding to meeting the needs of more than 150,000 evacuees from Louisiana and Texas communities. The effects and strains on the resources of the system did not appear to subside until December of 2005. The experience of this natural disaster has provided additional insight into the vulnerability of very young children and the responsive services they need to build resiliency.

Experiences to Date

The Texas Early Childhood Comprehensive Systems initiative had three goals for the past planning year. They were to:

- Finalize recommendations for the Texas Early Childhood Comprehensive Services Implementation plan,
- Obtain public/private stakeholder commitment, and
- Determine indicators, data collection methodology, and evaluation.

A number of the members who participated in the original component workgroups were program staff who worked at the front line. Many at the table did not have the authority to commit state agency resources and staff. Over 150 strategies and activities had been identified and over 65 indicator measures were recommended by the workgroups. It was recognized that it would be necessary to synthesize the identified goals, objectives, and activities into a more cohesive and clarified set of goals, objectives, and activities. OECC staff synthesized the information contained within the component plans, being careful to maintain the spirit and integrity of the identified goals and objectives.

Once drafts of component plans were finalized, committees comprised of senior management of state health and human services and other agencies were developed. Committee meetings were held for each component plan for senior management to review, synthesize, and make additional recommendations and/or deletions. Existing agency strategic plans and initiatives were incorporated as the foundation for addressing many of the goals, objectives, and activities in each of the plans. Forums were then held in which the complete *Raising Texas* plans were presented to both internal and external stakeholders. All stakeholders were provided the opportunity to provide written input and/or request individual meetings to review and discuss the plans. The Technical Assistance Provider for the National Child Care and Information Center for Administration for Children and Families (ACF) Region 6 was asked to facilitate some of these forums. Internal stakeholder forums were held in which participants were provided a complete overview of all four-component plans. During these forums, internal stakeholders' input was collected and documented through the completion of an internal feedback form.

The next step was to obtain external stakeholders' buy-in and commitment. External stakeholders included those organizations and agencies outside HHSC who had originally participated in the development of the draft plans during the first two planning years. Two forums were held for external stakeholders to review the component plans and provide feedback. During these forums, external stakeholders' input was collected and documented through the

completion of the same feedback form provided to the internal stakeholders. External stakeholders were also provided the opportunity to provide written feedback if they were unable to attend the forums. Individual meetings were also held with key outside stakeholders and advocates for additional feedback. Feedback was obtained on all aspects of the plan, including vision and mission, results, goals, objectives, activities, structure, and process for implementing the plan.

This final Texas Early Childhood Comprehensive Systems Plan has been presented to appropriate state commissioners and the Executive Commissioner of the Texas Health and Human Services Commission. Letters of support and involvement have been received to demonstrate external stakeholders' commitment to, and involvement in, the implementation of the comprehensive system's strategic plan. The final Texas Early Childhood Comprehensive Systems Plan has also been submitted to the Governor's office for approval and support.

Building Sustainability

Based on input from internal and external stakeholders and experiences to-date, there are two goals that have been identified for the coming year in addressing implementation of the Texas Early Childhood Comprehensive plan for the *Raising Texas* initiative. The goals are to:

- Build a sustainable infrastructure to oversee implementation, and
- Increase awareness of the project and the importance of a collaborative approach in improving early childhood outcomes.

Successful achievement of these goals will lay the foundation for continuing the efforts of the *Raising Texas* initiative: to promote best practices in policy development and to coordinate systems of services within the four component areas for children age birth through five over the next five to ten years.

Building a Sustainable Infrastructure

In order to build future sustainability and promote the efforts of the *Raising Texas* initiative, a stable and responsive implementation infrastructure needs to be established. Building the infrastructure will be a major focus in the coming year.

Implementation workgroups will be established by September 2006. With clearly delineated roles and responsibilities, these workgroups will have oversight of the implementation of the goals, objectives, and activities outlined within each of the component plans. Implementation workgroups will consist of families, public and private program providers, and stakeholders, including early childhood associations, organizations, and advocates. Members will be required to have an understanding of the programs and regulations for which early childhood services are provided.

Families will be critical participants for both the implementation workgroups and the Implementation Steering Committee discussed below. In order to support families' participation within the groups, an orientation session will be held and a family mentor will be identified to provide guidance and information to new families.

Effective communication systems and guidelines under which the workgroups operate will be critical to success. The workgroups will utilize a Continuous Improvement process as a means for problem solving, addressing barriers and identifying additional goals and objectives. As a foundation, many goals and objectives within the component plans have been built upon existing programs, legislative initiatives, and state strategic plans. The implementation workgroups will continue to build upon existing legislative initiatives and identify new opportunities to address policy and increased coordination of services for children age birth through five. Mechanisms for obtaining information at the community level will be ongoing and considered a part of the continuous improvement process.

The second level of the infrastructure will be the establishment of the *Raising Texas* Implementation Steering Committee. The Implementation Steering Committee, consisting of stakeholders and senior agency staff, will be responsible for acting upon operational issues, such as interagency coordination or funding issues. The HHSC Executive Commissioner will be requested to appoint the members of the *Raising Texas* Implementation Steering Committee, with input and recommendations from state agencies and stakeholders. Leadership of each state agency will address policy considerations recommended by the Steering Committee on an as needed basis.

In order to maintain the effectiveness and continued progress of the workgroups, a method to ensure continuous improvement pertaining to the operations of the groups, communication systems, facilitation, etc., will be incorporated into the procedures used by the implementation workgroups and the *Raising Texas* Implementation Steering Committee. During the implementation of the goals, objectives, and activities by the implementation workgroups, there will also be an established process for the continuous review of indicator measures for child outcomes.

Awareness of Texas Early Childhood Comprehensive Systems Initiative

A second goal during the implementation phase will be to increase awareness regarding the *Raising Texas* initiative, and the importance of building a coordinated system of services in the lives of children age birth through five. A major activity supporting this goal will be the establishment of an early childhood systems website. The goal is to develop a comprehensive website through partnerships with other early childhood programs and initiatives. It is believed that the creation of a statewide early childhood website, that is embraced by all stakeholders, can provide an important avenue for generating ongoing dialogue and serve as a resource for information on the latest research, best practices, services, and resources impacting young children and their families.

Implementation Year Goals and Objectives and Activities

Goal One: Ensure ongoing oversight and sustainability by establishing and developing a responsive implementation infrastructure.	**Objective One:** Develop a statewide infrastructure that will implement the goals, objectives, and activities in the component plans.	**August 2006**
	Activity 1.1.1. Identify processes, procedures, and communication systems.	August 2006
	Activity 1.1.2. Identify and establish four component workgroups consisting of key internal and external stakeholders and family members.	August 2006
	Activity 1.1.3. Identify and establish a *Raising Texas* Implementation Steering Committee.	September 2006
Goal Two: Increase the awareness of the Texas Early Childhood Comprehensive System through internal and external awareness activities.	**Objective One:** Create a Texas Early Childhood Comprehensive Systems website.	**August 2007**
	Activity 2.1.1. Determine the requirements for developing a website within the Texas Health and Human Services Commission.	August 2006
	Activity 2.1.2. In partnership with early childhood stakeholders identify the purpose, audience, content, and funds for the development and maintenance for the TECCS website	October 2006
	Activity 2.1.3 Identify and hire outside contractor to develop the TECCS website.	December 2006
	Activity 2.1.4 Build partnerships with early childhood stakeholders for sharing research-based information, resources, and the development of a single statewide early childhood website.	January 2007
	Activity 2.1.5 Continue to identify opportunities to present information on, and promote, the Texas Early Childhood Comprehensive Systems initiative *Raising Texas* to internal and external workgroups, advisories**,** coalitions, and organizations.	Ongoing

Build State Level Staff Support

The Office of Early Childhood Coordination was established in 2001 by the 77th Legislature as an unfunded mandate and was charged with the responsibility for promoting, coordinating, and integrating service delivery for all children under the age of six. The Early Childhood Comprehensive Systems grant, through the Bureau of Maternal and Child Health, has been the funding source for the Project Coordinator's position. In order to continue staffing support for the *Raising Texas* initiative beyond the funding year, HHSC intends to submit a Legislative Appropriations Request for the 2008-2010 fiscal biennium, to maintain not only the current full-time employee State Early Childhood Coordinator's position, but to request an additional full-time position. The Title V program at DSHS, through an interagency agreement, will continue to fund one staff person for the Office of Early Childhood Coordination to include duties regarding oversight of the Healthy Child Care Texas initiative. Additional support will be provided by the Title V - Perinatal, Early Childhood and Woman's' Health Nurse Consultant to assist part-time in both initiatives.

Evaluation

There are two levels to be considered in evaluating the success of the *Raising Texas* initiative. The first is to evaluate the process of planning and implementation, called a formative evaluation. The second is to review data/indicators that demonstrate the success of the initiative based on improved outcomes for children and their families.

The LBJ School of Public Affairs at the University of Texas is currently conducting a formative evaluation of the planning process used to develop the Texas Early Childhood Comprehensive Systems Plan. This evaluation process will continue during the first year of implementation. In addition, the LBJ School will also begin, in the coming year, to collect baseline measurements on current efforts by agencies and programs to coordinate services for children age birth to five.

In August 2005, an inventory of all early childhood indicator measures was developed. The inventory was developed based on a review of the literature (i.e., Getting Ready: Findings from the National School Readiness Indicators Initiative, National Governors Association 2003), current data, and data indicators collected by state agencies, and an inventory of indicator measures as identified by each of the original workgroups. All indicator measures listed within the inventory were aligned with each component area. Through guidance from the LBJ School of Public Affairs, proposed baseline indicator measures have been identified for each component. In the coming year, the LBJ School for Public Affairs' evaluator will continue to determine whether the selected measures are valid and assist in the identification of additional indicator measures as needed. The indicator measures identified within each of the component plans will be utilized as baseline measures to determine the long-term effectiveness of the *Raising Texas* initiative.

Appendices

Appendix A - Letters of Involvement and Support attached have been received from the following:

Texas Health and Human Services Commission Executive Commissioner
Texas Department of State Health Services Commissioner
Texas Department of Family Protective Services Commissioner
Texas Department of Assistive and Rehabilitative Services Commissioner
Texas Department on Aging and Disability Services Commissioner
Texas Education Agency Chief Deputy Commissioner
Texas Workforce Commission Executive Director

Submitted with Grant Application Narrative:
Advocacy, Inc.
Center for Public Policy Priorities
Mental Health Association in Texas
State Center for Early Childhood Development - University of Texas at Houston
Texas Association for the Education of Young Children
Texas Association for Infant Mental Health
Texas Association for Child Care Resource and Referral Agencies
Texans Care for Children
Texas Head Start Collaboration Project
Texas Medical Association and Texas Pediatric Society

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Appendix D
Agency Collaborative Efforts

HEALTH AND HUMAN SERVICES COMMISSION

CHIP
Works continuously with other HHSC umbrella agencies, as well as private and local partners to best meet the needs of eligible children at the local level. This can be accomplished through work groups as well as coordination with caseworkers and service providers in the local communities.

Community Resource Coordination Groups
CRCGs are organized and established on a county-by-county basis. CRCG members are from public and private sector agencies and organizations. Many CRCGs also include parents, consumers, and/or caregivers as members. CRCG members include the following representatives:

- HHSC
- DADS
- DARS
- DFPS
- DSHS
- Texas Correctional Office on Offenders with Medical or Mental Impairments
- Texas Department of Criminal Justice
- Texas Department of Housing and Community Affairs (local Community Action Agency)
- Texas Education Agency [local school district(s) and Education Service Center]
- Texas Juvenile Probation Commission (local Juvenile Probation Department)
- TWC
- Texas Youth Commission
- Local representatives from private sector service providers
- Families, consumers, and caregivers

Family Violence Program
FV works with the DFPS to provide statewide training on child protective issues and family violence.

Food Stamps
Food Stamps coordinates with various organizations and agencies, including community-based organizations and food pantries for referrals to the Food Stamps program and application assistance: TEA for school breakfast and lunch program direct certification, TWC for employment services/child care and income verification, OAG for referrals for child support assistance and income verification, and the DFPS and the DADS for referrals to the Food Stamps program.

Medicaid

Fee for Service

The Medicaid program coordinates with various organizations and agencies, including community-based organizations for referrals to Medicaid/CHIP and application assistance, OAG for referrals for child support assistance and income verification, and coordinates coverage with the DFPS, the DSHS, and the DADS.

Managed Care

The programs coordinate with other HHS agencies as well as public and private providers in the local communities.

- PCCM and Medicaid for Families and Children coordinate with CHIP, CSHCN, and local providers through a required case management provision in each program
- Providers in services under the HHSC umbrella as well as local educational staff work together to coordinate services for the birth to 6 population of eligible children

Texas Health Steps

- THSteps participates in the HHSC Benefit Management Workgroup for the development of medical policy related to THSteps program components. Most recently, this has included ECI and Immunizations, including TVFC.
- THSteps, through joint meetings and referrals, collaborates routinely with CPW.
- THSteps also coordinates with the DSHS Title V program both informally and by participating in the review of the Title V Contractor Manual.
- THSteps coordinates through ongoing meetings both at the central office and regional level with DFPS to improve access to Medicaid services and a greater understanding of available services for children in foster care.

Refugee Affairs Services

RA collaborates with the DFPS to provide statewide training on refugee and trafficking minors.

Special Nutrition Programs

Collaborates with the following programs/agencies:

- DFPS collaborates with SNP to provide CACFP information materials to childcare centers that could potentially become CACFP contractors. DFPS also assists SNP with disseminating SFSP awareness flyers.
- DSHS: SNP participates in intra-agency workgroups to identify and disseminate information regarding nutrition and physical activity to Texas children and families.
- America's Second Harvest Food Banks: Texas commodities are distributed through Texas food banks to assist low-income families, unemployed individuals and households.
- WIC program: The CSFP distributes USDA-donated commodities and provides nutrition education through select Texas food banks. The food banks receive the food and distribute it to agencies to provide to low-income women, infants, and children who do not qualify for WIC.
- SNP currently collaborates with the Texas Association of Community Action Agencies, the Texas Department of Agriculture (TDA), USDA and the Center for Public Policy Priorities to share expertise and resources in the development of initiatives to increase organizations' participation in the SFSP so that more children can be served. SNP will continue working

with these agencies to expand outreach efforts ensuring potential sponsors and program participants know about the program's availability and benefits so that more contractors can participate under the current program requirements.

- TDA: The Texas Department of Agriculture administers the NSLP/SBP in public schools while HHSC administers the school programs in private schools and residential child care institutions. There is collaboration between us to share information through data exchanges and to partner in operating special programs such as the Farm to School Program and the Fresh Fruits and Vegetables program.

TANF
Among the services provided for TANF cash assistance recipients and those at risk of requiring TANF cash assistance, Texas offers assistance in connecting those individuals with employment and community resources that will lead to self-sufficiency through employment. The specific services provided may include referrals to domestic violence shelters, TWC for providing information about local employment opportunities, computer access for preparing resumes, job fairs, referral to clothes closets, educational assistance, adult education, referral to other community and faith-based resources, parenting skills training, and similar services. The OAG for referrals for child and medical support assistance and income verification, DSHS for family planning services and early preventive screenings and checkups (THSteps), TEA for school breakfast and lunch program direct certification, and DFPS for an array of services available to foster care children.

Texas Early Childhood Comprehensive Systems Initiative
In the past two years, the HHSC has spearheaded the federally funded TECCS initiative, *Raising Texas*. The purpose of the initiative is to develop a system of coordinated services for children under the age of six. The *Raising Texas* plan has been completed and implementation will begin in fiscal year 2007. See Appendix C for the plan and partners involved in developing and implementing the plan.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Community Living Assistance and Support Services
Coordinates with services delivered through HHSC's Comprehensive Care Program (CCP)

Community Mental Retardation Services
Collaboration is occurring with EveryChild, Inc. EveryChild, Inc. provides technical assistance to individuals under 22, their families, mental retardation authorities, and to the individual's prospective HCS provider during enrollment in the HCS waiver program.

Consolidated Waiver Program
Coordinates with services delivered through HHSC's CCP

Home and Community-based Services
Coordinates with services delivered through HHSC's CCP

Intermediate Care Facilities for persons with Mental Retardation
Children in ICF/MR are eligible for comprehensive medical care and services up to the age of 21 years. ICF/MR coordinates with services delivered through HHSC's CCP

In-Home and Family Support Program
IHFSP may supplement, but not supplant, existing services and/or funding sources. A client is expected to use Medicare, Medicaid, Community Care for the Aged and Disabled (CCAD), private insurance, and any other available resources from federal, state, and local agencies to meet his needs before his request is covered by IHFSP.

Medically Dependent Children Program
Coordinates with services delivered through HHSC's CCP

Primary Home Care
Currently, DADS is collaborating with HHSC to coordinate the transfer of the State Plan Personal Care Service to the under 21 population to HHSC. Both a workgroup and task force have been developed to facilitate this transfer.

Internally, PHC Services are provided in conjunction with other services such as: Day Activity and Health Services (A State Plan Medicaid Service) as well as Title XX services Emergency Response Services Home Delivered Meals in order to provide comprehensive services to all eligible consumers.

Texas Home Living Program
Coordinates with services delivered through HHSC's CCP

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Blind Children's Vocational Discovery and Development Program
Refer to all HHSC agency programs that serve this population as well as community resources and other state and federal resources. Work in partnership with ECI, the local education agency, Texas School for the Blind and Visually Impaired and other external partners and agencies in providing services.

Early Childhood Intervention
For outreach and referral:
- CPS
- WIC
- TEHDI
- CCL

Coordination of services and access to other services/resources:
- Medicaid
- CHIP
- WIC
- IHFSP/MR

- CMHS
- CSHCN
- BCVDDP
- Immunizations.

Transition to other services:
- TEA Special Education
- CMHS
- Head Start

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing
Coordinates/collaborates with:
- TWC
  - Child Care Development Fund
  - Texas Child Care magazine
- State Center for Early Childhood Development
- DSHS
  - V&H
  - TB elimination
  - Immunizations
  - General sanitation/environmental health
  - Childhood lead prevention program
  - Infectious disease control unit
  - Injury prevention
- ECI
- DPS: car seat safety program, school bus safety program
- Structural Pest Control Board
- TDI: State Fire Marshal's Office
- HHSC
  - OECC
  - SNP-CACFP-policy development division
  - HCCT

Child Protective Services
Currently coordinating services with ECI and MHMR. CPS is also coordinating with Medicaid/CHIP in meeting the client's healthcare needs.

Texas Families: Together and Safe
At the local level, contractors are expected to build access to an array of coordinated, family-centered resources that are tailored to best meet the needs of the community.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Children and Pregnant Women
ECI-coordinated training to help improve partnerships and coordination
DFPS-coordination to assure referrals for children with disabilities or chronic health conditions are made to CPW
HHSC-coordination of referrals and service expectations for children receiving PCN and PCS
Lead Program (DSHS)-coordination for referrals for children with high lead levels

Children with Special Health Care Needs
Services Program collaborates with the ECI program, the Children's Policy Council, the Texas Council for Developmental Disabilities, and through its contractors, several community-based programs, such as Any Baby Can, that primarily serve the population of young children with special needs. This collaboration takes a variety of forms, but typically involves consultation on the development of policies, processes and regulatory recommendations to improve access to health care services for this population.

Community-based Mental Health Services
DSHS CMHS collaborate extensively with ECI to provide training of staff, ensure successful transition between services, and address community needs. DSHS and ECI have collaborated to provide infant mental health training to ECI and LMHA licensed staff. Trainings are provided for a period of 10-months and are focused on evidenced based services. DFPS staff has also been invited to participate in these focused trainings. DSHS and ECI also are discussing future collaborative efforts that will result in a consensus conference to address infant mental health/social-emotional development.

Immunizations
- DSHS
  - THSteps
  - WIC
- DFPS-Immunization requirements for licensed child care facilities
- TEA-Immunization requirements for schools
- HHSC-MOU related to CHIP and Medicaid
- DADS-Immunization requirements in long-term care facilities
- CDC-Funding for VFC vaccines
- Texas Immunization Stakeholders Working Group (TISWG) includes representatives from
  - TMA
  - TPS
  - Texas Academy of Health Plans,
  - Texas Academy of Family Physicians,
  - Texas Nurses Association,
  - Texas Pharmacy Associations,
  - Texas Association of Local Health Officials,
  - DARS
  - HHSC and others

Kidney Health
The CSHCN services program is in the same Unit (Purchased Health Services Unit) as KHC. There are currently 60 children with ESRD enrolled in KHC. These children are included in the target population for CSHCN; however, the current waiting list for that program precludes coverage of the children at this time. These children are eligible for case management funded through the CSHCN services program.

Newborn Screening Case Management Follow-Up
A collaboration of DSHS Regional Case Management staff, THSteps staff, Public Health Nursing staff and DSHS Central Office staff will be necessary for a successful implementation of the expanded program. The program will partner with NBS stakeholder groups (Texas Medical Association, Texas Pediatric Society, March of Dimes, Texas Hospital Association and, the Children's Defense Fund) as well as many others.

NorthSTAR
STAR and CHIP coordinate physical/behavioral health services.

Program for Amplification for Children of Texas
- DARS
  - Rehabilitation Services and Office for Deaf and Hard of Hearing Services
  - ECI receives referrals for the children who are birth to three years and have hearing loss or deafness.
- TEA- Services for Deaf
- Regional Day School Program for Deaf
- Texas School for the Deaf

Primary Health Care Services
Referrals are made to Early Childhood Intervention (ECI) if a child age three or below has a developmental delay. Children with special health care needs are referred to Children with Special Health Care Needs Services. Children are referred to the local or nearest CMHS if the need or risk is assessed. Contractors are required to use the Texas Vaccine for Children Program to obtain their vaccines. The Medical Transportation Program (MTP) is utilized if possible and if available. Newborn screening is done at 10-14 days and case management is available if needed. PACT is utilized for these children as well as referral to WIC if eligible. Program staff collaborate closely with THSteps. Contractors also coordinate with Safe Riders for car seats. Contractors also utilize the V&H program. If abuse or neglect is noted, a child is referred to CPS. Coordination also occurs with the TB program in the DSHS Infectious Disease Control Unit and the lead program in the DSHS Environmental & Injury Epidemiology and Toxicology Branch.

Safe riders
- Safe Riders safety seat distribution programs (80-100 community based organizations yearly)
- Texas law enforcement representatives (local police/sheriff departments and DPS
- State child passenger safety technicians (approximately 1000 in Texas)

State Mental Health Facilities
State facilities coordinate with the local mental health authorities and CPS division of DFPS.

Texas Early Hearing Detection and Intervention
- DARS
  - Rehabilitation Services and Office for the Deaf and Hard of Hearing Services
  - ECI receives referrals for the children who are birth to three years and have hearing loss or deafness.
- TEA - Services for the Deaf
- Regional Day School Program for the Deaf
- Texas School for the Deaf

Texas Health Steps (See HHSC)

Title V
Most of the providers are also CPW providers. Referrals are made to ECI if a child three or below has a developmental delay. Children with special health care needs are referred to the CSHCN services. Children are referred to the local or nearest CMHS services if the need or risk is assessed. Contractors are required to use the Texas Vaccine for Children Program to obtain their vaccines. MTP is utilized if possible and if available. Newborn screening is done at 10-14 days and Newborn Screening Case Management is available if needed. PACT is utilized for these children, as well as referral to WIC if eligible. Program staff collaborate closely with THSteps. Contractors also coordinate with Safe Riders for car seats. Contractors also utilize the V&H program. If abuse or neglect is noted, a child is referred to CPS. Coordination also occurs with the Tuberculosis program of the DSHS Infectious Disease Control Unit and the lead program in the DSHS Environmental & Injury Epidemiology and Toxicology Branch. The Title V and Health Resource Development Office collaborates with the OECC for the TECCS and HCCT initiatives.

Vision and Hearing Program
V&H provides vision and hearing screening training to providers of THSteps, schools of nursing, volunteer groups and child care licensing groups.

Women, Infants, Children
- Immunizations
- THSteps - established a formal mechanism to share WIC information for outreach activities for children
- Office of Tobacco and Prevention, Texas Tobacco Quitline – link WIC clients with smoking cessation experts from other community resources

Appendix E
Data

Annotations

1. *Numbers are estimates*
2. Number served in FY 2004
3. State Expenditures as of 5/31/06
4. Expenditures to date
5. Expenditures as of 6/15/06
6. Administrative costs only

NUMBER OF CHILDREN SERVED BY AGE AND PROGRAM

Children Ages 0-18 Served

Agency	Program	Number Served
DSHS	Vision & Hearing Screening-Vision Screenings	2,360,907
	Vision & Hearing Screening-Hearing Screenings	2,290,534
HHSC	Medicaid (Includes THSteps)	1,951,489
HHSC	Food Stamps[1]	*1,296,157*
DSHS	Women, Infants, & Children	868,071
DSHS	Texas Early Hearing Detection & Intervention Program	336,379
HHSC	Children's Health Insurance Program	333,707
HHSC	Special Nutrition Programs-Summer Food Service Program	280,062
HHSC	Special Nutrition Programs-Child & Adult Care Food Program	234,237
HHSC	Temporary Assistance for Needy Families[1]	*145,832*
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	56,408
DARS	Early Childhood Intervention	43,528
DSHS	Title V Maternal & Child Health Fee-for-Service[1]	*34,162*
DSHS	Children's Community Mental Health Services	26,198
DFPS	Texas Families: Together & Safe[1]	*18,344*
DSHS	Safe Riders	15,929
DSHS	Case Management for Children & Pregnant Women	12,957
DSHS	Newborn Screening Case Management Follow-up	12,065
DSHS	NorthSTAR	10,852
DSHS	Primary Health Care[2]	9,141
DADS	Community Mental Retardation Services & In-Home & Family Support	7,647
DFPS	Child Protective Services	7,552
DSHS	Program for Amplification for Children of Texas[1]	*7,000*
DARS	Blind Children's Vocational Discovery & Development Program	2,847
DSHS	State Mental Health Facilities	2,284
DADS	Primary Home Care	2,248

Children Ages 0-18 Served

Agency	Program	Number Served
DSHS	Children with Special Health Care Needs	1,842
DADS	Medically Dependent Children Program	1,018
DADS	Home & Community-based Services / Texas Home Living	988
DADS	Community Living Assistance & Support Services	704
DADS	Intermediate Care Facilities for Persons with Mental Retardation	384
DADS	In-Home & Family Support Program[1]	*101*
DADS	Consolidated Waiver Program	70
DSHS	Kidney Health Care[1]	*45*
HHSC	Community Resources Coordination Groups Family Violence Program	Not Available
HHSC	Family Violence Program Refugee Affairs Program	Not Available
HHSC	Refugee Affairs Program Community Resources Coordination Groups	Not Available
DFPS	Child Care Licensing	Not Applicable
DSHS	Immunizations	Not Available

Children Ages 0-6 Served

Agency	Program	Number Served
DSHS	Women, Infants, & Children	868,071
HHSC	Medicaid (Includes THSteps)	862,817
DSHS	Vision & Hearing Screening-Hearing screening	734,419
	Vision & Hearing Screening-Vision screening	584,204
HHSC	Food Stamps[1]	*542,216*
DSHS	Texas Early Hearing Detection & Intervention Program	336,379
HHSC	Temporary Assistance for Needy Families[1]	*63,315*
HHSC	Children's Health Insurance Program	60,895
DARS	Early Childhood Intervention	43,528
DSHS	Safe Riders	15,929
DSHS	Newborn Screening Case Mgmt Follow-up	12,065
DSHS	Title V Maternal & Child Health Fee-for-Service[1]	5,667
DSHS	Program for Amplification for Children of Texas[1]	*5,390*
DSHS	Case Management for Children & Pregnant Women	5,233
DSHS	Primary Health Care[1] [2]	*2,233*
DSHS	Children's Community Mental Health Services	1,640
DARS	Blind Children's Vocational Discovery & Development Program	1,438
DFPS	Child Protective Services	1,376
DSHS	NorthSTAR	1,118
DADS	Community Mental Retardation Services & In-Home Family Support	1,010

Children Ages 0-6 Served		
Agency	**Program**	**Number Served**
DADS	Primary Home Care	515
DSHS	Children with Special Health Care Needs	238
DADS	Medically Dependent Children Program	75
DADS	Home & Community-based Living & Texas Home Living	15
DADS	Intermediate Care Facilities for Persons with Mental Retardation	9
DADS	Community Living Assistance & Support Services	9
DSHS	State Mental Health Facilities	5
DADS	Consolidated Waiver Program	5
DADS	In-Home & Family Support Program[1]	*5*
DSHS	Kidney Health Care[1]	*3*
HHSC	Community Resources Coordination Groups	Not Available
HHSC	Family Violence Program	Not Available
HHSC	Refugee Affairs Program	Not Available
HHSC	Special Nutrition Program-Child & Adult Care Food Program	Not Available
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	Not Available
HHSC	Special Nutrition Program-Summer Food Service Program	Not Available
DFPS	Child Care Licensing	Not Applicable
DFPS	Texas Families: Together & Safe	Not Available
DSHS	Immunizations	Not Available

EXPENDITURES BY AGE AND PROGRAMS

Total Expenditures for Children Ages 0-18		
Agency	**Program**	**Expenditures**
HHSC	Medicaid (Includes THSteps)	$3,100,751,867
HHSC	Food Stamps[1]	*$1,310,692,258*
HHSC	Children's Health Insurance Program	$396,194,328
DSHS	Women, Infants, & Children[1]	*$226,700,000*
DSHS	Immunizations[1]	*$191,928,848*
HHSC	Special Nutrition Programs-Child & Adult Care Food Program	$155,126,373
DARS	Early Childhood Intervention	$118,471,877
HHSC	Temporary Assistance for Needy Families[1]	*$110,318,991*
DSHS	Children's Community Mental Health Services[1 3]	*$53,898,128*
DADS	Community Mental Retardation Services & In-Home Family Support[1]	*$34,320,793*
HHSC	Special Nutrition Programs-Summer Food Service Program	$27,925,068
DSHS	Children with Special Health Care Needs[1 4]	*$26,373,419*

Total Expenditures for Children Ages 0-18

Agency	Program	Expenditures
DADS	Home & Community-based Living & Texas Home Living	$21,572,338
DADS	Community Living Assistance & Support Services	$19,211,977
DSHS	State Mental Health Facilities[1] [5]	*$19,004,455*
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	$18,190,110
DADS	Medically Dependent Children Program	$14,025,183
DADS	Primary Home Care	$13,689,056
DSHS	NorthSTAR[1]	*$12,536,666*
DADS	Intermediate Care Facilities for Persons with Mental Retardation	$10,641,843
DSHS	Title V Maternal & Child Health Fee-For-Service[1]	*$6,015,601*
DFPS	Texas Families: Together & Safe[1]	*$5,458,641*
DFPS	Child Protective Services	$4,929,015
DSHS	Primary Health Care[1]	*$1,518,305*
DSHS	Texas Early Hearing Detection & Intervention Program[1]	*$1,258,216*
DSHS	Safe Riders	$1,131,340
DADS	Consolidated Waiver Program	$960,505
DARS	Blind Children's Vocational Discovery & Development Program	$897,764
DSHS	Case Management for Children & Pregnant Women[1] [6]	*$836,212*
DSHS	Newborn Screening Case Management Follow-up[1] [6]	*$782,271*
DSHS	Vision & Hearing Screening[1] [6]	*$615,264*
DSHS	Program for Amplification for Children of Texas[1] [6]	*$117,100*
DADS	In-Home & Family Support Program[1]	*$86,901*
DSHS	Kidney Health Care[1]	*$47,549*
HHSC	Consolidated Resources Coordination Groups	Not Applicable
HHSC	Family Violence Program	Not Available
HHSC	Refugee Affairs Program	Not Available
DFPS	Child Care Licensing	Not Applicable

State Expenditures for Children Ages 0-18

Agency	Program	Expenditures
HHSC	Medicaid	$1,214,874,582
HHSC	Children's Health Insurance Program	$128,918,087
DARS	Early Childhood Intervention	$44,985,823
DSHS	Children's Community Mental Health Services[1] [3]	*$41,119,578*
DADS	Community Mental Retardation Services & In-Home Family Support[1]	*$29,896,295*
DSHS	Immunizations[1]	*$26,056,668*
DSHS	State Mental Health Facilities[1] [5]	*$18,966,600*

State Expenditures for Children Ages 0-18

Agency	Program	Expenditures
HHSC	Family Violence Program[1]	*$18,366,000*
DSHS	Children with Special Health Care Needs[1 4]	*$17,293,411*
DADS	Home & Community-based Living & Texas Home Living	$8,452,043
DADS	Community Living Assistance & Support Services	$7,527,253
DADS	Medically Dependent Children Program	$5,495,067
DADS	Primary Home Care	$5,363,372
DADS	Intermediate Care Facilities for Persons with Mental Retardation	$4,169,474
DSHS	NorthSTAR[1]	*$4,039,023*
DSHS	Title V Maternal & Child Health Fee-for-Service[1]	*$2,225,772*
DFPS	Child Protective Services	$1,594,201
DSHS	Primary Health Care[1]	*$1,518,305*
DSHS	Texas Early Hearing Detection & Intervention Program[1]	*$936,066*
HHSC	Special Nutrition Programs-Summer Food Service Program	$750,000
DARS	Blind Children's Vocational Discovery & Development Program	$530,274
DSHS	Newborn Screening Case Management Follow-up[1 6]	*$391,903*
DADS	Consolidated Waiver Program	$376,326
DSHS	Case Management for Children & Pregnant Women[1 6]	*$334,630*
DSHS	Vision & Hearing Screening[1 6]	*$289,167*
DADS	In-Home & Family Support Program[1]	*$86,901*
DSHS	Program for Amplification for Children of Texas[1 6]	*$58,550*
DSHS	Kidney Health Care[1]	*$47,549*
HHSC	Community Resources Coordinated Groups	Not Applicable
HHSC	Food Stamps	Federal Only
HHSC	Refugee Affairs Program	Not Available
HHSC	Special Nutrition Programs-Child & Adult Care Food Program	Federal Only
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	Federal Only
HHSC	Temporary Assistance for Needy Families	Not Available
DFPS	Child Care Licensing	Not Applicable
DFPS	Texas Families: Together & Safe	Not Available
DSHS	Safe Riders	Federal Only
DSHS	Women, Infants, & Children	Federal Only

Total Expenditures for Children Ages 0-6

Agency	Program	Expenditures
HHSC	Medicaid (Includes THSteps)	$2,539,096,566
HHSC	Food Stamps[1]	*$548,296,474*
DSHS	Women, Infants, & Children[1]	*$226,700,000*
DSHS	Immunizations[1]	*$176,574,540*
DARS	Early Childhood Intervention	$118,471,877
HHSC	Children's Health Insurance Program	$83,550,009
HHSC	Temporary Assistance for Needy Families[1]	*$47,896,531*
DADS	Community Mental Retardation Services & In-Home Family Support[1]	*$4,525,434*
DSHS	Children with Special Health Care Needs[1 4]	*$3,406,765*
DSHS	Children's Community Mental Health Services[1 3]	*$3,395,582*
DADS	Primary Home Care	$2,573,524
DSHS	Texas Early Hearing Detection & Intervention Program[1]	*$1,258,216*
DSHS	Title V Maternal & Child Health Fee-for-Service[1]	*$1,022,652*
DSHS	Safe Riders	$1,018,206
DSHS	NorthSTAR[1]	*$942,359*
DSHS	Newborn Screening Case Mgmt Follow-up[1]	*$782,271*
DADS	Medically Dependent Children Program	$545,056
DFPS	Child Protective Services	$527,995
DARS	Blind Children's Vocational Discovery & Development Program	$442,761
DSHS	Primary Health Care[1]	*$364,393*
DADS	Intermediate Care Facilities for Persons with Mental Retardation	$272,093
DADS	Community Living Assistance & Support Services	$143,200
DADS	Home & Community-based Living & Texas Home Living	$60,409
DSHS	State Mental Health Facilities[1]	*$41,603*
DADS	Consolidated Waiver Program	$37,956
DADS	In-Home & Family Support Program[1]	*$4,200*
DSHS	Kidney Health Care[1]	*$3,093*
HHSC	Community Resources Coordinated Groups	Not Applicable
HHSC	Family Violence Program	Not Available
HHSC	Refugee Affairs Program	Not Available
HHSC	Special Nutrition Programs-Child & Adult Care Food Program	Not Available
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	Not Available
HHSC	Special Nutrition Programs-Summer Food Service Program	Not Available
DFPS	Child Care Licensing	Not Applicable
DFPS	Texas Families: Together & Safe	Not Available
DSHS	Case Management for Children & Pregnant Women	Not Available
DSHS	Program for Amplification for Children of Texas	Not Available
DSHS	Vision & Hearing Screening	Not Available

State Expenditures for Children Ages 0-6

Agency	Program	Expenditures
HHSC	Medicaid (Includes THSteps)	$994,818,034
DARS	Early Childhood Intervention	$44,985,823
HHSC	Children's Health Insurance Program	$27,186,425
DSHS	Immunizations[1]	*$23,972,136*
DADS	Community Mental Retardation Services & In-Home Family Support[1]	*$3,942,033*
DSHS	Children's Community Mental Health Services[1]	*$2,590,533*
DSHS	Children with Special Health Care Needs[1]	*$2,233,862*
DADS	Primary Home Care	$1,008,307
DSHS	Texas Early Hearing Detection & Intervention Program[1]	*$936,066*
DSHS	Newborn Screening Case Management Follow-up[1]	*$391,903*
DSHS	Title V Maternal & Child Health Fee-for-Service[1]	*$378,381*
DSHS	Primary Health Care[1]	*$364,393*
DARS	Blind Children's Vocational Discovery & Development Program	$272,690
DADS	Medically Dependent Children Program	$213,553
DFPS	Child Protective Services	$167,451
DADS	Intermediate Care Facilities for Persons with Mental Retardation	$106,606
DSHS	NorthSTAR[1]	*$94,489*
DADS	Community Living Assistance & Support Services	$56,106
DSHS	State Mental Health Facilities[1]	*$41,521*
DADS	Home & Community-based Living & Texas Home Living	$23,668
DADS	Consolidated Waiver Program	$14,871
DADS	In-Home & Family Support Program[1]	*$4,200*
DSHS	Kidney Health Care[1]	*$3,093*
HHSC	Community Resources Coordinated Groups	Not Applicable
HHSC	Family Violence Program	Not Available
HHSC	Food Stamps	Federal Only
HHSC	Refugee Affairs Program	Not Available
HHSC	Special Nutrition Programs-Child & Adult Care Food Program	Federal Only
HHSC	Special Nutrition Programs-National School Lunch & Breakfast Program	Federal Only
HHSC	Special Nutrition Programs-Summer Food Service Program	Federal Only
HHSC	Temporary Assistance for Needy Families	Not Available
DFPS	Child Care Licensing	Not Applicable
DFPS	Texas Families: Together & Safe	Not Available
DSHS	Case Management for Children & Pregnant Women	Not Available
DSHS	Program for Amplification for Children of Texas	Not Available

State Expenditures for Children Ages 0-6

Agency	Program	Expenditures
DSHS	Safe Riders	Federal Only
DSHS	Women, Infants, & Children	Federal Only
DSHS	Vision & Hearing Screening	Not Available

Appendix F
Survey

Narrative

Section I/Part A

Brief Description of the program including a description of the services provided, the target population, and answers to the following questions:

In the past two years:
Is this a new program?
Have there been enhancements to this program?
Do the enhancements include innovative approaches to providing services?

Geographic Areas Served:

Statewide Yes ___ No___

If no, what geographic areas are served?

Age Group (s) Served (Check those that apply or just ALL)

Birth to 12 Months ___
12 Months to 24 Months ___
24 Months to 36 Months ___
36 Months to 48 Months ___
48 Months to 60 Months ___
60 Months to 72 Months ___
ALL of the ages above ___
Other:
Brief Description of Organizational Structure

Who has program oversight and who is responsible for implementing the program? (Give a brief overview of where the program resides within your organizational structure.)

Section I/Part B

ECCS Components-Current Services

Indicate those activities from your program that currently address and/or support each of the following components:

Access to Medical Homes

Access to Health Insurance

Early Care and Education

Social-Emotional Development/Mental Health

Parent Education

Family Support

Other Services Currently Provided [such as Health Care (not in a Medical Home), Services to Children with Disabilities, Income Assistance, Child Abuse and Neglect, Case Management]

ECCS Components-Future Services Proposed/Planned

Indicate any new activities that are proposed or are scheduled to begin in the next fiscal year which address and/or support any of the following components (please mark "n/a" if no new or planned services are proposed or scheduled):

- Access to Medical Homes
- Access to Health Insurance
- Early Care and Education
- Social-Emotional Development/Mental Health
- Parent Education
- Family Support

Other Proposed/Planned Services not included above.

Recommendations

- For future planning purposes, what do you consider the program's top three needs in meeting the needs of children under age six?

- What major issues or barriers does your program face in providing the most effective comprehensive, coordinated services to children under six?

- What other programs/agencies are you currently coordinating/collaborating with (indicate which and how) to provide these services?

- How could the Office of Program Coordination for Children and Youth facilitate the coordination/collaboration of your program with other programs/agencies (please specify) to ensure a comprehensive early childhood system?

Program Contact Information

Person completing Part A _____

Phone # _____ E-mail _____

Primary Program Contact (if different from above) _____

Phone # _____ E-mail _____

Data

Section II

Excel Spreadsheet

HEALTH AND HUMAN SERVICES COMMISSION SB 54 SURVEY QUESTIONS-DATA

Name of Program

1. Numbers Served in Fiscal Year 2005	**Number**	**Check whether the number is an estimate or is derived from actual data**
How many Texas children 0 to 18 years of age are eligible to receive services from the program?	Estimate _____	Actual _____
How many Texas children under six years of age are eligible to receive services from the program?	Estimate _____	Actual _____
The numbers of children served 0 to 18 years of age?	Estimate _____	Actual _____
The numbers of children served under six years of age?	Estimate _____	Actual _____
Do you have children on wait lists or interest lists?	Yes _____	No _____
If yes, how many are under six years of age?	Estimate _____	Actual _____

2. Funding Expenditures by Source in Fiscal Year 2005

Total amount spent on children **0 to 18 years** of age?	Estimate	_____	Actual	_____
Amount from State Funding	Estimate	_____	Actual	_____
Amount from Federal Funding	Estimate	_____	Actual	_____
Amount from non-governmental funding	Estimate	_____	Actual	_____
Total amount spent on children **under six years** of age?	Estimate	_____	Actual	_____
Amount from State Funding	Estimate	_____	Actual	_____
Amount from Federal Funding	Estimate	_____	Actual	_____
Amount from non-governmental funding	Estimate	_____	Actual	_____

Comments _____

Person completing this document _____

Phone _____

Primary Data Contact (if different from above) _____

Phone _____