
S.B. 54 Biennial Report

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

Submitted to the Texas Legislature

**Health and Human Services Commission
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Executive Summary

With knowledge of the importance that early childhood plays in the outcomes of children in Texas, the Legislature 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 fourth biennial report.

There are over two million children under age six in Texas. In fiscal year 2007, the state of Texas spent approximately \$1.4 billion in the provision of health and human services to children under age six. During the same period, total federal and state funding for children under the age of six equaled approximately \$5.3 billion.

Early childhood survey results indicate that 15 HHS programs have developed enhanced or innovative approaches in the past two years. Some programs changed policies or requirements, to include the use of evidenced-based practices, to provide new or additional services to young children and their families; other programs included new coordinated or collaborative actions with other programs.

Changes to policies or requirements were evident in the Children's Health Insurance Program (CHIP), which increased eligibility periods from 6 months to 12 months and now covers dental services. Medicaid expanded newborn coverage to 12 months for newborns born to ineligible alien mothers receiving emergency Medicaid. The Newborn Screening program added 22 disorders to the panel of screened disorders. The Medically Dependent Children's Program (MDCP) added a Consumer Directed Services (CDS) option allowing parents to be the employer of the attendant, responsible for hiring, budgeting, and monitoring service delivery. Early Childhood Intervention (ECI) worked with Child Protective Services (CPS) to implement requirements that children under the age of three who are involved in a substantiated case of child abuse or neglect be referred to early intervention services.

Several new initiatives have been developed. The Office of Early Childhood Coordination (OECC) initiated a project to distribute a developmental calendar, which is a monthly guide to child development that includes information on specific resources available to children and families in Texas. The calendar will be disseminated to new mothers of Medicaid-eligible children. The OECC developed an early childhood standards cross-walk that compares child care licensing standards across a variety of accrediting bodies' standards. The program also created a cross-walk of evidence-based practices in parenting education to provide the public with information about proven programs for ages zero to five. HHSC has added two grant-funded programs that promote the development of healthy marriages and the strengthening of families.

A number of programs made improvements to their services. Texas Health Steps has, among other improvements, developed and implemented an online education site for providers to learn more about services. Child Care Licensing (CCL) revised minimum standards for General Residential Operations, Child Placing Agencies, and Residential Treatment Centers, and has implemented a number of improvements in the quality and accountability of regulatory services. The Women, Infants, and Children (WIC) program commenced statewide rollout of an improved service delivery mechanism whereby WIC food benefits are issued through an electronic benefits transfer (EBT) system.

All HHS programs collaborate with other agencies or programs to some degree. HHSC's *Raising Texas* initiative is providing an opportunity for increased focus on collaboration and coordination not only across all HHS agencies, but also includes numerous other state agencies and community organizations serving children under age six.

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. HHSC is committed to continuing a collaborative approach to providing and coordinating services for children less than six years of age.

Background

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. There is growing evidence that many problems later in 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.

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.

The Legislature recognized the importance of the early years when it adopted S.B. 665, 77th Legislature, Regular Session, 2001, to create the 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, 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 the Texas Department of State Health Services (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. 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 five years to develop and begin implementing 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.

HHSC created the Office of Program Coordination for Children and Youth (OPCCY) to help ensure better coordination and efficiencies among HHS 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.

The 77th Legislature also 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 HHSC to prepare and deliver a biennial report on these efforts, including the development of any new programs or enhancements to existing programs.

All HHS agencies were asked to complete a detailed survey. The narrative section asked for a brief, general description for each program that served children under age six. The survey also asked if any were new programs, enhancements to existing programs, or newly adopted innovative approaches to providing services. HHS agencies were offered an opportunity to present program needs, barriers, current collaborative efforts, and how 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.

Survey Results

HHS agencies were asked to: report the number of individuals of all ages, the number of children served under six years of age and expenditures for both groups; review and update program descriptions; provide a description of any major new innovation(s) and/or initiative(s) relating to services for children zero to six; provide information about collaboration with other programs; and identify program needs.

PROGRAMS SERVING CHILDREN

10 Largest Programs by Number of Children Served¹ in Fiscal Year 2007 All Ages

Immunizations*	6,808,251
Vision and Hearing Screening Program	5,229,243
Food Stamps	3,415,231
Medicaid (includes THSteps)	2,887,069
Women, Infants, and Children	1,564,896
Child Care Licensing	981,866
Children's Health Insurance Program	554,554
Newborn Screening	412,580
Texas Early Hearing Detection and Intervention Program	370,700
Temporary Assistance for Needy Families	290,850

10 Largest Programs by Number of Children Served¹ in Fiscal Year 2007 0-6 Years of Age

Immunizations*	2,277,024
Vision and Hearing Screening Program	2,077,094
Medicaid (Includes THSteps)	1,351,896
Women, Infants, and Children	1,092,427
Food Stamps	917,720
Newborn Screening	412,580
Texas Early Hearing Detection and Intervention Program	370,700
Children's Health Insurance Program	129,067
Temporary Assistance for Needy Families	118,943
Early Childhood Intervention	49,359

* The Immunizations program is available to all children; however, the program is unable to determine the exact number of children receiving immunizations through the program. Therefore, the number depicted represents the total number of children in Texas that are eligible for immunizations.

¹ 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. It should also be noted that some programs such as CCL do not provide services to children but license/regulate programs that serve children. For example, in fiscal year 2007, regulation by CCL impacted 981,866 children in out-of-home care. Specific data on children under six is not maintained by CCL.

Below are the fiscal year 2007 expenditures for children 0 to 18 years of age and 0 to 6 years of age, by state, and by total expenditures.

HHS AGENCIES' TOTAL EXPENDITURES BY AGE

Fiscal Year 2007 Expenditures for All Ages

Agency*	State Expenditures	Total Expenditures
HHSC	\$2,614,645,845	\$11,074,280,935
DSHS	333,663,388	1,183,172,202
DARS	29,320,022	136,464,304
DADS	9,683,123	24,682,955
DFPS	577,352	6,685,621
	\$2,987,889,730	\$12,425,286,017

Fiscal Year 2007 Expenditures for Children 0-6 Years of Age

Agency*	State Expenditures	Total Expenditures
HHSC	\$1,229,630,101	\$4,414,299,779
DSHS	201,011,655	801,401,887
DARS	29,320,022	136,464,304
DADS	1,691,303	4,321,248
DFPS	190,489	2,118,584
	\$1,461,843,570	\$5,358,605,802

EXPENDITURES BY AGE AND PROGRAM

**10 Largest Programs by
State Expenditures in Fiscal Year 2007
For All Ages**

Medicaid (Includes THSteps)	\$2,352,404,319
Women, Infants, and Children	237,512,056
Children's Health Insurance Program	174,970,327
Children's Health Insurance Program Perinatal	87,271,199
NorthSTAR	49,557,510
Early Childhood Intervention	29,320,022
Immunizations	27,600,187
Children with Special Health Care Needs	14,850,538
Medically Dependent Children's Program	9,683,123
Title V	2,032,498

* Health and human services agencies: Department of State Health Services (DSHS), Department of Assistive and Rehabilitative Services (DARS), Department of Aging and Disability Services (DADS), Department of Family and Protective Services (DFPS).

**10 Largest Programs by
Total Expenditures in Fiscal Year 2007
For All Ages**

Medicaid (Includes THSteps)	\$5,996,442,313
Food Stamps	3,893,363,340
Women, Infants, and Children	720,376,471
Children's Health Insurance Program	637,182,546
Children's Health Insurance Program Perinatal	317,812,086
Immunizations	317,358,091
Temporary Assistance for Needy Families	229,480,650
Early Childhood Intervention	136,464,304
NorthSTAR	101,049,323
Children with Special Health Care Needs	27,010,447

**10 Largest Programs by
State Expenditures in Fiscal Year 2007
For Children 0-6 Years of Age**

Medicaid (Includes THSteps)	\$1,101,640,529
Women, Infants, and Children	178,088,980
Children's Health Insurance Program Perinatal	87,271,199
Children's Health Insurance Program	40,718,373
Early Childhood Intervention	29,320,022
Immunizations	19,015,679
Medically Dependent Children's Program	1,691,303
NorthSTAR	1,649,408
Texas Early Hearing Detection and Intervention Program	963,066
Children with Special Health Care Needs	716,636

**10 Largest Programs by
Total Expenditures in Fiscal Year 2007
For Children 0-6 Years of Age**

Medicaid (Includes THSteps)	\$2,808,158,371
Food Stamps	1,046,200,800
Women, Infants, and Children	540,145,680
Children's Health Insurance Program Perinatal	317,812,086
Immunizations	251,307,717
Children's Health Insurance Program	148,282,495
Early Childhood Intervention	136,464,304
Temporary Assistance for Needy Families	93,846,027
NorthSTAR	5,492,308
Medically Dependent Children's Program	4,321,248

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. A description of each program and the services provided, including targeted populations and eligibility information, is included in Appendix A.

ENHANCEMENTS/INNOVATIVE APPROACHES

The following is a summary of enhancements or innovative approaches that programs reported implementing over the previous two years. The complete responses to this question on the survey are found in Appendix B.

Changes in Eligibility

CHIP increased eligibility periods from 6 months to 12 months, increased the resource limit from \$5,000 to \$10,000, and allowed households child care deductions. **Medicaid** expanded newborn coverage to 12 months for newborns born to ineligible alien mothers receiving emergency Medicaid.

New Services/Initiatives

The **OECC** initiated a project to distribute a developmental calendar, which is a monthly guide to child development, to be distributed to new mothers of Medicaid eligible children. **HHSC** has added two grant-funded programs promoting the development of healthy marriages and the strengthening of families. **Immunizations** added new vaccines as they became available and were recommended for use with the target population.

Expanded Array of Services

The **Newborn Screening** program added 22 disorders to the panel of screened disorders. **MDCP** added a Consumer Directed Services option allowing parents to be the employer of the attendant responsible for hiring, budgeting, and monitoring service delivery.

Innovative Approaches

Medicaid developed technology to allow acceptance of applications on-line, including electronic signatures. **DFPS** deployed over 380 tablet PCs, digital cameras, portable printers, and other accessories to licensing staff in order to: improve timeliness and quality; increase staff accountability; increase staff efficiency; and improve accuracy of information by enabling staff to electronically record information. **WIC** food benefits are issued through an EBT system. **WIC** also implemented an initiative to improve nutrition services by establishing standards for the assessment process used to determine **WIC** eligibility and to individualize nutrition

education, referrals, and food package tailoring. **Immunizations** increased the functionality of ImmTrac, the statewide immunization registry, to make it more user-friendly for providers.

Use of Evidence-Based Practices

OECC developed a cross-walk of evidence-based practices in parenting education. The cross-walk will be posted on the *Raising Texas* website to provide the public with information about proven programs for ages zero to five. Also developed was a standards crosswalk that compares child care licensing standards across a variety of accrediting bodies' standards.

Increased Public Awareness

Texas Health Steps made changes to outreach and information materials to make them more understandable, including information encouraging clients to use services available to them. **TANF** developed a website registry for trained marriage educators. The **Children with Special Health Care Needs (CSHCN) Services program** published a bilingual booklet to help families of children and youth with special health care needs prepare for any type of emergency or disaster.

Increased Collaboration

ECI worked with **CPS** to implement requirements that children under the age of three, who are involved in a substantiated case of child abuse or neglect, be referred to early intervention services.

Increased Training

Texas Health Steps developed and implemented an online education site for providers to learn more about program's services, with the desired outcome of improving services they deliver. **ECI** and **CPS** coordinated training for staff so that each would have a better understanding of their role in implementing new requirements to refer certain CPS children to ECI.

Enhanced Regulatory Approaches

CCL established new Minimum Standards for General Residential Operations, Child Placing Agencies and Residential Treatment Centers. CCL improved the quality and accountability of regulatory services by: assuming responsibility for investigations of serious incidents or higher-risk standards violations in child placing agencies (CPAs); conducting annual enforcement team conferences and annual team inspections; restructuring field staff into functional units for monitoring and investigations, and implementing the CCL Investigation Division and Performance Management Division. CCL established a requirement that child care centers submit a fingerprint background check on each person at the operation who is required to have a background check to the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI).

New or Enhanced Reimbursement Rates

The *CSHCN* Services program implemented a Clinician-Directed Care Coordination Policy to reimburse face-to-face and non-face-to-face care coordination provided in the medical home. The *CSHCN* Services program also provided funding opportunities for pediatric, family medicine, or internal medicine practices in Texas to implement practice-level supports to help improve the provision of a medical home for children and youth with special health care needs and their families.

COORDINATION WITH OTHER PROGRAMS

All HHS programs surveyed collaborate with other agencies or programs in one way or another and are listed in Appendix C. One initiative that has provided an opportunity for increased collaboration and coordination is the *Raising Texas* initiative. With support from a federal grant, and in partnership with DSHS, HHSC is implementing an initiative between health, human, and educational service programs to develop a more coordinated and comprehensive early childhood system. 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.

PROGRAM NEEDS

Agencies were asked to identify their top three needs. In reviewing the needs cited by programs, certain themes were evident or reported by more than one program. A complete list of needs as reported by the programs can be found in Appendix D. The list below does not reflect the importance of, nor the number of, programs that cited issues in the following areas:

- Expanded services and/or benefits
 - Services for non-Medicaid under/non-insured children
- Public awareness/education
- Provider capacity
 - Better payment for providers' services
- Increased partnerships and collaboration
- Improved access to care
- Strengthened oversight of child care operations
- Utilization of best practices and evidence-based services
- Increased funding

Next Steps

HHSC is committed to using a collaborative approach to providing 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.

An understanding of how a child develops, and the influences on this development, are 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.

Program Descriptions

HEALTH AND HUMAN SERVICES COMMISSION (HHSC)

Children's Health Insurance Program

The Children's Health Insurance Program (CHIP) is designed for families whose income exceeds Medicaid limits and 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.

The program serves children who do not meet eligibility requirements for Medicaid and whose family income is at or below 200 percent of the federal poverty income limit (FPIL).

Eligibility criteria includes income at or below 200 percent of the FPIL; citizenship or lawful permanent resident (LPR) status; no private health insurance; and Texas residency. There is no resource limit if income is less than 150 percent of the FPIL; if income is above 150 percent of the FPIL, the resource limit is \$10,000.

Children's Health Insurance Program Perinatal

The Children's Health Insurance Program (CHIP) perinatal coverage provides prenatal care for the unborn children of low-income women who do not qualify for Medicaid. Once born, the child will receive CHIP benefits for the duration of the 12-month coverage period. The 12-month period includes the months of CHIP perinatal coverage before and after birth. The health care coverage is a full range of health services including regular check-ups, immunizations, prescription drugs, lab tests, x-rays, hospital visits, and more. Dental services are also included. The mother receives CHIP coverage related to the birth only; she does not receive personal health care coverage.

To be eligible an individual must be a Texas resident, have an income at or below 200 percent of the FPIL (no resource limit), the mother must be ineligible for Medicaid due to income and/or immigration status, and must not have private health insurance.

Food Stamps

The Food Stamp Act of 1977, as amended, is the legal basis under which Texas administers the Food Stamp 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 that they can use like money to purchase food at the store. Benefits are accessed using an electronic card. The target population is individuals and families with income less than 165 percent of the FPIL, whose countable resources are less than \$5,000.

Appendix A

The Food Stamp program helps people with low incomes and resources buy the food they need for good health. Food stamps are given to a single person or family who meets the program's requirements. The program serves all ages. A person must be a citizen or a qualifying legally-entered alien and cannot have resources exceeding \$5,000. A person with a felony drug-related conviction for an offense that occurred after August 22, 1996 is disqualified for life, although other eligible family members may participate. Most benefit periods last for six months, but some can be as short as one month or as long as three years. For most adults between the ages of 18 and 50 who do not have a child in the home, food stamp benefits are limited to 3 months in a 3-year period. The benefit period can be longer if the adult works at least 20 hours a week or is in a job training program. Some people may not have to work to get benefits, such as those who have a disability or are pregnant.

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, although the federal law requires all states to provide certain core services. HHSC's Medicaid Office is responsible for statewide oversight of the Texas program. The program serves all clients that meet the eligibility requirements for the Medicaid program, which include: citizenship and/or alien status; Texas residency; resource limitations; income requirements; and, for some populations, social security eligibility.

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 (health maintenance organizations and primary care case management).

Office of Early Childhood Coordination

The Office of Early Childhood Coordination (OECC) was established to promote a more coordinated service delivery system for all children under age six to ensure that children are prepared to succeed in school. The OECC operates two initiatives: *Raising Texas* and Healthy Child Care Texas (HCCT). *Raising Texas* is a statewide, collaborative effort to strengthen Texas' system of services for young children and families so that all children enter school healthy and ready to learn. Through the collaborative partnership of numerous state and community-based agencies and key stakeholders, a state plan has been developed to improve the current system of services for all children age birth to six. The *Raising Texas* plan, currently in its implementation phase, is designed to promote evidence-based practice and increase the coordination between health, behavioral health, and education services. The HCCT initiative promotes the utilization of child care health consultants to improve health and developmental outcomes for children in early care and education settings.

Appendix A

Texas Health Steps

THSteps is for children from birth through age 20 years of age who are on Medicaid. THSteps provides regular medical and dental checkups and case management services to babies, children, teens, and young adults at no cost to recipients.

Based on the federal fiscal year 2007 reporting, there are a total of 1,283,310 eligible children aged 0 to 6 (Source CMS416 – federal fiscal year 2007).

Eligibility requirements include: Texas residency; legal permanent resident; child, adolescent, young adults (birth through age 20); and meeting income requirements that vary based on age and situation.

Temporary Assistance for Needy Families

The Temporary Assistance for Needy Families (TANF) program originated in the 1935 Social Security Act that provided federal funds under Title IV of the Act to match state funds. The purpose of the program is to provide temporary financial assistance and other services to needy dependent children to ensure they may be cared for in their own homes, end the dependence of 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 Texas Human Resource Code Sections 34.003(b) and 31.014, all individuals must register with the Texas Workforce Commission's (TWC) employment services program or participate in TWC's Choices program.

Eligibility criteria for TANF are derived from a combination of federal and state laws, federal regulations, state policy decisions, and court rulings. Applicants must meet certain eligibility criteria such as age, relationship, citizenship, domicile, income and resources, and must agree to cooperate with a Personal Responsibility Agreement. To be eligible for TANF, a family must include a child under the age of 19 living in the household.

DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS)

Medically Dependent Children Program

The Medically Dependent Children Program (MDCP) serves individuals from birth to 21 years of age that are medically fragile and are living in the community, and can provide several different services to the child or their family. Respite care is a service that provides temporary relief from caregiving to the primary caregiver of a waiver recipient during times when the participant's primary caregiver would normally provide the care. Adjunct support services are direct care services needed because of an individual's disability that help an individual participate in child care, post-secondary education, or independent living, or that support an impending move to an independent living situation, and that may vary by child, provider, and setting. Adjunct support services may be used when the primary caregiver is working, attending job training, or attending school. Parents are still responsible for normal child care expenses. Adaptive aids are devices necessary to treat, rehabilitate, prevent, or compensate for conditions resulting in disability or loss of function. Adaptive aids enable people to perform the activities of daily living or control the environment in which they live. Minor home modifications are physical modifications to a participant's home, required by the participant's individual plan of care, which are necessary to prevent institutionalization or support deinstitutionalization. Transition assistance services help people who reside in a nursing facility and who are Medicaid-eligible to set up a household in the community if the person will be enrolling in one of the Medicaid waiver programs upon discharge from the nursing facility.

To be eligible for MDCP, the individual must be under 21 years of age, meet medical necessity criteria for admission into a nursing facility, meet Medicaid financial criteria based on the income and resources of the child, meet disability determination if not Social Security Income eligible, reside in Texas and have a plan of care within the waiver cost ceiling.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES (DARS)

Early Childhood Intervention Services

ECI is a statewide program for families with children birth to 36 months with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local organizations across Texas. Families and professionals, representing multiple disciplines, work together as a team to plan appropriate services based on the unique strengths and needs of the child and family. Services are provided in the home and in community settings such as child care facilities and play groups. ECI is state and federally funded through the Individuals with Disabilities Act (IDEA, P.L. 108-446).

ECI determines eligibility for infants and toddlers based on the following criteria: developmental delay – children that demonstrate delays in one or more areas of development including cognitive, motor, communication, social-emotional, or self-help skills; atypical development – children who demonstrate age-appropriate skills on test instruments, but whose patterns of development are different from their peers; and medically-diagnosed condition – children who have a medically-diagnosed condition that has a high probability of resulting in developmental delay.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS)

Child Care Licensing

Child Care Licensing (CCL), a division within DFPS, is responsible for protecting the health, safety and well-being of children, age birth through 17 years, who are not in the care of their families while they attend or reside in regulated child care operations and homes, or while they are in the process of being adopted. The agency carries out this mission 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 inclusive of child day care, residential child care, and child placing agencies) 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 action is taken, providing technical assistance on compliance with minimum standards and encouraging improvement, and educating and advising consumers of child care operations by providing the operations' compliance history online.

Family Strengthening Program

The Family Strengthening program provides services that have been evaluated and proven effective in preventing child maltreatment. They must also proactively increase family protective factors and strengthen families in order to prevent child abuse and neglect, identify the prevention of child maltreatment as the primary participant outcome, provide services that enhance the parents' ability to provide a safe and stable home environment, and provide for a continuum of family services by fostering strong community collaboration and social services referral networks and systems.

The program serves families that have at least one child under the age of 18 or are expecting a child. Eligibility is limited to families who manifest specific risk factors, or behaviors, and are thereby judged likely candidates for the condition that is to be prevented (child maltreatment). These services are defined as "indicated prevention" services, targeted to a subgroup of the at-risk population that demonstrate behaviors or factors that put them at higher risk than the general population for the condition that is to be prevented.

Texas Families: Together and Safe

Texas Families: Together and Safe (TFTS) funds evidence-based, community-based programs designed to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children. The goals of TFTS are to improve and enhance access to family support services; increase the efficiency and effectiveness of community-based family support services; enable children to remain in their own homes by providing preventative services; and increase collaboration among local programs, government agencies, and families.

Appendix A

Although any family residing in Texas, with a child or children under the age of 18 years living in the household or expecting a child may be served, families that are assessed as having multiple presenting issues and risk factors are the target populations for these programs. Targeted families 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, and emotional, school, or health problems.

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

Children with Special Health Care Needs

The Children with Special Health Care Needs (CSHCN) Services program supports family-centered, community-based strategies for improving the quality of life for children and their families. The CSHCN Services program covers health care benefits for children with extraordinary medical needs, disabilities, and chronic health conditions who are not eligible for such coverage through another payer, and who meet the program's age, residency, medical, and income eligibility requirements. Health care benefits include a broad array of medical care and related services, including evaluation and diagnosis; physician visits; inpatient and outpatient hospital services; orthotics and prosthetics; medical equipment and supplies; nutritional supplements and counseling; medications; speech, language, physical, and occupational therapy; meals, lodging, and transportation to receive medical treatment; and family supports. The program contracts with community-based organizations in many parts of the state to provide case management, family supports, community resources, and clinical services to children with special health care needs and their families. The CSHCN Services program also provides case management services through DSHS staff based in eight regional offices. Program staff actively collaborates with consumers, providers, other state agency staff, and interested stakeholders to ensure a system of care is in place to meet the needs of children and their families, and to make progress toward the six national Title V outcomes for children with special health care needs as part of the President's New Freedom Initiative.

The CSHCN Services program serves children birth to age 21 with extraordinary medical needs, disabilities, and chronic health conditions, and their families, who are not eligible for coverage through another payer and who meet the program's age, residency, medical, and income eligibility requirements. Community-based contractors serve a broader range of children with special health care needs birth to 21 who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally.

Immunizations Branch

Immunizations 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, and population assessments. Services are provided statewide.

Appendix A

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.
- **Population Assessments:** Conducts annual school surveys and local area analyses to determine vaccine coverage levels for a specific geographical area.

All children 0 to 18 presenting for services in one of the 3,400 TVFC public or private provider sites are eligible for immunizations. To be eligible for the TVFC program, any child who meets any one of the eligibility criteria listed below, and who is 18 years of age or younger, qualifies for TVFC vaccines: enrolled in Medicaid or CHIP; does not have health insurance; is an American Indian; is an Alaskan Native; is underinsured (has health insurance that does not pay for vaccines, has a co-pay or deductible the family cannot meet, or has insurance that provides limited wellness or prevention coverage); or is a patient who is served by any type of public health clinic and does not meet any of the above criteria.

Newborn Screening

Newborn Screening provides two screening tests for 27 disorders for every baby born in Texas. The program also provides long-term follow-up on each infant diagnosed with one of the disorders detected by the newborn screening program.

Texas law requires all infants born in Texas to have two newborn screens; therefore, there are no further eligibility requirements set forth by the state.

NorthSTAR

The NorthSTAR program provides a wide array of services to enrollees, including assessment, treatment planning, outpatient counseling, mental health case management, respite, inpatient hospitalization, medication services, crisis services, intensive crisis residential services, medication training and support, skills training and development, psychiatric services, therapeutic foster care, early intervention for children three to five, and mental health services for children birth to age six.

Appendix A

Enrollment in NorthSTAR is mandatory for most Medicaid recipients residing in the NorthSTAR service delivery area (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties). The exceptions are individuals residing in intermediate care facilities for persons with mental retardation (ICFs/MR), children in DFPS foster care, and those with Medicaid Type TP 55 (limited benefit). Non-Medicaid individuals may be eligible to enroll in NorthSTAR if they meet certain clinical and financial criteria (income less than or equal to 200 percent of the FPIL).

Program for Amplification for Children of Texas

The Program for Amplification for Children of Texas (PACT) provides diagnostic and remedial services needed by children, birth to 21, with hearing loss who are Medicaid-eligible, including infant hearing screenings. Hearing aids and related services are provided for children who have permanent hearing loss. Treatment for conductive hearing loss is not covered.

Title V Maternal and Child Health Fee-for-Service

Title V Maternal and Child Health fee-for-service provides child/adolescent health care, including primary care services for infants, well-child examinations, sick child and follow-up visits, nutritional visits, immunizations, case management, and prenatal care for adolescents. Dental services for children and adolescents include periodic oral evaluation, fluoride treatments, sealants, and extraction as needed. Laboratory testing services are provided by DSHS laboratories in Austin and San Antonio to Title V eligible clients through Title V-funded providers. Note that data regarding numbers served and funding amounts are estimates. The program does not collect data defined by the age range zero to six.

The Title V-funded contractors serve child health, and dental contractors serve infants, children, and adolescents through age 21, who are not eligible for Medicaid or CHIP. Eligibility includes children without insurance under 185 percent of the FPIL.

Texas Early Hearing Detection and Intervention Program

The Texas Early Hearing Detection and Intervention (TEHDI) program is the state's universal newborn hearing screening, tracking, and intervention program. DSHS is the oversight agency.

All infants born in hospitals offering obstetrical services must be provided the opportunity to receive a hearing screening, either in the birthing hospital or in a referral facility. Military hospitals are exempted. Births attended by midwives, or in facilities operated by midwives, are also exempted. Follow-up and intervention services are provided.

Texas Health Steps (See HHSC)

Women, Infants, and Children

Women, Infants, and Children (WIC) is a federal discretionary grant program to provide nutritious food, nutrition education and counseling, breastfeeding promotion and support, and referral services to low-income pregnant and postpartum women and young children under age five.

Appendix A

To be eligible, recipients must live in Texas, have income at or below 185 percent of the FPIL and have one or more nutritional risk conditions. Recipients of food stamps, TANF and/or Medicaid automatically meet the income-eligibility requirement.

Vision and Hearing Program

The Vision and Hearing (V&H) Screening program was implemented for the early identification of individuals who have special senses and communication disorders and who need remedial vision, hearing, speech, or language services. It is not a new program and there have not been any enhancements. The program provides services to children 4 years of age through 20 years of age.

Program Enhancements/Innovative Approaches

Health and human service agencies continue to explore new and innovative ways to enhance services to children. 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

Dental services are now included in CHIP, effective April 1, 2006. H.B. 109 increased eligibility periods from 6 months to 12 months and the resource limit increased from \$5,000 to \$10,000; households are allowed child care deductions.

Children's Health Insurance Program Perinatal

With H.B. 109, a child care deduction is allowed when determining eligibility.

Medicaid

Technology was developed to allow acceptance of applications on-line, including electronic signatures. Newborn coverage was expanded to 12 months for newborns born to ineligible alien mothers receiving emergency Medicaid.

Office of Early Childhood Coordination

Through the *Raising Texas* initiative:

- Updated the *I Am Your Child* developmental calendar. The calendar is a monthly guide to child development for ages zero to five. The project received funding from the Frew lawsuit settlement to distribute the calendar to new mothers who are Medicaid eligible. A team is working to develop a plan for distribution.
- Developed a cross-walk of evidence-based practices in parenting education. The cross-walk will be posted on the *Raising Texas* website to provide the public with information about proven programs for ages zero to five.
- Launched *Raising Texas* website. The website links stakeholders and provides information about early childhood services in Texas. A key feature of the website is that it provides a "standards cross-walk" that compares child care licensing standards across a variety of accrediting bodies' standards.

Texas Health Steps

Enhancements or innovative approaches to providing services are ongoing. Activities that DSHS has been involved in include, but are not limited to, development and implementation of an online education site for providers to learn more about the services (to educate them more about the program's services, with the desired outcome of improving the services they deliver); recruitment and retention initiatives dedicated to improving access, changes to outreach and educational materials to make them more understandable and encouraging clients to use services available to them, and modification of THSteps policy and policy documents to make them more user-friendly and less burdensome to providers.

Appendix B

Temporary Assistance for Needy Families

Healthy Marriages and Strengthening Families Grant program was effective September 1, 2007. In 2007, the Texas Legislature passed H.B. 2683 and H.B. 2685. H.B. 2683 enables HHSC to administer a grant program to fund two programs that would serve participants by promoting the development of healthy marriages and the strengthening of families: the Healthy Marriage Development program under Section 31.015 of the Human Resource Code, and the Healthy Marriages and Strong Families Grant program, to be added under Section 31.017 of the Human Resources Code. HHSC may spend a minimum of one percent of the money received under the TANF block grant funds during each fiscal year allowable by federal law. H.B. 2685 is effective September 1, 2008 and seeks to encourage each person applying for a marriage license to attend and complete a premarital education course of at least eight hours during the year preceding the date of the license application. The bill increases the marriage license fee from \$30 to \$60, and establishes guidelines for county clerks to waive the marriage license fee for couples who provide a certificate of completion for the premarital education course. A contingency appropriation for H.B. 2685 exists in Article IX, Section 19.18 of the General Appropriations Act. This contingency rider appropriates \$1,021,097 for the fiscal year 2009 in TANF federal funds to develop and maintain a website registry for trained marriage educators, and make related information available to the public. Big Brothers Big Sisters (BBBS) Amachi program was effective September 1, 2007 and is administered by the Texas Education Agency. This program provides one-to-one mentoring for youth ages 6 to 14 whose parents or family members are incarcerated or recently released from the prison system. The mentoring is provided through community-based, school-based and/or school plus initiatives. The at-risk children and youth served by BBBS share many of the same life factors such as living in a high crime area, living in a single-parent/caregiver home, experiencing a variety of physical and psychological abuse, living in poverty, economically disadvantaged, living with a parent or family member who is or has been recently incarcerated and living in an everyday environment riddled with criminal activity and substance abuse. BBBS mentoring services change lives by enriching, encouraging, and empowering children to reach their highest potential through safe, positive mentoring relationships. Each mentor relationship is managed by a professionally educated and trained staff that monitors and assists the relationship for its duration.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Medically Dependent Children Program

MDCP respite and adjunct support services provided by an attendant can now be accessed through Consumer Directed Services (CDS). Using the CDS option, the individual/parent/guardian is the employer of the attendant and responsible for hiring, terminating, creating a budget, setting wages for the attendant hours and monitoring service delivery.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Early Childhood Intervention

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that children under the age of three, involved in a substantiated case of child abuse or neglect, must be referred to Early Intervention Services. DARS – Early Childhood Intervention (ECI) and Child Protective

Appendix B

Services (CPS) collaborated to improve interagency communication in order to implement this legislation. Jointly, informative materials for families to be utilized in an outreach campaign were developed. CPS and ECI coordinated training for staff so that each would have a better understanding of their role in implementation.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing

New Minimum Standards for General Residential Operations, Child Placing Agencies and Residential Treatment Centers went into effect January 1, 2007.

CCL has improved the quality and accountability of regulatory services by:

- assuming responsibility for investigations of serious incidents or higher- risk standards violations in child placing agencies involving children under age 6 (implemented September 2007);
- conducting annual enforcement team conferences and annual team inspections (implemented September 2007);
- restructuring field staff into functional units for monitoring and investigations (accomplished October 2007); and
- implementing the CCL Investigation Division and Performance Management Division (operational since March 2008).

Child Day Care Centers

Throughout March and April 2008, DFPS deployed over 380 tablet PCs, digital cameras, portable printers and other accessories to Licensing staff. Some of the expected benefits include the following:

- improved timeliness and quality of output left with providers and to the public by allowing the inspection results to be printed and left with the provider upon completion of inspections;
- increased staff accountability by automating certain events such as the end time and date of an inspection;
- increased staff efficiency by allowing staff to be more mobile;
- reduced lag time between performing an inspection and making the data available to parents, providers, and DFPS staff; and
- improved accuracy of information by enabling staff to electronically record information while it is fresh in their minds rather than having to translate their handwritten notes later when entering data in Community Living Assistance and Support Services (CLASS).

There is now a requirement that child daycare centers submit a fingerprint background check on each person at the operation who is required to have a background check to the Department of Public Safety and the Federal Bureau of Investigation. Licensing staff also meet with each child care center director at least once per year during an unannounced inspection to determine whether the director meets the minimum standard qualifications for a director.

Implemented new type of permit for small employer-based day care facility; created a system to track closed foster homes, including the closure reason (with information accessible to child placing agencies); increased requirements of child placing agencies to share information when

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foster homes transfer between child placing agencies; and implemented ability for residential child care facilities to exceed capacity for up to 48 hours to provide emergency care for children.

DEPARTMENT OF STATE HEALTH SERVICES

Children with Special Health Care Needs

The CSHCN Services program Health Care Benefits continually reviews and updates medical policy and coverage as needed. The CSHCN Services program implemented a Clinician-Directed Care Coordination Policy to reimburse for face-to-face and non-face-to-face care coordination provided in the medical home. The program continues to have a waiting list for Health Care Benefits and clients are removed from the waiting list as funds are available. Over the past two years, over 900 children were removed from the waiting list to begin receiving health care benefits. Additionally in 2007, the CSHCN Services program had funds available to offer services for a limited time period to over 1,150 children on the waiting list. The CSHCN Services program also provided funding opportunities for pediatric, family medicine, or internal medicine practices in Texas to implement practice-level supports to help improve the provision of a medical home for children and youth with special health care needs and their families. The CSHCN Services program published a bilingual booklet titled “Emergency and Disaster Planning for Children with Special Health Care Needs/Planificación de emergencias y desastres para niños con necesidades especiales de salud” to help families of children and youth with special health care needs prepare for any type of emergency or disaster.

Immunizations Branch

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. Immunizations continued contracts with 48 local health departments (LHDs) to implement population based activities in communities across Texas. Required activities included provider recruitment, provider and public education and training, surveillance, Perinatal Hepatitis B prevention, Texas Vaccines for Children, ImmTrac, adult safety-net vaccines, adult and adolescent immunizations, school and child care compliance, and maintaining collaborative relationships with community partners. The Texas Vaccines For Children (TVFC) program has more than 6,000 Texas providers in 3,400 active clinic sites throughout Texas. Over 8,200,000 doses of vaccine were shipped to TVFC providers in 2007, a 15 percent increase from 2006 doses shipped. Immunizations funded LHD contractors and health service regions to hire ImmTrac outreach staff to coordinate and conduct outreach to parents and providers to improve quality and completeness of immunization records and promote participation in the registry. Eighty-five positions were funded in LHDs and eight regional positions were funded for this purpose.

Newborn Screening Case Management Follow-Up

Tandem Mass Spectrometry was initiated in December 2006 adding 22 disorders to the panel of screened for disorders.

NorthSTAR

In response to the DSHS statewide initiative to improve crisis services, NorthSTAR has increased the number of crisis responders available, particularly in rural counties. This has

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resulted in faster crisis response times and more expediency in performing crisis assessments and interventions.

Texas Early Hearing Detection and Intervention

The TEHDI data system was upgraded to a web base several years ago. Physicians' look-up has been added recently so that physicians may use the data system to identify their patients' hearing status. Audiologist entries have been streamlined. Electronic referral to ECI was made possible last year.

Texas Health Steps (See HHSC.)

Title V Maternal and Child Health Fee-for-Service

In fiscal year 2008, the fee-for-service contracts were divided so that child health and dental services were separated from the other MCH fee-for-service contracts for prenatal care and dysplasia services. This change provides more clarity to identify the needs and options for improving services specific to children and adolescents.

Women, Infants, and Children

In 2008, WIC commenced statewide rollout of an improved service delivery mechanism whereby WIC food benefits are issued through an electronic benefits transfer (EBT) system. 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 once as required by the paper 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. EBT implementation will be complete by April 2009. In 2008, WIC implemented Value Enhanced Nutrition Education (VENA), which is a new initiative, developed jointly by the Food and Nutrition Service and the National WIC Association, to improve nutrition services in the WIC program by establishing standards for the assessment process used to determine WIC eligibility and to individualize nutrition education, referrals, and food package tailoring. VENA is part of the larger process known as Revitalizing Quality Nutrition Services in WIC. VENA discontinues use of diet histories to determine dietary risk; enhances nutrition assessment through improved process, content, and staff skills; emphasizes using information to provide individualized nutrition services; focuses on desired health goals rather than deficiencies; and complements participant-centered nutrition services.

Agency Collaborative Efforts

HEALTH AND HUMAN SERVICES COMMISSION

Children's Health Insurance Program

HHSC coordinates with various organizations and agencies, including community-based organizations for referrals to Medicaid/CHIP and application assistance.

Children's Health Insurance Program Perinatal

HHSC coordinates with various organizations and agencies, including community-based organizations for referrals to Medicaid/CHIP perinatal and application assistance.

Food Stamps

HHSC coordinates with various organizations and agencies, including community-based organizations and food pantries for referrals to the Food Stamp program and application assistance, Texas Education Agency (TEA) and Texas Department of Agriculture (TDA) for school breakfast and lunch program direct certification, Texas Workforce Commission for employment services/child care and income verification, Office of the Attorney General (OAG) for income verification, and the DFPS and DADS for referrals to the Food Stamp program. Additionally, the Community Education and Outreach Services (CEOS) section within HHSC develops and manages programs that provide services for clients to become more self-sufficient, healthier, and more fiscally responsible. CEOS programs provide pregnancy support services, promote nutrition education, and increase public access to social service programs.

Medicaid

Fee-for-Service

HHSC 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 DFPS, DSHS, and DADS' Office of Refugee Resettlement.

Texas Health Steps

THSteps collaborates with many agencies that include, but are not limited to, DFPS (services for foster children), HHSC (Medicaid policy, eligibility services, automation), DARS (ECI), TEA (migrant children), etc. The program also collaborates with a wide variety of public health partners in the community including individual providers, local health departments, local coalitions, educational institutions (public and higher education) etc.

Office of Early Childhood Coordination

In operating the *Raising Texas* and the Healthy Child Care Texas initiatives, the OECC coordinates with a large number of public and private organizations. In addition to each of the HHS agencies, the OECC coordinates early childhood efforts with TEA, TWC, OAG, the state Center for Early Childhood Development, Texas Department of Insurance (TDI), Texas Head Start collaboration, and many private non-profit agencies and associations including the Texas Pediatric Society and Texas Medical Association.

Appendix C

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, DFPS for an array of services available to foster care children.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Medically Dependent Children Program

Coordination with THSteps Comprehensive Care Program (CCP), Personal Care Services (PCS), and Medicaid. Individuals in MDCP obtain all the medically necessary nursing through CCP and attendant services through PCS. Medicaid provides acute care services (physician, lab, etc.).

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Early Childhood Intervention

ECI collaborates with DFPS Child Protective Services, HHSC Medicaid Office, TEA, DSHS, and Head Start.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing

CCL coordinates/collaborates with:

- TWC (Child Care Development Fund: background checks on listed family homes);
- DSHS (TB elimination, immunizations, general sanitation/environmental health, lead prevention, infectious disease control, injury prevention);
- DARS (ECI DPS: car seat safety, school bus safety, criminal history background checks);
- State Fire Marshall's Office (fire inspection requirements);
- Texas Department of Agriculture (special nutrition program);
- HHSC-OECC;
- CPS and DFPS Residential Contracts Divisions;
- Foster care associations;
- Child care advocate groups;
- Accrediting bodies for day care directors;
- University of Texas at Arlington (administration of licensed administrator exams);
- Texas State University (development of weighted regulatory system); and
- Families, consumers, caregivers.

Appendix C

Texas Families: Together and Safe

Contracted service providers are required to collaborate locally to be able to refer clients to other needed services. This varies by locale. All PEI contractors are required to list their services with the 2-1-1 system.

Family Strengthening Program

Contracted service providers are required to collaborate locally to be able to refer clients to other needed services. This varies by locale. All PEI contractors are required to list their services with the 2-1-1 system.

DEPARTMENT OF STATE HEALTH SERVICES

Children with Special Health Care Needs Services Program

CSHCN Services program staff facilitates the statewide Medical Home Workgroup, which includes consumers, providers, health plan representatives, state agencies' representatives (from HHSC, DARS, DFPS, DADS, and other DSHS programs), and other stakeholders. Staff also participates in implementing strategic plan activities for the Access to Insurance and Medical Home component of the Texas Early Childhood Comprehensive Systems initiative (*Raising Texas*). HHSC leads this initiative. All HHS state agencies as well as TEA, TWC, and TDI are involved along with community-based organizations and stakeholders. The program partnered with THSteps within DSHS to develop online educational modules related to medical home, adolescent health, and cultural competence. The CSHCN Services program collaborates and coordinates efforts with the Preparedness and Prevention Division of DSHS and the Governor's Division of Emergency Management to help families of children with special health care needs prepare for and respond to emergencies and disasters. The program has strengthened ties with Texas Parent-to-Parent and collaborates with their Champions for Progress and Family-to-Family Health Education Center grants. The program coordinated efforts with the Texas Medicaid program to implement the Clinician Directed Care Coordination policy within Medicaid and the CSHCN Services program. CSHCN Services program staff work closely with other programs, agencies, organizations, stakeholder groups, and advisory committees/councils to improve the systems of care for CSHCN and their families and promulgate the importance of statewide collaboration to address and make progress toward the Title V CSHCN performance measures. Stakeholder groups include the Children's Policy Council, *Raising Texas*, Texas Council for Developmental Disabilities, Community Resource Coordination Groups (CRCGs), Early Childhood Intervention Advisory Committee, Consumer Direction Workgroup, Texas Integrated Funding Initiative, Promoting Independence Advisory Committee, Interagency Council on Autism and Pervasive Developmental Disorders, and the H.B. 1230 Transition Workgroup.

Immunizations

Immunizations collaborates with the Infectious Disease Control Unit, Perinatal Hepatitis B program, STD/HIV program, Department of Corrections, FQHC, WIC, local and regional health departments.

Newborn Screening Case Management Follow-Up

Newborn Screening (NBS) collaborates with:

- CHSCN: to provide services for those families that meet the appropriate income/program/disease/disorder guidelines;
- CDC: program evaluation, other resources as appropriate/indicated;
- BVS: birth/death information;
- NBS Laboratory: for newborn screen reports, data;
- Sickle Cell Association: community education/parent notification;
- Most Genes: Educational networking/collaboration;
- NNGRC: Educational networking/collaboration, data sharing; and
- TMA/March of Dimes: program evaluation/consultation.

NorthSTAR

The behavioral health organizations, the Local Behavioral Health Authority, and the NorthSTAR providers coordinate and collaborate with other child-serving agencies such as DFPS, ECI agency, local school districts, local juvenile authorities, and physicians and other health care providers in the communities to ensure that our enrollees receive attention across the full spectrum of their needs. The local Community Resource Coordination Groups (CRCGs) meet regularly to problem-solve for children with multi-agency service needs, and are attended by representatives from the various child-serving agencies.

Program for Amplification for Children of Texas

PACT coordinates with Medicaid and CSHCN.

Texas Early Hearing Detection and Intervention

TEHDI coordinates with ECI and TEA to provide intervention and educational services. Representatives from each agency and other stakeholders such as audiologists, physicians, and parents meet regularly to resolve issues related to providing care to children with hearing intervention needs.

Texas Health Steps (See HHSC.)

Title V

Title V works with HHSC to coordinate policy development and rates in Medicaid and CHIP. As a safety net of services that have limited funding, payor of last resort issues must be applied consistently.

Vision and Hearing Program

V&H provides vision and hearing training to providers of THSteps, schools of nursing, volunteer groups, child care licensing groups, and school districts.

Women, Infants and Children

Referrals to and from WIC: ECI, THSteps, Head Start, food stamps, Medicaid, community food banks, women's shelters, substance abuse programs, family planning programs, breastfeeding services of the La Leche League.

Top Three Needs for Planning

CHIP

- Automation.
- Education for clients and advisors.
- Training for clients and advisors.

CHIP Perinatal

- Automation.
- Education.
- Training.

Medicaid

- Training.
- Automation.
- Improving access to care.

Texas Health Steps

- Continuing to build the provider base to provide access to the 0-20 population.
- Continued compliance with the Frew vs. Hawkins Consent Decree.
- Continuing to encourage clients to choose to access services.

Medically Dependent Children's Program

- Generally, MDCP does not experience problems in coordinating services because the service array is very limited.

Food Stamps

- Automation.
- Sufficient staff to determine eligibility for the increase in caseloads.

Child Care Licensing

- Support the delivery of quality child care services delivered by licensed/regulating providers.
- Continue to strengthen oversight of child care operations through specialized monitoring and investigations.
- Expand the use of technology to increase the quality of assessments and decision-making, increase the accountability of the foster care system, and improve outcomes for children as a result of regulation.

Family Strengthening Program

- Ability to expand services to more areas of Texas.
- Ongoing program evaluation to ensure implementation of evidence-based services with fidelity.
- Additional opportunities to network/problem-solve/share best practices with similar agencies.

Appendix D

Texas Families: Together and Safe

- Ability to expand services to more areas of Texas.
- Ongoing program evaluation to ensure implementation of evidence-based services with fidelity.
- Additional opportunities to network/problem-solve/share best practices with similar agencies.

Early Childhood Intervention

- Additional funding.
- Increased availability of service providers (i.e. physical therapy, occupational therapy, and speech therapy).
- Collaborative training efforts with other HHS programs.

Children with Special Health Care Needs

- Further increase partnerships with families of CSHCN in decision-making at all levels and family satisfaction with the services they receive.
- Increase the number of CSHCN who receive coordinated, ongoing, comprehensive care within a medical home.
- Increase recruitment and retention of CSHCN Services program providers.

Immunizations Branch

- Review of branch strategic plan.
- Project management training for managers in the branch to ensure a common platform across the Branch for planning.
- Make planning a priority.

Newborn Screening

- Increased funding.
- Added space.
- Continuing education.

NorthSTAR

- Ensure that adequate access to child psychiatrists is established and maintained.
- Ensure that services delivered are appropriate to the population and geared toward “best-practice” models.
- Ensure that an adequate provider network is maintained and expanded as needed.

Texas Early Hearing Detection and Intervention

- ECI and TEA provide intervention and educational services. Representatives from each agency and other stakeholders (i.e., audiologists, physicians, and parents) meet regularly to resolve issues related to providing care to children with hearing intervention needs.
- Educate the public about the consequences of hearing loss in children.
- Implement Data Integration Strategies between the BVS, blood screen, TEHDI, PACT, and immunization data systems.

Appendix D

Title V

- Awareness of potential changes to Medicaid and CHIP.
- Increase the contractors' capacity to serve additional children, including provision of dental care.

Program for Amplification for Children of Texas

- Services for non-Medicaid under/non-insured children.
- Easier processing for providers.
- Better payment for providers' services.

Vision and Hearing

- Training certified screeners.
- Obtain screening results from mandated screening facilities.
- Reduce the number of non-reporting facilities.

Women, Infants, and Children

- New service delivery automation system.
- Further integration of the WIC Farmers' Market Nutrition program into the WIC program.
- Increase breastfeeding rates in Texas; there is a need for all Texas birthing hospitals and facilities successfully implementing the "Baby-Friendly USA, Ten Steps to Successful Breastfeeding."

Frequently Cited Acronyms

Health and Human Services Agencies

Child Care Licensing
 Child Protective Services
 Children with Special Health Care Needs
 Children’s Health Insurance Program
 Community Education and Outreach Services
 Community Living Assistance and Support Services
 Community Resources Coordination Groups
 Department of Aging and Disability Services
 Department of Assistive and Rehabilitative Services
 Department of Family and Protective Services
 Department of State Health Services
 Early Childhood Intervention
 Food Stamps
 Health and Human Services Commission
 Healthy Child Care Texas
 Immunizations Branch
 Intermediate Care Facilities for Persons with Mental Retardation
 Kidney Health Care
 Medically Dependent Children Program
 Newborn Screening
 NorthSTAR
 Office of Early Childhood Coordination
 Office of Program Coordination for Children and Youth
 Program for Amplification for Children of Texas
 Temporary Assistance for Needy Families
 Texas Early Childhood Comprehensive Systems Initiative, *Raising Texas*
 Texas Early Hearing Detection and Intervention Program
 Texas Families: Together & Safe
 Texas Health Steps
 Texas Vaccines for Children
 Vision and Hearing
 Women, Infant and Children

HHS
 CCL
 CPS
 CSHCN
 CHIP
 CEOS
 CLASS
 CRCG
 DADS
 DARS
 DFPS
 DSHS
 ECI
 Food Stamps
 HHSC
 HCCT
 Immunizations
 ICF/MR
 KHC
 MDPCP
 NBS
 NorthSTAR
 OECC
 OPCCY
 PACT
 TANF
 TECCS
 TEHDI
 TFTS
 THSteps
 TVFC
 V&H
 WIC

Non-Health and Human Services Agencies

Office of the Attorney General
 Texas Department of Insurance
 Texas Education Agency
 Texas Workforce Commission

Non-HHS
 OAG
 TDI
 TEA
 TWC