



Prenatal to Three Collaborative Interim Charge Recommendations

The Texas Prenatal to Three Collaborative is a statewide coalition dedicated to promoting state policies that support infants, toddlers, and their parents during the critical period of early brain development. The interim provides lawmakers an opportunity to focus on complex issues that impact Texas children, communities, and our state budget. We respectfully offer the following recommendations for interim charges to highlight strategies Texas leaders can take to improve the health, development, and wellbeing of infants and toddlers in Texas.

Ensuring Texas Families have the Resources They Need to Raise Their Infants and Toddlers

CPS Diversion and Alternative Response: Divert families away from CPS by establishing an Alternative Response system for children 0-5; Establish mechanisms to reroute to existing community resource and referral systems for non-abuse related concerns

BACKGROUND

Connecting a family to the resources they need at the right time can divert them away from a costly crisis later down the line and serve as an alternative to entering the CPS intake system. Over 1/3 of intake calls to CPS do not result in an investigation, indicating a need for services but perhaps not CPS intervention. Connecting families to the resources they need and freeing up CPS intake and response for those children who need immediate intervention will better serve all Texas families. Texas has an opportunity to coordinate and build upon mandated and existing resources to realize this strategy and provide reliable supply and demand data. Examples include: the Governor's Frontline Child Care website, Frontline Child Care Availability Portal, as well as the Texas Information and Referral Network (211 Texas)—a trusted resource for community information and referrals, including child care and other early childhood supports and services.



RECOMMENDATION

- Identify existing state efforts and systems that could support the completion of a comprehensive, statewide referral system that connects families to a range of early childhood resources and supports and helps to divert young families from CPS when necessary. Examine opportunities and feasibility for ensuring a statewide system includes closed loop referral and enhanced navigation capability and capacity, including two-way API communications (ensures successful connections are made and a families' needs are met and resources are not lapsed) and allows for data accessibility to inform areas of need, community capacity, investment opportunities, and gaps in services. Identify improvements and funding needed to maximize and leverage current information and referral systems (i.e., 211, Help Me Grow, Frontline, DFPS Youth Helpline) and state agency websites for parents (i.e., GetParentingTips) to serve as a connector to community-level early childhood systems. Providing at-risk parents with home visiting programs helps to stop child abuse before it starts.
- Examine services that could help prevent CPS intervention or removals such as respite care, child care, mental health consultations, targeted interventions for pregnant or high risk youth and necessary public relations strategies to change reporting behavior that maximize child safety and enhance service delivery. Determine feasibility of an Alternative Response mechanism for children 0-5 who are reported to CPS but do not meet criteria for an investigation and cost of connecting the state CPS hotline to the youth helpline (in which nearly half of calls are concerned parents) and routing to effective prevention services and other resource platforms to prevent future rereports to the hotline.

Establish Diversified Funding to Support Family Connects Program Expansion

BACKGROUND

Maternal deaths and pregnancy complications remain a significant concern in Texas, with Black women bearing the greatest risk of death or severe pregnancy complications. Texas also lacks a streamlined system of care and services to support mothers and infants postpartum, resulting in families navigating multiple disconnected systems to access services including healthcare, childcare, early childhood intervention and developmental needs, parent education, behavioral health, and access to basic needs support. This results in an increase in adverse child experiences, maternal mortality and morbidity, unnecessary emergency room visits, and inefficient use of and access to available resources. The Family Connects program has been demonstrated to improve maternal and child outcomes with a universal, evidence-based, short-term, nurse home visitation model. With six current operating counties and a return on investment of \$3.17 per every dollar spent, more than 1,800 Texas families were served in 2020.

RECOMMENDATION

- Identify public health benefits and outcomes in existing Family Connects pilots across Texas funded primarily through the Department of Family and Protective Services.
- Explore diversified funding approaches to scaling Family Connects statewide including establishment of a Health Services Initiative (HSI) and statewide implementation of Managed Care Organization (MCO) values-based contracts.



- Evaluate information reported on unexpended or carry over CHIP funds, as part of Budget Rider 45 included in the 2022-2023 State Budget, and explore possible Health Service Initiatives (such as Family Connects).

Examine State Investments in Early Child Development

BACKGROUND

A child's body and brain are developing at an unparalleled pace during the first three years of life. Strong parent-child relationships, robust early learning experiences, and access to medical care and therapies all create a strong foundation that affects whether a child is prepared to begin school, achieve academic success, and thrive as an adult in the workforce. With so much to gain, it's imperative that lawmakers focus on supporting early childhood development and be smart about investments in Early Childhood Intervention, child care, health, home visiting programs and other early childhood initiatives. While a significant reduction was initially proposed (-\$27 million) to ECI, the adopted state budget for FY 2022-23 maintained level-funding for ECI. Adequate funding is critical for ensuring that no more programs close, stabilizing and continuing to grow enrollment to reflect the growing population of Texas children,

and rejuvenating outreach efforts to ensure that all eligible infants and toddlers with disabilities and delays receive ECI services in a timely manner. Lawmakers should continue the successful efforts made during the 2019 legislative session towards increasing ECI appropriations to restore funding to the same per-child level at which it was funded from 2012 to 2015.

RECOMMENDATION

Examine state investments in the health and brain development of babies and toddlers, including Early Childhood Intervention and other early childhood programs for children in their first three years. Evaluate opportunities to boost child outcomes and achieve longer-term savings.

- Determine amount of funds needed for quality ECI services.
- Examine qualification requirements for ECI, funding shortfalls, eligibility criteria for social emotional concerns, lack of adequate mental health professionals.
- Determine the amount of funds needed to provide quality ECI services in Texas and explore the option of a state incentive grant. Develop a methodology that the legislature can use to determine the cost per child, taking into account normal cost growth, inflation, and the flexibility and restrictions of various funding streams.
- Monitor the implementation of HB4 as it relates to allowing ECI services (specifically case management and physical therapy) to be billable telehealth services under Medicaid.
- Examine funding for other early childhood services (i.e. home visiting) and determine the amount of funding needed to provide quality services.
- Examine current state investments in Child Find, as defined under the Individuals with Disabilities Education Act, in all areas of Texas.

Promoting Healthy Mothers and Infants

BACKGROUND

Over the past several legislative sessions, lawmakers adopted important initiatives to improve maternal and child health, provide preventive and postpartum care services for low-income women, and improve birth outcomes for both mothers and babies. The COVID-19 pandemic delayed implementation for some initiatives. And big challenges remain as one in four women of childbearing age lack health insurance (26%), which Texas' own data show contributes to maternal death or severe complications for postpartum women. Recent and upcoming policy changes to Medicaid for children and postpartum mothers, as well as the implementation of the Healthy Texas Women Section 1115 Demonstration Waiver, will impact access to health care for new moms and kids in future years. During the COVID-19 Public Health Emergency, clients have been able to maintain Medicaid or Healthy Texas Women coverage, but there will likely be significant confusion and gaps or drops in coverage when the public health emergency ends. It's critical for lawmakers to monitor the progress of adopted bills, assess the impact of recent and upcoming policy changes to Medicaid for children and postpartum mothers, and provide oversight of the state's efforts to reverify client eligibility for Medicaid, CHIP, or HTW when the public health emergency ends.

RECOMMENDATION

Monitor the implementation of legislation passed by the 86th and the 87th Legislatures to improve the health of mothers and children, including SB 748 (86R), SB 750 (86R), HB 133 (87R), HB 2658 (87R), and SB 1059 (87R). In conducting this oversight:

- Monitor the implementation of legislation passed by the 86th and the 87th Legislatures to improve the health of mothers and children, including SB 748 (86R), SB 750 (86R), HB 133 (87R), and HB 2658 (87R). In conducting this oversight:
 - Review investments aimed at promoting maternal health and early childhood brain development;
 - Assess recent and upcoming policy changes to Medicaid for children and postpartum mothers, including the recent implementation of the Healthy Texas Women Section 1115 Demonstration Waiver and state efforts to reduce the impacts of HTW eligibility and application changes put in place as a result of the HTW 1115 waiver;
 - Study ways to improve outreach to families with children who are eligible for Medicaid or CHIP but unenrolled, including children in rural areas and counties;
 - Evaluate the state's efforts to reverify clients' eligibility as the COVID-19 Public Health Emergency ends.

Building a Strong Child Care System for Texas Families and Economic Prosperity

Access to High Quality Early Childhood Education

BACKGROUND

During the 86th and 87th legislative sessions, the Texas legislature took important steps to ensure all children and families are on the path to access high-quality early childhood education. There is also a focus on creating a strong and sustainable early childhood education workforce that is essential to strengthening Texas' economy in all sectors. Increasing Texas Rising Star (TRS), participation ensures children from low-income families have access to quality care and education. TRS is the state's quality-rated improvement system that assesses the quality of programs serving infants and toddlers. Focusing on TRS participation and increasing educational opportunities for the early childhood workforce also improves the ability for child care providers to participate in Pre-K partnerships with local school districts. Also, the implementation of Texas Workforce Commission's strategic plan will improve compensation, credentialing, and access to high-quality professional development that can be used towards certification, credential, degree, or TRS requirements.

RECOMMENDATION

Monitor the implementation of legislation passed by the 86th and the 87th Legislatures to increase access to quality early childhood education and strengthen the early childhood education workforce, including HB 680 (86R), HB 2607 (87R), and HB 619 (87R). In conducting this oversight:

- Examine strategies to increase access to Texas Workforce Commission's Texas Rising Star Program and to expand access to pre-kindergarten programs through public/private partnerships with child care providers and school districts.
- Study efforts to improve child care quality, study opportunities to expand professional development and career pathways for early childhood educators, including apprenticeships in early childhood education.

Impact of Child Care Deserts in Rural Texas

BACKGROUND

In Texas, there are more than 2 million children under the age of 5, half of whom are living in low-income households. Prior to COVID-19, roughly 1-in-10 low-income children (0-5) in Texas, lived in a child care desert. Around 90,000 low-income children under age 6 with working parents lived in zip codes where the supply of subsidized child care meet less than a third of the demand. Child care deserts grew by nearly 50% in 2020 as many child care operations struggled to remain open during the pandemic. In September of 2019, there were 393 child care deserts in Texas, and 184 communities



became new child care deserts in August 2020 because of the lack of consistently available child care. While we are starting to see slow recovery, the access to affordable high-quality child care remains a challenge for young families. As of July 2021, there was approximately 25% fewer child care providers in Texas prior to the pandemic. If our young children cannot access quality child care, the Texas workforce will struggle to return to work.

RECOMMENDATION

- Examine the impact of child care deserts on the Texas economy. Examine the impact specifically in rural communities.

Keeping Children Safe with Child-Teacher Ratios

BACKGROUND

The child to caregiver ratios and group sizes for child care programs as stated in Texas Health and Human Services Commission's Child Care Regulation (CCR) are among the worst in the nation. In 2010, after an extensive review, CCR reported that they do not "believe that the current ratios adequately protect the health and safety of children in some age ranges." Yet, the ratios and group sizes have remained unchanged. This is especially concerning for our infant and toddlers as we know it takes higher levels of supervision to care for young children. In Texas, the current child to caregiver ratio for 2-year-olds is 1:11. The recommendation from national organizations including the American Academy of Pediatrics for 2-year-olds is 1:6. The Texas Legislature in the 86th Legislative Session, took a step to gather the data needed to help understand if our current ratios were keeping the children of Texas safe while in care outside their homes. It is time to examine the data and improve our ratios and group sizes for our youngest children.

RECOMMENDATION

- Examine child-teacher ratios in child care classrooms as it relates to safety and reported injury data, including SB 708 (86R).