
SENATE BILL 54 REPORT

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



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Executive Summary

Research shows that birth to age five is a critical time of growth and development for children. Children's experiences during the first five years of life strongly influence their readiness for school and life. Understanding the importance of early development on the long-term outcomes for Texas and its children, the Legislature passed Senate Bill (S.B.) 54, 77th Legislature, Regular Session, 2001, to monitor health and human services (HHS) to young children. In response, the Texas Health and Human Services Commission (HHSC) surveyed HHS agencies to provide data on services and information on new initiatives and collaborative efforts to serve children under the age of six. The most recent survey results, based on fiscal year 2011, are presented in this sixth biennial report.

In fiscal year 2011, the state of Texas spent just over \$2 billion in the provision of health and human services for over two million children under age six. During the same period, total federal and state funding for children under the age of six in Texas HHS agencies equaled a little over \$9.2 billion. Nearly every child in Texas under age six has been served by at least one HHS program, such as Vision and Hearing Screening. Some children require services from several health, nutrition, protective and disability programs, or some other array of services.

Over the biennium, HHS agencies have implemented a number of new services, initiatives or program enhancements that benefit children under age six. A more extensive list is included in Appendix C. The innovations and enhancements include:

- The Texas Home Visiting Program began in 2011 through a five-year federal grant and is being implemented in several Texas communities. Home visiting is a voluntary program matching parents with trained professionals and paraprofessionals to provide information and support during pregnancy and throughout their child's first five years. Resources and support for maternal and child health, child development, early learning, child abuse and neglect prevention, and family support services are provided to enhance child well-being and school readiness. A significant feature of the program is strengthening the system of services for young children in communities where the program is being implemented.
- Newborns of mothers receiving Medicaid at the time of delivery are eligible to receive 12 months of Medicaid coverage from date of birth under federal guidelines. HHSC made policy changes affecting CHIP perinatal newborns whose families are at or below 185 percent of the federal poverty level (FPL). Effective September 1, 2010, these newborns began to receive 12 months of continuous Medicaid coverage from date of birth.
- A new version of "A Parent's Guide to Raising Healthy, Happy Children" is available to parents through the Raising Texas website (www.raisingtexas.com), an initiative of the Office of Early Childhood Coordination (OECC). This guide provides information on important developmental milestones, needed assessments/check-ups, and other tips specific to the child's age. Through DSHS, the guide may be distributed free to families of children enrolled in Medicaid. The guide, available in English and Spanish, covers topics applicable to children ages birth through five.

- New periodic Texas Health Steps Visits were added for children 3-5 days and 30 months and additional developmental testing was added for clients at the 18 month visit.
- Child Protective Services (CPS) implemented Foster Care Redesign and other initiatives to address better outcomes for foster children and families, including emphasis on permanency.
- CPS formed its Trauma-Informed Practice Workgroup in October 2011 as part of the Trauma-Informed Care Initiative. The goal of this initiative is to develop and implement a comprehensive, consolidated approach to trauma-informed care that maximizes agency resources and improves outcomes for children and families.
- Texas legislation and practices in the area of disproportionality have become a model and are being duplicated by child welfare systems in other states seeking solutions to disproportionality.
- Department of Family and Protective Services (DFPS) enhanced the website for the Texas Adoption Resource Exchange, an important recruitment tool for prospective foster and adoptive homes.
- Working with Texas A&M AgriLife Extension Service, Child Care Licensing (CCL) developed online tutorials for child-care providers, parents, caregivers, and CCL staff that focus on the healthy and safe care of infants.

Additional enhancements and innovations such as modifications in Medicaid and CHIP are detailed in the report.

Strong collaboration and coordination among systems serving young children has increasingly been shown to have a positive impact on children's outcomes. HHSC is in a unique position to encourage greater collaboration and coordination of services for young children. Through its Office of Health Coordination and Consumer Services, HHSC is coordinating the work of several key interagency advisory committees that include a focus on early childhood. These advisory committees are informed by the work of the Raising Texas initiative, which brings together multiple stakeholders to continually look for opportunities to increase the integration of health and human services and educational programs for children under age six and their families. Through the collaborative work of these committees and initiatives, and with continued innovations and enhancements to early childhood services, our youngest Texans can be healthy, happy, and ready to learn.

Legislative Basis and Background

Importance of the Early Years

Senate Bill 54

S.B. 54, 77th Legislature, Regular Session, 2001, was enacted for the purpose of informing the Legislature on the efforts to provide health and human services to children birth to six years of age. The legislation requires that HHSC prepare and deliver a biennial report on these efforts. Information summarizing the development of any new programs or enhancement of existing programs is included in the report. The first report from HHSC was submitted in September 2002. This is the sixth biennial report.

Importance of the Early Years

There are over two million children under the age of six in Texas, and their early experiences have a significant impact on the rest of their lives and the future of the state. Extensive scientific research indicates that early childhood is a highly critical time for human development, with cognitive development, health, and social-emotional development playing equally important roles in building a foundation for success in school and in life. The brain is not mature at birth, but rather changed by experiences over a child's life. The first six years of life are a time of accelerated development, and the brain develops at the fastest rate from birth to age three years compared across the entire human life span. In fact, if babies' bodies grew at the same rapid pace as their brains, they would weigh 170 pounds by age one month.

Tending to the healthy development of children from the very beginning leads to better students, less crime, better health, and lower costs for medical care and other services throughout their lives. Extensive scientific research on early childhood development clearly demonstrates the importance of early childhood experiences on health and productivity throughout life. "Policies and programs in both the public and private sectors can either strengthen or weaken the three foundations necessary for healthy development: stable, responsive relationships; safe, supportive environments; and appropriate nutrition. These foundations, in turn, trigger adaptations or disruptions in the body that influence lifelong outcomes in health, learning, and behavior. Understanding how each link in the chain affects the others can provide a basis for decisions about policies, systems, and practices that support the healthy development of all young children, their families, and the healthy, productive adults they will become." (Center on the Developing Child, Harvard University; see http://developingchild.harvard.edu/topics/foundations_of_lifelong_health/ for more information).

Research points to numerous benefits resulting from the provision of quality services to children while they are young, when small investments create significant returns. Given the right environment, children can somewhat make up for poorly developed neuro-circuits, but it is more difficult and more expensive than if they had developed healthy circuitry initially. There is evidence that many problems later in life may have their origins in childhood, including obesity and other health issues, mental health problems, aggressive and violent behavior, juvenile delinquency and criminality, poor literacy, and welfare dependency. Research in fields of inquiry as diverse as neuroscience, molecular biology, genomics, developmental psychology, epidemiology, sociology, and economics present strong evidence that early childhood is the time

to set the stage for the rest of the child's life. (See Appendix A for charts outlining school readiness and ready to learn trajectories).

Best practices indicate that collaborative, coordinated early childhood programs and activities that allow for access to high-quality and affordable physical and mental health, early care and education, parent education and family support services are essential for young children to thrive. This includes support services focused on: prenatal care, access to health insurance, establishing a medical home, developmental screenings, parenting education, economic and crisis supports for families, quality child care and early education programs, and early intervention services for children with special needs. Through such coordinated endeavors, not only will children be healthy, ready to learn, and successful, but gaps in services can be avoided and duplicative efforts decreased.

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

In an effort to fulfill the intent of S.B. 665, the OECC receives grant funding from the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, to develop a statewide early childhood comprehensive system of services for children under the age of six. The grant provides seed money to the state for the Texas Early Childhood Comprehensive Systems initiative, Raising Texas. Raising Texas brings together public and private partners to develop and work on a strategic plan aimed at creating a more coordinated system of services that will increase the potential of all young children to be developmentally ready for school and life. This plan focuses on components of early childhood that best practices point to as key for a coordinated system to impact children's successful development: access to health care and medical homes, social-emotional development and mental health, early care and education, and parent education and family support. Recent activities focus on developmental screening, early childhood behavioral health consultation, and development of early childhood systems in communities. It is important to note that support for implementing an early childhood comprehensive system of services for children under age six in Texas communities was provided through a five-year home visitation grant to the OECC in 2011 from HRSA. (A description of this Texas Home Visiting Program is provided in Appendix A.)

The OECC works within HHSC's Office of Health Coordination and Consumer Services (HCCS) to help ensure better coordination and efficiencies among HHS programs serving children. HCCS develops, implements, and directs designated children's programs and initiatives and provides technical assistance for initiatives across HHS agencies to assure that needs unique to children are recognized and applied when revising and designing services.

Report Data Collection Methodology

In preparation of this legislative report, the Office of Early Childhood Coordination was responsible for collecting information from HHS programs that serve young children. HHS agencies were asked to complete a detailed survey for each program that provided services to children under age six in state fiscal year 2011. The programs were asked to provide the numbers of children served, sources of funding, and expenditures for fiscal year 2011. The programs were also asked to provide program descriptions, target populations and geographic areas served, and any innovations or new initiatives relating to services for children birth to six. Programs were also offered an opportunity to identify program needs, current collaborative efforts, and how HCCS could assist programs in reaching their goals.

Programs that Serve Children Ages Birth to Six

Survey responses were received from 5 HHS agencies, identifying 27 programs that provided services in fiscal year 2011 to children under 6 years of age . Of the programs surveyed, 8 programs reside at HHSC; 12 at the Department of State Health Services (DSHS); 3 at the Department of Family and Protective Services (DFPS); 1 at the Department of Aging and Disability Services (DADS); 2 at the Department of Assistive and Rehabilitative Services (DARS); and 1 (Children's Medicaid/Texas Health Steps) is the shared responsibility of HHSC and DSHS. The 27 programs are listed on page 6.

LIST OF PROGRAMS SERVING CHILDREN BY AGENCY AND ACRONYM

Health and Human Services Agencies

HHS

Health and Human Services Commission

HHSC

Children’s Health Insurance Program
 Children’s Health Insurance Program Perinatal
 Children’s Medicaid Acute Care (see also DSHS, THSteps)
 Family Violence Program
 Supplemental Nutrition Assistance Program
 Temporary Assistance for Needy Families
 Texas Home Visiting Program
 Texas Nurse Family Partnership

CHIP
 CHIP Perinatal
 Medicaid
 FVP
 SNAP
 TANF
 THVP
 TNFP

Department of Aging and Disability Services

DADS

Medically Dependent Children Program

MDCP

Department of Assistive and Rehabilitative Services

DARS

Autism Program
 Texas Early Childhood Intervention Services

AP
 ECI

Department of Family and Protective Services

DFPS

Child Care Licensing
 Child Protective Services
 Prevention and Early Intervention

CCL
 CPS
 PEI

Department of State Health Services

DSHS

Case Management for Children and Pregnant Women
 Children with Special Health Care Needs
 Community-based Mental Health Services
 Immunization Branch
 Newborn Screening Case Management Follow Up
 NorthSTAR
 Primary Health Care Services
 State Mental Health Facilities
 Texas Early Hearing Detection and Intervention Program
 Texas Health Steps (See HHSC, Children’s Medicaid)
 Title V Maternal and Child Health Fee-For-Service
 Special Supplemental Nutrition Program –
 Women, Infants, and Children
 Vision and Hearing Screening Program

CPW
 CSHCN
 CMHS
 Immunizations
 NBS
 NorthSTAR
 PHCS
 SMHF
 TEHDI
 THSteps
 MCH FFS

 WIC
 V&H Screening

NUMBER OF CHILDREN SERVED

The 10 programs serving the largest number of children, ages birth to 6 years, are detailed in Table 1. Table 2 provides the 10 child-serving programs providing services during fiscal year 2011 to the largest number of children of all ages. Note that some programs such as vision and hearing screening reach most Texas children. Also, note that some children are served by multiple programs.

Table 1.
10 Largest Child-Serving Programs by Number Served³ – Children Ages Birth to 6
Fiscal Year 2011

Immunization Branch ²	2,422,004
Vision and Hearing Screening Program	2,081,328
Medicaid Acute Care (Includes THSteps)	1,628,487
Supplemental Nutrition Assistance Program (SNAP)	1,285,607
Special Supplemental Program for Women, Infants, and Children (WIC)	1,146,126
Texas Early Hearing Detection and Intervention Program (TEHDI)	374,107
Child Protective Services (CPS)	241,059
Children’s Health Insurance Program (CHIP)	223,182
Children’s Health Insurance Program Perinatal (CHIP Perinatal)	118,381
Temporary Assistance for Needy Families (TANF)	105,302

³ Determining the total number of children/families served by HHS programs is complex. Most programs do not exclusively target children birth to six years of age. In addition, some numbers do not reflect all of the persons receiving services because the data represents households, not individuals. It should also be noted that some programs such as CCL do not provide services to children, but license/regulate programs that serve children. For example, each year, regulation by CCL impacts nearly one million children in out-of-home care; that is, CCL licenses providers with the capacity to care for this number of children. Specific data on children is not maintained.

²The Immunizations program is available to all children; however, the program is unable to determine the exact number of children receiving immunizations through the program.

Table 2.
10 Largest Child-Serving Programs by Number Served – Children All Ages
Fiscal Year 2011

Immunization Branch ²	7,117,362
Vision and Hearing Screening Program	5,193,264
Medicaid Acute Care (Includes THSteps)	3,140,672
Supplemental Nutrition Assistance Program (SNAP)	2,824,903
Special Supplemental Program for Women, Infants, and Children (WIC)	1,146,126
Children’s Health Insurance Program (CHIP)	846,996
Child Protective Services (CPS)	583,153
Texas Early Hearing Detection and Intervention Program (TEHDI)	374,107
Temporary Assistance for Needy Families (TANF)	186,899
Children’s Health Insurance Program Perinatal (CHIP Perinatal)	118,381

HHS AGENCIES’ EXPENDITURES

Table 3 and Table 4 depict expenditures for child-serving programs by agency. The five agencies expended approximately \$9.25 billion for services to children under age six. Of the funds expended, 77.4 percent were federal funds and 22.4 percent were state dollars; the remaining funds were non-governmental. Expenditures for all ages in these child-serving programs totaled \$16.24 billion; federal dollars accounted for 73.7 percent of the expenditures and state funds for 26.1 percent; the remaining funds were non-governmental.

Table 3.
Child-Serving Programs
Fiscal Year 2011 Expenditures – Children Ages Birth to 6

Agency	State Expenditures	Total Expenditures
HHSC	\$1,672,495,296	\$7,718,133,941
DSHS	173,570,787	868,481,659
DFPS	188,127,154	470,746,983
DARS	29,383,764	161,142,624
DADS	7,930,264	24,273,840
	\$2,071,507,265	\$9,242,779,047

**Table 4.
Child-Serving Programs
Fiscal Year 2011 Expenditures – All Ages**

Agency	State Expenditures	Total Expenditures
HHSC	\$3,412,113,214	\$13,672,462,660
DSHS	290,371,323	1,144,441,390
DFPS	476,036,032	1,177,254,196
DARS	30,168,435	162,237,949
DADS	25,995,042	79,568,538
	\$4,234,684,046	\$16,235,964,733

**EXPENDITURES FOR CHILD-SERVING PROGRAMS –
CHILDREN AGES BIRTH TO SIX**

Table 5 displays state expenditures by program for children ages birth to 6 years for the 10 largest child-serving programs based on expenditures. The 10 programs represented below account for 99.36 percent of the expenditures on HHS services to children ages birth to six. Table 6 shows total expenditures by program for children birth to six.

**Table 5.
10 Largest Child-Serving Programs by
State Expenditures for Children Ages Birth to 6
Fiscal Year 2011**

Medicaid (Includes THSteps)	\$1,569,237,939
Child Protective Services (CPS)	188,127,154
Supplemental Nutrition for Women, Infants, and Children (WIC) ⁴	132,659,181
Children’s Health Insurance Program (CHIP)	50,421,917
Immunization Branch	37,701,768
Temporary Assistance to Needy Families (TANF)	33,114,277
Texas Early Childhood Intervention Services (ECI)	27,029,749
Children’s Health Insurance Program Perinatal (CHIP Perinatal)	8,685,895
Medically Dependent Children’s Program (MDCP)	7,930,264
Family Violence Program	3,342,449

Table 6.
10 Largest Child-Serving Programs by
Total Expenditures for Children Ages Birth to 6
Fiscal Year 2011

Medicaid (Includes THSteps)	\$4,802,564,466
Supplemental Nutrition Assistance Program (SNAP)	2,631,450,618
Supplemental Nutrition for Women, Infants, and Children (WIC)	543,774,307
Child Protective Services (CPS)	469,649,696
Immunization Branch	316,697,732
Children's Health Insurance Program (CHIP)	181,897,248
Texas Early Childhood Intervention Services (ECI)	157,856,609
Temporary Assistance for Needy Families (TANF)	58,946,890
Children's Health Insurance Program Perinatal (CHIP Perinatal)	31,334,396
Medically Dependent Children's Program (MDCP)	24,273,840

Expenditures include state, federal, and non-governmental spending. In a number of programs, the expenditure calculations are based upon an estimate of the number of children ages birth to six that are served.

EXPENDITURES FOR CHILD-SERVING PROGRAMS – ALL AGES

Table 7 displays state expenditures for children of all ages by program for the ten largest child-serving programs based on expenditures. The ten HHS programs account for almost 98 percent of the state expenditures of all child-serving HHS programs. Table 8 shows total expenditures for children of all ages by program.

Table 7.
10 Largest Child-Serving Programs by
State Expenditures for Children All Ages
Fiscal Year 2011

Medicaid (Includes THSteps)	\$3,091,996,803
Child Protective Services (CPS)	455,513,690
Children's Health Insurance Program (CHIP)	244,410,436
Supplemental Nutrition for Women, Infants, and Children (WIC) ⁶	132,659,181
Immunization Branch	51,520,522
Temporary Assistance for Needy Families (TANF)	49,778,065
State Mental Health Facilities	39,455,790
Texas Early Childhood Intervention Services (ECI)	27,029,749
Medically Dependent Children Program (MDCP)	25,995,042
North STAR	25,246,335

Table 8.
10 Largest Child-Serving Programs by
Total Expenditures for Children All Ages
Fiscal Year 2011

Medicaid (Includes THSteps)	\$9,462,882,334
Supplemental Nutrition Assistance (SNAP)	3,180,943,711
Child Protective Services (CPS)	1,137,166,335
Children’s Health Insurance Program (CHIP)	881,711,528
Supplemental Nutrition for Women, Infants, and Children (WIC) ⁶	543,774,307
Immunization Branch	403,257,304
Texas Early Childhood Intervention Services (ECI)	157,856,609
Temporary Assistance for Needy Families (TANF)	88,610,184
Medically Dependent Children Program (MDCP)	79,568,538
Community-based Mental Health Services	71,143,939

Expenditures include state, federal, and non-governmental spending. In a number of programs, the expenditure calculations are based upon an estimate of the number of children ages birth to six that are served.

SERVICES PROVIDED

The scope and type of services provided as well as the ages of children served vary among the 27 HHS programs that serve young children. Many of programs provide medical services. Over half the programs also provide medical or developmental screenings, including screenings for early detection of vision or hearing problems, or support for special health care needs or developmental delays. A number of programs work to strengthen and support families so children have a safe and nurturing environment, serve children by helping their families with nutrition services or temporary financial assistance, or focus on child safety and protection. A few programs offer mental health services. All programs work with other agencies and programs to provide needed services and increase coordination. While the largest number of programs is focused on interventions or treatments, some programs also work on prevention and some provide both prevention and intervention services. Appendix B provides program descriptions, including services provided.

GEOGRAPHIC AREAS SERVED

Programs surveyed for this report provide services statewide with the following exceptions:

- Prevention and Early Intervention at DFPS has programs available in HHS regions 1, 2, 7, 8 and 9. The counties served by the programs are Atascosa, Bandera, Bexar, Concho, Crockett, Crosby, Dimmit, Hockley, Karnes, Lynn, Lubbock, Maverick, Real, Runnels, Tom Green, Travis, Uvalde, and Zavala.
- NorthSTAR at DSHS is available in the following counties: Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall.
- The Autism Program at DARS operates in Austin, Dallas/Fort Worth, Houston, and San Antonio through six providers selected through a statewide request for proposal process.
- The Texas Home Visiting Program, operated through HHSC, is currently in the following counties: Cherokee, Dallas, Ector, Galveston, Gregg, Hidalgo, Nueces, Potter, and Willacy.
- The Texas Nurse-Family Partnership, operated by HHSC, currently has 13 sites funded through Texas general revenue and TANF funds located in the following cities: Austin, San Antonio (2 sites), Houston (3 sites), Port Arthur, Dallas (2 sites), Fort Worth, Laredo, Lubbock, and El Paso. These sites serve the following 25 counties: Bexar, Chambers, Crosby, Dallas, El Paso, Floyd, Fort Bend, Galveston, Garza, Hale, Hardin, Harris, Hockley, Jefferson, Lamb, Liberty, Lubbock, Lynn, Montgomery, Orange, Tarrant, Terry, Travis, Webb, and Williamson. TNFP also has 5 sites funded through the Texas Home Visiting Program and located in Ector County, Gregg County, Nueces County, Potter County, and the Lower Rio Grande Valley (Willacy and Hidalgo counties).
- The Immunizations Branch operated through DSHS is statewide with the exception of the City of Houston and Bexar County, which are direct recipients of Centers for Disease Control (CDC) funds rather than receiving the funds via the state program. However, both counties operate similarly to the rest of the state.

SERVICE ENHANCEMENTS AND INNOVATIONS

This section highlights some of the enhancements and innovative approaches that programs reported implementing over the previous two to three years. Additional details and the full responses submitted by the programs are found in Appendix C.

New Services/Initiatives

- HHSC's Office of Health Coordination and Consumer Services, Office of Early Childhood Coordination, at HHSC received federal funds to initiate the Texas Home Visiting Program. In addition, the Texas Nurse-Family Partnership (TNFP) program, already located in HHSC, was moved to the same office. Home visiting is a voluntary program matching parents with trained professionals and paraprofessionals to provide information and support during pregnancy and throughout their child's first five years. Resources and support for maternal and child health, child development, early learning, child abuse and neglect prevention, and family support services are provided to enhance child well-being and school readiness.

- The Family Violence Program received Exceptional Item Funding during fiscal years 10 and 11 to support primary prevention programs and local fatality review teams. This funding also allowed the program to allocate funds to expand family violence services such as those to assist victims to achieve self-sufficiency.

Expanded Array of Services

- New periodic Texas Health Steps Visits were added for children 3-5 days and 30 months and additional developmental testing was added for clients at the 18 month visit.
- Under Medicaid, birthing center services, and services rendered by a certified nurse midwife or a physician in a licensed birthing center were added as covered services. For the newborn, clarifications were made indicating coverage for craniofacial anomalies, periodontic and prosthodontic services.
- Medicaid telemedicine services expanded to include individual psychotherapy, and prescription monitoring.

Changes in Eligibility and Enrollment

- Newborns of mothers receiving Medicaid at the time of delivery are eligible to receive 12 months of coverage from date of birth under federal guidelines. HHSC made policy changes affecting CHIP perinatal newborn families at or below 185 percent of the federal poverty level. Effective September 1, 2010, these newborns began to receive 12 months of Medicaid coverage from date of birth.

Innovative Approaches

- “A Parent’s Guide to Raising Healthy, Happy Children” is available to parents through the Raising Texas website (www.raisingtexas.com), an initiative of the Office of Early Childhood Coordination (OECC). This guide provides information on important developmental milestones, needed assessments/check-ups, and other tips specific to the child’s age. It is distributed free to families of children enrolled in Medicaid through DSHS. The guide covers topics applicable to children ages birth through five and is available in English and Spanish.
- CPS has implemented Foster Care Redesign and other initiatives to address better outcomes for foster children and families, including emphasis on permanency.
- Texas legislation and practices in the area of disproportionality have become a model and are being duplicated by child welfare systems in other states seeking solutions to disproportionality.
- CPS formed its Trauma-Informed Practice Workgroup in October 2011 as part of the Trauma-Informed Care Initiative. The goal of this initiative is to develop and implement a comprehensive, consolidated approach to trauma-informed care that maximizes agency resources and improves outcomes for children and families,

Electronic communications and technology have been used to enhance services to families and information/training for providers. Examples include:

- Working with Texas A&M AgriLife Extension Service, Child Care Licensing (CCL) developed online tutorials for child-care providers, parents, caregivers, and CCL staff that focus on the healthy and safe care of infants.
- The Texas Adoption Resource Exchange website is an important recruitment tool for prospective foster and adoptive homes.
- Technical Assistance Library—CCL created a centralized resource library for staff to share with those caring for infants and toddlers in regulated child-care settings. This library enhanced CCL's proactive approach to protecting children. The library enables staff to provide technical assistance information to providers during an inspection. The library is continuously updated and available to everyone via the DFPS website.

Increased Public Awareness

- ECI produced two new videos to help educate and inform families and professionals about ECI's unique services and delivery system. The videos are available via the link to ECI on the DARS website and through YouTube.
- Public Awareness Campaigns - Two CCL campaigns featured radio and TV public service announcements, social media, and news media coverage. 1) Don't Be in the Dark (www.DontBeInTheDark.org) was designed to educate the public on the importance of selecting regulated day care and improving communication with caregivers. 2) Room to Breathe (www.BabyRoomToBreathe.org) educates the public and child caregivers on ways to minimize the risk of Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths and improve the health, safety, and development of infants and toddlers.

Enhanced Regulatory Approaches

- In response to S.B. 68, 81st Texas Legislature, Regular Session, 2009, CCL began regulating three new types of care in fiscal year 2011: before- and after-school care programs; school-age/skills-based programs; and temporary shelters providing child day-care services. CCL also developed two new classes of standards to address the unique needs and services offered by these providers.

Agency Collaborative Efforts

All HHS programs surveyed collaborate with other agencies and programs. Examples include:

- Raising Texas, in the OECC, is a statewide collaborative partnership of numerous state and community-based agencies and key stakeholders to strengthen Texas' system of services for young children and families so that all children enter school healthy and ready to learn.
- The Texas Public Private Partnership is a collaborative coalition of leaders that represent youth alumni, the judiciary, child advocates, providers, members of the foster care

association, foster care advocates, and DFPS leadership staff. The mission of the Public Private Partnership is to inform the DFPS Commissioner about methodologies for achieving sustainable permanent placements for youth in care.

- Young people have been actively engaged in all aspects of CPS Transitional Living Services through their participation in leadership trainings with CPS managers, their participation on advisory committees and workgroups, and their presentations with CPS staff. "Nothing about us, without us," and "Making a difference" have been themes of youth leadership activities. It clearly speaks to their strong desire to be involved in directing their own futures.
- Children's Medicaid collaborates with CHIP by using the same application for Medicaid and CHIP. If a child's eligibility status changes from Medicaid to CHIP, or vice versa, data regarding the child is electronically transferred from one program to the other.
- Staff in the Children with Special Health Care Needs program facilitate the statewide Medical Home Workgroup, a broad-based group of parents, providers, state agency staff and other stakeholders who work toward achieving the Workgroup's strategic plan to assure that all children have a medical home in Texas.

A detailed list of collaboration and coordination efforts reported by the programs is available in Appendix D.

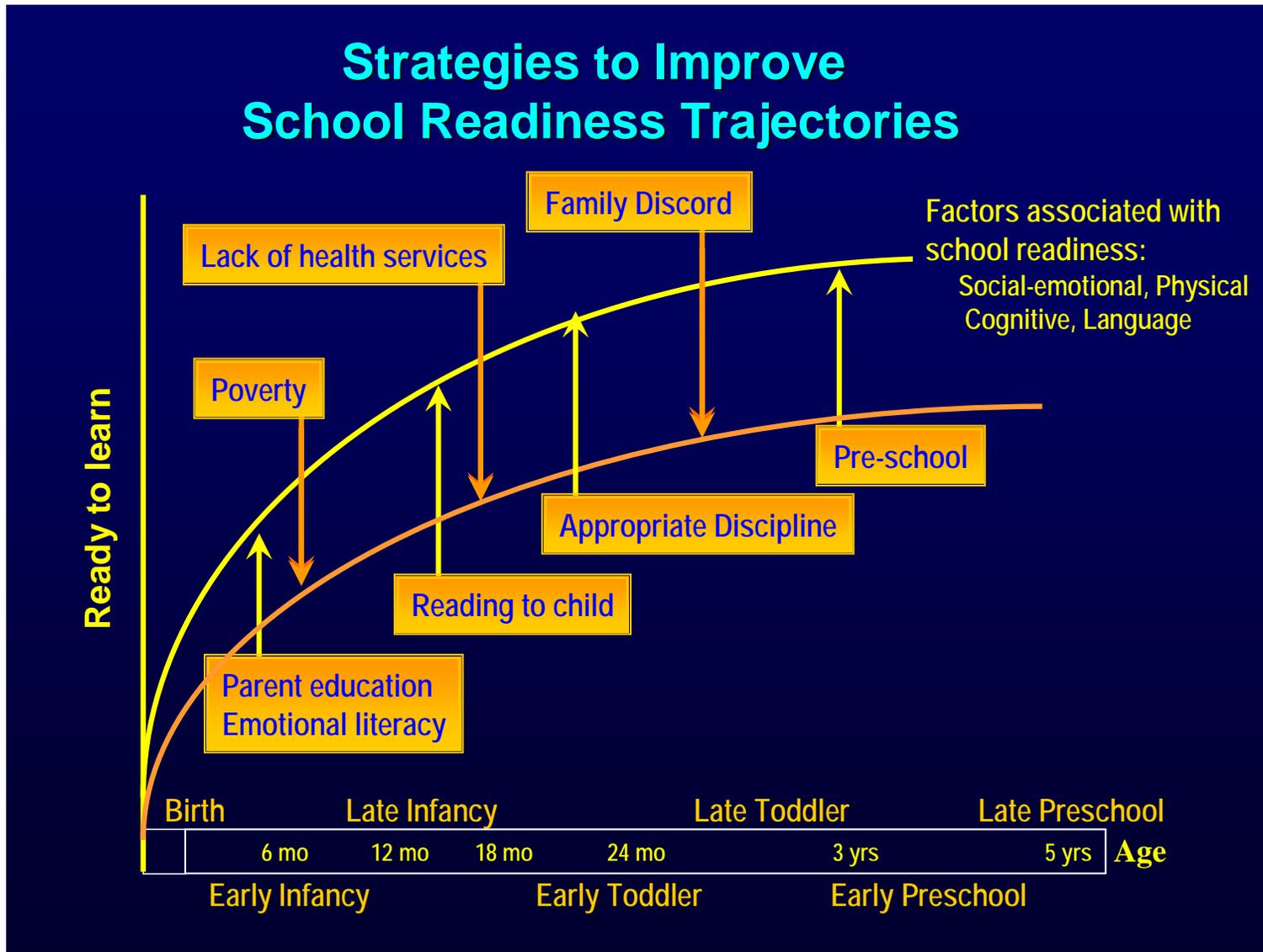
Program Needs

Programs were asked to identify their top three needs. The list below reflects themes evident in the needs cited as well as the number of programs indicating the need (i.e., those themes most evident in responses are at the top of the list). A complete list of needs as reported by the programs can be found in Appendix E. Needs were reported in the following areas:

- Increased coordination at the local and state levels to provide comprehensive approach/services (e.g., children have a medical home) and to support transition between systems
- Funding to ensure provision of services across Texas;
- Increased number of providers/provider capacity;
- Funding to maintain and make necessary upgrades to information technology and/or to increase data sharing and integration;
- Professional staff recruitment and retention (e.g. mental health professionals), and competitive professional salaries (e.g., nurses, social workers);
- Additional services such as more mental health services, Pre-K programs, regulation of illegal child care operations, transition services, translation services, and respite.
- Training for staff and providers, including training in evidence-based practices;
- Maintain service levels;

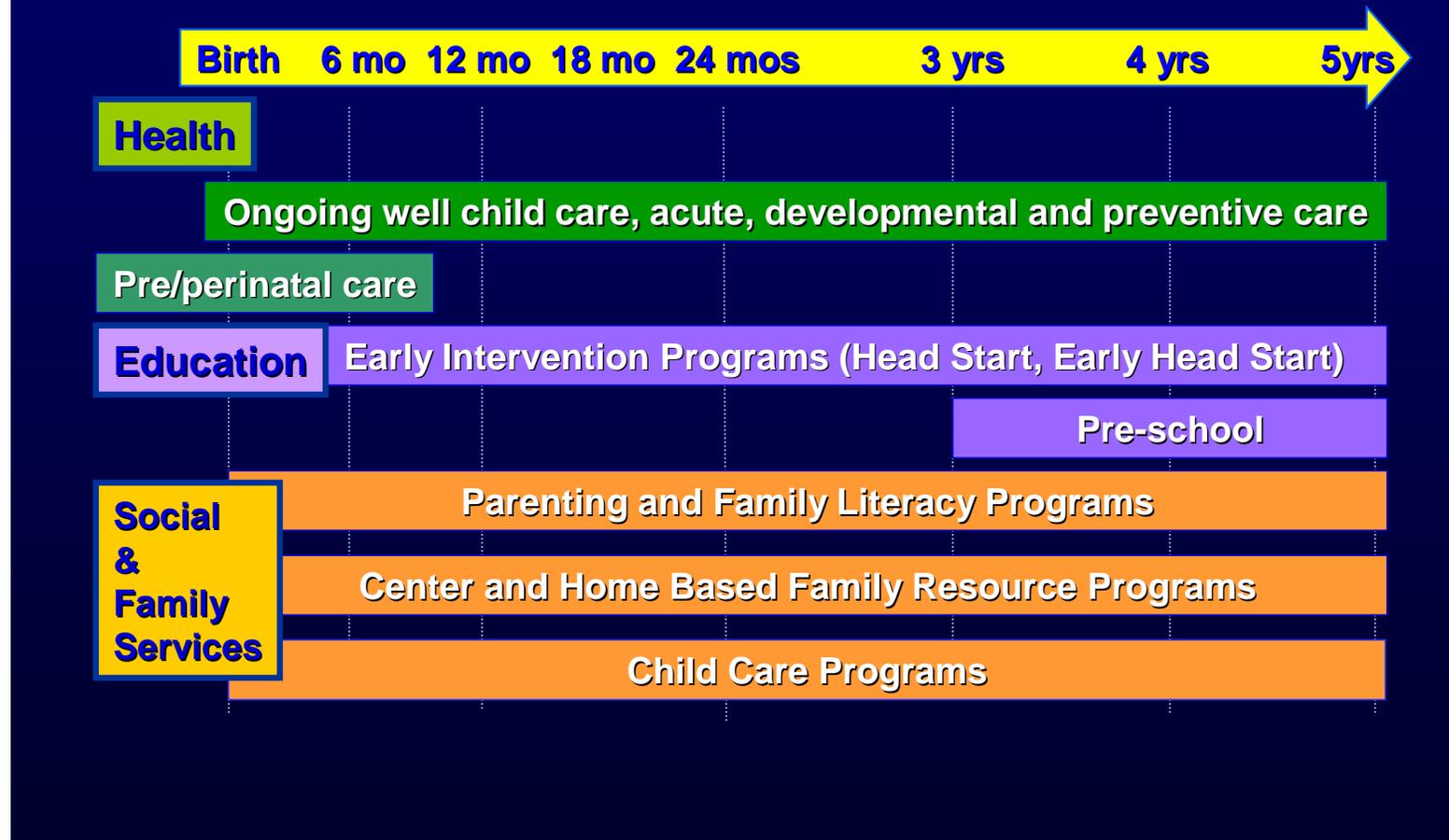
- Increased public awareness, including more outreach, education, and public awareness campaigns;
- Continued and increased partnerships with families;
- Knowledge of and adjustment to health care reform and related changes;
- Adequate provider reimbursement rates;
- Additional evaluation;

Appendix A – School Readiness and Readiness to Learn Trajectories



Readiness to Learn Trajectory

Service sectors and Programs
that influence school readiness



Both charts from Neal Halfon, MD, MPH, Building Bridges for Children from Birth to School presentation.

Appendix B – Program Descriptions Early Childhood Programs and Services

The following program and service descriptions were provided by the programs surveyed for the 2010 report required by S.B. 54, 77th Legislature, Regular Session, 2001. The list was updated for the current 2012 report.

HEALTH AND HUMAN SERVICES COMMISSION

Children’s Health Insurance Program (CHIP)

CHIP is designed for families whose income exceeds Medicaid limits and who cannot afford to buy private insurance for their children. Title XXI of the Social Security Act defines CHIP. Texas CHIP provides eligible children a basic set of health care benefits that are focused on primary health care needs and contain the cost of the benefit package. Covered services may be subject to certain limitations and include, but are not limited to the following: inpatient 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, and hospice care. CHIP services are delivered by private managed care organizations (MCOs) selected by the state through competitive procurement.

Children’s Health Insurance Program Perinatal (CHIP Perinatal)

CHIP Perinatal provides care to the unborn children of pregnant women with household income up to 200 percent of the federal poverty level (FPL) and who are not eligible for Medicaid based on income or immigration status. Benefits include up to 20 prenatal visits; prescriptions and prenatal vitamins; labor with delivery of the baby; two postpartum doctor visits for the mother after the baby is born; regular check-ups, 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; the mother does not receive personal health care coverage. All CHIP MCOs must also provide CHIP Perinatal program services.

Children’s Medicaid

Medicaid is a state and federally funded entitlement program that provides coverage of health care services to qualifying individuals. Title XIX of the Social Security Act is the legal basis under which HHSC administers the Medicaid program. Children enrolled in Medicaid receive six months of continuous coverage for services provided through Texas Health Steps (THSteps) and the Comprehensive Care Program (CCP). THSteps services include periodic medical screenings, vision, hearing, and dental preventive and treatment services. CCP services include any other medically necessary services such as medical treatment. Care is delivered through fee-for-service or MCO coverage.

STAR Medicaid Managed Care Program

The State of Texas Access Reform (STAR) Program is a statewide Medicaid Managed care program serving people who receive Temporary Assistance for Needy Families (TANF), non-disabled pregnant women, newborns and low income families and children. In the Medicaid Rural Service Area, STAR also serves people receiving SSI and no Medicare and some children age 20 and younger who do not receive SSI or Medicare and are in a DADS waiver. It provides preventive, primary and acute care covered services (including THSteps benefits) through MCOs via contracts with HHSC. SSI children age 20 and younger and some children age 20 and younger who do not receive SSI or Medicare and are in a DADS waiver are voluntary.

STAR+PLUS Medicaid Managed Care Program

First implemented in 1998 in the Houston area, this program provides integrated acute and long-term care services and supports to people with disabilities, including children, in a variety of service areas through managed care organizations. The program has gradually expanded over time, and is now available in the following cities and surrounding counties: Lubbock/Amarillo, Dallas, Ft. Worth, Austin, San Antonio, Houston, Beaumont, El Paso, Corpus Christi, and Brownsville/Harlingen/McAllen. Service coordination is a key feature of STAR+PLUS. A STAR+PLUS staff person works with the member, the member's family and the member's doctors and other providers to help the member get the medical and long-term services and support they need. Children age 20 and younger who have Medicaid and get SSI can voluntarily enroll in STAR+PLUS, or they can keep getting their Medicaid services in traditional Medicaid.

STAR Health Medicaid Managed Care Program

STAR Health is a statewide managed care program, implemented in April 2008, that provides coordinated health services to children and youth in foster care and kinship care. STAR Health benefits include medical, dental, and behavioral health services, as well as service coordination and a web-based electronic medical record known as a "Health Passport."

Family Violence Program (FVP)

The FVP works to reduce and prevent family violence by supporting community-based services for adult victims of family violence and their children. Services include 24-hour shelter, 24-hour hotline, emergency medical services, counseling, emergency transportation, legal advocacy, educational arrangements, and counseling for children, employment and job training services, community education, referrals to community services, and coordinated services with law enforcement. To provide services, FVP contracts with non-profit agencies in three categories: shelter centers, non-residential centers, and special non-residential projects (SNRP) to provide services. In fiscal years 10 and 11, HHSC funded 70 domestic violence shelter centers, 9 non-residential centers, and 16 SNRP across the state.

Office of Health Coordination and Consumer Services (HCCS)

HCCS assists in coordinating programs and initiatives that serve children and youth across HHS systems. The goal of HCCS is to improve the coordination of service delivery for children, youth, and their families across Texas so that children and youth can thrive in healthy relationships with their families and friends.

HCCS oversees the operation of various children's programs and initiatives including:

- Early Childhood Coordination;
- Council on Children and Families;
- Task Force for Children with Special Needs;
- System of Care for Children's Mental Health;
- Texas Home Visiting Program;
- Texas Nurse-Family Partnership; and
- Children's long-term care (Children's Policy Council, Permanency Planning)

The Office of Early Childhood Coordination (OECC) works to promote an integrated and seamless delivery of health and human services to all children younger than six years of age to ensure that all children are prepared to succeed in school. The OECC includes several early childhood initiatives – Raising Texas, Healthy Child Care Texas, the Texas Home Visiting Program, and Texas Nurse-Family Partnership – in addition to serving the needs of young children through other coordinated efforts. Raising Texas is a statewide, collaborative effort to strengthen Texas' system of services for young children and families so that all children enter school healthy and ready to learn. Through a collaborative partnership of state agencies, community-based organizations, and key stakeholders, a state plan has been developed to improve the current system of services for all children age birth to six. Healthy Child Care Texas is a state initiative dedicated to promoting optimal health, safety, nutrition, and development for children in out of home child care programs while training Child Care Health Consultants (CCHCs) and Medical Consultants and offering other means of support. CCHCs and Medical Consultants provide training and consultation to child care providers on child health, safety, and development as well as child care program quality. The Texas Home Visiting Program, including the Nurse-Family Partnership Program, are described on pages B-3 and B-4.

The Council on Children and Families is charged with coordinating and improving efficiencies in the state's health, education, and human services systems to ensure children and families have access to needed services, thus facilitating an integrated approach to providing services to children and families. The Interagency Task Force for Children with Special Needs is charged with improving the coordination, quality, and efficiency of services for children with special needs. Both the Council on Children and Families and the Interagency Task Force for Children with Special Needs have prioritized early childhood in their work, with committees focused on early childhood and early intervention.

Supplemental Food Assistance Program (SNAP)

The Food Stamp Act of 1977, as amended, is the legal base under which Texas administers SNAP, formerly known as the Food Stamp Program. The purpose of SNAP is to permit low-income households to purchase a nutritionally adequate diet through normal channels of trade. Recipients receive a monthly allotment based on income and household size to purchase food items. The United States Department of Agriculture establishes the items that can be purchased with SNAP benefits and approves the retailers where SNAP benefits may be used. The target population is individuals and families with income less than 165 percent of the FPL, whose countable resources are less than \$5,000.

Temporary Assistance for Needy Families (TANF)

TANF provides temporary financial assistance to needy children and their parents or caretakers who are living with them. The most common form of TANF assistance is a monthly grant. The purposes of the TANF program are to ensure children may be cared for in their own homes, end dependence of needy parents on government benefits, prevent and reduce the incidence of out-of-wedlock pregnancies, and encourage the formation and maintenance of two-parent families.

Texas Home Visiting Program (THVP)

THVP, which received its first full year of grant funding in August 2011, enhances home visiting service options for families and promotes access to coordinated community support for pregnant women, young children from birth to age five, and their families. Under this project, communities across Texas provide evidence-based home visiting services and promote a seamless, strategic delivery of health and human services to ensure that all young children are healthy and ready for school. Home visiting is a voluntary program matching parents with trained professionals and paraprofessionals to provide information and support during pregnancy and throughout their child's first five years. Resources and support for maternal and child health, child development, early learning, child abuse and neglect prevention, and family support services are provided. In THVP, communities will use a carefully selected combination of evidence-based home visiting program models to serve families in targeted areas. These include Early Head Start Home-Based Option, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. In addition, communities will work to develop or enhance local coordinated systems of family and early childhood services to promote the seamless delivery of services. Per the terms of the grant, HHSC is also required to continue existing funding of the Positive Parenting Program in Galveston County. This county will only receive this program and not the early childhood system development support.

THVP received additional funding from a competitive grant in 2011 to enhance the activities of the project to bring it closer to creating a community-focused, data-driven, comprehensive early childhood system that includes accessible, family-centered, high-quality, and evidence-based home visiting services. Through this grant, the home visiting program in communities addresses father engagement to yield better outcomes for children; helps develop centralized referral systems; and incorporates use of the Early Development Instrument, a population-based assessment indicating how well children across neighborhoods are being prepared for kindergarten entry, to help the community understand strengths and target resources to more effectively support all children being ready to learn.

Texas Nurse-Family Partnership (TNFP)

TNFP is an evidence-based nurse home visitation program that pairs Bachelor's prepared registered nurses with low-income, first-time mothers to improve pregnancy outcomes; improve child health and development; improve family economic self-sufficiency and stability; and reduce the incidence of child abuse and neglect. In the program, women are enrolled by the 28th week of pregnancy and a nurse begins visiting them. The visits continue throughout the woman's pregnancy and until her child is age two. The nurses provide support, education and counseling on health, parenting, developmental issues and life skills. Specifically, content of the home visits include education and support to improve pregnancy outcomes, enhance parenting skills and decrease child abuse/neglect, and early recognition and modification of conditions impacting

child's growth and development. Nurse Home Visitors help mothers achieve dreams and goals promoting self-sufficiency. Nurse Home Visitors assist clients in accessing health and human services as needed.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Children and Pregnant Women (CPW)

CPW provides services to children with a health condition/health risk, birth through 20 years of age and to high-risk pregnant women of all ages, in order to encourage the use of cost-effective health and health-related care. Together, the case manager and family assess the medical, social, educational and other medically necessary service needs of the eligible recipient.

Children with Special Health Care Needs (CSHCN)

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

Community-based Mental Health Services

DSHS, through the Local Mental Health Authorities, provides an array of core services to eligible Texas children, ages 3-17, including screenings; assessments; crisis services; crisis transportation; crisis flexible benefits; respite services; psychiatric diagnostic interview examination; pharmacological management; skills training and development services; medication training and support; routine case management; parent support group; engagement activity; medication training and support; skills training and development; family training; family partner; counseling; intensive case management; flexible funds; family training ;and family case management.

Immunization Branch

The DSHS Immunization Branch mission is to provide leadership to increase vaccine coverage levels and to reduce the burden of vaccine preventable diseases in Texas. The Immunization Branch manages the Vaccines for Children Program, a federally-funded program that improves

access to immunizations for eligible children. The Branch provides services for vaccine ordering and distribution; quality assurance; provider education and training; immunization registry; public information; partnerships; disease surveillance; school and childcare monitoring; and perinatal hepatitis B prevention.

Newborn Screening Case Management Follow-up

This program provides laboratory testing to confirm a genetic disorder identified through the Newborn Screening program. The Newborn Screening Program provides confirmatory testing, clinical evaluations and follow-up care, medications, vitamins, and dietary supplements (metabolic foods, low-protein foods) to individuals who meet the eligibility criteria.

NorthSTAR

The NorthSTAR program provides a comprehensive array of mental health and substance abuse treatment services through a publicly-funded managed care program to eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall, and Kaufman counties. Most Medicaid recipients living in these counties, including children, are automatically enrolled based on their Medicaid status. Non-Medicaid eligible individuals who live in a NorthSTAR county and meet the clinical and income criteria are eligible to receive services through NorthSTAR via an application process. Client services to both eligible Medicaid and medically indigent individuals are managed under contract with the state by a behavioral health organization, [ValueOptions](#).

Primary Health Care Services

Primary Health Care Services include: diagnosis and treatment; emergency services; family planning; preventative health services, including immunizations; health education; and laboratory, x-ray and other related services. Additional optional services may also be provided, including: nutrition services; health screening; home health care; dental care; transportation; prescription drugs, devices, and durable supplies; environmental health services; podiatry services; and social services. Children represent a very small portion of the Primary Health Care Program population that is served.

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

WIC is a nutrition program that helps pregnant women, new mothers and young children eat well, learn about nutrition and stay healthy. Nutrition education and counseling, nutritious foods and help accessing health care are provided to low-income women, infants, and children through the Special Supplemental Nutrition Program, popularly known as WIC.

State Mental Health Facilities

State mental health facilities serve children and adolescents who have mental illness requiring inpatient services because they are a danger to self or others. The inpatient programs treat children and adolescents, ages 4-17, to assess and treat youth with psychiatric illnesses until they are able to be treated in a community outpatient setting. Clinical services include assessment, evaluation, and treatment, including psychiatry, nursing, social work, psychology, education/rehabilitation services, nutrition, and spiritual care. Additional clinical support is provided through the medical and dental clinics, x-ray and laboratory services, and other consultative services.

Texas Early Hearing Detection and Intervention (TEHDI)

TEHDI is the state's universal newborn hearing screening, tracking and intervention program. DSHS is the oversight agency and provides no direct clinical services.

Texas Health Steps/Medicaid (THSteps)

THSteps is for children and youth from birth through age 20 who have or are eligible for Medicaid. THSteps provides regular medical checkups and dental checkups and treatment for babies, children, teens and young adults.

Title V Maternal and Child Health Fee-for-Service (MCH FFS)

MCH FFS provides child/adolescent health care including primary care services for infants, well-child examinations, sick child and follow-up visits, nutritional visits, immunizations, case management, and prenatal care for adolescents. Dental services for children and adolescents include periodic oral evaluation, fluoride treatments, sealants, and extraction as needed. Laboratory testing services are provided by DSHS laboratories in Austin and San Antonio to Title V eligible clients through Title V-funded providers. The Title V-funded contractors provide child health and dental services to infants and children in the birth to children without insurance, not eligible for Medicaid or CHIP, and at or below 185 percent FPL.

Vision and Hearing Screening Program

The Vision and Hearing Screening Program was implemented for the early identification of individuals who have special senses and communication disorders, and who need remedial vision, hearing, speech or language services. The program provides training to providers of THSteps, schools of nursing, volunteer groups, CCL groups, and school districts that perform vision and hearing screening. Screening is performed on daycare children ages 4 years and older and all school age children through 20 years of age.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing (CCL)

CCL safeguards the basic health, safety, and well-being of Texas children by developing and enforcing minimum standards for child care facilities and child-placing agencies. The program regulates child day care homes and centers, before- and after-school programs, school age programs, employer-based day care facilities, and day care programs in temporary shelters such as family violence shelters and homeless shelters where care is provided to a child while the child's parent is not present. The CCL program also regulates child placing agencies and 24-hour residential child care facilities such as general residential operations providing emergency shelter services and residential treatment centers.

Child Protective Services (CPS)

CPS becomes involved with a family when it receives a report of child abuse or neglect for any child under the age of 18. Generally, CPS investigates the report, determines whether services are necessary to protect the child and, if so, provides those services to the child and family through family based safety services or conservatorship services. CPS caseworkers provide services and support directly to children and families along with purchased services such as mental health assessments and treatment, daycare, parenting education and support, health care, and developmental delay services.

CPS also provides referrals to services provided by other state agencies. CPS refers all children under the age of 3 with a substantiated case of abuse or neglect to Early Childhood Intervention (ECI) for assessment, evaluation, and services. CPS refers all children in CPS custody age 3-5 to Head Start and children under the age of 3 to Early Head Start. Although CPS children are not guaranteed enrollment in these programs, they do have priority status for any slots that are available, along with other vulnerable populations.

When ongoing services are necessary to ensure the child's safety, CPS provides family-based safety services, where the parents retain legal custody of the child, when possible. CPS works with the family to create a service plan that identifies what the family needs to do and then supports the family in obtaining the needed services.

CPS provides conservatorship services when it has to remove the child from the home and seek legal custody to ensure the child's safety. For children who are removed, CPS first looks to see if there are any appropriate relatives with whom the child can live. When placement with a relative is not possible, CPS places the child in non-relative foster care. Regardless of where a child is living, CPS provides a myriad of ongoing services and support to children while they are in CPS custody. CPS also provides a range of services to ensure the child finds a safe, permanent home.

Prevention and Early Intervention (PEI)

PEI contracts with four providers under the Community Based Child Abuse Prevention program and two providers with the Texas Families Together and Safe program to provide services for families with children under the age of six. Using evidence-based programs targeting families with young children, the providers offer various services including parent education, case management, counseling, concrete supports, and home visitation, among others. Not all services are available in every program. The programs are designed to reduce child abuse and neglect so services often focus on the caregivers of the child, with the child receiving few direct services.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Autism Program

The Autism Program provides services for children, ages three through eight, who have an autism spectrum disorder and are residents of Texas. Services are provided through grant contracts with local community agencies and organizations that provided applied behavioral analysis and other positive behavior support strategies.

Texas Early Childhood Intervention Services (ECI)

Texas ECI is a statewide program for families with children birth to 36 months with developmental delays or disability. The program provides family support and specialized services to strengthen the family's ability to access resources and improve their child's development through daily activities in order for the children to reach their potential. It is state and federally funded through the Individuals with Disabilities Act (IDEA, P.L. 108-446). Services are provided by a variety of local organizations across Texas in the home and in community settings such as child care facilities and play groups. Families and professionals, representing multiple disciplines, work together as a team to plan appropriate services based on the unique strengths and needs of the child and family.

ECI determines eligibility for infants and toddlers based on the following criteria: developmental delays or disability that affects functioning in one or more areas of development (motor, communication, cognition, social-emotional, or adaptive self-help); an auditory or visual impairment as defined by the Texas Education Agency and children who have a medically-diagnosed condition with a high probability of resulting in a developmental delay.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Medically Dependent Children Program (MDCP)

MDCP serves children ages birth to 21 who are medically fragile and meet the criteria for nursing facility care. The child can remain in the community if the family receives assistance with the child's care. Respite care is a service that provides temporary relief from care giving to the primary caregiver of a waiver participant during times when the participant's primary caregiver would normally provide care. Adjunct support services are direct care services needed because of an individual's disability that help an individual participate in child care, post-secondary education, or independent living, or that support an impending move to an independent living situation, and that may vary by child, provider, and setting. Adjunct support services may be used when the primary caregiver is working, attending job training, or attending school. Parents are still responsible for routine child care expenses. Adaptive aids are devices necessary to treat, rehabilitate, prevent, or compensate for conditions resulting in disability or loss of function. Adaptive aids enable people to perform the activities of daily living or control the environment in which they live. Minor home modifications are a physical modification to a participant's home, required by the participant's individual plan of care necessary to prevent institutionalization or support deinstitutionalization. Transition assistance services help people who reside in a nursing facility and who are Medicaid-eligible to set up a household in the community if the person will be enrolling in one of the Medicaid waiver programs upon discharge from the nursing facility. Financial management services provide assistance to individuals with managing funds associated with the services elected for self-direction. The service includes initial orientation and ongoing training related to responsibilities of being an employer and adhering to legal requirements for employers.

Appendix C – Service Enhancements and Innovations Early Childhood Programs

The following program and service enhancements and innovations were provided by the programs surveyed for the 2012 report required by S.B. 54, 77th Legislature, Regular Session, 2001.

HEALTH AND HUMAN SERVICES COMMISSION

Children’s Health Insurance Program (CHIP)

The Affordable Care Act (ACA) made the following changes to CHIP:

- Extended federal funding for CHIP through federal fiscal year 2015. Prior to the ACA, CHIP was authorized through federal fiscal year 2013.
- Required CHIP to meet maintenance of effort requirements.
- As of January 1, 2014, shifts from CHIP to Medicaid children ages 6 to 18 with incomes between 100 and 133 percent of the federal poverty level (FPL).
- Increased the federal CHIP match rate for federal fiscal years 2016 through 2019.
- Prohibited states from restricting CHIP eligibility standards, methodologies, or procedures from enactment until September 30, 2019. Medicaid payments are contingent upon meeting the CHIP maintenance of effort requirement.
- Allowed states to provide federally matched CHIP to the children of public employees effective in March 2010. (see additional information below)

CHIP Coverage for Dependents of Public Employees

Previously, Texas could not claim federal match for the dependents of public employees. Texas paid for CHIP coverage of eligible dependents of Teacher Retirement System (TRS) ActiveCare members with 100 percent general revenue funding. The Employees Retirement System (ERS) also provided a 100 percent general revenue premium subsidy toward eligible dependent coverage under the State Kids Insurance Program (SKIP).

The ACA made the children of public employees eligible to receive federally-matched coverage in CHIP. Texas began providing federally-matched CHIP coverage to qualifying TRS school-employee children as of September 1, 2010 and to former SKIP participants as of September 1, 2011. The receipt of federal match for CHIP coverage for TRS school-employee children is projected to increase the federal share of CHIP by \$42.4 million during the 2012-13 state fiscal biennium. The receipt of federal match for CHIP coverage for public employee children formerly eligible for SKIP is projected to save the state a total of \$14.7 million in general revenue fund in fiscal 2012; however, all savings will be incurred by ERS, while HHSC will expend more to cover these children through CHIP.

CHIP Reauthorization

The CHIP Reauthorization Act of 2009 (CHIPRA) authorized CHIP federal funding through federal fiscal year 2013. CHIPRA increased the amount of federal CHIP funding available to Texas. For fiscal year 2009, the pre-CHIPRA federal CHIP allotment for Texas was \$549.6 million. The fiscal year 2011 allotment was \$832.7 million. The CHIP allotment is adjusted annually based upon a formula that takes into account actual CHIP expenditures, child population growth, and a measure of health care inflation. Texas has two years to spend its CHIP allotment.

In addition to these funding changes, CHIPRA also included significant policy changes that impacted Texas. HHSC has implemented the following changes in accordance with federal CHIPRA guidance requiring CHIP health maintenance organizations to pay federally-qualified centers and rural health centers their full encounter rates: application of certain Medicaid managed care safeguards to CHIP; verification of citizenship for CHIP; implementation of mental health parity in CHIP (see additional information included below); providing federally-matched CHIP and Medicaid coverage to qualified immigrant children (see additional information included below); and requiring provision of expanded dental services to CHIP members (see additional information included below).

Mental Health Parity

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that certain group health plans that offer behavioral health benefits (mental health and substance use disorder treatment) provide those services at parity with medical and surgical benefits. MHPAEA does not apply to Medicaid fee-for-service programs; however MHPAEA does apply to Medicaid managed care organizations. CHIPRA applies MHPAEA requirements to all State CHIP programs.

Effective September 1, 2010, CMS approved the STAR and STAR+PLUS waivers that waived the 30 day visit limit on outpatient mental health visits for adults enrolled in Medicaid managed care programs, bringing these programs into compliance with MHPAEA. CMS approved a CHIP state plan amendment to remove the treatment limitations from existing CHIP behavioral health benefits effective March 1, 2011, bringing CHIP into compliance with the mental health parity requirements in CHIPRA. In order to offset increased costs in the CHIP program, HHSC increased certain co-payments for CHIP members above 150 percent of the FPL effective March 1, 2011.

CHIP Dental

The Texas CHIP dental benefit package previously consisted of three tier levels that covered certain preventive and therapeutic services up to capped dollar amounts per 12-month coverage period. CHIPRA required all state CHIP programs to cover dental services “necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.” To comply with this requirement, Texas CHIP was required to cover certain services that were not previously covered, including periodontic and prosthodontic services.

Effective March 1, 2012, the current three-tier benefit package was eliminated and all CHIP members began receiving up to \$564 in dental benefits per enrollment period. Emergency dental services are not included under this cap. Members are also able to receive certain diagnostic, preventive and medically necessary services beyond the \$564 annual benefit limit through a prior authorization process. To offset the costs of covering additional dental services, HHSC has raised the CHIP cost-sharing amounts effective March 1, 2012.

Coverage of Qualified Immigrants

Texas formerly provided CHIP coverage using general revenue for children who are in the country legally but ineligible for Medicaid coverage due to their immigration status. CHIPRA gave states the option of providing Medicaid or CHIP benefits to qualified immigrant children and pregnant women. Effective May 1, 2010, Texas began receiving enhanced federal matching funds for the qualified immigrant children formerly covered under CHIP with general revenue and for newly certified qualified immigrant children eligible for Medicaid or CHIP.

Children's Health Insurance Program Perinatal (CHIP Perinatal)

Clarifications were added to the contract between HHSC and the managed care organizations indicating that services related to miscarriage are covered. In addition, birthing center services, and services rendered by a certified nurse midwife or a physician in a licensed birthing center were added as covered services. For the newborn, clarifications were made indicating coverage for craniofacial anomalies, periodontic and prosthodontic services.

As a result of guidance from the federal Centers for Medicare and Medicaid Services stating that the newborns of mothers receiving Medicaid at the time of delivery are eligible to receive 12 months of Medicaid coverage from date of birth, HHSC made policy changes affecting CHIP perinatal newborns at or below 185 percent of the FPL. Effective September 1, 2010, these newborns could begin to receive 12 months of continuous Medicaid coverage from date of birth, if the mother establishes Emergency Medicaid for her labor with delivery.

Children's Medicaid (*see also, Texas Health Steps in list of DSHS programs*)

Medicaid Benefit Changes, Children Ages 6 and Under:

Fiscal Year 2010

Effective 9/1/2009

- Transitioned PACT hearing services for children to be reimbursed through Medicaid.
- Added new periodic Texas Health Steps Visits for children 3-5 days and 30 months. Additional developmental testing was added for clients at the 18 month visit.

Effective 10/1/2009

- Added subcutaneous injection ports as a benefit for clients with conditions, such as diabetes, requiring frequent injections.

Effective 2/1/2010

- Expanded sleep study coverage for infant emergency diagnosis.

Effective 7/1/2010

- Added comprehensive environmental lead investigation in the home as a benefit for clients under 21.

Fiscal Year 2011

Effective 9/1/2010

- Substance user disorder services coverage added to be payable for Medicaid FFS and PCCM clients, including for medication assisted therapy. Clients under 13 require a waiver from DSHS, including documentation of necessity and prior authorization request.

Effective 10/1/2010

- Certain parenteral nutrition supply kits made payable in the home setting.
- Specific codes for specialty formula and enteral formula additives were added as payable for CCP clients.

Effective 4/1/2011

- Added coverage for home visits for respiratory care clients for mechanical ventilation care.
- Added biofeedback services for the treatment of urinary and fecal incontinence as a benefit.

Effective 7/1/2011

- Made external insulin pumps a benefit for clients under 21.

Effective 8/1/2011

- Made vitamin and mineral coverage a benefit for clients under 21 with prior authorization.
- Made a new home monitor payable for cardiology patients receiving long-term anticoagulation therapy. Skilled nursing visits are not authorized for this device.

Fiscal Year 2012

September 2011

- Qualified rehabilitation professionals required to provide seating assessments for wheeled mobility systems.

January 2012

- Non-routine dialysis services made payable in the emergency room setting.

February 2012

- Cranial molding orthosis limited to a diagnosis of synostotic plagiocephaly.

May 2012

- Poly carbonate lenses made a payable benefit.

July 1, 2012

- Telemedicine services expanded to include individual psychotherapy, and prescription monitoring.

Medicaid Managed Care Expansion

- Effective September 1, 2011, HHSC expanded existing STAR and STAR+PLUS Service Areas to Contiguous Counties.
- Effective March 1, 2012, HHSC:
 - Expanded STAR and STAR+PLUS to South Texas
 - Converted Primary Care Case Management areas to the STAR Program (Medicaid Rural Service Area with three regions: Northeast, West and Central Texas)
 - Created a dental managed care model for Medicaid-eligible children
 - Carved prescription drugs into managed care
 - Included in-patient hospital services in STAR+PLUS (“carved in” to managed care)

Family Violence Program (FVP)

The FVP received Exceptional Item Funding (EIF) during fiscal years 10 and 11 . This allowed the program to allocate funds to expand family violence services to include non-residential services, including: legal services and economic stability services such as transitional housing; job training; and childcare for victims of family violence. These funds provide specialized services to existing clients to assist victims in achieving self-sufficiency. These funds allow family violence providers to assist with costs such as the first month's rent on an apartment, specialized job training, and legal services relating to family violence. These funds also support primary prevention programs and the initiation or enhancement of local domestic violence fatality review teams.

Office of Health Coordination and Consumer Services (HCCS)

“A Parent’s Guide to Raising Healthy, Happy Children” is available to parents through the Raising Texas website (www.raisingtexas.com), an initiative of the Office of Early Childhood Coordination (OECC). This guide provides information on important developmental milestones, needed assessments/check-ups, and other tips specific to the child’s age. It is distributed free to families of children enrolled in Medicaid through DSHS. The guide covers topics applicable to children ages birth through five and is available in English and Spanish.

In 2011, the Raising Texas recognized several community initiatives for their work to improve the health, well-being and school readiness of young children in high need neighborhoods: Austin’s Success by Six Program led by United Way Capital Area, El Paso’s Project LAUNCH operated by Aliviane Inc., and San Antonio’s Child Well-Being Project operated by the Family Service Association.

Healthy Child Care Texas (HCCT) in the OECC trains health and early childhood professionals to become Child Care Health Consultants (CCHCs). CCHCs provide training and consultation to child care providers on child health, safety, and development as well as child care program quality. HCCT continues to use a cost effective mixed method of on-site and distance learning to facilitate the training of CCHCs across the state. The online learning modules are supported by the Texas A&M AgriLife Extension Service and are accessible from any computer with a high-speed internet connection, thereby decreasing the cost of training CCHCs and increasing the efficiency and reach of the training program. HCCT was invited to present information on the HCCT model and work at the March 2012 meeting of the National Training Institute for Child Care Health Consultants so that other states can learn from and replicate Texas’ work. HCCT certified 14 new CCHCs in 2011 and partnered with the Texas Association for the Education of Young Children in 2012 to support outreach and training for new CCHCs. Additional cohorts of approximately 60 trainees each are expected to be certified during this biennium.

A new initiative of HCCS and OECC is the Texas Home Visiting Program (THVP). Though the program is new, home visiting programs are not a new concept in Texas. THVP enhances services in Texas by establishing local systems of home visiting with an emphasis on coordination and collaboration between the home visiting sites. In addition, each county served by the program is working to create a local comprehensive, coordinated system of services for pregnant women, young children, and their families. This includes creating a coalition of service providers that impact this population to develop a local vision and plan for early childhood in their community. This also involves creating a local centralized referral system, to create a single point of contact for families interested in home visiting and to help match families with the most appropriate home visiting services in their community; using tools and strategies to better engage healthy fathers in

the prenatal period and in their children's early years of life; and utilizing the Early Development Instrument (EDI), a population-based assessment of Kindergarten readiness, to help understand how well children are prepared for Kindergarten entry and help target resources to the highest need areas. The data collected from the EDI is mapped on a neighborhood level to help communities understand the needs and strengths of various areas and better target resources and interventions. This data is used as part of the overall "Transforming Early Childhood Systems" process to establish or enhance local early childhood systems.

HCCS continues to provide staff support to the Council on Children and Families and the Interagency Task Force for Children with Special Needs, as established by the 81st Legislature, Regular Session, 2009. The Council on Children and Families is charged with coordinating and improving efficiencies in the state's health, education, and human services systems to ensure children and families have access to needed services, thus facilitating an integrated approach to providing services to children and families. The Interagency Task Force for Children with Special Needs is charged with improving the coordination, quality, and efficiency of services for children with special needs. Both the Council on Children and Families and the Interagency Task Force for Children with Special Needs have prioritized early childhood in their work, with committees focused on early childhood and early intervention.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Autism Program

Beginning in fiscal year 2012, the DARS Autism Program will administer standardized measures of child progress to children only at intake and at discharge. Based on feedback from the six provider agencies, DARS will continue the use of the Pervasive Developmental Disorders Behavior Inventory and the Psychoeducational Profile – Third Edition (PEP-3) to measure child progress.

Texas Early Childhood Intervention Services

ECI produced two new videos to help educate and inform families and professionals about ECI's unique services and delivery system. The videos are available via the link to ECI on the DARS website and through YouTube.

DEPARTMENT OF STATE HEALTH SERVICES

Children with Special Health Care Needs (CSHCN)

During fiscal year 2010, 255 children were removed from the waiting list to begin receiving health care benefits. The program continued contracts for medical home supports in fiscal years 10 and 11 and other innovative projects to advance services for children and youth with special needs. The program contracted with Baylor College of Medicine to improve services and processes for youth and young adults with special health care needs and their families when transitioning from pediatric to adult-based health care. Program staff collaborated with the HHSC to expand data collection efforts to assess quality of care for children with special health care needs across agency programs, including Medicaid, CHIP, and the CSHCN Services Program.

Community-based Mental Health Services (CMHS)

CMHS obtained a grant to provide local mental health authorities the opportunity to be trained in parent-child psychology. This mode of treatment has proven to be most beneficial when working with children ages three through six as it focuses on the relationship between the child and caregiver. It allows for early identification of potential attachment issues.

Immunization Branch

Supplemental Centers for Disease Control funds through ARRA and PPHF provided opportunities to enhance the immunization registry and vaccine ordering system and to add additional vaccines to the adult safety net program.

New Born Screening: Case Management Follow-Up

On September 1, 2010, a laboratory was enrolled to provide confirmatory testing.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing (CCL)

CCL does not directly provide services to children; however, the program licenses and monitors child care operations that serve children ages 0-17. There were significant program enhancements in 2009 and 2010 as CCL began a series of initiatives and invested \$4 million in federal economic stimulus funds to enhance high-quality day-care programs for infants and toddlers. In 2011, CCL completed the plan for improving the quality of infant and toddler child-care programs. Some of the initiatives completed in 2011 are listed below:

- Technical Assistance Library—CCL created a centralized resource library for staff to share with those caring for infants and toddlers in regulated child-care settings. This library enhanced CCL's proactive approach to protecting children. The library enables staff to provide technical assistance information to providers during an inspection. The library is continuously updated and has more than 137 documents. The library is available to everyone via the DFPS website.
- Tutorials – Working with Texas A&M AgriLife Extension Service, CCL developed online tutorials for child-care providers, parents, caregivers, and CCL staff that focus on the healthy and safe care of infants.
- Advanced Instructor-Led Training – Texas A&M AgriLife Extension Service developed advanced training for caregivers and other professionals working with infants and toddlers. This instructor-led training was made available statewide. It focuses on basic health, safety, nutrition, safe sleep practices, continuity of care, quality care environments, and the social, emotional, and cognitive development of infants and toddlers.
- Public Awareness Campaigns - Two CCL campaigns featured radio and TV public service announcements, social media, and news media coverage.
 - Don't Be in the Dark—To educate the public on the importance of selecting regulated day care and improving communication with caregivers. www.DontBeInTheDark.org.
 - Baby Room to Breathe - To educate public and child caregivers on ways to minimize the risk of Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths and improve the health, safety, and development of infants and toddlers. www.BabyRoomToBreathe.org.

- Pre-Application Online Course - In July 2011, CCL released an online pre-application course that is an introduction to becoming a child-care provider. The course is for prospective licensed, registered, and listed child-care homes.

Additionally, the 81st Texas Legislature passed S.B. 68 requiring DFPS to regulate certain programs for children not previously regulated by CCL. These include many skills or sports-based after-school programs and day care in environments such as domestic violence and homeless shelters. As a result, CCL began regulating three new types of care in fiscal year 2011: before- and after-school care programs; school-age/skills-based programs; and temporary shelters providing child day-care services.

CCL also developed two new classes of standards to address the unique needs and services offered by these providers. Chapter 744 of the Human Resources Code focuses on school-age and before- or after-school programs, and Chapter 743 contains standards specific to temporary shelter-care programs.

Child Protective Services

Foster Care Redesign. Since January 2010, CPS has been engaged in Foster Care Redesign, an effort to improve outcomes for children and youth residing in paid foster care and their families. Foster Care Redesign's goal is to create sustainable placement resources in communities that will meet the needs of children and youth in foster care, using least restrictive (most family-like) placement settings. The redesigned foster care model will support the achievement of the quality indicators listed below.

- First and foremost, all children and youth are safe from abuse and neglect in their placement.
- Children are placed in their home communities.
- Children are appropriately served in the least restrictive environment that supports minimal moves.
- Connections to family and others important to children are maintained.
- Children are placed with siblings.
- Services respect the child's culture.
- To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers.
- Children and youth are provided opportunities to participate in decisions that impact their lives.

The 82nd Legislature, Regular Session, 2011, enacted S.B. 218 that directed DFPS to implement the new foster care model. Under the new model, a single-source continuum contractor will receive a contract for a designated geographic, or catchment, area and will be responsible for developing and ensuring a full continuum of paid foster care services for all children in that area.

Fostering Connections: Permanency Care Assistance Program. To encourage and support relatives taking legal custody, the Legislature authorized and appropriated funding for CPS to implement the Permanency Care Assistance (PCA) program in 2011. As part of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections), the program provides financial support to relatives who become a child's permanent managing conservator that is similar to an adoption assistance payment. Prior to the PCA program, ongoing financial support was only available to relatives who adopted. To qualify for the PCA program, reunification and adoption have to be ruled out and the relative has to be a verified foster parent for at least six months while

the child is living with them. As of July 2012, CPS transferred legal custody of 642 children to relatives under the PCA program. Over time, it is anticipated that this program will assist in reducing the numbers of children in CPS custody and create permanent homes for children with their own family.

Permanency Roundtables (PRTs). When safe reunification is not possible, there are challenges in finding an alternative permanent home for some children in CPS custody. PRTs facilitate the permanency planning process by focusing on the obstacles to permanency and identifying realistic solutions to overcome them. The Texas model for PRTs is an internal team consisting of caseworkers, supervisors, program directors, program administrators, and other agency subject matter experts to brainstorm and create child-specific action plans to find the child a permanent home. A CPS staff member specializing in permanency issues facilitates the PRT meetings and is responsible for ensuring that tasks are completed. In June 2012, CPS initiated PRTs in Region 6 with a plan to expand into Region 8 and Region 10 in the fall of 2012, and to implement PRTs statewide by November 2013.

Enhanced Family Centered Safety Decision Making project. The Enhanced Family-Centered Safety Decision Making project is part of CPS' continuing efforts to promote a family focused system that ensures child safety through quality casework. This is a multi-year continuous quality improvement initiative to imbed the concept of family focused safety assessment throughout the CPS system by helping staff to better understand:

- What information is necessary to identify safety threats and to make a safety assessment in every stage of service and in every type of placement;
- How to determine whether a child is safe where they are living;
- If a child needs to be removed from their home, how to determine when it is safe to reunify them with their family;
- What changes a family needs to make to address identified safety threats so service plans can be tailored to match the family with appropriate services; and
- How to function in a culture that supports family centered values.

Disproportionality. Texas has become a national leader in addressing disproportionality through leadership development, community partnerships, cultural training, and developing more sensitive and safety-centered practices. CPS seeks to equitably serve families and youth in all stages of service by utilizing initiatives to reduce the number of children in CPS custody and the disparate outcomes for children of color. Texas legislation and practices in this arena are being duplicated by other child welfare systems in other states seeking solutions to disproportionality. These practices include:

- Leadership development and training for management and service delivery staff through the implementation of *Knowing Who You Are* and *Undoing Racism* workshops, which are designed to help attendees gain a greater awareness of the importance of cultural competency;
- Family Group Conferencing - an innovative approach to engage families in planning for their children when they have come to the attention of CPS;
- Faith-based Initiative - dedicated to finding more foster and adoptive homes for African-American children;
- Kinship Care Initiative - involves the commitment of relatives and trusted friends, who have a relationship with the child by providing safety and stability in their homes for children when they cannot live with their birth parents;

- Diligent Recruitment Grant - the recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in foster care;
- Permanency Care Assistance - a paid guardianship subsidy to support permanent placement of children with relatives and trusted friends when reunification and adoption is not possible; and
- Foster Care Redesign - restructuring how CPS administers foster care, which will emphasize supportive, community-based services for children, and families in Texas.

In an effort to centralize the disproportionality work in Texas, CPS regional disproportionality specialists were transferred to the HHSC's Center for Elimination of Disproportionality and Disparities effective January 2, 2012. These specialists will continue to expand the disproportionality work in CPS to all health and human services agencies. They will remain an integral part of the work in CPS and remain a source of information and expertise for CPS staff.

Texas Adoption Resource Exchange. The Texas Adoption Resource Exchange (TARE) website is an important recruitment tool for prospective foster and adoptive homes. Integrated with the "Why Not Me?" campaign, the website's most prominent feature is its photo-listing of Texas children awaiting adoption. TARE also includes children's profiles and videos. DFPS added new features to the website at the end of fiscal year 2011 to give families more information and to streamline the process. Families can now register and create a free profile where they can upload a family photo and save their adoption preferences. They can ask about specific children and get quick updates on the status of their inquiries. Profiles include information on whether a family's home has been screened and approved. Those who are not registered can do basic searches and learn how to become a foster or adoptive home. TARE also offers a toll-free, nationwide Adoption and Foster Care Inquiry Line (1-800-233-3405). The information from these calls is forwarded to local CPS staff to follow up with prospective families. More information on Foster Care and Adoption is available on the TARE website at www.AdoptChildren.org.

Trauma-Informed Care Initiative. CPS formed its Trauma-Informed Practice Workgroup in October 2011 as part of the Trauma-Informed Care Initiative. The goal of this initiative is to develop and implement a comprehensive, consolidated approach to trauma-informed care that maximizes agency resources and improves outcomes for the children and families CPS serves.

A trauma-informed child- and family-serving system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on those who have contact with the system, including youth, caregivers, and service providers. A service system with a trauma-informed perspective is one in which service providers:

- Routinely screen for trauma exposure and related symptoms;
- Use a consistent set of culturally appropriate evidence-informed assessments that address well-being and use culturally appropriate treatment for traumatic stress and associated mental health symptoms;
- Make resources available to clients on trauma exposure, its impact, and its treatment;
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across child-serving systems; and
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress.

The Workgroup is comprised of internal and external stakeholders, including state and nationally known trauma informed care experts, Dr. Karyn Purvis, Dr. Jeff Wherry, and Bob Hartman, serving as advisors. A trauma-informed system incorporates the child's and family's story and the child's developmental level while establishing an evidence-based approach to policies, training, leadership, and service practice. In spring of 2012, a strategic plan was developed to guide this important effort, and implementation of the plan will begin in the statewide strategic planning period of 2013-17. Sub-workgroups comprised of internal and external stakeholders have begun meeting to achieve the goals and tasks to improve outcomes of children in the child welfare system. The current sub-workgroups address Training, Assessment and Screenings, Caregiver Support, and Staff Support. The Workgroup will propose recommendations to CPS regarding continued integration of trauma-informed practices within the CPS system, and will also provide oversight of approved implementation strategies. CPS expects the transition to a full trauma-informed system of care to continue during the 2013-17 planning period.

Supervised Independent Living Project. Fostering Connections authorized state Title IV-E agencies to claim federal funding for young adults who choose to remain in foster care between the ages of 18 and 21 in order to receive additional support for their transition to independence. In recognition of the needs of this population, Fostering Connections further authorized states to claim federal funding for adults in foster care who reside in certain supervised independent living settings, referred to in these rules as SIL placements. CPS is in the process of designing this option for Texas youth.

Appendix D – Collaboration and Coordination Early Childhood Programs and Services

HEALTH AND HUMAN SERVICES COMMISSION

Children’s Health Insurance Program (CHIP)

CHIP coordinates with various organizations and agencies, including community-based organizations, for referrals to Medicaid/CHIP and application assistance. Medicaid CHIP Policy Development is responsible for the implementation of CHIP policy and State Plan development. Managed Care Operations is responsible for development and oversight of CHIP managed care operations. The Office of Family Services (OFS) is responsible for CHIP eligibility policies and procedures and takes the lead on eligibility related issues. The Office of Eligibility Services (OES) is responsible for oversight of the vendor that enrolls CHIP-eligible children into the program. Medicaid and CHIP Division staff coordinate with OFS and OES on all eligibility and enrollment issues overseen by these offices.

In addition, Medicaid and CHIP Policy Development coordinates with and provides CHIP policy direction for the DSHS CSHCN program and the DARS ECI program.

Medicaid and CHIP Policy Development staff participate on workgroups led by the Office of Health Coordination and Consumer Services (HCCS).

Children’s Health Insurance Program Perinatal (CHIP Perinatal)

CHIP Perinatal coordinates with various organizations and agencies, including community-based organizations, for referrals to Medicaid/CHIP Perinatal and for application assistance. CHIP Perinatal works closely with Title V and DSHS, core providers for CHIP; with the Office of Eligibility Services to train providers on submission of form 3038s required to establish Emergency Medicaid for mothers at or below 185 percent of the Federal Poverty Level (FPL), and Medicaid coverage for their newborns; and with HHSC’s External Relations Department, which handles publication of brochures for CHIP Perinatal.

Children’s Medicaid (*see also, Texas Health Steps in list of DSHS programs*)

Children’s Medicaid works with Temporary Assistance to Needy Families; Medicaid for Transitioning Foster Care Youth; Medicaid for Pregnant Women; DSHS Women, Infants and Children; Case Management for Children and Pregnant Women; and DARS Early Childhood Intervention Services to ensure qualified parties received the services for which they are eligible. Children’s Medicaid works with CHIP in many ways. The programs use the same application for Medicaid and CHIP and if a child’s eligibility status changes from Medicaid to CHIP, or vice versa, data regarding the child is electronically referred from one program to the other. The HHSC Office of Community Access supports Regional CHIP/Medicaid advisory committee meetings, held quarterly, that include a cross-section of stakeholders. These meetings offer HHSC an opportunity to inform and collaborate with stakeholders on key projects.

Family Violence Program (FVP)

The FVP works closely with Sexual Assault Prevention and Crisis Services at the Texas Office of the Attorney General (OAG) to facilitate collection of comprehensive program data, since many family violence and sexual assault programs are co-located within the same organization.

Regular meetings and workgroups with agencies such as the Texas Department of Family and Protective Services (DFPS), the Texas Department of State Health Services (DSHS), and the Institute on Domestic and Sexual Violence at the University of Texas, School of Social Work, allow for ongoing information sharing and statewide planning.

The FVP also belongs to the Texas Family Violence Interagency Collaborative (TFVIC). The TFVIC is an interagency workgroup comprised of staff from the FVP, DFPS, and TCFV, that meets regularly to address sensitive issues related to provision of services to families where family violence and child/elder abuse may be present.

Office of Health Coordination and Consumer Services (HCCS)

HCCS and its Office of Early Childhood Coordination (OECC) coordinate and collaborate with partners across the HHS agencies, Texas government, and nonprofit and private sectors.

Raising Texas, in the OECC, is a statewide collaborative partnership of numerous state and community-based agencies and key stakeholders to strengthen Texas' system of services for young children and families so that all children enter school healthy and ready to learn.

The OECC is involved in many interagency councils, teams, and workgroups including the Texas Expanding Opportunities team, focused on promoting inclusion of children with special needs in early childhood settings; Early Childhood Health and Nutrition Interagency Council, as authorized by 81st Legislature, Regular Session, 2009; Child Care Licensing Quality of Infant and Toddler Child Care Programs stakeholder workgroup; Healthy Texas Babies; Medical Home Workgroup; Texas Immunization Stakeholder Working Group; and others.

The OECC collaborates on a regular basis with many agencies and organizations, including: HHSC-Medicaid/CHIP, Colonias Initiative, Family and Community Services - Healthy Marriage Initiatives, Texas Nurse-Family Partnership; DFPS-Child Care Licensing, Child Protective Services, Prevention and Early Intervention; DSHS-Office of Title V, Texas Health Steps; Office of Program Decision Support, Immunization Branch, Children with Special Health Care Needs; DARS-Early Childhood Intervention; Office of the Attorney General; Texas Education Agency (TEA); Texas Workforce Commission (TWC); Texas Head Start State Collaboration Office and Texas Early Care and Education Career Development System; State Center for Early Childhood Development; State Advisory Council on Early Childhood Education and Care; Advocacy Inc.; Baylor College of Medicine; Center for Parent Education; Collaborative for Children; Del Mar College; Education Service Center Region 2; Even Start; Family Services Association; Healthy Family Initiatives; Gulf Coast Community Services Association; McLennan Community College; Mental Health America of Texas; National Association of Child Care Professionals; National Child Care Information Center; Parents as Teachers; Raising Austin; Texas A&M University; Texas Academy of Family Physicians; Texas Association for Infant Mental Health; Texas Association for the Education of Young Children; Texas Association of Child Care Resource and Referral Agencies; Texas Department of Insurance; Texas Early Childhood

Education Coalition; Texas Federation of Families for Children’s Mental Health; Texas Health Institute; Texas Home Instruction for Parents of Preschool Youngsters; Texas Licensed Child Care Association; Texas Medical Association; Texas Pediatric Society; Texans Care for Children; University of North Texas; Williamson-Burnet County Opportunities, Inc.; Workforce Solutions of Central Texas; Zero to Three Court Teams for Maltreated Infants and Toddlers; and others.

The Council on Children and Families and the Interagency Task Force for Children with Special Needs, as established by the 81st Legislature, Regular Session, 2009, are made up of multiple agency and public members. The Council on Children and Families membership is composed of commissioner/executive level members of: HHSC, DSHS, DFPS, DADS, DARS, TEA, TWC, Texas Juvenile Justice Department (TJJD), Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), and four public representatives – two parents and two adolescents/young adults. The Interagency Task Force for Children with Special Needs membership consists of commissioner, executive director or director, or a deputy assistant commissioner of: HHSC, DADS, DARS, DARS-ECI, DFPS, DSHS, TEA, TJJD, and TCOOMMI. The Interagency Task Force for Children with Special Needs also has nonvoting members including: one representative of a local mental health or mental retardation authority; two members of the house of representatives; two senators; and three parents or consumer advocates appointed by HHSC, TEA, and TJJD.

Supplemental Nutrition Assistance Program (SNAP)

SNAP coordinates with various organizations and agencies, including community-based organizations and food pantries for referrals to SNAP and application assistance.

Temporary Assistance for Needy Families (TANF)

HHSC coordinates with the Office of Attorney General for referrals for child support assistance and the Texas Workforce Commission for employment referrals. The program also coordinates with other agencies that provide TANF-funded services.

Texas Home Visiting Program (THVP)

The program collaborates with the Texas Nurse-Family Partnership team to provide the Nurse-Family Partnership program in selected communities, and similarly works with other evidence-based home visitation models including Early Head Start; Home-Based, Home Instruction for Parents of Preschool Youngsters; and Parents as Teachers. There is also extensive coordination with local entities to implement and operate the grant’s local program component.

Many HHS programs have provided ongoing support to this project. DSHS Office of Title V and Family Services provided support in program development. THVP has also received guidance and support from DSHS Mental Health and Substance Abuse division, DFPS Prevention and Early Intervention, HHSC Family Violence Program, HHSC State Early Childhood Comprehensive System (Raising Texas) initiative, Texas Workforce Commission, and Texas Early Learning Council. Each of these programs/divisions provided a staff person to sit on the initial steering committee for the Texas Home Visiting Program to help guide the development of the grant application and program. In addition, the Texas Education Agency provided letters of support for the grant. HHSC Strategic Decision Support and DSHS Program Decision Support offices provide support on data collection to help determine initial communities to be

served. Once the program sites are operating in the summer of 2012, we anticipate much more collaboration around training, etc. from these and other offices in HHS.

THVP staff members serve on the resource panel for the Healthy Texas Babies project at DSHS. This group focuses on reducing premature births and ensuring children have a healthy first year of life. Program staff sat on the steering committee for DFPS Child Care Licensing charged with increasing the safety of infants and toddlers in out-of-home care as well as improving the quality of infant and toddler child care programs. The program has responded to information requests from the Council on Children and Families, Task Force for Children with Special Needs, and Children's Policy Council but does not play a direct role. Other staff from the Office of Health Coordination and Consumer Services either provide staff support or sit on these groups.

Texas Nurse-Family Partnership (TNFP)

TNFP collaborates and coordinates with the Nurse-Family Partnership National Service Office (NFPNSO) which provides support to TNFP program staff at HHSC as well as the local TNFP site staff. NFPNSO provides guidance to states and sites implementing the evidence-based NFP Model across the country. TNFP sites import their data into the NFPNSO Efforts to Outcome Data system which HHSC utilized to monitor performance and fidelity to the model. NFPNSO provides the training to TNFP to deliver the NFP Model.

TNFP collaborates with the Office of the Attorney General Child to assist clients in voluntarily establishing paternity of their babies through an *Acknowledgment of Paternity* and the THVP to assist funded communities in establishing home visitation services.

DEPARTMENT OF AGING AND DISABILITY SERVICES

Medically Dependent Children Program (MDCP)

MDCP services are coordinated with services provided under HHSC's Early Periodic Screening, Diagnosis, and Treatment Program and Personal Care Services programs.

DADS makes computer-based training available for providers through the the MDCP section of the DADS website and annually the Access and Intake Division update the Community Options information booklet with program specific information.

DADS and the MDCP program also coordinate with and participate in the Interagency Task Force for Children with Special Needs, the "Raising Texas" initiative, the DFPS Interagency Coordinating Council for Building Healthy Families required by House Bill (H.B.) 1685, the Council on Children and Families, and the Children's Policy Council.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Autism Program

The Autism Program works closely with the Texas Council on Autism and Pervasive Developmental Disorders (Council), established by legislation in 1987 that added Chapter 114 to the Human Resources Code.

The program works with the Child Study Center (Fort Worth), Easter Seals North Texas (Dallas), MHMRA of Harris County (Houston), Texana Center (Rosenberg), Center for Autism and Related Disorders (Austin), and Autism Treatment Center (San Antonio). These contractor agencies are responsible for the actual provision of services, i.e. assessments, psychological testing, ABA treatment, therapies, insurance billing, and all other components of program administration.

The Autism Program coordinates with ECI and independent school districts (ISDs). ECI serves children 0-36 months of age regardless of diagnoses while the Autism Program serves ages three to eight. ECI refers families to the Autism Program when a child ages out of their program and exhibits signs of an autism spectrum disorder. ISDs present an opportunity to identify and provide services to eligible children, as well as, provide early intervention and awareness education to staff and families.

Early Childhood Intervention (ECI)

ECI collaborates with DFPS, HHSC, TEA, DSHS, DADS and Head Start. Examples include:

- ECI worked with TEA to issue a joint agreement and developed guidance regarding the new reporting requirements from the U.S. Department of Education office of Special Education Programs for Part B regarding transition. In addition to fulfilling the required reporting requirement's the ISD's, charter schools and ECI can use the information to improve effective early childhood transition.
- ECI worked with DFPS, Child Protective Services (CPS) to better streamline the process of referrals for children under the age of three who are involved in a substantiated case of child abuse or neglect referred to early intervention services.
- ECI worked with CPS to implement requirements of the Health Passport. The Health Passport is a web-based electronic health record (EHR) for children who participate in a nationally-recognized Star Health, Texas' managed care program for children in foster care.
- ECI continues to collaborate with DSHS on the Texas Early Hearing Detection and Intervention (TEHDI) data system.

Additionally, referrals are exchanged between the ECI program and the following types of providers: WIC, ECI, THSteps, Head Start, food stamps, Medicaid, community food banks, women's shelters, substance abuse programs, family planning programs, and breastfeeding services of the La Leche League.

ECI is coordinating with the Texas Pediatric Society to educate service providers on appropriate referrals and generate program awareness.

ECI also participates on the Texas Early Learning Council and with a number of HHS groups, including Healthy Texas Babies, Raising Texas, Texas Early Learning Council, Task Force for Children with Special Needs, Council on Children and Families, State Advisory on Early Childhood Education and Care (Texas Early Learning Council) and the Council on Children and Families, Community Resource Coordination Groups of Texas, and the Center for Elimination of Disproportionality and Disparities.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Children and Pregnant Women (CPW)

CPW collaborates with DADS and DARS Medicaid waiver programs; TEA and WIC to increase awareness of Texas Health Steps (THSteps) medical, dental, and case management and how to make referrals; DSHS programs for mental health and substance abuse, Newborn Screening, the Lab, and Childhood Lead Poisoning Prevention Program to provide subject matter experts to assist in the development of the THSteps Online Provider Education modules. CPW also coordinates on case management services with Personal Care Services (PCS); ECI at DARS; and DFPS. With ECI, CPW assists ECI with referrals transition issues for THSteps, and assists DFPS on THSteps for foster care. Additionally, CPW participates in the Raising Texas initiative to improve early childhood outcomes.

Children with Special Health Care Needs (CSHCN)

The program contracts with a statewide array of community-based service organizations for case management services, family supports and community resources, clinical supports, and medical home improvements. The contractors participate in public awareness activities, distribute resource information, and conduct trainings and workshops for families. The program partners with the HHSC, DARS, and DADS through agency councils and committees. Also, the program collaborates in planning the annual Texas Parent to Parent conference and Teen Summit; exhibits and presents at statewide conferences including Texas Parent to Parent, Children's Special Needs Network, and the Statewide Conference for Community Health Workers; and collaborates with the Association for Maternal and Child Health Programs to work toward Title V CSHCN Performance Measures.

The program partners with THSteps within DSHS to develop and update online educational modules related to Medical Home, Adolescent Health, Transition Case Management, and Cultural Competence.

The program collaborates and coordinates efforts with TexasPrepares.org and Emergency Medical Services for Children State Partnership at Baylor College of Medicine to help families of children with special health care needs prepare for and respond to emergencies and disasters.

Additional partnerships include the Interagency Task Force for Children with Special Needs, Texas Council for Children and Families, which has recently released its Five-Year Plan; Healthy Texas Babies, which was recently established by DSHS to decrease infant mortality in Texas; Children's Policy Council; Early Childhood Intervention Advisory Committee; Community Resource Coordination Groups (CRCGs); Raising Texas; Promoting Independence Advisory Committee (PIAC); Consumer Direction Workgroup (CDW); Texas Respite Coalition; Traumatic Brain Injury Council; Achieving Successful Systems Enriching Texas.

The Interagency Task Force for Children with Special Needs Five-Year Plan for 2012-2016 identified the need for improved systems of care that promise to deliver affordable, high-quality, timely, flexible and individualized services and supports for children with special health care needs. CSHCN Services Program staff work closely with other programs, agencies, organizations, stakeholder groups, and advisory committees/councils to improve the systems of care for children with special health care needs and their families and promulgate the importance

of statewide collaboration to address and make progress toward the Title V CSHCN performance measures. The program is committed to collecting input from families of children with special health care needs to ensure that their needs are met.

Community-based Mental Health Services (CBMH)

CMHS coordinates and collaborates with ECI for ease of transition for those children and families transitioning to new services. CMHS has collaborated with HHSC learning lunches to expand awareness of children and early childhood social emotional health care issues. In addition, CSHCN and CMHS share information related to trainings and services.

CMHS staff serves as representatives for several HHS workgroups and advisory committees including: HCCS; Raising Texas; and Texas Council for Children and families to promote mental health education and resources to reduce stigma and allow more children to receive the services they need. In addition, CMHS staff also provides representatives to serve on ECI Advisory Committee and Texas Autism Council.

Immunization Branch

The Immunization Branch collaborates with many public and private organizations to provide vaccines. These organizations include: DSHS Health Service Regions; local health departments; WIC Program; Federally-Qualified Health Centers; Rural Health Clinics; pharmacies; schools; and Medicaid and CHIP providers.

The Immunization Branch collaborates with various stakeholders throughout the state, including public sector, private sector, and community groups. A list of stakeholders is available at: <http://www.dshs.state.tx.us/immunize/partners/tiswg.shtm>

The Immunization Branch participates in the stakeholder group of the Raising Texas initiative in the Office of Early Childhood Coordination within the HCCS at the Texas HHSC.

Newborn Screening Case Management Follow-up

The Newborn Screening program coordinates with medical providers, laboratories, pharmacies and manufacturers of low-protein foods.

NorthSTAR

NorthSTAR works with HHSC Centers for Medicare and Medicaid Services. With Medicaid, it works on both traditional and managed care and with CHIP it works on coordination of care and payment. NorthSTAR also coordinates with DFPS on persons leaving and entering DFPS programs, and with DARS for children who receive early childhood intervention (ECI) services.

DSHS contracts with the North Texas Behavioral Health Authority (NTBHA) to assist with program oversight and coordination. NTBHA participates in local community resource coordination groups (CRCGs) and coordinates with other local authorities and providers to ensure continuity of services. NTBHA also participates in county behavioral health leadership teams to better coordinate services across different lines of funding.

HHSC contracts with the Medicaid enrollment broker (MAXIMUS) that provides public awareness and program outreach services for Medicaid populations. NTBHA and the behavioral

health organization provide information to providers and local groups such as the consumer and family advisory committee and the psychiatrist leadership and advocacy group.

Primary Health Care Services

Primary Health Care coordinates with County Indigent Health Care Program, Epilepsy, Children with Special Health Care Needs, Medicaid, TANF, and the HHS enterprise. This collaboration primarily centers on policy related issues and policy clearances with HHSC.

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

WIC coordinates with contractors to provide services. WIC also works with the Division for Prevention and Preparedness Services, Health Promotion and Chronic Disease Prevention Section, Nutrition, Physical Activity and Obesity Prevention (NPAOP) Program to provide NPAOP with subject matter experts to help them achieve requirements of CDC obesity prevention grant to develop online breastfeeding modules.

WIC collaborators include breastfeeding subject matter experts, Tracy Erickson, WIC Breastfeeding Coordinator, Veronica Hendrix, Texas Ten Step Coordinator, and Julie Stagg, DSHS Breastfeeding Coordinator collaborated with NPAOP to develop a new 18-hour online breastfeeding training module for health care professionals in maternity care settings. The module has been designed to fulfill free staff training requirements (step 2) of the “Ten Steps to Successful Breastfeeding,” providing Texas hospitals with an accessible tool to aid work toward Baby-Friendly designation. The training module will provide comprehensive, professional, continuing education in a self-paced format and is expected to be available in September 2012.

Other coordination/collaboration includes:

Texas Breastfeeding Coalition (TBC) – DSHS/WIC provides regular updates on available resources to help the TBC achieve annual goals and objectives surrounding the protection, promotion and support of breastfeeding. Issues addressed: determinants of breastfeeding initiation, duration and exclusivity.

Central Texas Healthy Mothers, Healthy Babies Coalition – DSHS/WIC provides regular updates on available resources to help the coalition achieve annual goals and objectives surrounding the protection, promotion and support of breastfeeding. Issues addressed: determinants of breastfeeding initiation, duration and exclusivity.

Texas Hospital Association (THA) - DSHS/WIC collaborated with the THA on the development of the Texas Ten Step Program in 1999. Currently, THA regularly helps us promote the TTS Program via their THA newsletter.

Texas Medical Association - DSHS/WIC provides quarterly updates on available resources to help the health care providers achieve annual goals and objectives surrounding the protection, promotion and support of breastfeeding. TMA officially endorses the DSHS Breastfeeding Courses and the Texas Ten Step Program in their policy compendium.

Texas Ten Step (TTS)- WIC and THSteps target the same audience and collaborate together to reach more participants by providing information about the services offered through each program. WIC collaborated specifically with the Oral Health Program by educating WIC

participants about the importance of dental health (class lessons and web lessons) and providing contact information to THSteps for dental assistance. A possible project that WIC will be undertaking with THSteps is to create a WIC/THSteps card or other such instrument where lab results or other information can be listed so that it would be available for the client to provide to a WIC or THSteps provider during a visit.

March of Dimes – Collaborate with March of Dimes to raise awareness of the importance of reducing late preterm birth/carrying a baby fullterm. Activities include creating a Healthy Babies are Worth the Wait web lesson and promote Prematurity Awareness Month.

Office of Attorney General - WIC distributes the Road Maps for Dads publication. WIC is working with OAG to create a web class specifically for dads called “Navigating Your Way Through Fatherhood”. This class is based on the information found in the Road Map for Dads publication.

Texas Department of Agriculture – collaborate with Texas Department of Agriculture (TDA) so that TDA may provide WIC participants Farmers Market Nutrition Program benefits, which are fresh fruits and vegetables redeemable at Farmers Markets in Austin, Tarrant County, Houston and the San Antonio area.

WIC also participates in the Early Childhood Health and Nutrition Interagency Council that was mandated by the Texas legislature to increase collaboration between agencies in addressing common issues regarding childhood health and nutrition.

State Mental Health Facilities

These hospital programs collaborate with the local mental health clinics (outpatient mental health centers), probation departments (particularly the North Texas State Hospital adolescent forensic program), Texas Department of Juvenile Justice, Department of Family and Protective Services, school districts, Department of Aging and Disabled, Texas Hospital Association and other community agencies across the state.

Texas Early Hearing Detection and Intervention (TEHDI)

TEHDI coordinates with TEA; DARS ECI; medical and audiological pediatric providers; Deaf and Hard of Hearing Leadership Council; community-based outreach programs; Texas Parent to Parent; Hands & Voices; and local ECI providers.

Texas Health Steps (THSteps)

THSteps collaborates with HHSC Medicaid/CHIP Division (MCD) for diagnosis and treatment services required by EPSDT; DADS and DARS on Medicaid waiver programs; ECI on case management and THSteps for referrals transition issues; DFPS on case management and THSteps for foster care; and TEA on data exchange between DSHS, HHSC and TEA to ensure delivery of appropriate services to children of migrant farm workers; and DSHS programs including Mental Health and Substance Abuse, Newborn Screening, DSHS Lab, Childhood Lead Poisoning Prevention Program, and WIC. Program collaboration includes providing subject matter experts to assist in the development of the THSteps Online Provider Education modules and on policy development.

HHSC and DSHS convene the THSteps Advisory Panel (formerly Process Improvement Plan Workgroup) three times per year to receive guidance and suggestions on medical program policy for the THSteps population, which includes children under age six. The group also periodically reviews our checkup components requirements to ensure that they are age appropriate and comprehensive.

Title V Maternal and Child Health Fee-for-Service (MCH FFS)

MCH FFS works with HHSC to coordinate administrative policy development and reimbursement rates for similar services provided by Medicaid and CHIP. As a provider of safety net services with limited funding, payer of last resort issues must be applied consistently with other DSHS and HHSC direct service programs. The program also collaborates with various private, non-profit, and public agencies focused on maternal and child health to gather and report quantitative and qualitative data for the Title V Five-Year Needs Assessment and related annual activities. DSHS staff are represented on the Raising Texas initiative; coordinate with HHSC for the Task Force for Children with Special Needs; collaborates with HHSC staff on the Texas Home Visiting Program; and HHSC staff serve at various levels on the Healthy Texas Babies initiative.

Vision and Hearing Screening Program (V&H Screening)

V&H Screening collaborates with DSHS THSteps training staff to provide subject matter experts to assist in the development of the THSteps Online Provider Education modules on vision and hearing screening.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing (CCL)

CCL does not provide direct delivery services to children but regulates child care operations that serve children. CCL continues building and strengthening connections with community partners and other agencies and programs. Examples include the Texas Department of Public Safety, DSHS, Texas Workforce Commission, AgriLife Texas Cooperative Extension (a part of the Texas A&M University system), DARS-ECI, the Texas Association for the Education of Young Children, the Texas Licensed Child Care Association, TEA, TDA, the State Fire Marshal's Office, and 2-1-1 Texas.

CCL collaborates extensively with the DSHS and AgriLife Texas Cooperative Extension (a part of the Texas A&M University system) to develop free child-care related training opportunities. CCL works with all of the named agencies in item 13 to broaden parent/caregiver, provider, and interested others' awareness of CCLs campaigns aimed at choosing regulated care and reducing child fatalities due to hot cars, drowning, or unsafe sleep practices.

Additionally, CCL collaborates with the following agencies on specific activities:

- DSHS on policies related to TB elimination, immunizations, general sanitation and environmental health, childhood lead prevention programs, infectious disease control, injury prevention, public awareness related to infant co-sleeping, and comprehensive disaster response protocols.

- ECI - collaboration and coordination on policies related to early childhood development and minimum standards.
- Department of Public Safety- car seat safety, bus and multi-purpose bus safety
- Texas Department of Insurance- State Fire Marshal's Office- coordination and collaboration on policies related to fire inspections in child care operations.
- TDA- collaboration and coordination of policy and procedures related to child care operations participating in the Child and Adult Care Food Program.
- Medicaid- coordination and collaboration related to standards and rules related to 24-hour residential care operations providing out of home care to children.
- Office of Attorney General- represents CCL in litigated cases in which CCL took corrective or adverse action against a child care operation.
- TEA-Coordination and collaboration regarding standards and rules related to child care operations in schools, school age programs, and before- and after-school programs
- CCL coordinates with HHSC's Office of Early Childhood Coordination. It also collaborates with HHSC's Family Violence Program to coordinate standards and rules related to child care operations in family violence shelters. These rules are located at the following links:
 - http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/2012-03_743_Shelters.pdf
 - http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/2012-03_743_Shelter-Care_memo.pdf

Child Protective Services

Building community relationships and partnerships has strengthened the Texas child welfare system. Milestones achieved include:

- Stakeholder best practices have been incorporated to strengthen relationships and increase communication.
- Community meetings, focus groups, and Town Hall Meetings to gather stakeholder input have been held and are planned in every community with an Advisory Committee.
- Stakeholder and community participation in workgroups, development of policy revisions and training with staff has been solicited and included.
- New partnerships and collaborations were created in support of disproportionality goals.
- A Statewide Evaluation Committee exists as part of the Statewide Advisory Committee. Through this consortium of state and university evaluators, an evaluation plan was developed to address the issue of disproportionality.
- Churches and non-profit organizations host meetings and join community advisory groups. The National Court Appointed Special Advocates are involved to assist in enhancing Court Appointed Special Advocates collaboration. Informational meetings are being held in different community venues.
- There are many partnerships with Independent School Districts across the state looking at ways the education system impacts disproportionality in CPS, how that can be addressed, addressing disproportionality in school disciplinary practices and special education and other issues.

There are numerous other partnerships between CPS and the community across the state. These partnerships and relationships with the community are crucial in the work to eliminate

disproportionality. As many systems begin to realize how they are all interconnected and work together, progress will continue to be made to eliminate disproportionality from the CPS system and the benefits will come to all children and families.

Public Private Partnership

The Texas Public Private Partnership is a collaborative coalition of leaders that represent youth alumni, the judiciary, child advocates, providers, members of the foster care association, foster care advocates, and DFPS leadership staff. The mission of the Public Private Partnership is to inform the DFPS Commissioner about methodologies for achieving sustainable permanent placements for youth in care. In January 2010, the Foster Care Redesign initiative became its focus and the Public Private Partnership and the DFPS Commissioner named it as the guiding body for this effort. It was charged with developing recommendations to improve outcomes for children and youth in foster care. The Public Private Partnership was asked specifically to make recommendations that help to ensure children are placed close to home in the least restrictive settings with siblings, and experience a minimum number of moves. Those recommendations were memorialized in a letter from the Public Private Partnership to the DFPS Commissioner on December 13, 2010, which served as the basis for the DFPS Foster Care Redesign Report.

Advisory Committee on Promoting Adoption of Minority Children

The Advisory Committee on Promoting Adoption of Minority Children, created by H.B. 1662 during the 74th Legislative Session, Regular Session, is required by the Texas Family Code to report to DFPS the committee's recommendations for programs and projects that will promote the adoption of, and provision of services to, minority children.

Parent Collaboration Group

DFPS launched the Parent Collaboration Group to provide a venue for gathering parental feedback to enhance CPS. The Parent Collaboration Group is a partnership between CPS and parents who are or have been recipients of services from CPS. The Parent Collaboration Group provides a mechanism to include biological parents in the design, implementation and evaluation of the CPS program. Parents provide feedback to CPS that assists in the analysis of current policy and the evaluation of service delivery strategies. Each region has at least one parent representative as well as a CPS representative in the state Parent Collaboration Group. There is at least one group in every region. The Division Administrator for Family Focus Division, CPS Parent Program Specialist and the CPS Fatherhood Program Specialist serve as liaisons to the Parent Collaboration Group.

This initiative encourages collaboration with clients who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to families and children. Since 2004, a web page on the DFPS internet website has been dedicated to the Parent Collaboration Group Project. The web page was designed and authored by parents involved with the Parent Collaboration Group. In addition to information about the Parent Collaboration Group, there is a link to the website for the Technical Assistance Partnership for Child and Family Mental Health, which has the publication, "A Family's Guide to the Child Welfare System." The CPS Parent Program Specialist will be working on revising the web page on the DFPS internet as well as a web page on the DFPS intranet. The Fatherhood Program Specialist

will be creating a web page on the DFPS internet website and DFPS intranet that will be dedicated to Fathers and the importance of engaging fathers.

Some of the Parent Collaboration Group members participate in trainings and present at CPS staff conferences as well as other national conferences. The Parent Collaboration Group serves as a model for other states developing collaborations with parents who are involved in the child welfare system.

Youth Leadership Council

Young people have been actively engaged in all aspects of CPS Transitional Living Services through their participation in leadership trainings with CPS managers, their participation on advisory committees and workgroups, and their presentations with CPS staff. "Nothing about us, without us," and "Making a difference" have been themes of youth leadership activities. It clearly speaks to their strong desire to be involved in directing their own futures.

Youth Leadership Councils continue to grow and develop in each of the eleven DFPS regions. They meet on a regular basis during times that are most convenient to the youth. The statewide Youth Leadership Council is represented by two members of each regional Youth Leadership Council. This group meets on a quarterly basis and conducts meetings on Saturdays in order to accommodate the education, employment, and leisure schedules of the members. Youth Specialists, alumni of foster care, have been hired as full time employees in each region. Youth Specialists and their supervisors play a key role in the development and support of local Youth Leadership Councils. Youth Specialists also serve to help strengthen the casework provided by CPS, by informing policy and practice.

Child Fatality Review Teams

Child Fatality Review Teams are multi-disciplinary, multi-agency panels that regularly review child deaths, regardless of the cause, in order to understand risk to children and to reduce the number of preventable child deaths. Sections 264.501 through 264.511 of the Texas Family Code reference local Child Fatality Review Teams and the State Child Fatality Review Team Committee. Included in these statutes are the legal authorization for the teams; the multi-discipline representatives required for the state committee and the local teams; the duties and purpose for the teams; the duties of the presiding officers; the procedure for review; the authorization for access to confidential information by the teams; and the confidentiality requirements for child fatality review.

Members include law enforcement, prosecutors, medical examiners, justices of the peace, health-care professionals, educators and child advocates. These teams are uniquely qualified to understand what no single agency or group working alone can: how and why children are dying in their communities. By sharing information, team members discover the circumstances surrounding a child's death. In 1992, DFPS began its support of Child Fatality Review Teams through a grant from the Children's Justice Act. That same year, the state's first team was formed in Dallas.

DFPS and DSHS cooperate to support the local and state teams, to gather and publish statistics gathered from local teams, and to publish an annual report to the Legislature regarding the activities of the state and local teams.

S.B. 6 amended Section 264.503 of the Texas Family Code, moving responsibility for the support and coordination of Child Fatality Review Teams and the State Child Fatality Review Team from DFPS to DSHS.

In April 2006, the DSHS Title V Program began funding a full-time Child Fatality Review Team Program Coordinator to accomplish promotion and coordination tasks. Title V also funds part-time support for the Child Fatality Review Teams by staff from the epidemiology and vital statistics program as well as an administrative assistant. DFPS designates staff to work in collaboration with the Child Fatality Review Team Program Coordinator and other DSHS staff to implement the Child Fatality Review Team Program. Involved DFPS staff includes the CPS Assistant Commissioner, the CPS Director of Investigations, a CPS Division Administrator, a CPS Program Specialist, and numerous CPS field staff who are members of local Child Fatality Review Teams.

There are currently 63 Child Fatality Review Teams in Texas that cover 187 of the 254 counties. Having every county in Texas covered by a Child Fatality Review Team reviewing every child death that occurs in Texas continues to be a goal for the future.

Citizen Review Teams

Citizen Review Teams are citizen-based panels established by the Texas Family Code 261.312 to evaluate DFPS casework and decision-making related to investigating and providing services to abused and neglected children. Membership includes community representatives and private citizens residing in the area for which the team is established. Each Citizen Review Team consists of a minimum of five members that serve staggered two-year terms. Teams are organized at the regional level.

Children's Advocacy Centers

Children's Advocacy Centers are community-based programs that coordinate the activities of agencies responsible for the investigation and prosecution of child abuse cases, and the delivery of services to child abuse victims and their families. The Office of the Attorney General assumed state oversight of the Children's Advocacy Centers in November 1999 as a result of changes to the Texas Family Code. Built on a partnership that includes representatives from CPS, law enforcement, prosecution, and medical services providers, advocacy centers use a cooperative, multidisciplinary team approach to handling child abuse cases. CPS supports the philosophy of Children's Advocacy Centers and encourages the expansion of new centers throughout Texas.

Greater Texas Community Partners

Formed in 1989, a group of concerned citizens created Dallas Community Partners to assist CPS caseworkers in meeting the needs of abused and neglected children. The program was replicated throughout Texas, resulting in a partnership between CPS and communities across the state. Prior to the establishment of Community Partners, caseworkers relied on their own personal resources or spent hours of precious time searching for resources to meet the needs of the

children they served. State budgets do not contain enough funds to provide these children with basic needs such as clothes, baby formula, school supplies and toiletries. Community Partners facilitates private sector support to meet the needs of CPS children, primarily through the Rainbow Room and Adopt-a-Caseworker projects.

Greater Texas Community Partners is a coordinating and technical assistance entity for local community partner operations. Some of their activities include providing support and technical assistance in the establishment of new Rainbow Room and Adopt-a-Caseworker projects; training volunteers and board members; assisting with fund raising strategies; developing individual, business and corporate partnerships; enabling local partners to purchase needed items at reduced rates; providing annual training for local volunteer development staff; and supporting CPS initiatives such as Kinship Care and Family Group Decision-Making.

Texas Council on Adoptable Children

The Texas Council on Adoptable Children is a statewide organization that promotes adoption and services to adoptive families in the State of Texas. The Council on Adoptable Children works closely with DFPS to develop and distribute quarterly newsletters to adoptive parents and prospective adoptive families. The statewide board of Council on Adoptable Children meets three to four times a year with a liaison from CPS to review current policies and provide feedback on the needs of adoptive families. Members of the organization often testify at legislative hearings about issues of concern to adoptive parents and their perception of possible impacts on their families. Regional Council on Adoptable Children organizations hold meetings for adoptive parents to learn more about adoption and to provide a support system for families who have adopted children. The regional Council on Adoptable Children groups send representatives to the statewide board meetings. The adoptive parents of each Council on Adoptable Children chapter have helped to inform, educate and recruit for children without permanent homes.

Texas Council of Child Welfare Boards

The Texas Council of Child Boards (TCCWB) is a statewide network of volunteers who are concerned with the welfare of children, especially children suffering from abuse and neglect. TCCWB has partnered with CPS since the organization's beginnings in 1978, to provide a statewide network for the county child welfare/CPS boards to share project ideas and information about children's issues. Over 200 of the 254 counties in Texas have boards that vary in size and activity level. While the state CPS program receives federal and state funding to serve abused and neglected children, the funding does not provide for all the many needs these children have. Child welfare boards are an important and necessary resource to CPS staff as they seek to fill the gaps and provide basic, as well as more comprehensive services, to these very vulnerable children. Representatives of these local county boards serve on the eleven DFPS regional councils that, in turn, provide representation on a state level to the TCCWB. The TCCWB Executive Director, officers and members work with CPS staff on programs that meet children's needs, network with other organizations to provide care for abused and neglected children, and strengthen families through public information and education. TCCWB officers and members advocate for children by encouraging legislation to provide services to abused and neglected children and to prevent child abuse, by working with CPS staff on programs that meet children's needs, and by networking with other agencies and organizations to provide the best

care for abused and neglected children, while at the same time striving to prevent such abuse and neglect.

Through coordinated training, communication and advocacy, TCCWB seeks to strengthen the local and regional child welfare boards and provide linkages for the boards through a comprehensive, statewide network. TCCWB meetings provide a forum for county and regional members to review and provide input on items presented by DFPS, encourage community input, share ideas, receive information on council activities, and develop resources for TCCWB and county-level boards.

Supreme Court Permanent Judicial Commission for Children, Youth and Families

Created by the Texas Supreme Court, the mission of the Permanent Judicial Commission for Children, Youth and Families is to strengthen courts for children, youth and families in the Texas child-protection system and thereby improve the safety, permanency, and well-being of children.

Although many organizations and individuals across the state share a commitment to improving our child-welfare system, until the Supreme Court of Texas created the Permanent Judicial Commission for Children, Youth and Families in 2009, no multidisciplinary entity existed at such a high level to coordinate and implement comprehensive efforts to improve child protection courts. The Commission will work toward ensuring better outcomes for children and families involved in the child-protection system.

The Commission exists to improve the judicial handling of child-protection cases systemically through improvements in technology, attorney and judicial training, and court improvement pilot projects. It has no authority over state agencies or their operational details and does not discuss or consider specific, active cases. The Commission seeks information about systemic improvement through the Commission's Collaborative Council and other interested parties.

The Commission provides the federal Court Improvement Program for Texas. The formal Commission is composed of an executive-level group of judges, officials from DFPS and CPS, nonprofit foundation and state bar leaders, private attorneys, and legislators and other elected officials. The Commission links to the larger stakeholder community through the almost 40-member Collaborative Council, whose members include former foster youth, foster families, attorneys, CASAs, and parent advocates. Representatives from institutions of juvenile justice, mental health and education are also included, as well as representatives from the private provider community, children's advocacy centers and many other child-protection and child and family advocacy groups.

The Commission facilitates collaboration among high-level child protection stakeholders throughout the state. The Commission continues to seek to leverage all available resources to improve Texas courts that handle child abuse and neglect cases, including calling on private foundations to invest in projects aimed at satisfying one or more Commission strategies.

Children's Justice Act

The Children's Justice Act (CJA) is a federal grant awarded to each state to develop, establish, and operate programs designed to improve the child-protection system in four primary areas:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- The handling of cases of suspected child abuse or neglect related fatalities;
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and
- The handling of cases involving children with disabilities or serious health-related problems who are the victims of abuse or neglect.

As a requirement of the federal grant, Texas maintains a multidisciplinary Task Force on children's justice to oversee program activities. The Task Force is composed of professionals with knowledge of and experience with the child-protection and criminal justice systems.

Every three years, the Task Force conducts a comprehensive review and evaluation of law, policy and the handling of cases of child abuse and neglect cases and makes policy and training recommendations for systemic improvements.

Texas Education Agency

CPS and TEA have entered into a Memorandum of Understanding as required under the Texas Education Code, Sec. 7.029. Every year, CPS provides TEA with demographic information regarding individual students in DFPS custody. TEA then uses this information to identify the students in its database and provides DFPS aggregate data regarding outcomes for the children including, graduation rates, school attendance, disciplinary actions, and receipt of special education services.

Parental Advisory Committee

The Parental Advisory Committee's members are appointed by the Governor, who determines the number of members, member qualifications, and terms of service. The Parental Advisory Committee's charge is to review CPS investigation policy, to identify and recommend best practices for parental involvement within this stage of service, and to bring to the forefront issues as they evolve in order to improve outcomes for children and families served by CPS.

The Parental Advisory Committee made several recommendations that complimented the ongoing cultural change in CPS to be more inclusive of parents and families in its work and policy development.

Key findings of the committee advocated that CPS focus on improvement in three areas:

- Open and more frequent communication between caseworkers and parents;
- Service plans that take into account the parents' resource needs, including work schedules, transportation, circumstances, and community resources; and
- Coaching/mentoring for parents by parents who have been through the child welfare system.

Although the committee has not met since January 2009, CPS has aggressively pursued the intent of the legislation and the committee recommendations by involving parents at the state,

regional, and local levels through the Parent Collaboration Group, integrating Family Group Decision-Making in the investigation and ongoing stages of service, and the Fatherhood Initiative. Once the committee is reconstituted, it will continue to address its legislative charge.

Texas Alliance of Child and Family Services

The Texas Alliance of Child and Family Services, formerly known as the Texas Association of Licensed Children's Services, is a non-profit membership organization devoted to private agencies and individuals that provide direct services to children and families in Texas. Texas Alliance of Child and Family Services is a member-supported association with a long history of advocating for children and families in Texas. The Texas Alliance of Child and Family Services was started by a group of childcare and adoption agency directors more than thirty years ago with the primary purpose of strengthening Texas childcare laws. The mission of the Texas Alliance of Child and Family Services is to strengthen services to children and families through quality care and advocacy. Alliance members share common goals to improve the quality of care for Texas' most at-risk children and families. The Texas Alliance of Child and Family Services has evolved over the years to become a valuable resource to legislative and state leaders. The Texas Alliance of Child and Family Services advocates on behalf of all Texas families.

Texas Association of Child Placing Agencies

The Texas Association of Child Placing Agencies is a non-profit association dedicated to improving services to the children and families on behalf of the state of Texas. Membership is comprised of licensed Child Placing Agencies who contract with DFPS throughout the state and provide recruitment, training and support to foster and adoptive families and case management and support services to children in foster care.

Paramount to this association is policy issues related to the care of foster children and their preparation for permanency. The priority of the Texas Association of Child Placing Agencies is to improve services for foster and adoptive children through policy development.

Texas Association of Child Placing Agencies is dedicated to identifying current trends and needs in the field of foster care and adoption in order to assist policy makers and obtain necessary support and programming for the children and families of Texas.

Texas Association of Child Placing Agencies, within the parameters of the association's by-laws, works to:

- Assist members in maintaining the integrity and competence of member agencies;
- Assist members in advocating on behalf of member agencies and the children, youth, and families served by member agencies; and
- Assist in improving the child welfare system and the delivery of child welfare services at the local and state levels.

Fatherhood Initiative

The Parent Collaboration Group has maintained father participation. This effort has enabled the Parent Collaboration Group to create a video that includes the father perspective, which assists DFPS in serving fathers better. In January 2009, DFPS hired a Fatherhood Program Specialist for

State Office in an effort to focus and improve identification of, engagement of, and involvement with fathers whose children have been referred to CPS. DFPS recognizes the importance of having fathers involved in all aspects of policy and practice. The Fatherhood Specialist coordinates the Statewide Parent Collaboration Group meeting and has been instrumental in increasing the number of fathers participating on a statewide level, as well as at the local level in the regions. The Fatherhood Specialist researches national trends and best practices as well as participates in the Tarrant County Fatherhood Grant received through the American Humane Association. The Tarrant County Fatherhood Grant has two deliverables: a "Father's Toolkit" to assist fathers in navigating the CPS process, and two videos from fathers who tell elements of their life story, as well as CPS being a positive influence in their lives.

The CPS Fatherhood Specialist routinely collaborates with members of the Parent Collaboration Group, Father Advisory Councils, and National Fatherhood Initiative to enhance presentations on strategies to better engage fathers. Such presentations and trainings have included the National Advisory Board on non-resident fathers, North Texas Fatherhood Initiative, Houston's Father Symposium, Family Finding Workshops, and the Hispanic Family Initiative, sponsored by Fathers and Families Coalition of America, and at CPS regional meetings in all regions.

A key component to the CPS Fatherhood Initiative is a healthy collaboration among vested stakeholders such as the American Humane Association, Office of the Attorney General, Court Appointed Special Advocates (CASA), Texas Center for the Judiciary, Supreme Court Permanent Judicial Commission for Children, Youth, and Families, National Fatherhood Initiative, and the North Texas Fatherhood Initiative. The sharing of both information and resources enables CPS to provide a variety of support services to fathers while gathering pertinent information to better engage families and fathers.

CPS acknowledges that in order to serve children and their families, it is important to get to know the family. A critical element is to engage the father and, if not the father, the paternal side of the family. Through the CPS Fatherhood Initiative, caseworkers have received information and tools to more effectively engage both parents in their work with families.

Prevention and Early Intervention (PEI)

PEI collaborates with CPS and various hospitals, schools, and other social agencies for client referrals. PEI contracted with the Children's Advocacy Center of Tom Green County, Relief Nursery of Central Texas, Family Service Association of San Antonio, Healthy Families of San Angelo, and the Parenting Cottage to provide direct services to families.

Additionally, PEI collaborates with other agencies and programs on specific initiatives. Examples include the Department of State Health Services on the safe sleep campaign, *Room to Breathe*, and the DFPS Child Care Licensing campaigns to prevent children from being left in hot cars and to promote water safety.

Appendix E – Identified Needs Early Childhood Programs and Services

HEALTH AND HUMAN SERVICES COMMISSION

Family Violence Program

- Continued funding for core program services

Texas Home Visiting Program

- Continued funding to sustain the program and additional federal funding to serve more families.
- Further collaboration and communication on the state and local levels between this program and other programs/services impacting the lives of pregnant women, young children, and their families.

Texas Nurse-Family Partnership

- Development of standardized statewide TNFP documentation to facilitate the development of an electronic documentation system at the point of service (in the home)
- Ability to provide home visiting services to more clients in areas currently not served by TNFP.
- Nurse Home Visitors and Nurse Supervisors would benefit by having a mental health consultant as part of the TNFP team.
- Continued development of collaborative efforts among community resources at the local implementing agency level to assist in their efforts to meet program goals and increased involvement of TNFP state program staff with other state collaborations and coalitions to further meet the needs of children birth to age six in Texas and their families.

DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES

Autism Program

- Funding to expand autism services to reach Texans in the Lower Rio Grande Valley, Far West Texas, the Texas Panhandle, and Northeast Texas.
- Complete a scalable web-based autism data reporting application.
- Enhanced coordination with local school districts for the transition of children leaving the autism program.

Texas Early Childhood Intervention Services (ECI)

- Ensure statewide coverage of ECI services.
- Maintain ECI service levels for eligible children.
- Ensure funding for projected growth based on the number of children eligible for services.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child Care Licensing

- Funding for system enhancements to improve the collection of statutorily required licensing fees and background check fees.
- Increased public awareness on topics addressed in CCL campaigns, including choosing regulated care to avoid the significant dangers of unregulated, illegal child care operations; safe sleep practices; and preventing child drownings and child fatalities related to hot cars.
- Resources to help CCL target illegally operating child care operations to either have them cease operating or become a regulated provider complete with background checks, training, and other required protections to enhance child safety while in out of home care.

Child Protective Services

- More Head Start and Early Head Start programs offered by public schools.
- More behavioral health services for children and youth not in the legal custody of CPS.
- More services to help families address identified child safety threats, including substance abuse treatment, mental health services, and domestic violence batterer intervention.

Prevention and Early Intervention

- Procure a similar program after the current CBCAP program's procurement cycle ends (at the end of fiscal year 13).
- Continue to expand our prevention campaign efforts.
- Continue to work on collaboration.

DEPARTMENT OF STATE HEALTH SERVICES

Case Management for Children and Pregnant Women

- Additional Medicaid providers;
- Additional case management direct service providers; and
- Competitive salaries to attract licensed social workers and registered nurses for case management services.

Children with Special Health Care Needs

- Increase partnerships with families of children with special health care needs in decision-making at all levels and family satisfaction with the services they receive;
- Increase the number of children with special health care needs who receive coordinated, ongoing, comprehensive care, including transition services, within a medical home; and
- Reduce the number of children with special health care needs residing in congregate care in accordance with principles of permanency planning.

CHIP Perinatal

- Additional funding for outreach and education.

- Continued education for providers on the program's benefits and billing aspects, as well as submission of the form H3038.
- Education of state staff, including eligibility office workers, WIC staff, and others on the program's benefits.

Community-based Mental Health Services

- Child psychiatrist
- Trauma Informed Care
- Training in evidence best practices services (child-parent psychotherapy; PCIT, ect.)

Immunization Branch

- Recruitment of additional vaccine providers to serve the needs of children and adults in Texas.
- Additional funding to purchase vaccines to cover immunization needs of the underinsured children and adults.
- Enhancement/replacement of the Texas Immunization Information System (ImmTrac, the statewide immunization registry).

Newborn Screening Case Management Follow-up

- Adequate provider base
- Adequate reimbursement rates
- Continuation of funding

NorthSTAR

- Funding
- More training for providers
- More evaluation

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

- Stable funding
- Procurement and creation of a new Management Information System
- Encourage retention of participation in the WIC Program up to the age of five

State Mental Health Facilities

- At this time, the facilities are fully staffed in terms of child psychiatrists; however, there is a statewide shortage of child psychiatrists and mental health professionals, resulting in recruitment issues any time there is a vacancy.

Texas Early Hearing and Detection and Intervention

- Enhance provider participation in the program
- Data sharing/integration
- Decrease rate of loss to follow up in the state and improved reporting of follow up results

Texas Health Steps

- Additional Medicaid providers
- Mechanism to identify and capture data to support improved health outcomes
- Increase contractor outreach staff due to anticipated Health Care Reform impact and ongoing impact of Frew vs. Suehs lawsuit

Title V Maternal and Child Health Fee-for-Service

- Continued awareness of changes to Medicaid and CHIP, especially as it relates to federal Health Care Reform initiatives
- Continued efforts to integrate physical, mental, and behavioral health systems in maternal and child health activities