



RAISING TEXAS

The Texas Early Childhood
Comprehensive Systems Plan

June 2006

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TEXAS HEALTH AND HUMAN SERVICES COMMISSION

ALBERT HAWKINS
EXECUTIVE COMMISSIONER

June 19, 2006

Peter Van Dyck, M.S., M.D., M.P.H.
Associate Administrator
DHHS/HRSA/Maternal and Child Health Bureau
5600 Fishers Lane
PKLN/18-05
Rockville, MD 20857

Dear Dr. Van Dyck:

On behalf of the Texas Health and Human Services Commission (HHSC), I am pleased to submit the Texas Early Childhood Comprehensive Systems (TECCS) plan, *Raising Texas*. This plan is the result of an extensive collaborative effort of multiple agencies, families, partners, and other stakeholders from across the state who have come together around a shared vision for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of their communities.

The crucial importance of early childhood for lifelong development and the growing body of evidence about the role of health development in assuring school readiness and lifelong learning capacity, necessitates new approaches to enhancing early childhood outcomes. By building collaborative systems of services between health and human services and early care and education services we can best ensure that the development of all young children in Texas will be addressed comprehensively.

HHSC provides leadership and direction, and fosters the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans. HHSC has oversight responsibilities for designated health and human services agencies and administers certain health and human services programs including the Texas Medicaid Program and Children's Health Insurance Program (CHIP). The Office of Early Childhood Coordination (OECC) has been established in HHSC to carry out the responsibility of coordinating and integrating the delivery of services for all children under the age of six. We appreciate the opportunity to work collaboratively with early care and education programs and other stakeholders to identify and address gaps between the coordination of the complex systems that serve young children.

Dr. Peter Van Dyck
June 19, 2006
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I want to underscore my appreciation for the extensive collaboration and work that went into creating the *Raising Texas* plan. HHSC is committed to continuing the collaborative effort to achieve the goals and objectives identified in each of the components of this plan, and to providing leadership throughout the implementation process.

Please let me know if you have any questions or need additional information. Judy Willgren, TECCS Coordinator, serves as the lead staff on this matter and can be reached at (512) 424-6965 or by e-mail at judy.willgren@hhsc.state.tx.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Albert Hawkins". The signature is written in a cursive style with a large initial "A".

Albert Hawkins

AH:TB:cmm

Enclosure

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.

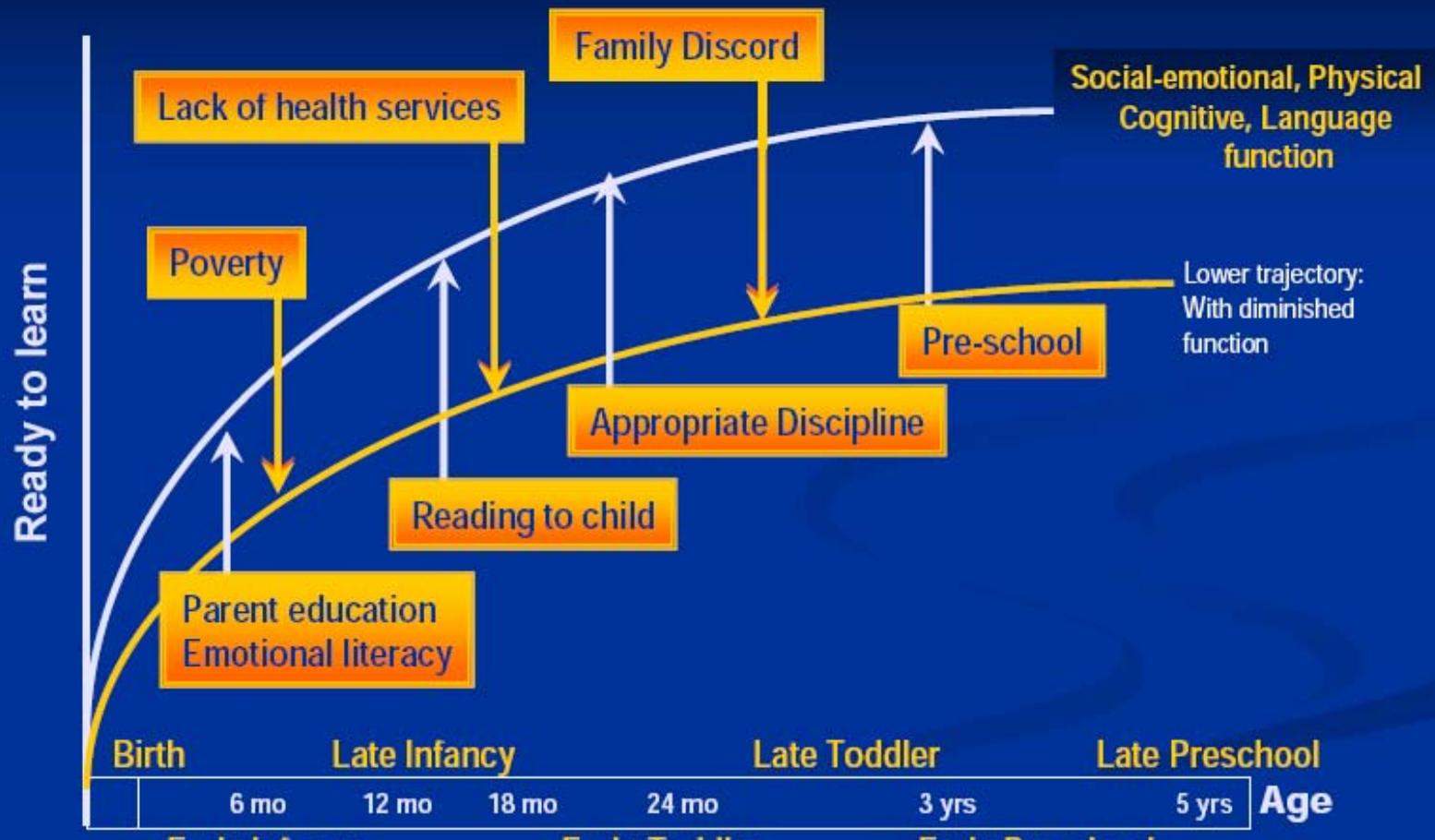
Early Childhood Development and Systems of Services

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.

Strategies to Improve School Readiness Trajectories



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 (NICHQC). 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 child care facilities are in compliance with immunization requirements. ImmTrac is also promoted to child care facilities as a means of tracking the immunization status of children enrolled in the child care 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.		
<p>Objective One: Increase public awareness and understanding regarding the Medical Home concept.</p> <p>Ongoing</p>	<p>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).</p>	<p>MHWG HHSC HCCT PAT Parent to Parent Network</p>
	<p>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.</p>	
	<p>2.1.3. Identify, augment, and promote training opportunities for sharing medical home information with families and providers.</p>	
	<p>2.1.4. Develop materials and training opportunities targeted to case managers and service coordinators.</p>	
	<p>2.1.5. Inform and promote the medical home practice among Medicaid managed care providers, primary care case managers and HMO providers.</p>	
	<p>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.</p>	
<p>Objective Two: Ensure family participation and partnership in coordination of care and in the education and training of health care providers and ancillary staff.</p> <p>Completion by 2008</p>	<p>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.</p>	<p>MHWG Texas Parent to Parent Network</p>
	<p>2.2.2. Develop and disseminate material for families (e.g., Medical Home Toolkit) to promote medical home services.</p>	
	<p>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.</p>	
<p>Objective Three: Increase the number of health care practitioners providing a medical home.</p> <p>Ongoing</p>	<p>2.3.1. Partner with the Texas Association for Community Health Centers to spread the Medical Home model among FQHC's.</p>	<p>MHWG Texas Association for Community Health Centers TMA TPS</p>
	<p>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).</p>	
	<p>2.3.3. Investigate telemedicine's role in implementing a medical home.</p>	
	<p>2.3.4. Work to effect changes in medical and nursing schools.</p>	
	<p>2.3.5. Work with health profession associations (e.g., Texas Medical Association).</p>	

Texas Health and Human Services Commission
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<p>Objective Four: Explore alternative approaches to maximizing compensation for operating comprehensive medical homes.</p> <p>Completion by 2008</p>	<p>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.</p>	<p>MHWG HHSC Medicaid/CHIP</p>
	<p>2.4.2. Implement and track the impact of a clinician-directed care coordination policy for Medicaid and CSHCN Services program coverage.</p>	
	<p>2.4.3. Explore additional financial incentives for provision of medical home services through federal/state health care programs.</p>	
<p>Objective Five: Increase continuity of health care for children in the foster care system, including children with special health care needs.</p> <p>Completion by 2008</p>	<p>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.</p>	<p>MHWG HHSC Medicaid/CHIP DFPS DSHS - CSHCN</p>
PREGNANT AND POSTPARTUM WOMEN		
Goal Three: Birth and infant outcomes in the state of Texas will be improved through the provision of perinatal services.		
<p>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.</p> <p>Completion by 2010</p>	<p>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.</p>	<p>DSHS Title V MHWG HHSC Medicaid/CHIP PAT</p>
	<p>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.</p>	
	<p>3.2.2. Align programmatic goals and resources of DSHS Mental Health and Substance Abuse Services and DSHS Family Community Health Services.</p> <p>3.2.3. Analyze Texas Pregnancy Risk Assessment Monitoring System data related to prematurity, low birth weight, prenatal care, and teenage pregnancy.</p>	
<p>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.</p> <p>Completion by 2010</p>	<p>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.</p>	<p>DSHS Title V PAT</p>
<p>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.</p> <p>Completion by 2010</p>		

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.	

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<p>Objective Four: Increase the number of health care providers implementing reminder/recall systems to ensure that parents are reminded the next immunizations are due.</p> <p>Ongoing</p>	<p>5.4.1. The DSHS Immunization Branch will ensure that reminder/recall is promoted through TISWG.</p>	<p>DSHS Immunization Branch TISWG</p>
	<p>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.</p>	
	<p>5.4.3. The DSHS Immunization Branch will ensure that contracts with local health departments require reminder/recall activities.</p>	
	<p>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.</p>	
<p>Objective Five: Encourage regional and local health departments to identify community partners that will promote the above strategies.</p> <p>Completion by September 2006</p>	<p>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.</p>	<p>TISWG DSHS Immunization Branch</p>
	<p>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.</p>	
	<p>5.5.3. The DSHS Immunization Branch will provide ongoing technical assistance to regional and local health departments regarding working with community partners.</p>	
<p>DENTAL HOME</p>		
<p>Goal Six: Encourage all parents/caregivers to establish a dental home and access dental care for their children prior to entering kindergarten.</p>		
<p>Objective One: Increase awareness of the importance of accessing dental care for preschool children.</p> <p>Ongoing</p>	<p>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.</p>	<p>TOHC TDA TAPD TDHA Texas Head Start Collaboration Office Head Start/Early Head Start DFPS PAT THSteps/Oral Health Group</p>
	<p>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.</p>	
	<p>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.</p>	

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<p>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.</p> <p>Ongoing</p>	<p>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.</p> <p>6.2.2. Distribute developed materials to dentists in Texas, senior dental students, and graduating dental hygiene students.</p> <p>6.2.3. Work with TDA, TAPD, and AGD to provide CEUs to dentists and dental hygienists for the training materials developed.</p> <p>6.2.4. Work with TDA, TAPD, and AGD to provide training opportunities regarding incorporating preschool children into a dentist's practice.</p>	<p>TDA TAPD TDHA TOHC THSteps/Oral Health</p>
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.		
<p>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.</p> <p>Ongoing</p>	<p>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.</p> <p>7.1.2 HCCT NTI Trainers will strengthen the HCCT CCHC curriculum and training to ensure CCHCs' understanding of health insurance options and resources.</p>	<p>HHSC State Coordinator NTI Trainers CCHCs</p>
<p>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.</p> <p>Ongoing</p>	<p>7.2.1 CCHCs will provide information to early care and education providers about health insurance options and resources.</p> <p>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.</p>	<p>CCHCs Early Care and Education Providers</p>
Goal Eight: Increase the number of early care and education providers who promote the Medical Home concept within their programs.		
<p>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.</p> <p>Ongoing</p>	<p>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.</p> <p>8.1.2 HCCT NTI Trainers will strengthen the HCCT curriculum and training to ensure CCHCs' understanding and promotion of the Medical Home concept.</p>	<p>HHSC State Coordinator NTI Trainers CCHCs</p>

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<p>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.</p> <p>Ongoing</p>	<p>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.</p>	<p>NTI Trainers CCHCs Medical Home Workgroup Parent to Parent</p>
	<p>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.</p>	
	<p>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.</p>	
	<p>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.</p>	

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, 1,941 children 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 (TACCRRRA) 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 | Texas Pediatric Society (TPS)
Texas Association for Child Care Resource and Referral Agency (TACCRRA)
Texas Workforce Commission (TWC) |
| Department of Assistive and Rehabilitative Services (DARS)
Early Childhood Intervention (ECI)(IDEA Part C) | Advocacy, Inc.
Texas Head Start Collaboration Project |
| Texas Education Agency (TEA) (Part B) | Parents as Teachers (PAT) |
| Texas Association for Infant Mental Health (TAIMH) | Mental Health Association of Texas (MHAT) |
| Texas Medical Association (TMA) | 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.	

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<p>Objective Four: Work with state agencies and mental health associations and boards to recognize the Texas Association for Infant Mental Health Endorsement system.</p> <p>Completion by 2008</p>	<p>2.4.1 Specific activities to be determined by the Social-Emotional Development and Mental Health Implementation Workgroup.</p>	<p>DSHS DARS – ECI TAIMH</p>
<p>ACCESS AND REFERRAL</p>		
<p>Goal Three: Increase access to social-emotional development/mental health services for children age birth through five.</p>		
<p>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.</p> <p>Completion by 2008</p>	<p>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).</p> <p>3.1.2. Increase early care and education providers’ access to Infant and Early Childhood Mental Health Consultants.</p>	<p>DFPS Child Care Licensing Texas Head Start Collaboration MHAT TAIMH TACCRA</p>
<p>Objective Two: Create a comprehensive system of screening, identification, and referral for children age birth through five with social-emotional/mental health concerns.</p> <p>Completion by 2010</p>	<p>3.2.1. Increase early care and education providers’ ability to screen and refer children age birth through five with mental health concerns.</p> <ul style="list-style-type: none"> • 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. 	<p>DFPS Child Care Licensing DSHS – Community Mental Health Centers DARS – ECI TEA TWC Texas Head Start Collaboration TAIMH</p>

	<p>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.</p> <ul style="list-style-type: none"> • 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.		
<p>Objective One: Increase the knowledge base of NTI Trainers and CCHCs regarding social-emotional development/mental health.</p> <p>Ongoing</p>	<p>4.1.1 NTI Trainers will attend the Texas Association of Child Care Resource and Referral Agencies' (TACCRRRA) Positive Behavioral Support train-the-trainer training.</p> <p>4.1.2 NTI Trainers will incorporate Positive Behavioral Support techniques into the CCHC training.</p> <p>4.1.3 CCHCs will attend the 12-hour training in addition to the CCHC training.</p>	<p>NTI Trainers CCHCs TACCRRRA</p>
<p>Objective Two: Increase early care and education providers' knowledge and understanding of the social-emotional development/mental health of young children.</p> <p>Ongoing</p>	<p>4.2.1 CCHCs will consult with/train early care and education providers on social-emotional development/mental health.</p>	<p>CCHCs</p>
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.		
<p>Objective One: Increase the number of credentialed infant mental health specialists.</p> <p>Ongoing</p>	<p>5.1.1 NTI Trainers and CCHCs will become credentialed through the Texas Association for Infant Mental Health.</p> <p>5.1.2 NTI Trainers and CCHCs will become familiar with developmental screening tools that early care and education providers could use.</p>	<p>NTI Trainers CCHCs TAIMH</p>

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<p>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.</p> <p>Ongoing</p>	<p>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.</p>	CCHCs
	<p>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.</p>	
<p>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.</p> <p>Ongoing</p>	<p>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.</p>	CCHCs
	<p>5.3.2 CCHCs will identify mental health resources available in their community.</p>	
	<p>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.</p>	
	<p>5.3.4 CCHCs will train parents on social-emotional development.</p>	
	<p>5.3.5 Early care and education providers will assist parents in finding mental health services in the community.</p>	

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 child care. 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 child care 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 SCECD 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. <ul style="list-style-type: none"> • 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. 	

	<p>1.1.3. Increase physicians’ and other health professionals’ knowledge of the impact of children’s health and well-being on early learning.</p> <ul style="list-style-type: none"> • Recruit physicians to be advocates for quality early care and education settings through: <ul style="list-style-type: none"> ○ The Texas Medical Association and Texas Pediatric Society in-service training. ○ 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 <ul style="list-style-type: none"> ○ Encourage physicians to take the Healthy Child Care Texas CME course to become Medical Consultants. ○ Encourage physicians who are Medical Consultants to recruit other physicians. ○ Encourage Medical Consultants to form teams with Child Care Health Consultants. <p>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.</p> <ul style="list-style-type: none"> • 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. 	
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<p>Objective Two: Increase community capacity and investment in quality early care and education programs.</p> <p>Ongoing</p>	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <ul style="list-style-type: none"> • 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. 	<p>HHSC SCECD TEA TWC Texas Head Start Collaboration Project TECEC TCC United Ways</p>
<p>PROVIDER TRAINING</p>		
<p>Goal Two: Develop a coordinated system of personnel preparation and ongoing professional development for providers and administrators.</p>		
<p>Objective One: Develop a competency-based personnel preparation system that includes articulation agreements with colleges/universities.</p> <p>Ongoing. Initial benchmark completed by 2009</p>	<p>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.</p>	<p>HHSC SCECD TEA TWC Texas Head Start Collaboration Project</p>

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<p>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.</p> <p>Ongoing. Initial benchmark completed by 2009</p>	<p>2.2.1. Promote the use of registered trainers identified in the Texas Trainer Registry.</p>	<p>HHSC SCECD TEA TWC Texas Head Start Collaboration Project TECEC TCC United Ways</p>
	<p>2.2.2. Encourage the use of Healthy Child Care Texas Child Care Health and/or Medical Consultants in pre-kindergarten.</p>	
	<p>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).</p>	
	<p>2.2.4. Encourage licensed child care programs and registered homes to receive training on:</p> <ul style="list-style-type: none"> • 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. 	
	<p>2.2.5. Explore the feasibility of strengthening child care licensing regulations to require training that meets the above requirements.</p>	
<p>MONITORING AND ACCOUNTABILITY</p>		
<p>Goal Three: Develop a feasible and evidence-driven early care and education monitoring and accountability system.</p>		
<p>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.</p> <p>Completion by 2009</p>	<p>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.</p>	<p>SCECD TEA TWC</p>
	<p>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.</p> <ul style="list-style-type: none"> • 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 child care model projects and initiatives, including Early Head Start. 	

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	<p>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.</p> <p>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.</p>	
<p>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.</p> <p>Completion by 2009</p>	<p>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.</p>	<p>SCECD TEA TWC</p>
<p>Objective Three: Explore the feasibility of strengthening child care licensing regulations by aligning with the American Academy of Pediatrics' <i>Caring for Our Children</i> standards.</p> <p>Completion by 2009</p>	<p>3.3.1 Specific activities to be determined by the Early Care and Education Implementation Workgroup.</p>	<p>HHSC</p>
<p>HEALTHY CHILD CARE TEXAS</p>		
<p>Goal Four: Increase the number of early care and education providers who provide quality care.</p>		
<p>Objective One: Increase the number of CCHCs and MCs who understand and support evidenced-based best practices in early care and education.</p> <p>Ongoing</p>	<p>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.</p> <p>4.1.2 NTI Trainers will train CCHCs to understand and support evidence-based best practices in early care and education.</p> <p>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.</p> <p>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.</p>	<p>HHSC State Coordinator DSHS HCCT Task Force NTI Trainers CCHCs</p>
<p>Objective Two: Increase the number of</p>	<p>4.2.1 NTI Trainers and CCHC will be registered in Texas Trainer Registry.</p>	<p>NTI Trainers</p>

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<p>early care and education providers who understand what is meant by quality care and recognize the principles of quality care.</p> <p>Ongoing</p>	<p>4.2.2. CCHCs will train and provide individual technical assistance to early care and education providers about what is meant by quality.</p> <p>4.2.3 CCHCs will provide training and technical assistance to early care and education providers about nationally recognized standards.</p>	<p>CCHCs Texas Trainer Registry</p>
<p>Objective Three: Increase the number of early care and education providers who seek to achieve nationally recognized accreditation standards.</p> <p>Ongoing</p>	<p>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.</p>	<p>CCHCs</p>
<p>Objective Four: Increase the number of parents who understand what quality early care and education provides.</p> <p>Ongoing</p>	<p>4.4.1 CCHCs will facilitate the sharing of information about quality care with parents.</p> <p>4.4.2 CCHCs will serve as community advocates for quality early care and education programs.</p>	<p>CCHCs</p>

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

*Assuring 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 <i>Colonias</i> 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 <i>Colonias</i> 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.	

	<p>2.1.4. Create a strategic plan for implementing a better system of care for parents and creating positive outcomes for young children.</p> <ul style="list-style-type: none"> • 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.		
<p>Objective: Develop a means of identifying all parent education initiatives at the community level.</p> <p>Completion by 2007</p>	<p>3.1.1 Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.</p>	<p>TWC OAG HHSC- Family Services Parents As Teachers <i>Colonias</i> Texas A &M PAT</p>
HEALTHY MARRIAGES AND STRENGTHENING FAMILIES		
Goal Four: Improve child well-being through healthy marriage initiatives.		
<p>Objective One: Coordinate a demonstration project that improves child well-being by fostering healthy marriages within underserved communities.</p> <p>Completion by 2008</p>	<p>4.1.1 Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.</p>	<p>HHSC OAG</p>
<p>Objective Two: Coordinate a demonstration project for strengthening healthy marriages for low-income parents with young children.</p> <p>Completion by 2008</p>	<p>4.2.1 Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.</p>	<p>HHSC</p>

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.		
<p>Objective: Identify and support family participation in the development of policies and programs at the community and state level.</p> <p>Ongoing</p>	<p>2.1.1 Specific activities to be determined by the Parent Education and Family Support Implementation Workgroup.</p>	<p>HHS Agencies</p>
HEALTHY CHILD CARE TEXAS		
Goal Three: Increase the number of early care and education providers who model appropriate relationship-based behavior.		
<p>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.</p> <p>Ongoing</p>	<p>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.</p> <p>3.1.2 NTI Trainers will provide updates to CCHCs about parent education/family support information and resources including methodologies for sharing information.</p>	<p>HHSC State Coordinator NTI Trainers CCHCs</p>
Goal Four: Increase the number of providers whose policies/procedures address parent involvement.		
<p>Objective One: NTI Trainers and CCHCs will promote the concepts of parental involvement and family support.</p> <p>Ongoing</p>	<p>4.1.1 NTI Trainers will review the CCHC training materials and strengthen the section on parent involvement and family support.</p> <p>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.</p>	<p>NTI Trainers CCHCs</p>
<p>Objective Two: NTI Trainers and CCHCs will promote family-centered child care.</p> <p>Ongoing</p>	<p>4.2.1 NTI Trainers will review/update the CCHC training materials to include the concept of family-centered child care.</p> <p>4.2.2 CCHCs will educate early care and education providers through trainings and consultations on the concept of family-centered child care.</p>	<p>NTI Trainers CCHCs Early Care and Education Providers</p>

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 intervention
- Educate families
- Healthy Child Care Texas

COORDINATED COMPREHENSIVE SYSTEM

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



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

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

<p>Goal One: Ensure ongoing oversight and sustainability by establishing and developing a responsive implementation infrastructure.</p>	<p>Objective One: Develop a statewide infrastructure that will implement the goals, objectives, and activities in the component plans.</p>	<p>August 2006</p>
	<p>Activity 1.1.1. Identify processes, procedures, and communication systems.</p>	<p>August 2006</p>
	<p>Activity 1.1.2. Identify and establish four component workgroups consisting of key internal and external stakeholders and family members.</p>	<p>August 2006</p>
	<p>Activity 1.1.3. Identify and establish a <i>Raising Texas</i> Implementation Steering Committee.</p>	<p>September 2006</p>
<p>Goal Two: Increase the awareness of the Texas Early Childhood Comprehensive System through internal and external awareness activities.</p>	<p>Objective One: Create a Texas Early Childhood Comprehensive Systems website.</p>	<p>August 2007</p>
	<p>Activity 2.1.1. Determine the requirements for developing a website within the Texas Health and Human Services Commission.</p>	<p>August 2006</p>
	<p>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</p>	<p>October 2006</p>
	<p>Activity 2.1.3 Identify and hire outside contractor to develop the TECCS website.</p>	<p>December 2006</p>
	<p>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.</p>	<p>January 2007</p>
	<p>Activity 2.1.5 Continue to identify opportunities to present information on, and promote, the Texas Early Childhood Comprehensive Systems initiative <i>Raising Texas</i> to internal and external workgroups, advisories, coalitions, and organizations.</p>	<p>Ongoing</p>

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.....50
Appendix B: Bibliography.....51

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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