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# **Report on the Delivery of Health and Human Services to Young Texans**

**As Required By  
S.B. 54, 77<sup>th</sup> Legislature, Regular Session, 2001**

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**Health and Human Services Commission  
February 2015**

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## **1. Executive Summary**

Research shows that birth to age five is a critical time of growth and development for children. Experiences during the first five years of life strongly influence readiness for school and life. Understanding the importance of early development on the long-term outcomes for Texas and its children, the Legislature directed the Texas Health and Human Services Commission (HHSC) to monitor and report on health and human services (HHS) to young children through the passage of S.B. 54, 77<sup>th</sup> Legislature, Regular Session, 2001. In response, HHSC asked the HHS agencies to provide information on services, new initiatives, and collaborative efforts to serve children under the age of six. The most recent results are presented in this seventh biennial report.

The type and scope of services provided, as well as the ages of children served, vary among the HHS programs. Many of the programs provide medical services. More than one-half of 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 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. 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. All programs work with other agencies and diverse stakeholders to provide needed services and increase coordination. Each agency hosts collaborative groups that continually look for opportunities to increase the integration of services for children under age six and their families.

### **Agency Input**

Responses from the HHS programs indicate a great deal of inter- and intra-agency interaction. This should not be construed as duplication of services, but rather a reflection of the range of services provided for this population. Points of interaction may also be indicators of opportunities to streamline internal operations and improve communications. Recommendations from the Sunset Commission and other proposed legislation may present opportunities to improve how services are delivered.

## 2. Introduction

Senate Bill 54, 77<sup>th</sup> Legislature, Regular Session, 2001, was enacted for the purpose of informing the Legislature on the efforts to provide HHS programs to children birth to age six. 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 seventh biennial report.

### Background

Extensive scientific research indicates that early childhood is a critical developmental period for all children, including the more than 2,300,000 children under the age of six living in Texas.<sup>1</sup> Research has also demonstrated that fostering healthy development early in life leads to better students, better health, and lower costs for medical care and other services.<sup>2</sup> Cognitive stimulation, physical health, and social-emotional development each play essential roles in building the foundation for success in school and in life.<sup>3</sup>

Researchers at Harvard University, the National Scientific Council on the Developing Child and the National Forum on Early Childhood Policy and Programs have found that "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 adults the children will become."<sup>4</sup>

Research points to numerous benefits resulting from the provision of high-quality, developmentally appropriate services to children while they are young, when small investments create significant returns. There also 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

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<sup>1</sup> The Annie E. Casey Foundation (2014). Kids Count Data Center. Baltimore: The Annie E. Casey Foundation. Retrieved from URL <http://datacenter.kidscount.org/>.

<sup>2</sup> Felitti, Vincent, et al. (1998). The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction. *American Journal of Preventive Medicine* 14(4): 245–258.

<sup>3</sup> Center on the Developing Child Harvard University. *A Science-Based Framework for Early Childhood Policy Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Retrieved from URL <http://developingchild.harvard.edu/>.

<sup>4</sup> Center on the Developing Child, Harvard University. *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from URL: <http://developingchild.harvard.edu/>.

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 optimal time to set the stage for a child's life.<sup>5</sup>

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; economic and crisis supports for families; and child care and early education programs.<sup>6</sup> 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 minimized.

## Report Data Collection Methodology

In preparation of this legislative report, HHSC's Office of Health Coordination and Consumer Services (HCCS) collected information from HHS programs that serve young children. These agencies were asked to provide information on services to children under age six in state fiscal year 2013. The agencies were asked to provide program descriptions; service data; fiscal data; target populations and geographic areas served; and any innovations or new initiatives relating to services for children under the age of six. Agencies were also offered an opportunity to identify program needs, current collaborative efforts, and how HCCS could assist programs in reaching their goals. Appendix A highlights areas of overlapping interest among the five HHS agencies, as well as those outside the enterprise. It is not an exhaustive list of HHS programs, services, or activities.

### 3. Programs and Services for Children Under Age Six

Information was received from 5 HHS agencies, identifying 31 programs that provided services in state fiscal year 2013 to children under the age of 6. Of the programs surveyed, 11 programs reside at HHSC; 14 at the Department of State Health Services (DSHS); 3 at the Department of Family and Protective Services (DFPS); 2 at the Department of Assistive and Rehabilitative Services (DARS); and 1 at the Department of Aging and Disability Services (DADS). HHSC and DSHS share joint responsibility for administering Children's Medicaid Acute Care and Texas Health Steps. The 31 programs are listed on the following page.

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<sup>5</sup> Center on the Developing Child, Harvard University. *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from URL: <http://developingchild.harvard.edu/>.

<sup>6</sup> Center on the Developing Child Harvard University. *A Science-Based Framework for Early Childhood Policy Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Retrieved from URL <http://developingchild.harvard.edu/>.

**Health and Human Services Programs  
Serving Children Under Six**

<b>Agency</b>	<b>Acronym</b>
<b>Health and Human Services Commission</b>	<b>HHSC</b>
Children’s Health Insurance Program	CHIP
CHIP Perinatal	CHIP Perinatal
Children’s Medicaid Acute Care	Medicaid
STAR Kids Medicaid Managed Care Program	STAR Kids
STAR Medicaid Managed Care Program	STAR
STAR+PLUS Medicaid Managed Care Program	STAR+PLUS
STAR Health Medicaid Managed Care Program	STAR Health
Prescribed Pediatric Extended Care Centers	PPECC
Family Violence Program	FVP
Health Coordination and Consumer Services	HCCS
Supplemental Nutrition Assistance Program	SNAP
Temporary Assistance for Needy Families	TANF
<b>Department of State Health Services</b>	<b>DSHS</b>
Case Management for Children and Pregnant Women	CPW
Children with Special Health Care Needs Services Program	CSHCN
Community-based Mental Health Services	CMHS
Immunization Branch	Immunizations
Newborn Screening Benefits Program	NBS
NorthSTAR Program	NorthSTAR
Primary Health Care Services	PHCS
Special Supplemental Nutrition Program – Women, Infants, and Children	WIC
State Mental Health Facilities	SMHF
Texas Early Hearing Detection and Intervention Program	TEHDI
Texas Health Steps	THSteps
Title V Maternal and Child Health Fee-For-Service Program	MCH FFS
Vision and Hearing Screening Program	V&H Screening
<b>Department of Family and Protective Services</b>	<b>DFPS</b>
Child Care Licensing	CCL
Child Protective Services	CPS
Prevention and Early Intervention	PEI
<b>Department of Assistive and Rehabilitative Services</b>	<b>DARS</b>
Autism Program	AP
Texas Early Childhood Intervention Services	ECI
<b>Department of Aging and Disability Services</b>	<b>DADS</b>
Medically Dependent Children Program	MDCP

The following program and service descriptions were provided by the state agencies that oversee them.

## Health and Human Services Commission

### **Children's Health Insurance Program**

The Children's Health Insurance Program (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 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. Texas CHIP services are delivered by private managed care organizations (MCOs) selected by the state through competitive procurement.

The Patient Protection and Affordable Care Act of 2010 (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.
- Effective January 1, 2014, transfers from CHIP to Medicaid for children ages 6 to 18 in families with incomes between 100 percent 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 March 2010.

#### *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 the Teacher Retirement System (TRS) ActiveCare members with 100 percent general revenue funding. The Employees Retirement System 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.

### *CHIP Reauthorization*

The CHIP Reauthorization Act of 2009 (CHIPRA) authorized CHIP federal funding through federal fiscal year 2013. The CHIPRA increased the amount of federal CHIP funding available to Texas. 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.

In addition to these funding changes, CHIPRA also included significant policy changes that affect Texas. The HHSC has implemented the following changes requiring CHIP health maintenance organizations to pay federally qualified health 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.
- Provide federally-matched CHIP and Medicaid coverage to qualified immigrant children.
- Require expanded dental services for CHIP members.

### *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. The MHPAEA does not apply to Medicaid fee-for-service programs; however, it does apply to Medicaid MCOs. The CHIPRA applies MHPAEA requirements to all state CHIP programs.

Effective September 1, 2010, the Centers for Medicare & Medicaid Services (CMS) approved the State of Texas Access Reform (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. The 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. 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 tiers that covered certain preventive and therapeutic services up to capped dollar amounts per 12-month coverage period. The CHIPRA required all state CHIP services 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 raised the CHIP cost-sharing amounts effective March 1, 2012.

### **CHIP Perinatal**

The CHIP Perinatal program provides care to the unborn children of pregnant women with household incomes up to 200 percent of the FPL who are ineligible 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; and regular checkups, immunizations, and prescriptions for the baby after the baby leaves the hospital. Through CHIP Perinatal, pregnant women receive CHIP coverage related to the unborn child and birth only. The mother does not receive personal health care coverage. All CHIP MCOs must provide CHIP Perinatal program services.

Clarifications have been added to the contract between HHSC and the MCOs indicating that services related to miscarriage are covered. 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 newborns, clarifications were made indicating coverage for craniofacial anomalies, and periodontic and prosthodontic services.

Identified needs for CHIP Perinatal are:

- Additional funding for outreach and education.
- Ongoing education for providers about the program's benefits and billing aspects, as well as submission of form H3038.
- Educate state staff, including eligibility office workers and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff about the program's benefits.

### **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 12 months of continuous coverage for services provided through Texas Health Steps (THSteps) and the Comprehensive Care Program (CCP). The THSteps services include periodic medical and dental checkups, preventive care treatment (i.e., immunizations, oral evaluation, and fluoride varnish applications), outreach and information to clients, provider education, and provider relations. The CCP services include any other medically necessary services such as medical treatment. Care is delivered through fee-for-service or MCO coverage.

Effective March 1, 2013, Medicaid benefit changes for children age 6 and under include:

- 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.

- Added prescription drugs to managed care.
- Included inpatient hospital services in STAR+PLUS through managed care.

### **STAR Kids Medicaid Managed Care Program**

Beginning September 1, 2016, STAR Kids, will be the first Medicaid managed care program specifically serving youth and children who receive disability-related Medicaid. The STAR Kids program will eventually incorporate all services provided through the Youth Empowerment Services waiver. The program will provide benefits such as prescription drugs; hospital care; primary and specialty care; preventive care; personal care services; private duty nursing; and durable medical equipment and supplies. Children and youth eligible for additional services through Medically Dependent Children Program (MDCP) will receive additional long-term services and supports through STAR Kids.

### **STAR Medicaid Managed Care Program**

The STAR program is a statewide Medicaid managed care program that provides preventative, primary, and acute care covered services (including THSteps benefits) to non-disabled children, low-income families, and pregnant women. In the Medicaid Rural Service Area, STAR also serves people receiving Supplemental Security Income (SSI) but not Medicare, and some individuals age 20 and younger who do not receive SSI or Medicare and are in a DADS waiver. Participation is voluntary for SSI recipients age 20 and younger and some recipients under age 20 who do not receive SSI or Medicare and are in a DADS waiver.

### **STAR+PLUS Medicaid Managed Care Program**

First implemented in 1998 in the Houston area, the STAR+PLUS program provides integrated acute and long-term care services and supports to people with disabilities, including children, and people age 65 and older in a variety of service areas through MCOs. The program has gradually expanded over time, and is now available in the following cities and surrounding counties: Lubbock and Amarillo; Dallas; Fort Worth; Austin; San Antonio; Houston; Beaumont; El Paso; Corpus Christi; and Brownsville, Harlingen, and McAllen. Service coordination is a key feature of STAR+PLUS. Staff works with members, their families, and their health care providers to obtain the medical and long-term services and support needed. Children age 20 and younger who have Medicaid and receive SSI can voluntarily enroll in STAR+PLUS, or they can continue receiving their Medicaid services through traditional Medicaid.

### **STAR Health Medicaid Managed Program**

Implemented in April 2008, STAR Health a statewide managed care program 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.

### **Prescribed Pediatric Extended Care Centers**

Prescribed Pediatric Extended Care Centers are targeted for implementation as a children's Medicaid benefit starting in summer 2015. The centers provide up to 12 hours daily of nonresidential, facility-based care as an alternative to private-duty nursing for individuals under the age of 21 with complex medical needs.

### **Family Violence Program**

The Family Violence Program (FVP) supports a network of statewide services through contracts with local community- and faith-based nonprofit organizations. The FVP provides emergency support and prevention services to help adult victims and their children escape the cycle of family violence. The HHSC works closely with the Texas Council on Family Violence and other stakeholders to provide these services. Since its inception in 1981, the FVP has grown from an original partnership with six local shelters to a statewide shelter and service network currently featuring 69 shelter facilities which operate 24-hours, 10 nonresidential centers, and 16 special project sites in state fiscal year 2013. These local community- and faith-based organizations provide shelter, emergency transportation, intervention services, 24-hour hotlines, and access to emergency medical care. Funding administered through the 16 special projects is designed to address unmet needs or provide services to underserved populations. These special projects include services for victims with disabilities; immigrants; non-English-speaking populations; child advocacy and prevention activities in schools; and outreach to traditionally underserved geographic areas.

House Bill 2620, 83<sup>rd</sup>, Legislature, Regular Session, 2013, established a task force to examine the impact of domestic violence on the health of pregnant women, new mothers, and very young children. This task force focuses on the important window of opportunity during a woman's pregnancy, at the birth of a child, and postpartum for health care providers to act effectively in domestic violence prevention and intervention. The task force has been exploring opportunities to improve health care services for mothers and babies, including adding domestic violence information into education standards and health care protocols, developing appropriate practices for early screening and detection, and public awareness efforts. The task force will produce a report with findings and recommendations by September 1, 2015.

In state fiscal year 2013, the state expenditures for FVP were \$5,232,999. The only identified need for FVP is continued funding for core program services.

### **Office of Health Coordination and Consumer Services**

The 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.

Specific to children birth through age five, HCCS administers the Texas Home Visiting (THV) program. The THV program is a voluntary program in which trained home visitors who are early childhood or health professionals or paraprofessionals regularly visit the homes of at-risk pregnant women or families with children under the age of six. Home visiting services are provided through a community-based early childhood system, connecting home visiting services to other local programs and services, and developing a community-driven vision for early childhood. The primary goals of the program are improvements in maternal and child health and improvements in school readiness and achievement. The THV program is funded through state general revenue funds, as well as federal funds including Temporary Assistance for Needy Families (TANF) and through multiple grants from the federal Health Resources and Services Administration (HRSA).

The THV program originated with S.B. 156, 80th Legislature, Regular Session, 2007, which directed HHSC to provide an evidence-based nurse home visitation program. The Texas Nurse-Family Partnership (NFP) is designed to improve the health and wellbeing of low-income, first-time parents and their children. The Texas NFP pairs registered nurses with low-income, first-time mothers to improve prenatal care and to provide one-on-one child development education and counseling.

The THV program expanded in 2011 and again in 2013, through funding support from a federal HRSA grant. This grant expanded the Texas NFP and added three additional evidence-based home visiting models: Parents as Teachers, Early Head Start – Home Based, and Home Instruction for Parents of Preschool Youngsters to provide a continuum of support, education, and counseling on health, parenting, developmental issues, and life skills to at-risk pregnant mothers and families of young children in high-risk communities. In addition, each county served by the program is creating a local, comprehensive, and coordinated system of services for pregnant women, young children, and their families. This work includes creating a coalition of service providers to develop a local vision and plan for early childhood in their community. It also involves creating a centralized local 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 at the 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 “Transforming Early Childhood Systems” process developed by the UCLA Center for Healthier Children, Families & Communities by and United Way Worldwide to establish or enhance local early childhood systems.

The THV program recently expanded again through the passage of S.B. 426, 83<sup>rd</sup> Legislature, Regular Session, 2013. This legislation specifically mandated a strategic plan be developed to inform decision making on the expansion of home visiting services to serve more vulnerable Texas children and families. Results from the strategic plan guided the development of a competitive procurement for targeted communities. The THV program now has the capacity to serve more than 5,000 families. Through this next procurement, THV anticipates supporting four to seven new communities in implementing comprehensive home visiting.

HCCS also facilitates the following advisory councils and task forces that seek to enhance child and family outcomes:

- Council on Children and Families — The HCCS provides staff support to the Council, created by S.B. 1646, 81st Legislature, Regular Session, 2009. The Council 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.

- Task Force for Children with Special Needs — Authorized by S.B. 1824, 81<sup>st</sup> Legislature, Regular Session, 2009, HCCS provides staff support to the Task Force for Children with Special Needs. The task force 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 Task Force for Children with Special Needs have prioritized early childhood in their work and have established committees focused on early childhood and early intervention.

- Children’s Policy Council — The Children's Policy Council, as required by H.B. 1478, 77<sup>th</sup> Legislature, Regular Session, 2001, helps HHS agencies develop, implement, and administer family support policies and related long-term care and health programs for individuals from birth to age 22. The Council also makes recommendations to the Legislature and HHSC for enhancing outcomes for children. Council members are relatives of consumers of long-term care and health programs for children, and representatives of community, faith, business, and other organizations.
- Task Force on Domestic Violence — Created by H.B. 2620, 83<sup>rd</sup> Legislature, Regular Session, 2013, the Task Force for Domestic Violence examines the effect of domestic violence on the health of mothers and children and identifies ways to improve health services for victims of domestic violence. The task force includes service providers, health care professionals, researchers, advocates and state employees.

### **Supplemental Nutrition Assistance Program**

The Food Stamp Act of 1977, authorizes Texas to administer the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. The purpose of SNAP is to enable 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**

The TANF Program 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 that 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.

## **Department of State Health Services**

### **Case Management for Children and Pregnant Women**

Case Management for Children and Pregnant Women (CPW) provides services to individuals under the age of 21 who have a health condition or health risk, and to high-risk pregnant women

of all ages. The CPW helps clients gain access to necessary medical, social, educational, and other types of services. Case managers and families work together to assess the needs of eligible recipients.

CPW has identified the following needs:

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

### **Children with Special Health Care Needs Services Program**

The Children with Special Health Care Needs (CSHCN) Services Program supports family-centered, community-based strategies for improving the quality of life for children and their families. The program provides 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. 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
- Family supports

Additionally, 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 collaborates with consumers, providers, other state agency staff, and interested stakeholders to help ensure that community supports and services are in place to meet the needs of children and their families, and to make progress toward the six federal Title V outcomes for children with special health care needs.

During state fiscal year 2014, 547 children were removed from a waiting list and began receiving health care benefits. The program contracted with the University of Texas Health Sciences Center-Houston to support 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.

CSHCN identified the following 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.
- Reduce the number of children with special health care needs residing in congregate care in accordance with principles of permanency planning.

### **Community-based Mental Health Services**

Through local mental health authorities, Community-based Mental Health Services provides an array of core services to eligible Texas children, ages 3 to 17. Services include the following:

- 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 case management

The Community-based Mental Health Services (CMHS) obtained a grant award from the National Child Traumatic Stress Initiative of the Substance Abuse Mental Health Administration that created the Texas Children Recovering From Trauma initiative that focuses on trauma-informed care transformation. This transformation includes training and implementation of trauma screenings and trauma-focused evidence-based practices for children ages 3 to 17. The trauma-focused practices include trauma assessment for children ages three to six; Trauma Focused Cognitive Behavior Therapy (TF-CBT); and Parent Child Interaction Therapy (PCIT). The PCIT is a dyadic therapy that targets children ages two to seven years of age with emotional and behavior disorders and focuses on improving the parent or caregiver and child attachment

and relationship, and their interaction patterns. This initiative is developing PCIT regional trainers under DSHS, CMHS, and DFPS that can provide training to providers throughout Texas. The TF-CBT is a conjoint child and parent psychotherapy approach for children three years and older who are experiencing significant emotional and behavioral difficulties related to traumatic life events. The CMHS has PCIT available at some pilot sites, while TF-CBT is required to be provided at all Local Mental Health Authorities when the treatment is indicated.

Identified needs for this program are:

- Child psychiatrists.
- Statewide expansion of Trauma-Informed Care.
- Training in evidence best practices and services (child-parent psychotherapy; PCIT, Trauma - Informed Cognitive Behavioral Therapy, etc.).

### **Immunization Branch**

The mission of the Immunization Branch is to lead efforts to increase vaccine coverage and reduce vaccine-preventable diseases in Texas. The Immunization Branch manages the Texas Vaccines for Children Program, a program that improves access to immunizations for eligible children. The program also provides the following services:

- Vaccine ordering and distribution
- Quality assurance
- Provider education and training
- Immunization registry
- Public awareness campaigns
- Disease surveillance
- School and childcare monitoring
- Perinatal hepatitis B prevention

In state fiscal year 2013, the program served 7,468,574 children, with 2,991,308 of those children under the age of 6. State expenditures for the program were \$45,139,834 in the same year.

Identified needs for the program include:

- Recruitment of additional vaccine providers to serve the needs of children and adults in Texas.
- Additional funding to purchase vaccines for underinsured children and adults.
- Enhancement or replacement of ImmTrac, the statewide immunization registry.

### **Newborn Screening Benefits Program**

Newborn Screening administers a benefits program to provide dietary supplements, medications, formula, vitamins, and confirmatory testing. Clients not covered by Medicaid, CHIP, CSHCN Services Program, CHIP Perinatal, or private insurance with a confirmed diagnosis of a

condition screened for the program and are at or below 350 percent of FPL are eligible for the program.

Identified needs for this program are:

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

### **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 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 ValueOptions®, a behavioral health organization,

Identified needs for NorthSTAR include:

- Continued funding.
- More training for providers.
- More evaluation of client base.

### **Primary Health Care Services**

Primary Health Care Services include diagnosis and treatment; emergency services; family planning; and preventative health care services (e.g., immunizations, health education, and laboratory services). The following optional services may also be provided: 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 population served by the Primary Health Care Program.

### **Special Supplemental Nutrition Program – Women, Infants, and Children**

WIC is a nutrition program that helps low-income pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC services include nutrition education and counseling, nutritious foods, and help accessing health care.

In state fiscal year 2013, WIC served 1,072,419 children ages 5 and under. Total program expenditures were \$539,242,564, of which total state expenditures were \$186,178,246. State funding is dedicated general revenue from infant formula rebate contract payments that must be used to supplement the WIC federal food grant.

Identified needs for WIC are:

- Stable funding.
- Procurement and development of a new management information system.
- Encourage retention of participation in the WIC Program up to age five.

### **State Mental Health Facilities**

State mental health facilities serve children and adolescents, ages 4 to 17, who have a mental illness; are a danger to themselves or others; and require inpatient services. The programs provide assessments and treatment until the patients are ready for services in a community outpatient setting. Clinical services include assessment, evaluation, and treatment (i.e., 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.

A statewide shortage of child psychiatrists and mental health professionals presents recruiting issues when vacancies occur.

### **Texas Early Hearing Detection and Intervention**

The Texas Early Hearing Detection and Intervention (TEHDI) Program is the state's universal newborn hearing screening, tracking and intervention program. The DSHS is the oversight agency and provides no direct clinical services. In state fiscal year 2013, TEHDI served 377,233 children.

Identified needs for TEHDI are:

- Enhance provider participation in the program.
- Improved data sharing and integration.
- Increase follow up activities.
- Improve document management and reporting in the TEHDI Management Information System.

### **Texas Health Steps**

The THSteps program serves children and youth from birth through age 20 years who are enrolled in Medicaid. The program provides periodic medical and dental checkups; preventive care treatment (e.g., immunizations, oral evaluation, and fluoride varnish applications); outreach and information to clients; provider education; and provider relations.

### **Title V Maternal and Child Health Fee-for-Service Program**

The Title V Maternal and Child Health Fee-for-Service (MCH FFS) Program provides child and adolescent health care including primary care for infants; well-child examinations; sick child and follow-up visits; nutritional visits; immunizations; case management; and prenatal care for adolescent mothers. Dental services for children and adolescents include comprehensive and periodic oral evaluations and preventative services (e.g., fluoride treatments, sealants, and therapeutic services).

Title V-funded contractors provide child health and dental services to infants and children that are without insurance; ineligible for Medicaid or CHIP; and are at or below 185 percent of the FPL.

Identified needs for MCH FFS are:

- 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.

### **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 trains and certifies individuals to conduct vision and hearing screenings. Vision and hearing screenings are required for children who attend public or private preschools and schools; licensed child care centers; and licensed child care homes. In state fiscal year 2013, this program served a total of 5,174,215 children of all ages. Of those, 2,094,237 children were under the age of 6 years.

## **Department of Family and Protective Services**

### **Child Care Licensing**

Child Care Licensing safeguards the basic health, safety, and wellbeing of Texas children age birth to 17 years by developing and enforcing minimum standards for 35,000 child care facilities and child-placing agencies. All facilities combined can serve a capacity of 1.1 million children in this age group. The child day care licensing 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. The residential child care licensing program regulates child-placing agencies, general residential operations, and independent foster homes.

CCL implemented several significant program enhancements over the past year that affected children under the age of six years. The CCL amended minimum standards for child day care centers to require an electronic child safety alarm for each vehicle that is purchased or leased on or after December 31, 2013, and is used to transport children. Required by H.B. 1741, 83<sup>rd</sup> Legislature, Regular Session, 2013, the alarm is meant to prevent caregivers from leaving children in hot cars.

The CCL also amended minimum standards this year to provide additional clarification regarding safe sleep environments for infants younger than 12 months. A minimum standard for child-placing agencies and their homes was amended to include examples of loose bedding and to make the standard applicable to children age 12 months or younger, instead of 6 months or younger, as recommended by the American Academy of Pediatrics. Also, minimum standards for child day care centers and homes were added to prevent caregivers from laying a swaddled infant down to sleep or rest on any surface. These minimum standards were necessary because swaddling is not recommended in group childcare settings where there are often multiple

caregivers who may each swaddle differently and each is responsible for supervising several infants at a time. Evidence shows that swaddling a child incorrectly can increase the risk of serious health outcomes, such as suffocation, overheating, and hip dysplasia.

The month of April was designated "Water Safety Month" by S.C.R. 1, 83<sup>rd</sup> Legislature Regular Session, 2013. In April 2014, CCL sent an email to providers and stakeholders to remind them that drowning is a leading cause of accidental death among infants, toddlers, and young children. Providers and stakeholders were encouraged to visit the *Watch Kids Around Water* [campaign website](#). The website features basic water safety tips, drowning statistics, and a "Lifeguard 101" teaching tool to encourage people to talk about and sharing water safety information.

Identified needs for CCL are:

- 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 fatalities related to hot cars and drowning.
- Funding to improve documentation and tracking of activities as related to risk to children in child care operations.

### **Child Protective Services**

The DFPS' Child Protective Services (CPS) becomes involved with families and children only after a report of abuse or neglect is received. The CPS investigates the allegations and assesses the family for safety and risk. It provides referrals to community resources or pursues further CPS action to ensure child safety. The CPS refers all children under the age of three years with a substantiated case of abuse or neglect to Early Childhood Intervention for assessment, evaluation, and services. Young children in care (age birth to five years) are categorically eligible for Head Start and Early Head Start, regardless of biological or foster family income; however, local Head Start programs establish priorities for enrollment, so children in DFPS conservatorship are not guaranteed slots in all Head Start programs. The DFPS, Texas Education Agency (TEA), and Head Start and Early Head Start are developing a model statewide memorandum of understanding to support provision of early childhood services to children in foster care.

The CPS serves all children age birth to 17 years. Special services required for children under the age of six years are procured or referred to appropriate community agencies and resources. The CPS is involved in CPS Transformation activities, including Foster Care Redesign, Permanency Roundtables, Disproportionality, and the Practice Model, which incorporates elements of the agency's safety decision-making model along with other components, such as trauma informed care.

Identified needs for CPS are:

- More Head Start and Early Head Start programs offered by public schools.

- More behavioral health services for children and youth not in CPS legal custody.
- More substance abuse treatment options, mental health services, and domestic violence batterer intervention services to help families address child safety threats

Tables 1 and 2 show the number of Texas children served by CPS and the cost to provide the services.

**Table 1: Children Served by CPS**

	<b>SFY 2012</b>	<b>SFY 2013</b>
Texas State Child Population	7,054,634	7,159,172
Total Number of Children Served, all ages <sup>1</sup>	610,800	526,998
Total Number of Children Served, under 6 years	287,024	214,533

*1 Includes all principals ages birth to 17 with an open stage during SFY 2012 and youth ages 18 to 21 in open extended foster care or Preparation for Adult Living stage  
Sources: DFPS Annual Book and DFPS Management and Report Statistics Division*

**Table 2: CPS Funding**

<b>Age Group</b>	<b>2012 State Funding</b>	<b>2012 State &amp; Federal Funding Combined</b>	<b>2013 State Funding</b>	<b>2013 State &amp; Federal Funding Combined</b>
All Ages	\$528,426,432	\$1,124,095,304	\$540,984,821	\$1,156,885,162
Ages Birth to 6	\$248,315,436	\$528,229,094	\$220,229,511	\$470,956,381

*Source: SFY 2016-2017 Legislative Appropriations Request*

### **Prevention and Early Intervention**

Prevention and Early Intervention (PEI) contracts with eight providers under the Community Based Child Abuse Prevention (CBCAP) program and four providers with the Texas Families Together and Safe (TFTS) program to provide services for families with children under the age of six years. The TFTS and CBCAP providers offer a variety of services, including parent education, case management, mentoring, counseling, concrete supports, transportation, and home visitation. Not all services are available in every program. The programs are designed to reduce child abuse and neglect; therefore, services often focus on the caregivers of the child, with the child receiving few direct services.

The PEI also administers the Respite and Parent Education program currently available in three counties. The program offers the following services: parent education; crisis intervention; home visitation; day care respite (for children up to age 12 years); and overnight respite.

The PEI also contracts with eight providers under the Healthy Outcomes through Prevention and Early Support (HOPES) program to provide services for families who are expecting a baby or have children ages birth to five years. Services vary by provider, but include home visitation; parent education; case management; counseling; fatherhood services; domestic violence services; equine therapy; basic needs support; transportation; childcare; and child abuse prevention education. The programs mainly focus on providing services to the caregiver of the target child with the goal of reducing child abuse and neglect.

Through the Helping through Intervention and Prevention (HIP) program, PEI provides home visitation services and other types of support to the following populations:

- Families, with a newborn child, that had their parental rights terminated due to child abuse or neglect in the two years preceding the birth of the newborn child.
- Families, with a newborn child, that had a child die in the two years preceding the birth of the newborn child, and the cause of death was child abuse or neglect.
- Female foster youth that have recently given birth or that are currently pregnant.

State funding for prevention of child abuse and neglect increased to \$22 million for the 2013-2014 biennium. Of that, \$3 million was earmarked for the Statewide Network of Youth Services. Both HOPES and HIP were created as a result of this allocation for prevention services.

Identified needs for PEI are:

- Procure a program that focuses on prevention and early intervention with services such as parent education, home visitation, respite care, and case management after the current CBCAP respite program's procurement cycle ends at the end of state fiscal year 2015.
- Continue to expand our prevention campaign efforts.
- Continue to work on collaborations.

Table 3 shows the number of children served through PEI programs and the cost to deliver those services.

**Table 3: PEI Programs for SFY 2013**

<b>PEI Programs</b>	<b>Children Under 6 Years Served</b>	<b>Expenditures by Program<sup>1</sup></b>
Services to At-Risk Youth	3,048	\$15,900,024
Community Youth Development	453	\$4,738,991
Texas Families: Together and Safe	685	\$2,191,944
Statewide Youth Services Network	10	\$1,435,562
Community-Based Child Abuse Prevention	277	\$892,083
Community-Based Family Services	173	\$454,548
<b>All Program Total</b>	<b>4,646</b>	<b>\$25,613,152</b>

*1 Ages birth to 18 years*

*Source: DFPS Management and Report Statistics Division*

## Department of Assistive and Rehabilitative Services

### Autism Program

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

Beginning in state fiscal year 2012, DARS Autism Program began administering standardized measures of child progress to children only at intake and 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.

Identified needs for the Autism Program include:

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

### Texas Early Childhood Intervention Services

Texas Early Childhood Intervention Services (ECI) is a statewide program for families with children under age three years with developmental delays or disabilities. The program provides family support and specialized services to strengthen the family's ability to access resources and improve their child's development. Services are provided in the home and community settings. The ECI service providers use normally occurring family routines and materials found in the environment to increase the child's learning and participation in daily life. The ECI is state- and federally-funded through the federal Individuals with Disabilities Act. Services are provided by a variety of local organizations, such as private nonprofits, community centers, education services centers, and school districts. Families and professionals, representing multiple disciplines, work as a team to plan appropriate services based on the unique strengths and needs of the child and family.

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

To track the developmental progress of children, early intervention programs across the country rate children on Global Child Outcomes, as required by the federal Office of Special Education Programs (OSEP). The outcomes measure a child's progress toward three goals: (1) having positive social relationships; (2) acquiring and using knowledge and skills; (3) and taking age appropriate actions to meet needs.

To help providers assign ratings accurately, ECI developed an online training. This module gives providers the information they need to understand each of the outcomes; how to assign and document a rating; and how the ratings can be used to measure progress for an individual child or a group of children. Since the module debuted in January 2014, more than 200 providers have accessed it.

The ECI also delivered two webinar series. The first series focused on how to provide services to meet the unique needs of infants. The series included webinars for therapists focused on clinical skills for critical feeding needs, as well as webinars for all ECI staff that was focused on infant development, evaluating infants, and planning services for infants. The second series focused on how to provide and document quality services during all ECI activities (i.e., referral, evaluation and assessment, Individualized Family Service Planning development, and service delivery).

The *Paying for Early Childhood Intervention Services* booklet was developed to help families understand their rights and responsibilities related to ECI's Family Cost Share system and to support them in determining their share of the cost of ECI services. In addition, the *How to Implement Family Cost Share Module* was developed to help providers understand the Family Cost Share and to develop confidence and competence in supporting families in determining their share of the cost of ECI services.

In state fiscal year 2013, ECI program state expenditures totaled \$24,089,966.

Identified needs for the ECI program include:

- 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 Aging and Disability Services

### **Medically Dependent Children Program**

The MDCP serves individuals up to age 20 years who are medically fragile through an alternative to nursing facility care. The MDCP includes services designed to keep individuals in their homes, thus preventing institutionalization. Respite care provides temporary relief to the primary caregiver during times when the caregiver would normally provide care. Family support helps an individual participate in child care, post-secondary education, and independent living which will vary by individual, provider, and setting. Family support services also may be used when the primary caregiver is working or attending job training or school, although parents remain responsible for routine child care expenses. Adaptive aids used to treat, rehabilitate, prevent, or compensate for conditions resulting in disability or loss of function, enable the individual to perform activities of daily living or control the environment in which they live. Minor home modifications are physical modifications (e.g., wheelchair ramp) to the individual's home. Transition assistance services are available to individuals moving from a nursing facility, offering one time funds to set up a household in the community. Supported employment is assistance in maintaining competitive employment. The MDCP allows individuals to self-direct some of their services, known as the Consumer-Directed Services option. Individuals who use this option must also receive Financial Management Services, which provide assistance managing funds associated with the services elected for self-direction. Financial Management Services include initial orientation and ongoing training related to responsibilities of being an employer and adhering to legal requirements for employers.

In accordance with S.B. 7, 83<sup>rd</sup> Legislature, Regular Session, 2013, MDCP will transition into the new STAR Kids managed care program. The transition date has been set for September 1, 2016.

Total MDCP expenditures for children under the age of six years in state fiscal year 2013 was \$31,263,918, of which \$12,752,552 was contributed by the state.

## 4. Conclusion

An abundance of scientific research underscores the critical importance of the first five years of life. The human brain develops at its fastest rate during this period, setting the stage for all future development. Simply put, positive stimulation leads to positive outcomes. Conversely, neglect and stress induce negative outcomes for children, families, and society at large.

Recognizing that the strength of relationships between parents and their children is the most essential ingredient for building strong social-emotional and cognitive skills, the state has a vitally important role to play in the lives of young children. By providing age-appropriate support and interventions, Texas is helping children born into socio-economically disadvantaged families build the resiliency and other social skills needed to overcome their circumstances. As these children age, they will require fewer and less intensive support services, and they will be more likely to overcome the burden of poverty.

Texas' early childhood programs are doing valuable work; however, the number of vulnerable children is far greater than the capacity of the programs to serve even the most in need. In spite of our collective efforts, too many children are growing up in adverse environments that jeopardize their ability to be successful in school and beyond. The myriad programs described in this report each use age-specific and risk-specific strategies and direct statutorily restricted resources to meet particular needs of children and families.

Recommendations from the Sunset Commission present an important opportunity to streamline services among the five HHS agencies. In addition, at least two bills being considered in the 84<sup>th</sup> Legislature attempt to address the need for a coordinated state early education system. Lacking, however, is a unifying vision for a comprehensive early childhood system that addresses the physical, social-emotional, and cognitive needs of all young children.

## List of Acronyms

Acronym	Full Name
ACA	Affordable Care Act
AP	Autism Program
CBCAP	Community Based Child Abuse Prevention
CCP	Comprehensive Care Program
CHIP	Children’s Health Insurance Program
CHIP Perinatal	Children’s Health Insurance Program — Perinatal
FVP	Family Violence Program
CCL	Child Care Licensing
CHIPRA	Children's Health Insurance Program Renewal Act of 2009
CMHS	Community-based Mental Health Services
CMS	Centers for Medicare & Medicaid Services
CPS	Child Protective Services
CPW	Case Management for Children and Pregnant Women
CSHCN	Children with Special Health Care Needs Services Program
DADS	Department of Aging and Disability Services
DARS	Department of Assistive and Rehabilitative Services
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
ECI	Texas Early Childhood Intervention Services
EDI	Early Development Instrument
FPL	Federal Poverty Level
FVP	Family Violence Program
HCCS	Health Coordination and Consumer Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIP	Helping Through Intervention and Prevention
HOPES	Healthy Outcomes through Prevention and Early Support
HRSA	Health Resources and Services Administration
MCH FFS	Title V Maternal and Child Health Fee-For-Service Program
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
Medicaid	Children’s Medicaid Acute Care
MHPAEA	The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
NBS	Newborn Screening Benefits Program
NorthSTAR	NorthSTAR Program
NFP	Nurse Family Partnership
OSEP	Office of Special Education Programs
PCIT	Parent Child Interaction Therapy
PEI	Prevention and Early Intervention
PEP-3	Pervasive Developmental Disorders Behavior Inventory and Psychoeducational Profile - Third Edition

<b>Acronym</b>	<b>Full Name</b>
PHCS	Primary Health Care Services
PPECC	Prescribed Pediatric Extended Care Centers
SKIP	State Kids Insurance Program
SMHF	State Mental Health Facilities
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
STAR	STAR Medicaid Managed Care Program
STAR+PLUS	STAR+PLUS Medicaid Managed Care Program
STAR Health	STAR Health Medicaid Managed Care Program
STAR Kids	STAR Kids Medicaid Managed Care Program
TANF	Temporary Assistance for Needy Families
TEHDI	Texas Early Hearing Detection and Intervention Program
TFTS	Texas Families Together and Safe
TEA	Texas Education Agency
TF-CBT	Trauma-Focused Cognitive Behavior Therapy
THSteps	Texas Health Steps
THV	Texas Home Visiting
TRS	Teacher Retirement System
UCLA	University of California, Los Angeles
V&H Screening	Vision and Hearing Screening Program
WIC	Special Supplemental Nutrition Program – Women, Infants, and Children

**Appendix A  
Key Programmatic Intersections**

	HHSC (including Medicaid, CHIP, HCCS)	DADS	DARS (including ECI)	DSHS	DFPS (including CPS and PEI)	Office of Attorney General	TEA	Texas Workforce Commission	Other State Agencies	Local Governments	Schools, Head Start	Health Care Providers	Higher Education Partners	State & National Advocacy Groups	Professional Associations	Advisory Groups
<b>HHSC</b>																
CHIP	X		X	X												
CHIP Perinatal	X			X							X					
Children's Medicaid	X			X												
FVP				X	X							X				
HCCS	X	X	X	X	X	X	X							X		
SNAP	X		X	X	X											
TANF	X		X	X	X	X		X								
<b>DADS</b>																
MDCP	X															
<b>DARS</b>																
AP	X							X	X	X	X					
ECI	X			X	X	X			X				X	X		
<b>DSHS</b>																
CPW	X	X	X	X	X	X										
CSHCN	X	X	X			X						X	X		X	
CMHS	X		X													
Immunization Branch	X			X				X	X	X						
NSBP	X															
NorthSTAR	X				X						X		X			
PHCS	X	X	X	X	X						X					
WIC						X					X		X	X		
SMHF		X			X				X						X	
TEHDI	X					X				X		X				X
THSteps	X	X	X			X										
MCH FFS	X															
<b>DFPS</b>																
CCL	X			X		X	X	X				X	X		X	
CPS	X	X	X	X	X		X			X		X	X		X	
PEI			X	X			X	X		X	X					

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