



Delivery of Health and Human Services to Young Texans

**As required by Government
Code, Section 531.02492(b)**

Health and Human Services

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Table of Contents

Executive Summary	3
1. Background	5
2. Introduction	6
3. Overview of Child Health in Texas	8
4. Child Health Determinants.....	11
5. Child Health Priorities.....	12
6. Texas Child Health Programs.....	15
Financial and Nutrition Assistance.....	17
Health Insurance and Healthcare Coverage.....	23
Developmental and Disability Services	46
Behavioral Health Services	56
Health Checks and Prevention	62
Support Services	74
7. Transformation of the Health and Human Services System	79
8. Partnerships and Collaborations.....	83
9. Recommendations	89
10. Conclusion	90
Appendix A. Summary of Eligibility and Services for Young Texans	91
Appendix B. Glossary of Acronyms.....	93
References	95

Executive Summary

The *Delivery of Health and Human Services to Young Texans* report, required by Government Code, Section 531.02492(b), discusses services for children under six years of age – a critical time of early development which impacts children’s long-term outcomes. Today, Texas has an opportunity to accelerate advancements in child health. As the first report written post-transformation, this report covers the landscape of services offered in the newly restructured Health and Human Services (HHS) system.

HHS mission is to improve the health, safety, and well-being of Texans with good stewardship of public resources. Essential to this mission is bettering the health of young children. HHS leads several programs and efforts that impact the different factors affecting child health. While most programs focus on providing medical and supportive services, other programs help families with nutrition and financial assistance or concentrate on preventing illness and injuries through healthy behaviors and safe environments. Program areas are forming collaborations that strengthen programs and create partnerships to better coordinate efforts with state and local organizations. By expanding its partnerships with other sectors and using data effectively, HHS can improve the health of young children and successfully carry out its mission.

The report highlights the unified and collaborative approach to delivering services and improving the health of Texas children. The report contains the following:

- Overview of Child Health in Texas: Improvements in child health as well as challenging health disparities;
- Child Health Determinants: Factors affecting child health;
- Child Health Priorities: High-level priorities for improving child health;
- Texas Child Health Program Briefs: Summary information on 34 programs serving children under six years of age, including program description, eligibility requirements, and recent accomplishments;
- HHS Transformation: Restructuring of HHS resulting from Senate Bill 200 (SB 200), 84th Legislature, Regular Session, 2015;
- Partnerships and Collaborations: Descriptions of joint efforts to improve child health including program collaborations and structured state and local efforts; and
- Conclusion and Recommendations: High-level recommendations for accelerating improvement in child health in Texas.

For the next generation of Texans to thrive, creating a healthy foundation in their earliest years is vital. In partnership with families and other organizations, HHS delivers services essential to building this foundation.

1. Background

Government Code, Section 531.02492(b), requires HHSC to publish a biennial report on the efforts of HHS agencies to provide services to children younger than six years of age. HHSC may include recommendations on improving collaboration and coordination between programs serving children. HHSC must notify the Governor, Lieutenant Governor, Speaker of the House, Comptroller, Legislative Budget Board, and appropriate legislative committees on publication of the *Young Texans* report.

This report contains information from the two Health and Human Services (HHS) System agencies: The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS). HHSC administers numerous programs and services previously carried out by the Department of Assistive and Rehabilitative Services (DARS) and the Department of Aging and Disability Services (DADS), which were abolished as part of the restructuring required under SB 200. House Bill (HB) 5, 85th Legislature, Regular Session, 2017, established the Department of Family and Protective Services (DFPS) as an independent agency outside of the HHS system. However, due to the extensive services provided by DFPS to children under the age of six, the report also includes information from DFPS.

2. Introduction

Report Approach

This eighth biennial *Young Texans* report provides an overview of child health in Texas in the newly transformed HHS system. The report provides information on the health of children in Texas, key child health priorities, programs serving children, and collaborative efforts contributing to the advancement of child health. However, numerous state, local, and private entities oversee initiatives in sectors that significantly impact Texas children, from housing, employment, and education, to community development and the environment. While all of these sectors are critical, this report focuses on HHS programs and collaborative efforts. The report's structure is as follows:

- **Overview of Child Health in Texas** - information on improvements in child health as well as challenges facing the state.
- **Child Health Determinants** - information on key factors affecting child health, including those beyond the HHS system.
- **Child Health Priorities** - key high-level priorities for improving child health.
- **Texas Child Health Program Briefs** - summary information on all programs benefiting children, under the age of six, including eligibility requirements and recent accomplishments.
- **HHS Transformation** - overview of the significant restructuring of HHS programs and functions resulting from SB 200.
- **Partnerships and Collaborations** - joint state and local efforts to improve child health.
- **Conclusion and Recommendations** - analysis of information in the report, provides high-level recommendations for continuing to improve child health in Texas.

Report Methodology

In preparing this report, HHSC's Office of Transformation and Innovation (OTI) conducted the following activities:

- Analyzed research related to child health, including existing HHS system reports and resources, as well as academic publications.
- Requested and reviewed detailed programmatic information from HHS system agencies, and DFPS.
- Requested and reviewed information from HHS system agencies on partnerships with other state or local entities, and collaborations with other programs.
- Met with selected HHS divisions regarding their programmatic activities and innovations.
- Met with DSHS, including staff with the Maternal and Child Health Section, and attended DSHS "Grand Rounds" events.

3. Overview of Child Health in Texas

An Increasing Number of Young Texans Have the Potential to Lead Healthier Lives

From 2010 to 2016, the percentage of all Texas children under the age of six living in poverty has declined by five percentage points and the percentage without health insurance has declined by four percentage points.¹ As a result, a greater number of the 2,395,000 Texas children under the age of six have the potential to lead healthier lives.² An increasing number of Texas children in Medicaid and CHIP are accessing care as evidenced by the following core set of children's health care quality measures for Medicaid and Children's Health Insurance Program (CHIP):

- A ten percentage point increase in the number of children receiving well-child visits in the first 15 months of life (54 percent in 2015 to 64 percent in 2017) [Data only available for Medicaid]; and
- A three percentage point increase in the number of children receiving a developmental screening within the first three years of life (45 percent in 2015 to 48 percent in 2017) [Data combined for Medicaid and CHIP].

Additionally, the percentage of children and adolescents with access to primary care practitioners has remained at 96 percent over three years (96 percent in 2015 to 96 percent in 2017) [Data combined for Medicaid and CHIP].³

Health Disparities

Despite these improvements, Texas faces challenges with child health disparities, both in communities of color, and in certain geographic communities. As Texas continues to make progress towards becoming a healthier state for all children and families, it is critical to accelerate improvements among populations affected most by health disparities.

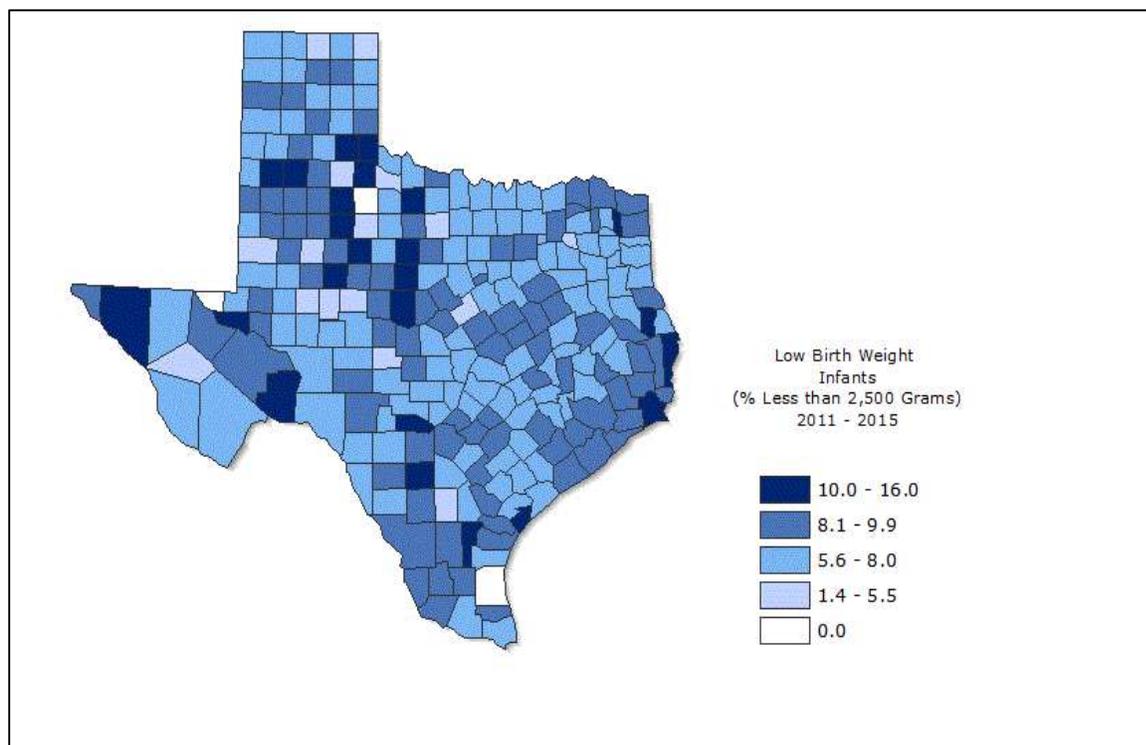
Infant Mortality Rates

Nationally, Texas is tied for 17th in infant mortality at a rate of 5.7 deaths per 1,000 live births.⁴ The national average is 5.9 deaths per 1,000 live births.⁵ Among the state's infants, significant differences exist by ethnicity. Specifically, the most recently available DSHS Vital Statistics data (2015) shows that black infant mortality rate (10.9 deaths per 1,000 live births) is more than double that of whites (4.9 deaths per 1,000 live births), Hispanics (5.2 deaths per 1,000 live births), and Other ethnicities (3.4 deaths per 1,000 live births).⁶ DSHS reports that 61 percent of Black fetal-infant deaths are potentially preventable. DSHS Maternal Child Health Section has identified key risk factors associated with infant mortality rates, and is working with community coalitions to implement evidence-based interventions to reduce these rates in targeted communities.⁷ These interventions include the Healthy Texas Mothers and Babies Initiative, DSHS Infant Feeding Workgroup, prenatal outreach campaigns, perinatal quality improvement projects, community needs assessments, and communication campaigns.

Low Birth Weights

The percent of low birthweight births (5 lbs., 8 oz. or less) in Texas varies greatly by county. In 24 Texas counties, the percentage of low weight births is between four to six percent. This percentage places these Texas counties among the 10 percent of United State counties that have the smallest percentage of low weight births. However, in 84 Texas counties, low birth weight rates range from 9 to 16 percent, well above the national average of 8 percent.⁸ Figure 1 shows the variations in percentage of low birthweight infants in Texas counties.

Figure 1. Low Birth Weight Infants by County - Texas 2011-15*



Source: Texas Department of State Health Services, Center for Health Statistics; 2011-2015; Vital Event Included. Data finalized on 2/24/2017.

*Data is unavailable for counties in white or a percent listed as 0.0.

Developmental Screenings

Regular developmental screenings help families and medical professionals recognize milestones, monitor a child's health, and identify possible behavioral and developmental delays that early intervention services can treat. However, data shows that not every child enrolled in Medicaid or CHIP receives developmental screenings. Among children under age three who are enrolled in Medicaid/CHIP, statewide, 48 percent received a developmental screening.⁹ However, screening rates vary widely across Texas regions, from as high as 58 percent to as low as 29 percent.¹⁰ While Texas is making incremental improvements in the developmental screening rate for children in Medicaid/CHIP (45 percent in 2015 to 48 percent in 2017)¹¹, the state faces challenges with developmental screenings. DSHS provides parents information stressing the importance of regular developmental/behavioral health screenings to be performed by a child's doctor.¹²

4. Child Health Determinants

Factors Influencing Child Health

A person's health status is a product of the following five factors:

- Physical environment, such as housing and water quality;
- Social and economic environment, such as income and safety;
- Clinical, such access to quality healthcare;
- Behavior, such as diet and physical activity; and
- Genetic/congenital, such as propensity for diseases and birth defects.¹³

Poor outcomes in these areas increase the risk of impaired development and poor health from childhood through adulthood, while strengthening these factors improves health and development. For example:

- Failure to receive immunizations or living in substandard housing increases susceptibility to infectious diseases.^{14,15}
- Preventing toxic stresses during child development helps promote good health, educational achievement, and overall success in later life.¹⁶
- Healthy nutrition practices for infants and toddlers including breastfeeding and appropriate introduction of fruits and vegetables supports children being at a healthy weight.¹⁷

Importance of State/Local Collaboration

State agencies and local sectors, such as municipalities and community groups, often collaborate to create healthy conditions for children where they live, learn, and play. Enhancing the social and physical environments that families live in improves health outcomes and reduces health disparities.¹⁸ For example, when neighborhoods have safer parks, families can more easily follow their pediatrician's advice on physical activity and have greater opportunities for social interaction which can lead to greater community cohesion.

5. Child Health Priorities

The HHS System's priorities for improving the health of Texas children are reflected in the DSHS 2019-2023 Strategic Plan and focus on prevention, healthy pregnancies, and supporting physical activity and nutrition.¹⁹ HHSC, DSHS, and DFPS operate a variety of programs to further the goals and objectives to advance these strategic priorities.

Priority 1: Healthy Pregnant Mothers

A healthy pregnancy is foundational for healthy child development. DSHS and HHSC operate many programs and initiatives to advance this priority including the following examples:

- Healthy Texas Babies Initiative and Someday Starts Now Campaign: Communicate information to preconception women about diet, exercise, stopping the use of alcohol, tobacco, and drugs, and controlling health conditions.
- Maternal Mortality and Morbidity Task Force: Implement Alliance for Innovation on Maternal Health Initiative to reduce blood loss during pregnancy or delivery.²⁰
- Healthy Texas Women and Family Planning Program: Help women access health and family planning services.
- Medicaid for Pregnant Women: Provide healthcare coverage for prenatal care, including mental health and substance abuse services.
- Medicaid postpartum maternal mental health screening: Address mental health concerns.

Priority 2: Child Fitness and Healthy Weight

In children younger than six, physical activity supports a child's development by improving bone health, achieving a healthy weight, and developing motor skills.²¹ Healthy nutrition reduces the risk for obesity.²² Examples of HHSC and DSHS efforts to support physical activity and healthy nutrition include the following:

- Texas Healthy Communities: Work with communities to implement policies and changes to the environment that make physical activity and health nutrition more appealing and accessible.
- Child daycare collaboration: Work with HHSC-regulated daycare facilities to integrate nutrition, physical activity, and screen time limits into daycare standards.
- Breastfeeding Promotion: Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides breastfeeding education and support while DSHS promotes breastfeeding at worksite through the Mother Friendly worksite program and at hospitals through the Texas Ten Steps program.

Priority 3: Child Injury and Disease Prevention

The HHS System and DFPS have several initiatives designed to impact child injury and disease prevention including the following:

- Child Fatality Review Committee: Study child deaths, train pediatric care workers on diagnosing and treating child abuse, and develop parenting resources.
- Prevention and Early Intervention (PEI) programs: Partners with communities to provide home visitation, parent education, and family services focused on preventing child abuse, neglect, and exploitation.
- Children's Advocacy Programs: Supports children placed out of the home through the Children's Advocacy Programs including the Child Advocacy Centers (CAC) and the Court Appointed Special Advocates (CASA) program.
- Safe Sleep for Babies: Conducts a public awareness campaign on proper infant sleep safety to help reduce Sudden Infant Death Syndrome and coordinates with other state and local entities to ensure consistency in sleep safety materials and messaging.
- Housing: Collaborate with housing assistance to reduce children's exposure to lead and work with multi-family housing units to reduce children's exposure to second-hand smoke.

Priority 4: Early Detection and Treatment

Identifying and treating health conditions early maximizes the chance of improving outcomes for children for a range of conditions including those involving developmental delays and disabilities.²³ DSHS and HHSC implement the following detection and treatment programs:

- Screening Programs: Conduct screens (e.g. newborn, hearing and vision, development) and support prompt follow-up
- Healthcare: Provide medical care through Medicaid and CHIP
- Early Childhood Intervention (ECI): Serves children with developmental delays and disabilities
- Oral Health Improvement Program (OHIP): Works to increase the number of children that visit a dentist by their first birthday.

6. Texas Child Health Programs

This report contains information on 34 different programs that affect the health and wellbeing of Texas children under six years of age. These brief summaries include information on the program's purpose, eligibility requirements, and highlights some recent programmatic accomplishments. Figure 2 below provides a graphical representation of these programs, organized by type. Appendix A provides "at a glance information" for each of these programs.

Figure 2. Texas Health and Human Services Programs Supporting Child Health



Financial and Nutrition Assistance

Supplemental Nutrition Assistance Program (SNAP)

- Administered by HHSC

Program Description

SNAP helps qualifying, low-income households buy the food they need for good health. SNAP households include all individuals who reside at the same address and purchase and prepare food together. Recipients receive a monthly financial allotment based on income and household size to purchase food items. Most benefit periods last six months, but some can be as short as one month or as long as three years. The U.S. Department of Agriculture (USDA) determines the food items families can purchase with SNAP benefits and approves SNAP retailers. SNAP benefits are issued on an Electronic Benefit Transfer (EBT) card, the Lone Star Card. Although the program is fully federally funded, HHSC administers the program in Texas.

In addition to nutrition assistance, HHSC offers programs that provide nutrition education and obesity prevention services to low-income communities and SNAP-eligible families. HHSC designed these services to facilitate the adoption of healthy nutrition and physical activity behaviors.

A family can apply for SNAP through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 phone service. A family can also apply for benefits through one of the statewide network of community-based organizations participating in the Community Partner Program.

Eligibility Requirements

Table 1. Summary of SNAP Eligibility Requirements.

Age/Family	Any age (see below regarding benefit timeframe)
Residency/Citizenship	Citizen or qualified eligible immigrant
Income/Assets	<p>In general, the gross income test of 165% of Federal Poverty Level (FPL) and net monthly income of 100% of FPL. Cannot have countable resources exceeding \$5,000.</p> <p>Net monthly income is determined by subtracting certain deductions such as dependent care, medical, and housing costs.</p>
Diagnosis	Not Applicable
Other	Work requirements for able-bodied adults, and most applicants must interview with HHSC. Persons such as those with a disability or caring for a child under six may be exempt from work requirements.

Recent Accomplishment

Improved Interview Availability

HHSC now provides on-demand interviews, rather than a scheduled appointment at a specific time and date. This change provides applicants flexibility to complete their interview at their convenience, within a seven-day period. This initiative improves customer service and helps to better meet the needs of households with employed adults and/or small children.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Administered by HHSC

Program Description

WIC is a nutrition program that helps low-income pregnant women, postpartum and breastfeeding women, infants, and young children up to the age of five receive supplemental nutritious foods, learn about nutrition, and stay healthy. WIC services also include nutrition education and counseling, breastfeeding support, and healthcare referrals to improve health outcomes for participants. WIC foods meet the nutritional needs of participants and are rich in protein, iron, Vitamins C and A, and calcium, which are vital to healthy development during pregnancy and early childhood.

The WIC program significantly improves short and long-term outcomes of young Texans by delivering its services at key stages of a child’s development. Implications are far reaching as good nutrition, eating habits, and psychosocial development early in life produce positive lifelong effects.

Eligibility Requirements

Table 2. Summary of WIC Eligibility Requirements.

Age/Family Status	Be pregnant, breastfeeding, postpartum, an infant, or a child under 5 years of age.
Residency/Citizenship	Texas resident
Income	Income at or below 185% of the FPL or be eligible for SNAP, TANF, or Medicaid.
Diagnosis	Not Applicable
Other	Have a medical or dietary risk such as history of poor pregnancy outcome, underweight, iron-deficiency anemia, or poor eating habits leading to poor health.

Recent Accomplishments

Hurricane Harvey Response

As Hurricane Harvey impacted the Texas Gulf Coast in August 2017, WIC mobilized resources to assist affected WIC participants, clinics, and vendors. The USDA temporarily approved WIC's request to modify the WIC food package as supply disruptions made it difficult for stores to stock some items. Local WIC agencies collaborated with area grocery stores and other community partners to provide services in areas where clinics sustained damage. At emergency shelters in Houston, WIC provided breastfeeding support to mothers with newborns and certified WIC applicants on-site. Austin-based WIC staff also traveled to Houston to help provide mobile certifications.

Texas Integrated Network Deployment

Texas WIC led a multi-state effort spanning five agencies in the USDA Southwest Region to develop a new information system, the Texas Integrated Network (TXIN). HHSC rolled out TXIN to Texas WIC's 66 local agencies in August 2018. As a result, WIC service delivery to clients has improved by reducing administrative hurdles to services and allowing local agencies to maximize resources. WIC clinic staff are reporting reductions in grocery store voucher processing times, improvements in participant transfers, card locks, and income eligibility screening. The USDA funded all project costs, along with additional resources invested by the National and Southwest Regional Offices.

Temporary Assistance for Needy Families (TANF)

- Administered by HHSC

Program Description

TANF provides temporary financial assistance to needy children and their parents or relative caretakers who are living with them. The program's purpose is to ensure that children are cared for in their own homes, support-transitioning parents to self-sufficiency, prevent out-of-wedlock pregnancies, and encourage the formation and maintenance of two-parent families. The most common TANF assistance is a monthly cash benefit issued to an EBT card, the Lone Star Card. In addition, each child receiving TANF receives an annual thirty-dollar School Subsidy payment for purchasing clothing, school supplies, and other needed items.

The Texas legislature appropriates TANF federal funds to other HHSC divisions and state agencies for non-cash assistance programs that assist children. Examples of these programs include the DFPS Texas Nurse-Family Partnership (TNFP) (summarized later in the report), after-school youth initiatives, pregnancy support program, pre-Kindergarten education, Foster Youth Transition Centers, and the relative caregiver program.

A family can apply for TANF through multiple channels, including a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 phone service. A family can also apply for benefits through one of the statewide network of community-based organizations participating in the Community Partner Program.

Eligibility Requirements

Table 3. Summary of TANF Eligibility Requirements.

Age/Family	Family must include a child under age 19 living in the household. Child must live with an adult relative, such as parent, stepparent, grandparent, sibling, aunt, uncle, or cousin.
Residency/Citizenship	Citizen or qualified eligible immigrant
Income/Asset	Resource limits are \$1,000 and income limits are based on household size according to the following needs tests: <ul style="list-style-type: none">• Budgetary Needs Test: Gross income minus allowable deductions such as dependent care and work expenses.• Recognizable Needs Test: Net income (from Budgetary Needs Test) minus 1/3 or 90% earned income deduction.
Diagnosis	Not Applicable
Other	Personal Responsibility Agreement (PRA) and complete an interview with HHSC. The PRA includes requirements related to employment, child support, alcohol/drug abuse, medical care for child, and parenting skills.

Recent Accomplishment

Improved Interview Availability

HHSC now provides on-demand interviews, rather than a scheduled appointment at a specific time and date. This change provides applicants flexibility to complete their interview at their convenience, within a seven-day period. This initiative improves customer service and helps to better meet the needs of households with employed adults and/or small children.

Health Insurance and Healthcare Coverage

HHSC operates a number of programs that provide healthcare coverage for Texas children, including Medicaid fee-for-service (FFS) and managed care programs, CHIP, dental programs, and other programs for specific populations. While a small number of children remain in FFS Medicaid, the vast majority of children in Medicaid receive services through a Managed Care Organization (MCO). Enrollment in one of these programs depends on the criteria outlined for each program.

Children's Medicaid

- Administered by HHSC

Program Description

Children's Medicaid is a jointly funded state-federal healthcare program administered under Title XIX of the Social Security Act. Medicaid serves primarily low-income families, children, related caretakers of dependent children, pregnant women, people age 65 and older, and adults and children with disabilities. Medicaid is similar to a basic health insurance program but also provides coverage for people in need of chronic care or long-term services and supports (LTSS). Children's Medicaid-covered services are the same whether provided through the traditional FFS model or through managed care.

Children enrolled in Children's Medicaid receive services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, known as Texas Health Steps (THSteps) and the Comprehensive Care Program (CCP), an expanded THSteps benefit. THSteps provides preventive health and comprehensive care services consisting of periodic medical and dental checkups, and preventive care, such as immunizations, oral evaluations, and fluoride varnishes. THSteps also provides outreach and information to families and providers.

CCP services include any other medically necessary and appropriate healthcare service covered by Children's Medicaid, regardless of the limitations of the Children's Medicaid plan, for the treatment of all physical and mental illnesses or conditions found during a screening. In addition, all children in Children's Medicaid have access to as many prescriptions as they need.

The traditional Medicaid payment system, FFS, HHSC pays the healthcare provider a fee for each unit of service they provide. In managed care, HHSC pays managed care organizations (MCOs) a capitated rate per member per month (PMPM) for each Medicaid client enrolled in the MCO. The MCO then pays the healthcare provider an established fee for each unit of service. Managed care members receive services through the MCO's contracted networks of doctors, hospitals, and other healthcare providers. In Fiscal Year 2018, 3,747,295, or 94 percent, of the state's 3,998,671 Medicaid full benefit clients (includes children and adults) were enrolled in a managed care plan.²⁴

A family can apply for Children's Medicaid through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 phone service. A family can also apply for benefits through one of the statewide network of community-based organizations participating in the Community Partner Program.

There are four major managed care programs serving Medicaid-eligible children:

- STAR;
- STAR Health;
- STAR Kids; and
- Children's Medicaid Dental.

This report provides information about each of these programs in the subsequent program briefs.

Eligibility Requirements

To become eligible for Medicaid, a child will typically meet one of the following categories:

- Low-income family;
- In state conservatorship; or
- Have a qualifying disability.

The chart below provides information about the Medicaid eligibility criteria for each of these categories. Once a child is eligible for Medicaid, he or she will receive services through the service model matching their eligibility category, such as one of the managed care programs (e.g., STAR, STAR Health, or STAR Kids). However, as noted above, there are a small percentage of children who do not enroll in a managed care program and continue to receive services through traditional FFS Medicaid.

Table 4. Summary of Medicaid Criteria Applicable to Children

	Eligibility Category: Low-income, non- disabled children	Eligibility Category: Children in state conservatorship	Eligibility Category: Children with disabilities
Age	Under age 21	Under age 21 (children in state conservatorship) or under age 22 (adults in voluntary foster placement)	Under age 21
Residency/ Citizenship	Texas resident who is a U.S. citizen or qualified alien	Texas resident who is a U.S. citizen or qualified alien	Texas resident who is a U.S. citizen or qualified alien
Income	<ul style="list-style-type: none"> • Under age 1: 190% of FPL • Age 1 to 5: 144% of FPL • Age 6 to 18: 133% of FPL 	Not Applicable	Asset test
Diagnosis	Not Applicable	Not Applicable	Disability diagnosis
Other	Not Applicable	Not Applicable	Receive one of the following: <ul style="list-style-type: none"> • SSI & SSI-related Medicaid • SSI & Medicare • Waiver services (e.g. IDD, MDCP, YES) • Reside in a community-based ICF-IID or nursing facility for acute care services only

STAR

- Administered by HHSC

Program Description

STAR is a managed care program that provides services for low-income families, non-disabled children, pregnant women, and some former foster care youth eligible for Medicaid. STAR operates statewide with services delivered through MCOs under contract with HHSC. STAR members can select from at least two MCOs in their service delivery area. HHSC contracts with 16 MCOs serving STAR service delivery areas throughout the state. Once determined eligible for Medicaid, HHSC sends an enrollment packet to clients with information on health plans in their service delivery area.

Children receive all benefits available under the Texas Medicaid state plan, including THSteps, prescription drugs, hospital care, primary and specialty care, behavioral health, private duty nursing, and preventive care. As in FFS, STAR members receive an unlimited number of hospital days, and unlimited prescriptions. STAR managed care members also have primary care providers (PCPs) and get service management and value-added services. MCOs provide service management to facilitate development of service plans and coordination of services for members. Value-added services are additional services beyond Medicaid covered services that promote healthy lifestyles and improve outcomes. These value-added services are available in managed care programs.

Participation Requirements

The following Medicaid-eligible populations participate in STAR:

- Individuals receiving TANF
- Pregnant women and children with limited income
- Newborns
- Certain former foster care youth
- Special populations

Recent Accomplishments

Postpartum Maternal Depression Screening

Maternal postpartum depression screening during an infant's THSteps checkup became a Children's Medicaid benefit effective July 2018.²⁵ This service may be provided within a year of an infant's birth during a THSteps checkup using a validated screening tool with reimbursement once per provider.

Service Delivery Transition

In 2013, the Texas Legislature directed HHSC to move the remaining fee-for-service Medicaid clients to managed care.²⁶ Clients in the DFPS Adoption Assistance and Permanency Care Assistance programs began receiving Medicaid services through MCOs beginning September 1, 2017, with the majority of these clients transitioning to the STAR program.

STAR Health

- Medicaid eligibility for children in state conservatorship is determined by DFPS, and the program is administered by HHSC

Program Description

STAR Health is a statewide Medicaid managed care program that provides a comprehensive array of healthcare services for children and youth in the conservatorship of DFPS, including those in foster care and kinship care. These services include primary care, acute care, behavioral healthcare, dental, vision, prescription drugs, and long-term services and supports (LTSS) including private duty nursing (PDN), personal care services (PCS), Community First Choice (CFC, for qualifying members), and Medically Dependent Children Program (MDCP) services for members who meet income, resource, and medical necessity requirements for nursing facility level of care. A single MCO contracts with HHSC to deliver services statewide to STAR Health clients. Additionally, members receive unlimited prescriptions and health plan-specific value-added services.

STAR Health program members have access to a PCP, who coordinates the child's care through a medical home in accordance with the child's healthcare needs. STAR Health offers additional services not available in FFS, including service management, service coordination, a seven days-per-week, 24-hours-per-day nurse hotline for caregivers and caseworkers, value-added services, and the Health Passport, a web-based, claims-based electronic health record.

Participation Requirements

The following Medicaid-eligible populations participate in STAR Health:

- Children under age 18 in state conservatorship including those in foster care and kinship care
- Young adults up to the month of their 22nd birthday who have voluntary extended foster care placement agreements
- Young adults up to the month of their 21st birthday who were formerly in foster care and are receiving Medicaid services under Medicaid for Former Foster Care Children

Recent Accomplishments

Assessment-driven Service Plans

DFPS is required to ensure that children entering DFPS conservatorship receive a developmentally appropriate comprehensive assessment and trauma screening within 30 days of entry into care.²⁷ The Child and Adolescent Needs and Strengths (CANS) 2.0 assessment is a multi-purpose tool that links the assessment process with the development of individualized service plans. On September 1, 2016, STAR Health certified clinicians started administering CANS 2.0 assessments. DFPS caseworkers and MCO service managers use CANS results to create service plans and deliver services according to service priorities and within required timeframes.

Expedited Care and Checkups

DFPS is required to ensure children entering DFPS conservatorship receive an initial medical examination within three business days of entering care and receive timely and complete THSteps checkups within 30 days of entering care.²⁸ HHSC and DFPS collaborated on a new initiative called 3 in 30, a comprehensive approach towards improving care for children in conservatorship. This initiative includes the following:

- 3-Day Medical Exam: Children entering DFPS care must see a doctor, be checked for injuries or illnesses and receive needed treatments.
- 30-Day CANS 2.0 assessment: HHSC and DFPS require that children receive a CANS assessment within 30 days.
- 30-Day THSteps Checkup: Within 30 days, children must see a doctor for a complete checkup with lab work.

STAR KIDS

- Administered by HHSC

Program Description

STAR Kids is a Medicaid managed care program that provides acute care and long-term services and supports benefits to children and young adults under age 21 with disabilities. Texas has ten STAR Kids MCOs statewide, and STAR Kids members have the choice of at least two STAR Kids MCOs in each service delivery area.

STAR Kids services include THSteps, prescription drugs, hospital care, primary and specialty care, behavioral health, preventive care, and LTSS including durable medical equipment and supplies, PDN, PCS, CFC and MDCP services for members who meet income, resource, and medical necessity requirements for nursing facility level of care. Additionally, members receive unlimited prescriptions and health plan-specific value-added services.

Each member has access to service coordination through his or her STAR Kids MCO. Through service coordination, MCOs help identify member needs and connect members to services and qualified providers. A core component of the STAR Kids program is a standard screening and assessment process. MCOs use the STAR Kids Screening and Assessment Instrument to assess and determine each child's need for medical, behavioral, functional services, and supports for independent living.

Participation Requirements

The following Medicaid-eligible populations of children and young adults aged 20 and younger participate in STAR Kids:

- Receive SSI and SSI-related Medicaid
- Receive SSI and Medicare
- Receive MDCP waiver services
- Receive YES waiver services for acute care services only
- Receive IDD waiver services (e.g. CLASS, DBMD, HCS, TXHmL) for acute care services only
- Reside in a community-based ICF-IID or in a nursing facility for acute services only

Recent Accomplishments

Managed Care Transition and Service Coordination

In November 2016, HHSC implemented STAR Kids to integrate the delivery of acute care, behavioral health, and LTSS benefits for children and young adults under age 21 with disabilities. Main features include service coordination, a comprehensive needs assessment, client-centered planning and service design, and transition planning. As part of the implementation, HHSC also developed a new MDCP assessment tool as required by the Texas Legislature.²⁹ The assessment incorporates current services, needs, preferences, and goals for care.

Children’s Health Insurance Program (CHIP)

- Administered by HHSC

Program Description

CHIP covers children in families who are not financially eligible for Medicaid but cannot afford to purchase private insurance. The program provides healthcare benefits focused on primary healthcare needs, subject to certain limitations and exclusions. Covered services include hospital care and outpatient services, physician and surgical services, prescription drug coverage, laboratory and radiological services, behavioral health services, dental and vision care, rehabilitation services, clinic and community-based services; emergency services, acute care, and hospice care. Additionally, members receive health plan-specific value added services. Currently, 15 MCOs deliver CHIP services in 10 service delivery areas across the state.

A family can apply for CHIP through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 phone service. A family can also apply for benefits through one of the statewide network of community-based organizations participating in the Community Partner Program.

Eligibility Requirements

Table 5. Summary of CHIP Eligibility Requirements.

Age/Family Status	Under age 19
Residency/Citizenship	Texas resident who is a U.S. citizen or qualified alien
Income	Income is at or below 201% of the FPL
Diagnosis	Not Applicable
Other	Uninsured for at least 90 days and either have a Social Security Number or have applied for one.

Recent Accomplishments

CHIP Reauthorization

When CHIP funding expired in September 2017, Texas did not receive redistribution funds from Centers for Medicare and Medicaid Services (CMS). Instead, Texas used Federal Fiscal Year (FFY) 2017 carryover funds, which allowed CHIP enrollment to remain steady during this uncertain period. Re-authorization of CHIP funding occurred in January 2018 with the reauthorization lasting until 2023. Additionally, in February 2018, Congress approved an additional four years of funding through FFY 2027.

The reauthorization legislation modified the Affordable Care Act (ACA) Maintenance of Effort (MOE) requirement, and the match rate for federal CHIP funds. The MOE requirement mandates that states keep eligibility at pre-ACA levels and prohibits states from instituting wait lists, caps, or freezes on enrollment. After FFY 2019, this requirement applies to families with incomes at or below 300 percent of the FPL, which includes all families covered in CHIP. Currently, states receive a super-enhanced “23 percent bump” in the federal CHIP match rate, which will decrease to 11.5 percent in FFY 2020. The current super enhanced CHIP match rate for Texas is 92.78 percent. In FFYs 2021 through 2027, CHIP will receive the regular enhanced Title XXI matching rate, which is approximately equal to the Medicaid match plus 15 percentage points.

Hurricane Harvey Impact on CHIP Co-pays

Hurricane Harvey caused significant damage and flooding in numerous counties forcing many to evacuate to temporary locations. CMS approved the state's request to waive CHIP co-payments for members with a permanent address in one of the Hurricane Harvey Federal Emergency Management Agency declared disaster counties. CHIP co-payment waivers occurred from August 25, 2017 to November 30, 2017. As a result, providers did not collect co-payments for CHIP members living in these counties. Instead, MCOs compensated providers for waived CHIP copays.

Children's Medicaid Dental Services

- Administered by HHSC

Program Description

Dental maintenance organizations (DMOs) provide Children's Medicaid dental services to children and young adults under age 21 with limited exceptions. Medically necessary benefits and services include diagnostic, preventive, restorative, therapeutic, endodontic, periodontic, prosthodontic, oral, maxillofacial, orthodontic, and adjunctive.

Medicaid Dental Service members may select a DMO and a primary dentist or be defaulted to a dental plan and primary dentist. The primary dentist serves as the member's dental home and is responsible for providing routine care, maintaining continuity of patient care, and initiating referrals for specialty care. Members have the choice of two DMOs throughout the state.

Eligibility Requirements

Children under 21 enrolled in Medicaid are eligible for comprehensive dental services. The following clients do not qualify to receive services through the children's Medicaid managed care dental plans:

1. Clients who are 21 years of age or older;
2. Clients who reside in a facility (i.e. nursing facilities, State Supported Living Centers, or Intermediate Care Facilities [ICF/IID]); and
3. Clients in STAR Health. STAR Health members receive dental services through the STAR Health MCO.

Recent Accomplishments

Updated Standards of Care

In fiscal year 2016, HHSC required THSteps dental providers to conduct tooth decay risk assessments on Children's Medicaid and CHIP clients under 21 years of age to facilitate the implementation of the Dental Quality Alliance (DQA) sealant measure as part of its quality program. Adoption of the DQA measure allows Texas to have nationally recognized standards of care.

Patient Safety Policy

In fiscal year 2017, HHSC required fee-for-service Medicaid, MCOs, and DMOs to implement prior authorization for therapeutic dental treatment when performed under level 4 deep sedation or general anesthesia. The policy applies only to children under seven years of age who are enrolled in Children's Medicaid. The prior authorization requirement applies to both the therapeutic dental treatment, and the anesthesia services rendered by an anesthesiologist or certified registered nurse anesthesiologist. This policy ensures the safety of Children's Medicaid clients who undergo deep sedation or general anesthesia during dental treatment.

Children’s Health Insurance Program (CHIP) Dental Services

- Administered by HHSC

Program Description

DMOs provide CHIP Dental Services to children under the age of 19 who are eligible for CHIP. CHIP dental benefits and services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillofacial services.

These benefits are subject to a \$564 annual “calendar year” limit unless an exception applies. In addition, some of the dental benefits described above are subject to annual limits over a 12-month coverage period. CHIP members who exhaust the \$564 annual limit continue to receive diagnostic and preventive services, and other medically necessary services necessary to allow a CHIP member to return to normal, pain-free functioning. This includes treatment of traumatic clinical conditions or treatments to prevent dental problems from becoming more serious.

CHIP Dental Service members may select a DMO and a primary dentist or be defaulted to a dental plan and a primary dentist. The primary dentist serves as the member’s dental home and is responsible for providing routine care, maintaining continuity of patient care, and initiating referrals for specialty care. Members have the choice of two DMOs throughout the state.

Eligibility Requirements

Children who meet the eligibility requirements for CHIP also qualify to receive CHIP Dental Services.

Key Accomplishment

Performance Improvement

In 2017, each DMO conducted dental performance improvement projects for CHIP and Medicaid. Both DMOs achieved a statistically significant improvement and sustained improvement in at least one study measure.

Texas Health Steps (THSteps)

- Administered by HHSC

Program Description

THSteps provides medical, dental, and case management services focusing on preventive care. The THSteps Comprehensive Care Program (CCP) expands these services to include acute medical care and other services deemed medically necessary.

Eligibility Requirements

Table 6. Summary of THSteps Eligibility Requirements.

Age/Family Status	Under age 21
Residency/Citizenship	U.S. citizen
Income	Eligible for Medicaid
Diagnosis	Not Applicable
Other	Medicaid client

Key Accomplishments

Upgraded outreach documentation and reporting

THSteps worked with HHSC, DSHS, and its Outreach and Informing Contractor to develop a proprietary application to more efficiently plan, conduct, and track outreach activities as well as documenting required data.

Maternal Depression Screening Benefit

As of July 2018, maternal depression screening is a new THSteps benefit conducted at an infant's THSteps checkup. HHSC increased provider education on this benefit by updating the Children's Services Handbook and Postpartum Depression Toolkit, creating an online tutorial (Integrating Postpartum Depression Screening into Routine Infant Medical Checkups), and communicating training for regional THSteps provider relations staff to use during office visits.

Children's Health Insurance Program (CHIP) Perinatal

- Administered by HHSC

Program Description

CHIP Perinatal services are for the unborn children of pregnant women who are uninsured and do not qualify for Medicaid due to income and/or immigration status. CHIP Perinatal benefits include up to 20 prenatal visits, prescriptions and prenatal vitamins, labor and delivery, two postpartum doctor visits for the mother regardless of eligibility; and, depending on eligibility for either Medicaid or CHIP, regular checkups, immunizations, and prescriptions for the baby after the baby leaves the hospital. Through CHIP Perinatal, pregnant women receive CHIP coverage related to the unborn child and birth only. Additionally, members receive health plan-specific value-added services. The mother does not receive comprehensive healthcare coverage.

All Texas CHIP MCOs must provide CHIP Perinatal program services. Members receiving perinatal benefits are exempt from the 90-day waiting period and all cost sharing, including enrollment fees and co-pays, for the duration of their coverage period.

A family can apply for CHIP Perinatal through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 phone service. A family can also apply for benefits through one of the statewide network of community-based organizations participating in the Community Partner Program.

Eligibility Requirements

Table 7. Summary of CHIP Perinatal Eligibility Requirements.

Age/Family Status	Unborn child and pregnant woman
Residency/Citizenship	Texas resident
Income	Household income is 198%-202% of FPL but do not qualify for Medicaid because of income; or Household income at or below 202% of FPL but do not qualify for Medicaid because of immigration status.
Diagnosis	Not Applicable
Other	Are without insurance or ineligible for Medicaid or CHIP. Women who are U.S. citizens or qualified immigrants with household income at or below 198% FPL may be eligible for coverage under the Medicaid for Pregnant Women program. For CHIP Perinatal individuals at or below 198% FPL, the mother must apply for Emergency Medicaid to cover her labor with delivery.

Medically Dependent Children's Program (MDCP)

- Administered by HHSC

Program Description

MDCP is a community-based waiver program for individuals who otherwise meet the level of care provided in a nursing facility. MDCP services support individuals and their caregivers by offering respite services, employment services (employment assistance and supportive employment), adaptive aids, minor home modifications, transition assistance services, and access to state plan habilitation benefits. MDCP services are in addition to other Medicaid benefits, such as doctor's visits, personal care services, and private duty nursing. MDCP is available in the STAR Kids and STAR Health managed care programs.

Eligibility Requirements

Table 8. Summary of MDCP Eligibility Requirements.

Age/Family Status	Under age 21
Residency/Citizenship	Texas resident
Income	Financially eligible for Medicaid based on child or young adult's income and resources.
Diagnosis	Level of care meets medical necessity for nursing facility admittance
Other	Not Applicable

Recent Accomplishments

Incorporation of MDCP Services

In November 2016, MDCP clients began receiving their acute care and long-term care services, including MDCP services, through STAR Kids and STAR Health. MDCP clients can now access their services through their MCO.

New Assessment Instrument

As of May 2018, all MDCP members have been assessed using the STAR Kids Screening and Assessment Instrument. Developed by Texas A&M University Health Science Center, the assessment is a new person-centered, holistic, pediatric assessment tool. HHSC has worked closely with external stakeholders, including the STAR Kids Advisory Committee, on post-implementation efficiencies and improvements.

Waiver Renewal

HHSC received approval for the MDCP waiver application renewal effective September 1, 2017. Required every five years for established waivers, program staff met with internal and external stakeholders to revise and update the application before submitting to CMS.

Title V Child Health and Dental Fee-for-Service

- Administered by HHSC

Program Description

The Title V Child Health and Dental Fee-for-Service program provides children and adolescent healthcare including primary care, well-child examinations, sick child and follow-up visits, nutritional visits, immunizations, and case management. Dental services for children and adolescents include comprehensive and periodic oral evaluations and preventative services.

Eligibility Requirements

Table 9. Summary of Title V Child Health and Dental Fee-for-Service Program Eligibility Requirements.

Age/Family Status	Under age 22
Residency/Citizenship	Texas resident
Income	At or below 185% of FPL
Diagnosis	Not Applicable
Other	Are without insurance or ineligible for Medicaid or CHIP

Recent Accomplishments

Program Utilization

In fiscal year 2017, the program provided 33,392 Texas children access to health and dental services.

Children with Special Health Care Needs (CSHCN) Services Program

- Administered by HHSC

Program Description

CSHCN is a state and federally funded program that provides healthcare benefits to low income clients with physical or developmental disabilities.

CSHCN assists clients with accessing the following benefits: medical, dental, and mental healthcare including prescription drugs, special therapies, and case management. Additional benefits include family support services, travel to healthcare visits, insurance premium assistance, and the transportation of deceased clients.

Eligibility Requirements

Table 10. Summary of CSHCN Eligibility Requirements.

Age/Family Status	Under 21 years old (or any age with cystic fibrosis)
Residency/Citizenship	Texas resident
Income	Family income equal or less than 200% of FPL
Diagnosis	Have a chronic physical or developmental condition that: <ul style="list-style-type: none">• Is expected to last at least 12 months;• Will limit one or more major life activities;• Requires more healthcare than a child typically need; and• Has physical symptoms (the program does not cover clients with only a mental, behavioral, or emotional condition, or a delay in development).
Other	Not Applicable

Recent Accomplishments

Reduced Waiting List

During fiscal year 2018, 380 children previously on the waiting list began receiving healthcare benefits.

Policy Updates

CSHCN made administrative changes to the Texas Medicaid & Healthcare Partnership (TMHP) CSHCN policy manual and the provider manual. These changes allow providers to deliver services to clients more efficiently.

Primary Health Care (PHC)

- Administered by HHSC

Program Description

The PHC program ensures that needy Texas residents who do not qualify for other state or federal healthcare assistance programs have access to primary healthcare services. PHC provides healthcare services including the following: diagnosis and treatment for common acute and chronic diseases, emergency medical services, and family planning services as well as preventive health services, health education, and diagnostic services such as labs and X-rays.

Potential clients, or their parent, apply to receive services at a contracted provider clinic and, if determined eligible, can receive primary healthcare services immediately. While children may be eligible for PHC benefits, they are often also eligible for other healthcare programs (e.g., Children’s Medicaid, CHIP, etc.). As a result, children represent a very small portion of the population served by PHC.

Eligibility Requirements

Table 11. Summary of PHC Eligibility Requirements.

Age/Family Status	Any age
Residency/Citizenship	Texas resident
Income	Income at or below 200% of FPL
Diagnosis	Not Applicable
Other	Do not otherwise receive primary healthcare, including preventative healthcare services and education

Recent Accomplishments

Improved resource allocation

In 2018, PHC performed a reallocation of funds to ensure efficient use of PHC appropriated funds and to add four new contractors in underserved areas.

Developmental and Disability Services

Blind Children's Vocational Discovery and Development Program (BCP)

- Administered by HHSC

Program Description

BCP provides opportunities for children between the ages of birth to 22 years old who are blind or severely visually impaired to learn the skills required for personal independence, potential employment, and integration into their community. BCP's comprehensive habilitative services enhance children's ability to develop skills comparable to those of their sighted peers and achieve financial self-sufficiency as adults.

BCP Specialists serve a dual role as case managers and direct service providers. BCP Specialists work with each child and their family to create a flexible service plan tailored to their needs and circumstances. In addition, BCP Specialists provide wraparound case management services to help children develop confidence and skills that increase independence and participation in vocational activities. BCP Specialists support families in the vocational discovery and development process, including offering training and identifying additional support services.

A parent or caretaker applies for BCP services for the child by providing a name and address to any HHSC office by letter, telephone, in-person, by calling the HHS Office of the Ombudsman, or by submitting an online request. A referral can be received from a teacher of a student with visual impairments, a health care provider, or another stakeholder who notices vision issues in the child. After completing and signing an application, an eligible resident of Texas may receive BCP services.

Eligibility Requirements

Table 12. Summary of BCP Eligibility Requirements.

Age/Family Status	Under age 23
Residency/Citizenship	Texas Resident
Income	Not Applicable
Diagnosis	Have a visual impairment: an injury, disease or other disorder that reduces or may reduce visual functioning, or requires cosmetic treatment, psychological assistance, counseling or other assistance BCP can provide
Other	New referrals age 14 and older who are expected to be permanently, severely visually impaired are referred to the Vocational Rehabilitation-Blind Transition Services program at the Texas Workforce Commission

Recent Accomplishment

New Case Guidelines

In 2017, BCP implemented new case management guidelines for identifying a case's status. Cases are now marked as *active* or *consult* making it easier to triage cases and provide greater flexibility in delivering services to meet the needs of children.

Children’s Autism Program

- Administered by HHSC

Program Description

The Children’s Autism Program provides focused applied behavior analysis treatment services to children ages 3-15 years with a documented autism spectrum diagnosis. Contractors in communities around the state perform the services in the home, in a clinic, or in a setting familiar to the child.

Eligibility Requirements

Table 13. Summary of Children’s Autism Program Eligibility Requirements.

Age/Family Status	Ages 3 through 15
Residency/Citizenship	Texas resident
Income	Not Applicable
Diagnosis	Documented diagnosis on the autism spectrum
Other	Not Applicable

Recent Accomplishments

Service Expansion

The 84th Texas Legislature increased funding for the Children’s Autism Program and made modifications to the type of services provided by the program. These changes resulted in an increase of contractors from eight to 20, now located in 10 of the 11 HHSC regions, and an overall increase in the number of children served from 288 in fiscal year 2015 to 1,008 children in fiscal year 2017.

Training to Enhance Community Collaboration

The Texas Education Agency, Region 13 Education Center, and HHSC piloted a collaborative process for parents, independent school district staff, and outside providers to work together to ensure continuity for children with disabilities across multiple settings.

The training for this collaborative process focuses on enhancing communication and decision-making skills among those who care for and serve the needs of children with autism. The training for parents, educators, and community providers is available online.

Deaf Blind with Multiple Disabilities (DBMD)

- Administered by HHSC

Program Description

DBMD provides home and community-based services to people of all ages with deafblindness and one or more additional disabilities. DBMD focuses on increasing opportunities for individuals who require special access to communication and environmental supports. DBMD provides services as an alternative to intermediate care facilities for individuals with intellectual disabilities or related conditions. While the unique needs of the individual determine specific services provided, services may include residential services, chore services, intervener services, orientation and mobility, adaptive aids and medical supplies, audiology, behavior support services and case management.

Furthermore, DBMD provides day habilitation, dental services and sedation, dietary services, employment services (employment assistance and supportive employment); minor home modifications, nursing services, occupational therapy and physical therapy; residential habilitation (transportation), respite care, speech, hearing and language therapy; transition assistance services, and access to state plan habilitation benefits.

Eligibility Requirements

Table 14. Summary of DBMD Eligibility Requirements.

Age/Family Status	Any age
Residency/Citizenship	Texas resident
Income	Incomes up to 300% of Supplemental Security Income limit (Financially eligible for Medicaid)
Diagnosis	HHSC-determined Level of Care VIII eligibility (diagnosed condition prior to age 22 and exhibits substantial functional limitations in at least three major life activities)
Other	DeafBlind or functioning as a person with deafblindness

Recent Accomplishments

Enhanced and Specialized Trainings

Families, service providers, and managed care service coordinators expressed a knowledge gap with serving infants and young children. To address this gap, in February 2017, DBMD staff hosted a webinar about working with infants and young children. This webinar brought together partners from HHSC Medicaid/CHIP policy, utilization review, ECI, and BCP programs, as well as educational expertise from the Texas School for the Blind and Visually Impaired. The webinar clarified the roles of the educational system, managed care services, and waiver supports. Since managed care services (e.g. nursing and therapy) complement DBMD services, the training improves the capability of the various programs serving DBMD clients to provide quality services.

Client Protections and Compliance Update

DBMD is updating abuse, neglect, and exploitation rules to increase compliance, minimize occurrences of abuse, neglect, and exploitation, and protect individuals of all ages in the DBMD waiver. DBMD providers are now required to report all critical incidents (not just abuse, neglect, and exploitation) to HHSC. Rules outline critical incident reporting including incidents that do not rise to the level of abuse or neglect but do require follow-up by HHSC.

Waiver Renewal

HHSC received approval for the DBMD waiver application renewal with an effective date of March 1, 2018. Required every five years for established waivers, program staff met with internal and external stakeholders to revise and update the application before submitting it to CMS.

Early Childhood Intervention (ECI)

- Administered by HHSC

Program Description

ECI provides services and supports to families with children from birth up to 36 months of age who have developmental delays or disabilities. ECI designs services to enhance both the child’s development and the capacity of the family to meet their child's needs.

Eligibility Requirements

Table 15. Summary of ECI Eligibility Requirements.

Age/Family Status	Age 0 up to 36 months
Residency/Citizenship	Texas resident
Income	Not Applicable
Diagnosis	Have one of the following conditions: <ul style="list-style-type: none">• Medical diagnosis that is likely to cause a developmental delay;• Auditory or visual impairment as defined by the Texas Education Agency; and/or• Developmental delay of at least 25% in one or more areas of development (social-emotional, self-help, communication, motor functions or cognitive skills).
Other	Not Applicable

Recent Accomplishments

Child Development Outcomes

Texas ECI’s child outcomes consistently exceed the national average. More than 70 percent of children significantly increase their rate of growth in key areas such as social-emotional skills, acquisition and use of skills, and use of appropriate behavior to meet their needs as a result of being in ECI.

Perfect Compliance Score

In July 2018, the U.S. Department of Education Office of Special Education Programs (OSEP) determined that Texas ECI met all the requirements for Part C of IDEA for another year, the highest determination available. As part of that determination, Texas received a score of 100 percent on OSEP's compliance indicators.

Home and Community-based Services (HCS)

- Administered by HHSC

Program Description

HCS provides home and community-based services to people with intellectual and developmental disabilities as a cost-effective alternative to an intermediate care facility. Designed to help individuals remain in the community, services include residential services, cognitive rehabilitation therapy, behavioral supports, day habilitation, nursing, dental and dietary services, adaptive aids and medical supplies, occupational therapy, and physical therapy. In addition, HCS clients may receive minor home modifications, respite, social work, transition assistance services; supported home living (transportation), audiology and speech/language pathology; employment services (employment assistance and supportive employment), and access to state plan habilitation benefits.

Individuals can choose the consumer directed services option, which allows more control over who provides services and the individual's service plan budget. The Individual Plan of Care must not exceed the waiver cost cap based on level of need.

Eligibility Requirements

Table 16. Summary of HCS Eligibility Requirements.

Age	No age limit
Residency/Citizenship	Texas resident
Income	Up to 300% of Supplemental Security Income limit (Financially eligible for Medicaid)
Diagnosis	<ul style="list-style-type: none">• Intellectual disability with an IQ of 69 or below or;• Related condition manifesting prior to age 22 with an IQ of 75 or below or;• Leaving a nursing facility/at risk of entering a nursing facility with a Level of Care VIII and a related condition manifesting prior to age 22.

Recent Accomplishments

Provider Webinars

HHSC hosts quarterly policy webinars to answer HCS program providers' policy questions and address common concerns related to surveys. In addition, HHSC hosts a quarterly HCS billing and payment webinar to discuss concerns and answer questions that occur during billing and payment reviews.

Policy Updates

HCS is updating its abuse, neglect, and exploitation rules to increase compliance, prevent occurrences of abuse, neglect, and exploitation, and protect individuals of all ages in the HCS waiver.

Waiver Renewal

HHSC received approval for the HCS waiver application renewal on August 21, 2018. Required every five years for established waivers, program staff met with internal and external stakeholders to revise and update the application before submitting it to CMS.

Behavioral Health Services

Children's Mental Health (CMH) - Community-based Services

- Administered by HHSC

Program Description

CMH provides community mental health services such as counseling, skills training and development, routine and intensive case management (including wraparound planning process), crisis intervention, and medication management. CMH also offers family partner services and other adjunct services, such as support groups and respite services to eligible children and youth through local mental health and behavioral health authorities (LMHAs/LBHAs). All children three years of age and older can receive crisis intervention services (in any LMHA) if the child or youth is experiencing a mental health crisis, regardless of eligibility. HHSC's network of MCOs also provide Targeted Case Management, skills training, and development services.

The LMHAs/LBHAs serve as both authorities and local CMH providers of the Texas Recovery and Resilience community service delivery system under HHSC. LMHAs collaborate with community stakeholders to develop external provider networks. CMH providers develop service plans to address goals identified by the child and family.

Individuals and families can seek community mental health services in the LMHA that serves the county they reside in. To enroll, a person contacts the LMHA, which screens, determines eligibility, and conducts a psychosocial assessment of the needs and strengths of the youth and the caregiver.

Eligibility Requirements

Table 17. Summary of CMH Eligibility Requirements.

Age/Family Status	Between 3 and 17 years of age
Residency/Citizenship	Texas resident
Income	Not Applicable
Diagnosis	Children with serious emotional disturbances (SED) (excluding a single diagnosis of substance abuse, or intellectual or developmental disabilities, or autism spectrum disorder).
Other	Who have a serious functional impairment; or who are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or are enrolled in special education because of serious emotional disturbance.

Recent Accomplishments

Increases in Children Served

In fiscal year 2018, 27,990 children received CMH services on an average monthly basis, and a total of 66,188 children accessed CMH services during the year. The total number of children accessing CMH services increased by 14 percent from fiscal year 2017 to fiscal year 2018.

Trauma-Informed Care

During fiscal year 2016, CMH services finalized a trauma-informed care pilot focused on improving the quality of care, business process, consumer participation, and treatment outcomes of individuals impacted by trauma. The initiative, "Texas Children Recovering from Trauma", impacted 86 counties. The 16 pilot sites included 7 LMHAs, 9 substance abuse treatment providers, 9 substance abuse prevention providers, and the Ysleta del Sur Pueblo Tribal Nation. This initiative led HHSC to incorporate trauma informed care as a guiding principle and framework in the 2017-2021 Statewide Behavioral Health Strategic Plan.

Children's Mental Health (CMH) - Residential Treatment Centers (RTC) Project

- Administered by HHSC

Program Description

The RTC Project is a collaboration between DFPS and HHSC serving children and youth with serious emotional disturbances (SED) with the primary goal of preventing parental relinquishment. HHSC contracts with private and non-profit RTC entities to provide 40 beds statewide to serve children and youth. The average length of stay in RTC is seven months. Children in RTCs receive room and board and intensive mental health services, including group, individual, and family therapy, and education and recreation activities. While the child is in an RTC, the parents receive services at an LMHA, including family case management, family partner services, and parental skills training.

The RTC Project works to achieve the following three goals:

- Prevent parental relinquishment of children;
- Increase access to RTC services for children at risk of relinquishment; and
- Reunify children and families based on improved ability to care for the child.

DFPS staff screen and determine eligibility for referral to the RTC Project. The RTC Project Coordinator determines eligibility and admission to the RTC Project. The RTC Project Coordinator helps the family contact the LMHA to schedule an assessment to determine the child's need for residential treatment. If the child is eligible and needs residential treatment, the LMHA and the RTC Project Coordinator helps the family obtain a psychological evaluation and complete the RTC application.

The RTC Project Coordinator helps the family choose an RTC that is the best match for their family. Placement in an RTC may not be immediate and the child may be placed on a wait list until a space becomes available. While the child is waiting for placement, the LMHA works with the family to help keep the child at home until admission to the RTC.

Eligibility Requirements

Table 18. Summary of RTC Project Eligibility Requirements.

Age/Family Status	Between 5 and 17 years of age
Income	Not Applicable
Residency/Citizenship	Texas resident
Diagnosis	Serious emotional disturbances
Other	Demonstrate a medical need for intensive residential treatment services and are at risk of relinquishment to CPS by their parents or legal guardian. Children adopted in Texas are eligible for a different set of DFPS services called post-adoption services, but are not eligible for this RTC Project.

Recent Accomplishments

Increases in RTC Beds

In fiscal year 2016, the Texas Legislature appropriated additional funds to increase the number of RTC beds from 10 to 30, and in fiscal year 2018, additional funding increased the total number of beds to 40. The additional beds have improved access to RTC services for children with SED.

Youth Empowerment Services (YES) Waiver

- Administered by HHSC

Program Description

The YES waiver provides comprehensive home and community-based mental health services to youth ages 3 through 18 who have a serious emotional disturbance. The YES waiver provides flexible supports and specialized services to children and youth at risk of institutionalization and/or out-of-home placement due to SED. In addition, the waiver offers hope to families by delivering services aimed at keeping children and youth in their homes and communities.

The objective of the YES waiver program is to provide community-based services in lieu of institutionalization in accordance with the approved waiver and program capacity. In providing these services, the YES waiver seeks to accomplish the following goals:

- Reduce out-of-home placements;
- Reduce inpatient psychiatric treatment;
- Provide a more complete continuum of community-based services and supports;
- Ensure families have access to parent partners and other non-traditional support services identified in a family-centered planning process;
- Prevent relinquishment of parental custody; and
- Improve the clinical and functional outcomes of youth with SED.

HHSC allocates YES waiver enrollment vacancies by service delivery area (per county) to LMHA/LBHAs. HHSC determines the vacancy allocations based on population size, community, need, and local infrastructure. HHSC re-evaluates allocations at least annually, or more often as needed. Areas with greater service demands receive unused vacancies from other areas.

Eligibility Requirements

Table 19. Summary of YES Waiver Eligibility Requirements.

Age/Family Status	Between 3 and 18 years of age
Residency/Citizenship	Citizen or qualified eligible immigrant
Income	Be eligible for Medicaid (parents' income does not apply)
Diagnosis	Serious emotional disturbance and meet the criteria to be in a psychiatric hospital
Other	Currently live in a home setting with a legal guardian or by themselves. Individual has serious mental, emotional, and behavioral difficulties putting him or her at risk of being placed outside the home.

Recent Accomplishments

Statewide Services and Increased Enrollments

The YES waiver program completed statewide rollout in 2016 and transitioned all claims reimbursement to Medicaid through TMHP. Between fiscal years 2016-2017, the YES waiver program grew by nearly 30 percent, serving 2,603 of the state's most vulnerable youth in fiscal year 2017 compared to 2,046 in fiscal year 2016.

Service Population Includes Children in State Conservatorship

The YES waiver strives to decrease the number of children who receive inpatient care and/or are relinquished to DFPS solely because of an inability to access needed community mental health services. HHSC amended the YES waiver to allow children who are in DFPS conservatorship to be eligible to receive YES waiver services. The YES waiver continues to prioritize services for children at "imminent risk" of being relinquished to the state. The YES waiver sets aside a reserve of five percent of waiver slots specifically for these children.

Health Checks and Prevention

Newborn Screening (NBS)

- Administered by DSHS

Program Description

NBS screens newborns for 53 genetic disorders using dried blood spots obtained at birth and within the first weeks of life. The program also monitors point-of-service newborn screenings conducted at the hospital or birthing facility for hearing and critical congenital heart disease.³⁰ Treating these disorders early can prevent serious complications such as growth problems, developmental delays, deafness, blindness, intellectual disabilities, seizures, and sudden or early death.

NBS Clinical Care Coordination ensures timely follow-up to diagnosis and management of conditions. The NBS Benefits Program provides medically appropriate foods, vitamins, medicine, and lab services for persons diagnosed with a screened disorder. NBS also supports overall infant health education by informing healthcare professionals and parents about the importance and benefits of newborn screenings and follow-ups. A contracted physician specialist can recommend that the patient apply for benefits.

Eligibility Requirements

Table 20. Summary of NBS Eligibility Requirements

Age/Family Status	Newborn
Residency/Citizenship	Texas resident
Income	Family income at or below 350% of FPL
Diagnosis	An abnormal screening result, or a confirmed diagnosis of a screened disorder.
Other	Ineligible for another benefit or insurance that would pay for all or part of the benefits in question.

Recent Accomplishments

Quality Assurance of Lab Tests and Transportation

The program monitors the number of unsatisfactory specimens submitted to the DSHS Laboratory and the average statewide transit time from specimen collection to receipt in the DSHS Laboratory. Specimen quality and quick transit ensure timely follow-up to diagnosis and management of conditions. NBS Laboratory staff use these results to conduct site visits and provide educational resources to hospitals.

Sharing Best Practices

DSHS developed two educational videos to highlight the importance of timeliness in newborn screening and other best practices related to specimen collection and transit. DSHS also promoted four NBS provider education modules used by almost 5,500 NBS providers through the THSteps Online Provider Education system.

Vision, Hearing and Spinal Screening (VHSS)

- Administered by DSHS

Program Description

The VHSS programs conduct screenings for vision, hearing, and spinal abnormalities in school-age children, using certified screeners. This screening helps identify potential problems early and ensure referral to appropriate healthcare providers.

Eligibility Requirements

Table 21. Summary of VHSS Eligibility Requirements.

Age/Family Status	Initial Screen <ul style="list-style-type: none">• 4 years old before September 1• Kindergarten• Any other first-time school entrant (4 years through 12th grade) Re-occurring: 1 st , 3 rd , 5 th , and 7 th graders
Residency/Citizenship	Texas resident
Income	Not Applicable
Diagnosis	Not Applicable
Other	This program is for all Texas school-aged children.

To be certified as a screener by DSHS a person must be licensed or have completed High School/possess a General Education Diploma (GED), and complete required training courses which includes participating in hands-on training. The screening certification is valid for five years.

Recent Accomplishments

Increase in Screening Instructors

DSHS has significantly increased the number of screening instructors in Texas, to 331 vision and hearing instructors and 146 spinal instructors. DSHS anticipates this will contribute to greater awareness of the program and an increase in certified screeners.

Updated Spinal Screening Policy to Improve Compliance

DSHS recently updated their spinal screening policy to provide clarity for stakeholders to comply with recent changes required by HB 1076, 85th Legislature, Regular Session, 2017. Starting in the 2018-2019 school year, girls will receive spinal screening twice: once at age 10 (or fall semester of grade 5) and again at age 12 (or fall semester of grade 7). Boys will only receive spinal screening once at age 13 or 14 (or fall semester of grade 8).

Texas Early Hearing Detection and Intervention (TEHDI)

- Administered by DSHS

Program Description

TEHDI ensures newborns receive a hearing screening at Texas birthing hospitals. The screening identifies young children who are deaf or hard of hearing as early as possible, so each newborn can receive appropriate intervention services. These services prevent delays in communication and cognitive skill development.

Eligibility Requirements

There are no eligibility requirements.

Recent Accomplishments

Birthing Facility Certification Rate

TEHDI provides Newborn Hearing Screening Program report cards to licensed birthing facilities which shows the facilities' performance compared to national benchmarks and quality indicators. The report card provides a snapshot of the facility's use of the TEHDI Management Information System over the previous two months and is used to evaluate facility performance. In fiscal year 2017, 72 percent of birthing facilities held distinguished certification.

Screening Compliance

During fiscal year 2017, 373,805 infants were screened in Texas birthing facilities. Of these infants, 99 percent received the screening prior to discharge with 97 percent passing the screen.

Texas Vaccines for Children (TVFC)

- Administered by DSHS

Program Description

TVFC reduces the burden of vaccine-preventable diseases for infants, children, and adolescents. Through 3,000 providers, the program ensures more than 4.3 million Texas children receive vaccinations annually. Operating since 1994, TVFC fulfills the mission of the Federal Omnibus Budget Reconciliation Act of 1993 guaranteeing vaccine availability to providers at no cost to vaccinate children from birth through 18 years of age.

DSHS contracts with local health departments who oversee providers within their jurisdictions, and DSHS directly oversees providers in areas without a local health department. The following licensed practitioners are eligible to enroll as a provider:

- Medical Doctor
- Doctor of Osteopathy
- Nurse Practitioner
- Certified Nurse Midwife
- Physician Assistant
- Registered Pharmacist

Eligibility Requirements

Table 22. Summary of TVFC Eligibility Requirements.

Age/Family Status	Under age 19
Residency/Citizenship	Texas resident
Income	See Other
Diagnosis	Not Applicable
Other	Meet one of the following conditions: <ul style="list-style-type: none">• Enrolled in Medicaid, or Medicaid-eligible• Enrolled in Texas CHIP• Uninsured or underinsured (private health insurance that does not cover vaccines or only covers selected vaccines)• American Indian or Alaska Native (in accordance with 25 United States Code §1603)

Recent Accomplishments

Texas Immunization Registry Replacement Project

In 2017, the Texas Immunization Registry, known as ImmTrac, was upgraded and is now branded as ImmTrac2. This centralized electronic registry confidentially stores immunization records for more than 8 million Texas children and adults. More than 30,000 medical provider sites, including TVFC provider sites, use ImmTrac2. The registry offers providers numerous self-service features as well as the ability to assess current vaccine coverage levels and forecast future needs.

Perinatal Hepatitis B Vaccine Education & Outreach

For the past two years, DSHS increased hepatitis B vaccine coverage rates among newborns and infants. DSHS conducted extensive outreach to Texas hospitals and birthing centers in addition to producing and distributing educational materials targeting prenatal providers and pediatricians. As a result, Texas has more hospitals than any other state on the Immunization Action Coalition's National Perinatal Hepatitis B Honor Roll, which recognizes hospitals and birthing centers that have attained hepatitis B birth dose coverage rates higher than 90 percent. This high coverage rate is preventing one of the world's most prevalent chronic infectious diseases.

Oral Health Improvement Program (OHIP)

- Administered by DSHS

Program Description

OHIP implements public health strategies to improve the oral health of Texas children. This includes a school-based sealant program, referrals based on oral evaluations, oral health surveillance, and communication of oral health information. In addition, OHIP manages Healthy Texas Smiles for Moms and Babies, a quality improvement initiative to increase the number of at-risk pregnant women and infants visiting a dentist. Regional dental teams (RDTs) conduct oral health surveillance and provide preventive interventions such as fluoride varnish and dental sealants.

Eligibility Requirements

For dental sealants, OHIP identifies schools attended by a higher number of low-income children and/or limited access to dental care. Parents or guardians must provide consent.

Key Accomplishments

Preventive Actions and Collaborations

In fiscal year 2018, OHIP teams conducted 10,395 oral evaluations and applied 9,705 fluoride varnishes, and 3,182 dental sealants. OHSP contributed to partner activities that resulted in an additional 9,194 limited oral evaluations, 9,101 fluoride varnish applications, and 29,087 dental sealant placements.

Texas Dentists Perinatal and Infant Knowledge and Attitudes Survey

OHSP administered the Texas Dentists Perinatal and Infant Knowledge and Attitudes Survey, one of the first surveys of its kind in the United States. Of the 15,000 Texas dentists, over 1,500 dentists participated in a survey. The survey provides baseline data on dentists' attitudes and behaviors regarding dental care for pregnant women, initial exams for infants, and provides insights into barriers pregnant women and infants face in receiving dental care.

Prevention and Early Intervention (PEI)

- Administered by DFPS

Program Description

The PEI division of DFPS supports healthy social, emotional, and cognitive development of children and youth in stable family relationships and nurturing community environments. Through PEI programs and services designed to improve parenting skills, strengthen family relationships and build resiliency, PEI strives to reduce child abuse, enhance school readiness, improve social-emotional and physical health, and strengthen communities.

PEI funds community-based programs that aim to prevent child maltreatment and juvenile delinquency. In addition, PEI works with communities to identify prevention and early intervention needs through the following actions:

- Helping communities enhance services provided through DFPS;
- Assisting communities in identifying prevention and early intervention needs; and
- Supporting the development of, and modifications to, programs that prevent or reduce poor outcomes for children, youth, and their families.

DFPS contracts with providers for all PEI services.

Eligibility Requirements

Each PEI program may serve children 0-18 years of age depending on the specific program or service. Eligibility criteria and availability varies based on county residence.

Recent Accomplishments

New System for Improved Data Collection, Reporting, and Billing

The Prevention and Early Intervention Reporting system (PEIRS) data system has resulted in improved decision-making for delivering client services. High-quality data collection and real-time reporting capability provides accurate, timely data, and automatic billing capability increases financial accountability.

Funding Expansion of High-Performing Programs

To provide more families with high-quality services, PEI re-allocated funds from expiring programs to three of the highest-performing programs (Services to at Risk Youth, Community Youth Development, and Texas Home Visiting). This reallocation aligns with PEI's focus on preventing abuse by promoting protective factors and reducing risk factors at the child, family, and community level.

Risk and Resiliency Modeling

PEI contracted with the University of Texas Health Science Center at Tyler to develop geographically based risk and resiliency models. PEI will use these models to make decisions about resource allocations within communities that best meet the needs of children and families.

Office of Disability Prevention for Children (ODPC)

- Administered by HHSC

Program Description

ODPC works to prevent developmental disabilities and minimize the complications resulting from preventable disabilities, especially in infants and young children. While ODPC does not provide any direct services, ODPC partners with other HHS programs, state agencies, and community groups across the state to develop outreach campaigns focusing awareness and education on preventing developmental disabilities in infants and young children. ODPC has five focus areas that address all levels of disability prevention:

- Preventing disabilities caused by prenatal alcohol or substance exposure;
- Preventing disabilities caused by maternal health issues during pregnancy;
- Preventing acquired brain injury in children;
- Early identification and diagnosis of disabilities to ensure early intervention and services; and
- Promoting mental health wellness for individuals with an intellectual or developmental disability.

Eligibility Requirements

Not applicable, ODPC does not provide any direct services.

Recent Accomplishments

Brain Injury Awareness Month Campaign

With the support of the Office of Acquired Brain Injury (OABI) and the Comprehensive Rehabilitation Services program (CRS), ODPC led a statewide brain injury awareness campaign which coincided with Brain Injury Awareness Month in March 2018. The campaign featured a Brain Injury Awareness Month celebration in Austin, and a free training, *Serving and Supporting Individuals with a Brain Injury*, available in Austin and statewide via webinar. The campaign also developed a Brain Injury Awareness Month calendar of events, emailing this information to about 68,000 individuals, in addition to social media posts including information on prevention, brain injury identification, and other resources.

Training to Support Children with Intellectual and Developmental Disabilities

In February of 2018, ODPC collaborated with the HHSC Office of Mental Health Coordination (OMHC) and SAFE, a merger of Austin Children's Shelter and SafePlace in Austin/Travis County, to provide free trainings entitled *The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma*. This training teaches basic knowledge, skills, and values for working with children with intellectual and developmental disabilities who have had traumatic experiences. Professionals use this knowledge to support children's safety, well-being, happiness, and recovery through trauma-informed practice. The *Road to Recovery* Training was offered in Austin to about 200 professionals.

Support Services

Case Management for Children and Pregnant Women (CMCPW)

- Administered by HHSC

Program Description

CMCPW is a Medicaid case management program that assists children and pregnant women in accessing necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition.

Eligibility Requirements

Table 23. Summary of CMCPW Eligibility Requirements.

Age/Family Status	0 through 20 or pregnant woman of any age
Residency/Citizenship	Texas resident
Income	Medicaid-eligible
Diagnosis	Have a health condition/health risk or high-risk pregnancy and needs help accessing medical, social, educational, and other services.
Other	Not Applicable

Recent Accomplishments

Coordination of Case Management services with STAR Kids MCOs

Following the rollout of STAR Kids in November 2016, Case Management staff developed policies and procedures to prevent duplicative case management services while addressing educational gaps. These policies allow CMCPW providers to attend school meetings and advocate on behalf of their clients' educational needs. In addition, referrals to the CMCPW program have increased after providing 13 CMCPW webinars and additional outreach to the STAR Kids MCOs.

Children's Advocacy Programs

- Administered by HHSC

Program Description

HHSC Children's Advocacy Program contracts with Texas Court Appointed Special Advocates (Texas CASA) and Children's Advocacy Centers of Texas (CACTX) to support the protection of abused and neglected children.

Texas CASA is statewide organization for volunteer advocates for children in the Texas foster care system. A Texas CASA volunteer is assigned to advocate for a child upon removal from the home or placement in foster care. The CASA volunteer gathers information from everyone involved in that child's life, including family members, foster parents, teachers, daycare providers, doctors, lawyers, and social workers. The Texas CASA volunteer reports this information to the judge, and represents the child's best interests until the child reaches a safe, permanent home.

CACTX is a statewide membership association for Children's Advocacy Centers (CACs). A child arrives at a CAC because of child abuse reported to the police or to DFPS CPS. CACs use a multidisciplinary team approach in the investigation and prosecution of child abuse cases. This approach involves specialized forensic interviews, therapeutic recovery services, medical evaluations, and case management.

Eligibility Requirements

- Texas CASA services: Any child in the foster care system.
- CACTX services: Any child where abuse is reported to law enforcement or DFPS.

Recent Accomplishment

Exceeded Annual Goals for Serving Children

In fiscal year 2017, Texas CASA exceeded its annual goal by serving 29,383 children. In fiscal year 2017, CACTX exceeded its annual goal by serving 41,238 children.

CAC Review of DFPS Statewide Intake Reports

Participating CACs can review DFPS Statewide Intake Reports sent to law enforcement agencies, with the goal of improving joint investigations. In fiscal year 2017, 224,178 Statewide Intake Reports were reviewed.

Family Violence Program (FVP)

- Administered by HHSC

Program Description

The FVP promotes self-sufficiency, safety, and long-term independence for people who have experienced family or teen dating violence. The program provides emergency shelter and services to people and their children, educates the public, and delivers training and prevention support to other agencies. Typically, victims of family violence contact local service providers and receive services after screenings to determine eligibility and current service capacity.

Eligibility Requirements

Any victim of family or teen dating violence without regard to income.

Recent Accomplishment

Increased Awareness for Building Program Referrals

The FVP assisted in developing a new webpage to aid medical providers in recognizing signs of domestic violence and substance use in pregnant women. This new webpage includes a poster designed to increase awareness of family violence services and provide information on how people can access these services.

Foster Grandparent Program (FGP)

- Administered by HHSC

Program Description

FGP serves children through partnerships with local entities that serve as volunteer stations for the program. FGP volunteers (adults age 55 and older) provide one-on-one emotional support, mentoring, and tutoring. A volunteer station must be a public agency, secular or faith-based private non-profit organization, or a proprietary healthcare organization that accepts the responsibility for the assignment of a child to a foster grandparent volunteer. There are currently 69 FGP volunteer stations administered by HHSC throughout the state that focus on children under six years of age.

Eligibility Requirements

Volunteer station staff select children who meet certain criteria including having difficulty with literacy, other academic attainment issues, and fine motor skill development; children who are homeless or in the foster care system; and children with other unmet needs. These children are partnered with foster grandparent volunteers.

Recent Accomplishments

Volunteer Hours Benefitting Children

During fiscal years 2016 and 2017, FGP impacted over 1,700 children in areas such as emotional and social growth, gross and fine motor skill development, and literacy development. Additionally, foster grandparent volunteers provided more than 200,000 volunteer hours to children in a classroom setting.

7. Transformation of the Health and Human Services System

Transformation

Following a Sunset Advisory Commission review, the 84th Legislature passed SB 200 which required significant consolidation and transformation of the HHS System - now comprised of HHSC and DSHS. Two system agencies, DARS and DADS, were abolished and largely absorbed into HHSC. Structural changes to DSHS relocated all non-public health functions, including most regulatory programs, to HHSC. This has allowed DSHS to focus solely on its public health mission. Administrative services have also been consolidated at HHSC.

The goal of transformation was to move the HHS system from a set of siloed programs serving overlapping populations to a more coordinated system providing easier access to services and improved outcomes for Texans. Transformation provides the opportunity to define and carry out effective strategies to ensure the healthy development of children through the following means:

- Ensuring close collaboration and coordination with DSHS, so that HHSC programs align with population health priorities;
- Coordinating programs serving the same child and closing gaps in services;
- Developing and testing innovative projects;
- Increasing data sharing to improve decision making across programs; and
- Improving program performance measurement.

Chief Program and Services Office

Aligned with the HHS system's mission, business needs, and statutory responsibilities, the new structure created the Chief Program and Services Office (CPSO). CPSO programs:

- Determine client eligibility, serve as the entry point for services, and provide information regarding access to services;
- Oversee or provide client services; and
- Develop policy, oversee provider and health plan contracts, and submit Medicaid State Plan amendments and waivers to the Centers for Medicare and Medicaid Services.

The CPSO also oversees the operations of state hospitals and state supported living centers. The new structure makes it easier for people seeking information, benefits, or services and strengthens critical links between programs.

Chief Policy Office

Following the passage of SB 200, HHSC established a Chief Policy Office (CPO) within HHSC to develop, manage, and measure initiatives that target system-wide improvements. CPO contains four distinct divisions:

- Office of Policy and Rules: Develops system-wide policies, coordinates rule development, and provides communication between programs and agency leadership.
- Office of Performance: Measures agency performance, supports program evaluation, and provides data to inform decision making.
- Office of Transformation and Innovation: Identifies and manages projects related to ongoing transformation of the system, business process improvements, and innovative strategic initiatives; ensures collaboration across program and support service divisions.
- Regulatory Services Division: Protects the health, safety, and welfare of vulnerable Texans and helps individuals and entities comply with state and federal laws and regulations.

Cross-Division Coordination (CDC)

Cross Division Coordinators within HHS system programs and support areas work in a unified manner to collaborate and break down internal silos. CDC provides a forum for identification and development of system-wide initiatives, ensuring division input on significant system changes, identifying program or support services issues, and serving as a venue for improved communication across the system.

Role of Department of State Health Services

DSHS focuses on strategies to detect and reduce child obesity and illness, prevent heart disease, ensure food safety, and prevent and respond to disease outbreaks or disasters. While DSHS concentrates on population-level outcomes, fulfilling their public health mission requires attentiveness towards vulnerable populations, such as children, who receive services from HHSC's healthcare and social service programs.

HHSC and DSHS Collaboration

Consistent with best practices, HHSC and DSHS are working to collaborate across their respective clinical and public health programs.³¹ For example, providing vaccines to low-income children requires DSHS to enroll providers and manage the immunization registry while working closely with HHSC's Medicaid programs that provide healthcare to children. Another example of this collaboration is both agencies working towards increasing breastfeeding rates. DSHS public health efforts, such as developing and communicating worksite lactation policies, HHSC client services such as WIC breastfeeding support, and access to prenatal through postpartum care all contribute to increasing breastfeeding rates and its benefits to young Texans.

Role of Department of Family and Protective Services

Both HHSC and DFPS serve some of the most vulnerable children in Texas. DFPS and HHSC collaborate to serve overlapping child populations and work together to prevent and treat child trauma. Examples of DFPS actions and programs aligning with HHSC efforts include the following:

- DFPS investigates allegations of child abuse, neglect, and exploitation (A/N/E), including A/N/E occurring in daycare and foster care operations regulated by HHSC.
- DFPS also strives to prevent A/N/E through programs such as the Nurse-Family Partnership. Many children served by the Nurse-Family Partnership are also enrolled in Medicaid programs.
- DFPS ensures foster care children receive healthcare through Medicaid-funded programs.

8. Partnerships and Collaborations

Child Health Partnerships

HHS participates in formalized partnerships that exemplify a cooperative approach to improving the health of mothers and young Texans. Through state and local collaborations, HHS and our partners can make vital contributions to enhancing the quality of life for children and families. The information below provides examples of these types of collaborations.

Texas Collaborative for Healthy Mothers and Babies

The Texas Collaborative for Healthy Mothers and Babies (TCHMB) is Texas' perinatal quality collaborative with a mission to advance health care quality and patient safety for all Texas mothers and babies through collaboration of health and community stakeholders. To accomplish this mission, the Collaborative develops joint quality improvement initiatives, advances data-driven best practices, and promotes education and training. DSHS contracts with The University of Texas Health Science Center at Tyler to facilitate the TCHMB, organize the Collaborative conference, and create the TCHMB website and communication plan. In addition, TCHMB coordinates the activities and evaluation of pilot projects and disseminates information and resources related to perinatal outcomes.

Maternal Mortality and Morbidity Task Force

The multi-disciplinary Maternal Mortality and Morbidity Task Force reviews cases of pregnancy-related deaths and severe maternal morbidity, identifies trends and disparities, reviews best practices, and makes recommendations to reduce the incidence of pregnancy-related deaths and severe maternal morbidity. Informed by data trends and case reviews, the task force issues recommendations through a legislatively required joint biennial report with DSHS, most recently published in September 2018.

Community Health Worker Training on Tobacco and Maternal Health

The DSHS Tobacco Prevention and Control program contracts with Texas A&M University Health Science Center to produce trainings on tobacco prevention and cessation. Developed for Community Health Worker instructors, the training goals are to improve Community Health Workers understanding of the harmful effects of tobacco on mothers and children, and to more effectively share this information with community members, especially pregnant women, mothers, and children.

Newborn Screening Advisory Committee

The Newborn Screening Advisory Committee advises the DSHS Screening Unit on strategic planning, policy, rules, and services related to newborn screening and additional newborn screening tests. The screening tests are for numerous disorders specified in the Texas Health and Safety Code. The committee reviews the necessity of requiring additional screening tests, including an assessment of the implementation costs to the department, birthing facilities, and other health care providers.

Healthy Texas Smiles for Moms and Babies

Healthy Texas Smiles for Moms and Babies is a perinatal and infant oral health improvement initiative addressing the care of children who participate in home visiting programs. The initiative conducts workshops to educate home visitors on the importance of oral health and preventing cavities. The trainings equip participants with the resources and knowledge needed to train their clients. Preliminary data shows an increase in confidence regarding discussing oral health with clients, and that these oral health discussions are resulting in positive behavioral changes.

Texas Project LAUNCH

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a national initiative to promote the wellness of children from birth to 8 years of age by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Started in 2008 by the Substance Abuse and Mental Health Services Administration, 55 sites were funded nationwide, with El Paso being the first in Texas.

In 2015, Texas was awarded a cooperative agreement to expand the successful El Paso strategies to three additional Texas communities with a target of serving 1,000 children and families. The charge of these funded communities is to reduce health and behavioral health care disparities in each area by developing or expanding an existing local early childhood wellness council. These councils oversee collaborative efforts and build partnerships among early childhood providers. Texas LAUNCH implementation involves conducting policy and infrastructure improvement activities, coordinating training and technical assistance, and completing an evaluation. The Texas Launch-Early Childcare Committee provides guidance to Texas LAUNCH expansion community activities and assists with statewide infrastructure and system building.

Texas System of Care

A system of care is an organizational framework designed to enhance care coordination across multiple agencies and create a comprehensive network of mental health services individualized to families and children, resulting in improved functioning at home, in school, and the community.³² In 2011, an initial Substance Abuse and Mental Health Services Administration grant funded the development of a strategic plan for expanding a statewide system of care framework for children with serious emotional disturbances. In 2013, a second grant funded implementation of the plan to create a system of care network throughout Texas communities. In 2017, a third grant allowed HHSC to focus on expansion and sustainability of the system of care network. Currently, 15 communities have established systems of care in Texas.

CSHCN Systems Development Group

CSHCN Systems Development Group funds Family Supports & Community Resources contractors to facilitate initiatives to improve care provided to children. The Group's efforts target strengthening community-based services to improve systems of care for Texas youth with special health care needs and their families. Staff collaborate with state and national programs, agencies, and community organizations to promote medical homes, health care transition, and community inclusion.

Community Resource Coordination Groups (Texas CRCG)

CRCGs are county-based groups comprised of public and private agencies. Covering 236 counties, the 140 CRCGs work with children, families, and adults with complex multi-agency needs to identify and coordinate resources and services in their communities. CRCGs address gaps in services for Texans with complex needs that cannot be met by a single agency and require interagency collaboration. CRCGs embrace system of care values, seek to find the least restrictive community-based solutions, and are a conduit to inform local and state systems of gaps and barriers in order to find innovative solutions.

The Texas CRCG Office, located in the HHSC Office of Mental Health Coordination, collaborates with the Texas CRCG Workgroup. The Workgroup brings together staff from all legislatively mandated agencies to support local CRCG efforts. Support includes delivering information, training, and technical assistance to local CRCGs. These supports cover CRCG community programs and resources, best practices, interagency collaboration, health equity and disparities, cultural responsiveness, data collection, evaluation, and resource development.

State Child Fatality Review Committee and Teams

The mission of the State Child Fatality Review Committee is to reduce the number of preventable child deaths. To achieve its mission, the Committee builds a knowledge base of the causes and incidence of child deaths in Texas, makes policy recommendations, and identifies procedures within agencies represented on the committee that would prevent child deaths.

Child Fatality Review Teams apply a public health perspective in reviewing child deaths at the local level. By reviewing circumstances surrounding child deaths, teams identify prevention strategies that will decrease the incidence of preventable child deaths. In turn, team members communicate and assist agencies with implementation of these strategies.

Child Health Collaborations

In addition to formal partnerships, programs are taking steps to collaborate on joint initiatives that can help improve client referrals, access to services, and training across programs.

Referrals and Service Access

Programs can collaborate to ensure children and families receive more integrated and complimentary services as shown in the examples below.

- HHSC's Access and Eligibility Services now collaborates with WIC to refer Medicaid, SNAP and CHIP participants to the WIC program.
- WIC collaborated with the Texas Department of Agriculture on summer nutrition programs to provide healthy meals for students.
- ECI and WIC jointly submitted an award proposal for additional SNAP-Ed funds for the purpose of integrating nutrition education into ECI programs.
- HHSC's Health, Developmental, and Independence Services Department consolidated programs with similar functions, rules, and populations within its department; thus enabling staff to improve identification of services for clients and make referrals.
- CSHCN collaborates with state partners to locate specialty providers for its clients and refers persons not eligible for CSHCN to other providers.
- TANF coordinates with community-based organizations for referrals and application assistance as well as the Office of the Attorney General for child support referrals.
- SNAP and TANF coordinates with the Texas Workforce Commission for employment services and child care.
- DSHS's Newborn Screening works with regional social workers to contact families requiring follow up based on screening results.
- DSHS's Health Screening strengthened collaboration with DFPS to update listings of facilities conducting screenings, provide education on screening benefits, and improve reporting.

Cross Communication and Training

Programs are able to more effectively share information and provide joint trainings as shown in the examples below.

- ECI and Case Management for Children and Pregnant Women have facilitated quarterly meetings and presentations to improve outreach, coordination of care, and mutual understanding of program services.
- ECI and the Children's Autism Program collaborated to train ECI providers on effective treatment options for children with Autism.
- WIC is collaborating with ECI to place WIC dieticians in internships with ECI providers.
- Children's Advocacy Centers (CACs) now receive DFPS statewide intake reports, enabling CACs and DFPS to conduct joint investigations and connect children to CAC services.
- DSHS's Texas Vaccines for Children program receives Medicaid provider listings, which assists DSHS with provider recruitment efforts.
- DFPS's PEI co-hosts Pediatric Brain Health Summits on regional and state level actions that promote pediatric brain health.
- HHSC's ODPC collaborated with the Office of Mental Health Coordination and SAFE to conduct trauma-informed practices training.

9. Recommendations

Recommendations

The HHS System should act as “Chief Health Strategist” and work to convene cross-sector partnerships and use data effectively to improve the health of Texas children.³³ Transformation has strengthened the HHS System’s focus on successful outcomes and collaborative action. These focal areas position HHS, in partnership with other organizations to improve the health and quality of life for young Texans through strengthening multisector partnerships and the effective sharing and use of data.

Strengthen Multisector Partnerships

HHS should continue to build partnerships with other agencies and local communities and organizations. As outlined in the report, HHSC and DSHS programs are forming partnerships across the agency and with communities to increase access to services. However, strengthening partnerships is not merely about enhancing the reach or efficiency of individual programs. Instead, strengthening partnerships involve a formalized arrangement between multiple organizations committed to common strategic priorities.

Enhance Data Sharing and Analysis

HHS should continue to work on identifying data sharing and analysis needs across programs and the agency. The HHS system collects a significant amount of data that can better inform decisions related to resource allocation, selecting interventions, and evaluating impact. Enhanced data sharing can improve the efficiency of programs.

The value of data extends beyond a tool to help specific programs. For example, if data shows that a geographical area of the state has a disproportionate amount of asthma episodes, the community can assess if there are environmental factors that are contributing to that area having this cluster. Improved collection, quality, and sharing of data will provide timely, more complete picture of health status, current access to services, unaddressed needs for services, and where efforts should be focused.

10. Conclusion

Texas invests substantial resources to protect and improve the health of the state's youngest citizens. As evidenced by this report, those investments have positive impacts on millions of children's lives. In order to maximize the return on the investment the Legislature has made to promote the health of young children, HHS System agencies, DFPS, and other state agencies that impact young children must expand on existing collaborations, find innovative ways to serve children, and utilize data to target and support child-focused programs.

Appendix A. Summary of Eligibility and Services for Young Texans

Program	Page	Eligibility Requirements					Services					
		Age/ Family	Income	Medical Condition	Behavioral Health	Other	Economic	Medical	Behavioral Health	Case Management	Nutrition	Other
Blind Children's Vocational Discovery	46	Yes		Yes		Yes				Yes		Yes
Case Management for Children & Pregnant Women	74	Yes	Yes	Yes						Yes		
Children with Special Health Care Needs	43	Yes	Yes	Yes			Yes	Yes	Yes	Yes		Yes
Children's Autism Program	48	Yes		Yes	Yes				Yes			
Children's Health Insurance Program	32	Yes	Yes			Yes		Yes	Yes	Yes		
Children's Health Insurance Program Dental	36	Yes	Yes									Yes**
Children's Medicaid Dental	34	Yes	Yes									Yes**
Children's Mental Health Services (Community-based and RTC)	58	Yes			Yes	Yes			Yes	Yes		Yes
Children's Advocacy Programs	75	Yes				Yes						Yes
Deaf Blind with Multiple Disabilities	50		Yes	Yes		Yes				Yes		
Early Childhood Intervention	52	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes
Family Violence Program	77					Yes						Yes
Foster Grandparent Program	78	Yes				Yes						Yes
Health Screening Group (VHSS)	64	Yes										Yes
Home & Community-based Services	54		Yes			Yes			Yes	Yes		Yes
Medically Dependent Children's Program	40	Yes	Yes	Yes				Yes				Yes

Program	Page	Eligibility Requirements					Services					
		Age/ Family	Income	Medical Condition	Behavioral Health	Other	Economic	Medical	Behavioral Health	Case Management	Nutrition	Other
Newborn Screening Benefits	62	Yes	Yes	Yes		Yes		Yes			Yes	Yes
Office of Disability Prevention for Children	72											Yes
Oral Health Surveillance Program	69	Yes				Yes						Yes
PEI	70	*	*	*	*	*	*	*	*	*		*
Primary Health Care Services	45		Yes			Yes		Yes				Yes
Residential Treatment Centers	58	Yes			Yes	Yes			Yes	Yes		Yes
SNAP	17	Yes	Yes			Yes	Yes				Yes	Yes
STAR Medicaid Managed Care	26	Yes	Yes					Yes	Yes	Yes		
STAR Health Medicaid Managed Care	28	Yes	Yes			Yes		Yes	Yes	Yes		Yes
STAR Kids Medicaid Managed Care	30	Yes	Yes	Yes				Yes	Yes	Yes		Yes
TANF	21	Yes	Yes			Yes	Yes					Yes
Texas Early Hearing Detection and Intervention	66					Yes						Yes
Texas Health Steps	37	Yes	Yes			Yes		Yes		Yes		Yes
Texas Vaccines for Children	67	Yes				Yes						Yes
Title V Child Health and Dental Fee-for-Service Program	42	Yes	Yes			Yes	Yes	Yes		Yes		
WIC	19	Yes	Yes	Yes		Yes	Yes				Yes	Yes
YES Waiver	60	Yes	Yes		Yes	Yes			Yes	Yes		Yes

*Each PEI program has unique eligibility criteria and benefits

**Dental care

Economic supports include cash assistance and money for purchasing food.

Appendix B. Glossary of Acronyms

Acronym	Full Name
ACA	Affordable Care Act
AIM	Alliance for Innovation on Maternal Health
BCP	Blind Children's Vocational Discovery and Development Program
BIAM	Brain Injury Awareness Month
CAC	Child Advocacy Centers
CACTX	Children's Advocacy Centers of Texas
CANS	Child and Adolescent Needs and Strengths Assessment
CASA	Court Appointed Special Advocates
CCM	Complex Case Management
CCP	Comprehensive Care Program
CDC	Cross-Division Coordination
CHIP	Children's Health Insurance Program
CMCPW	Case Management for Children and Pregnant Women
CMH	Children's Mental Health
CMS	Centers for Medicare and Medicaid Services
CPO	Chief Policy Office
CPS	Child Protective Services
CRCG	Community Resource Coordination Groups
CRS	Comprehensive Rehabilitation Services
CSHCN	Children with Special Health Care Needs Services Program
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DMO	Dental Maintenance Organizations
DQA	Dental Quality Alliance
DSHS	Department of State Health Services
EBT	Electronic Benefit Transfer
ECI	Early Childhood Intervention
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FFY	Federal Fiscal Year
FGP	Foster Grandparent Program
FPL	Federal Poverty Level
FVP	Family Violence Program
GED	General Education Diploma
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facilities
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LBHA	Local Behavioral Health Authority
LMHA	Local Mental Health Authority
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program

Acronym	Full Name
MOE	Maintenance of Effort
NBS	Newborn Screening Program
OABI	Office of Acquired Brain Injury
ODPC	Office of Disability Prevention for Children
OHIP	Oral Health Improvement Program
OMHC	Office of Mental Health Coordination
OSEP	Office of Special Education Programs
PCP	Primary Care Provider
PEI	Prevention and Early Intervention
PHC	Primary Health Care
PMPM	Per Member, Per Month
RDT	Regional Dental Teams
RTC	Residential Treatment Centers
SB	Senate Bill
SED	Serious Emotional Disturbance
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
STAR	State of Texas Access Reform Medicaid Managed Care Program
STAR Health	STAR Health Medicaid Managed Care Program
STAR Kids	STAR Kids Medicaid Managed Care Program
TANF	Texas Integrated Network
TCHMB	Texas Collaborative for Healthy Mothers and Babies
TEHDI	Texas Early Hearing Detection and Intervention
THSteps	Texas Health Steps
TMHP	Texas Medicaid and Healthcare Partnership
TNFP	Texas Nurse-Family Partnership
TVFC	Texas Vaccines for Children
TXIN	Texas Integrated Network
USDA	United States Department of Agriculture
VHSS	Vision, Hearing and Spinal Screening Program
WIC	Supplemental Nutrition Program for Women, Infants, and Children
YES	Youth Empowerment Services Waiver

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