



Texas
Young
Children

Office of Early
Childhood
Coordination

Strategic Plan
in Response to
Senate Bill 665

*Their
Future,*
Our Plan

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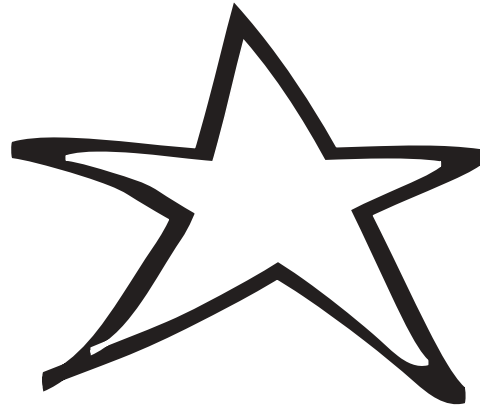
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Their Future, **Our Plan**

Texas Health and Human Services Commission
Office of Early Childhood Coordination
Strategic Plan

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Executive Summary

The youngest children of Texas hold the highest potential for the future of our state. Recent scientific evidence has proven that simple interventions, such as singing, reading, talking, and holding young children develop brain connections that impact the future of intellectual and social development.

Parents bear the primary responsibility for ensuring that their children are nurtured, healthy, safe, and provided with the tools necessary to be prepared for life. Young children receive the most essential love, nurturing, and protection from attentive mothers and fathers; the extended family unit should work together to support the mother and father in this effort.

However, society, too, shares a responsibility to nurture, protect and educate the young. There is an implied contract between the family and the society within which a family lives. It is the obligation of parents to do all they can to prepare their children for life. But, when a family cannot overcome family challenges alone, society should step forward to offer support until that family regains its strength.

In light of recent scientific research about the importance of the early years of a child's brain development, more than 13 states have developed initiatives to support and nurture children in these important years. Texas joined the ranks of these states with the passage of Senate Bill 665 in the 77th Legislative Session, which created the Office of Early Childhood Coordination (OECC) under the umbrella of the Health and Human Services Commission.

The purpose of the Office of Early Childhood Coordination is to promote community support for parents of all children younger than six years of age through an integrated state and local level decision making process. To achieve this goal, the office seeks to provide for the 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 life and school.

One of the mandates of this legislation was the development of a statewide strategic plan to consider existing programs and models to serve children younger than six years of age, with attempts to maximize federal funds and local existing infrastructure, and provide for local participation, to the greatest extent possible.

This strategic plan, *Texas Young Children: Their Future, Our Plan*, was developed by the Advisory Committee to the Texas Health and Human Services Commission Office of Early Childhood Coordination. This Advisory Committee is composed of broad based representation from local and state public and private organizations interested in the well being of the young children of Texas. The plan provides a framework for Texas

BACKGROUND AND LEGISLATION

parents and families, supported, as needed, by, neighborhoods, faith communities, social service organizations, the business community, and government to work together to ensure that every Texas child has a healthy start and is prepared for life and for school.

Senate Bill 665 required several key areas in the strategic plan. The

Legislative Mandate	Page Number in Strategic Plan
Consider existing programs and models to serve children younger than six	Texas Snapshot, Pg 15
Attempt to maximize federal funds and local existing infrastructure and funds	Texas Snapshot, Pg 20 Funding Strategies, Pg 35
Provide for local participation to the greatest extent possible	Listening, Pg 23 Appendix C
Address the needs of children younger than six years of age with disabilities	Texas Young Children, Pg 11
Identify gaps in early childhood services by functional and by geographic area	Texas Snapshot, Page 16 Texas Snapshot, Pg 20 Appendix C
Identify state policies, rules and service procedures that prevent or inhibit children younger than six years of age from accessing available services	Listening, Page 24 Appendix C
Identify sources of funds for early childhood services, including federal, state and public-private ventures	Texas Snapshot, Pg 18 Funding Strategies, Pg 35
Identify opportunities for collaboration between the Texas Education Agency and health and human services agencies to better serve the needs of children younger than six years of age	Texas Snapshot, Pg 21
Identify quantifiable benchmarks for success within early childhood service delivery	Texas Young Children, Pg 3 The “Group of Five”, Pg 25 Promising Practices, Pg 31
Identify national best practices in early care and educational delivery models	The “Group of Five”, Pg 25 Promising Practices, Pg 31

legislation also specified certain powers and duties of the Office of Early Childhood Coordination. While information contained in this plan only represents the beginning steps of an ongoing information gathering process, each area was addressed in the strategic plan in some way, as shown below.

The OECC Advisory Committee began its work by examining emerging research findings with regard to programs for children younger than six years of age, as well as general findings with regard to early care, education and health care for children younger than six in Texas. The plan highlights the following findings.

- ☆ Several model programs have demonstrated that early interventions for this population not only improve cognitive, emotional and social skills, but are also highly cost effective.
- ☆ The well being of parents is perhaps the most important factor in the development of positive relationships for young children. Well designed, family focused support systems can improve parenting behaviors and enhance parent/child interactions. Specific attention has emerged recently with regard to the roles of fathers in the lives of young children.
- ☆ Early child care and education trends in Texas and the nation are changing. A growing number of families raise children with both parents in paid employment, resulting in a growing percentage of children under the age of six receiving care outside of the home, whether in organized child care facilities, registered family homes or with relatives. Furthermore, welfare reform has resulted in a significant increase in federal and state funding for child care. The number of children and cost for subsidized child care has also risen greatly since 1995. Despite and because of these changes, quality early education and child care is not affordable for some Texas families. Furthermore, many child care centers do not have the resources available to serve children with special needs or disabilities.
- ☆ Access to quality health care in the prenatal and early childhood periods of a child's life has been consistently shown to be cost effective in preventing disease later in life. While the Children's Health Insurance Program has improved access to quality and preventive care, many Texas children under the age of six still lack health insurance.
- ☆ Early childhood abuse and neglect has consistently been shown to result in higher rates of educational failure, unemployment,

**TEXAS YOUNG
CHILDREN ARE OUR
FUTURE**

**TEXAS SNAPSHOT:
THE CURRENT PICTURE
FOR YOUNG TEXANS**

emotional disturbance and juvenile crime. Thus, prevention of child abuse and neglect impacts not only social service systems, but public education and criminal justice systems, as well.

- ☆ Special attention must be given to children with special needs or disabilities because of the scarcity of programs available to meet their needs. Access to services and supports for children with special needs or disabilities is critical during the early years of the child's life. While Medicaid waiver programs provide some supports, this support system is fragmented with extended waiting lists, sometimes in the range of 5-10 years.

There are numerous programs available from both state agencies and non-state (public and private) agencies for children under the age of six in Texas. In an attempt to quantify such programs, the OECC Advisory Committee distributed surveys to these agencies to determine the number of children served, and the amount of money being spent in providing these services. The results of the surveys are neither comprehensive nor scientific, because: 1) most agencies do not keep separate data systems for children under the age of six; 2) many children in this age group access services from multiple agencies and are thus counted numerous times in the survey results; and 3) some agencies track the number of services delivered rather than the number of children served. Despite all of these data limitations, a number of trends were identified:

- ☆ Programs vary significantly in numbers of persons served, scope of services, ages of persons served and levels of federal and state funding.
- ☆ While some services are available to all Texans, others are available only to persons/children meeting specific eligibility requirements, such as age or diagnosis.
- ☆ Many programs offer support or education to parents and families, in addition to the provision of direct services.
- ☆ No comprehensive database exists concerning number, types and eligibility requirements for Texas children under six.
- ☆ Currently programs for children are housed in various agencies and other locations with little coordination.
- ☆ No comprehensive study has been done to identify and eliminate duplication and inefficiencies in service delivery.

There is, however, some existing collaborative infrastructure in Texas for the various entities that provide services for children younger than six. Successful collaborations are characterized by equal representation from the business community (both for profit and not for profit), the faith based

community, public state and local agencies, as well as meaningful representation from children and families. The Strategic Plan highlights multiple state agency sponsored initiatives and programs, statewide local collaborative initiatives, and local collaborations serving children under the age of six in Texas. This infrastructure should serve as a starting point for future collaboration.

In further consideration of the existing environment for Texas children younger than six, the strategic plan highlights some existing and emerging issues:

- ☆ The child care industry is one of the top 25 largest occupations in Texas; however, early care and education professionals are some of the lowest paid individuals throughout the nation, resulting in high turnover rates and inconsistent caregivers for young children. Furthermore, low education requirements for these professionals impacts coordination of services with other entities such as Head Start and school districts.
- ☆ Both nationally and in Texas, school districts are expanding pre-kindergarten services. Often these services are delivered to children who also receive services from Head Start and private child care entities. Expansion of partnerships between the child care industry, Head Start and school districts will improve continuity, coordination and efficiency.
- ☆ A significant number of Texas children with disabilities and special needs live in congregate care institutions. The Advisory Committee to the OECC urges Texas agencies that serve these children to prevent the institutionalization of young children with disabilities.

In a further analysis of programs serving children under the age of six, the Advisory Committee distributed a qualitative survey to a variety of entities to inquire about gaps and barriers, local needs, technology issues, coordination and planning, access to services and information, and ways to enhance local participation. The following trends were identified:

- ☆ There is a significant need for better methods of communication and the sharing of information with regard to children under the age of six.
- ☆ The participation of agency leaders and local stakeholders is essential to the success of future planning for young Texas children.
- ☆ A central contact point for individuals wishing to access services would minimize waiting lists and eligibility problems.

**LISTENING:
HEARING FROM THE
COMMUNITIES**

**EXPLORING: THE
“GROUP OF FIVE”**

- ☆ Enhancing coordination and eliminating territorial “turf” issues would eliminate fragmentation and duplication of services.

The Advisory Committee acknowledges that this is only a beginning in the collection of this type of information, and recommends formalizing and expanding this information collection process.

What works for Rhode Island does not necessarily work for Texas. The geographic size and population, in combination with its mix of rural and urban areas and border issues mandates a special approach to coordination of programs and services in Texas. In an attempt to analyze potential solutions within a reasonable reference point, this plan examines strategies used by five other states with similar demographic and geographic challenges: Arizona, New Mexico, California, Florida and New York. All five states have made some effort to positively impact children under the age of six, although their approaches differ. The Advisory Committee recommends the establishment of a formal dialogue with these states to expand upon common experiences and various successful strategies.

**EXPLORING: PROMISING
PRACTICES**

In addition to looking at these five states, the Advisory Committee researched “best practices” in the area of service delivery systems for young children in other states. North Carolina’s “Smart Start” program, for example, is a nationally recognized and award winning early childhood initiative designed to ensure that all children under the age of six are healthy and prepared for success when they enter school. This strategic plan highlights the development and outcomes of this highly successful public/private partnership.

The state of Wisconsin has also implemented a grass roots effort composed of state, local, public and private groups of individuals working together since 1993 to facilitate the development of a blended, comprehensive delivery system for high quality early childhood education and care. Outcomes of the Wisconsin Early Childhood Collaborating Partners initiative are highlighted.

The strategic plan outlines the kinds of federal funding streams that are available to serve young children, as well as ways to maximize federal funds, including maximization of subsidies, leveraging federal funds with state, local and private funds, and Medicaid administrative claiming. Explanations of these strategies, as well as examples of states that have used them, is included in the “Exploring Funding Strategies” section of the plan. Non-federal funding strategies used by other states to support this population are also highlighted, such as sales and excise taxes, tax credits, deductions and exemptions, and fees (such as license plate fees).

An obvious dilemma for state governments trying to improve the lives of children under the age of six is financing programs, services and collaboration. While federal funding has historically been a significant component for programs that serve this population, several factors, including welfare reform, the devolution of responsibility from federal to state and local governments, ongoing health care reforms and changing rationales for investing in young children have had, or are expected to have, a significant impact on these funding streams in the future.

All of the above information led to the development of a specific set of recommendations for future action:

- ✪ Obtain sufficient staffing for the OECC to implement the following:
 - ☆ Perform an analysis of current funding streams that serve Texas children under the age of six.
 - ☆ Perform a cost benefit analysis of existing programs and initiatives, and ways funding could be used more effectively
 - ☆ Serve as a state clearinghouse for information regarding programs for children under the age of six, including current programs and what they do, identification and consequences of barriers, coordination of information being gathered by school districts, research results with longitudinal studies, successful funding mechanisms and facilitate sharing of best practice and outcome information.
 - ☆ Coordinate a dialogue around a list of Texas School Readiness indicators
 - ☆ Develop a procedure to create a reporting mechanism for agencies specific to children under the age of six
 - ☆ Establish agreements to coordinate state agency plans regarding children zero to six.

EXPLORING: FUNDING STRATEGIES

RECOMMENDATIONS

***Fiscal Years
2004 & 2005***

***Fiscal Years
2006&2007***

- ☆ Establish in collaboration with the Governor’s Office, a formal dialogue with the identified “group of five” states (California, Florida, New Mexico, Arizona and New York) in light of the similar challenges faced by those states
- ☆ Use information obtained in revenue stream and cost benefit analyses to develop strategies to fill prioritized unmet needs, including the possibility of the establishment of a Texas Early Childhood Fund that distributes seed funding through Requests for Proposals (RFPs) to local collaborative initiatives that support recommendations in the OECC strategic plan
- ☆ Develop a public awareness campaign and strategic communications plan that utilizes accepted and effective marketing techniques, highlights recent research on brain development, promising practices, specific initiatives and cost effectiveness, emphasizes impact on economy and work force development, and emphasizes the value of providing family support and utilizing systems of care.
- ☆ Building on information obtained in fiscal years 2004 and 2005, develop a ten year plan for Early Childhood Coordination, with stated objectives, methods to accomplish them and ways to measure outcomes.

***Fiscal Years
2008
through
2012***

- ☆ Expand the implementation of a comprehensive, inclusive state wide early care, health care and education plan that clearly articulates local, state and federal involvement.

Background & Legislation

The Office of Early Childhood Coordination was created by Senate Bill 665 of the 77th Texas Legislature. The goal of the office is to promote community support for parents of all children younger than six years of age through an integrated state and local level decision making process. To achieve this goal, the office seeks to provide for the seamless delivery of health and human services to all children younger than six years of age and to ensure that all children are prepared to succeed in life and school.

The office is charged with identifying:

- ☆ gaps in childhood services by functional and geographic areas;
- ☆ state policies, rules and service procedures that prevent or inhibit children from accessing needed services;
- ☆ sources of funds for early childhood services;
- ☆ opportunities for collaboration to better serve the needs of children under six years of age;
- ☆ methods for coordinating the provision of early childhood services;
- ☆ quantifiable benchmarks for success within early childhood service delivery; and
- ☆ national best practices in early care and educational delivery models.

This strategic plan was developed through a collaborative effort of the Advisory Committee to the Office of Early Childhood Coordination (OECC). This Advisory Committee is composed of broad based representation from local and state public and private organizations interested in the well being of the young children of Texas. A complete list of Advisory Committee members is on the inside cover of this strategic plan. The purpose of the strategic plan is to examine existing programs and models serving children younger than six years of age, with an eye toward enhancing and maximizing federal funds, local existing infrastructure, and local participation.

The OECC Advisory Committee began its work with the development of a mission statement.

The Office of Early Childhood Coordination is dedicated to promoting policies and practices that support families and enhance the optimal development of Texas children younger than six years of age through community support and seamless delivery of services that prepare children to succeed in life and in school.

MISSION STATEMENT

Texas Young Children Are Our Future

Texas young children are our future. There are currently approximately 2,003,617 children under the age of six in the state of Texas. According to the most recent population projections by the Texas State Data Center at Texas A&M University, the population of the state of Texas is expected to reach 35 million by the year 2040, and the population of children between the ages of zero and five is expected to increase 24 percent by the year 2030.¹ This has important implications for the future of the Texas economy. Investing in children is increasingly critical throughout the nation, because of profound shifts now occurring in the nation's demographic composition. In the next 20 years, an estimated 76 million people will reach retirement age and leave the U.S. workforce.² Who will take their place? Investing in the early years of Texas children will serve to ensure steady growth of a strong Texas economy. When Texas families and communities invest in our children, we are investing in our future.

Recent research has found that the early childhood years represent a sensitive period for long-term cognitive, behavioral and emotional development. Consider the following facts.

- ☆ Experiences and environments in a child's life play a key role in the quality of neural development. Typical experiences, such as playing, talking, and exposure to other stimulation are an important part of healthy brain development. Research shows that these typical interactions with young children are among the best practices to support healthy brain development.³
- ☆ Nurturing and responsive relationships during the first years of life are crucial to the brain's development. A child lacking appropriate relationships and stimulation during the first years of life will be less able to learn, cope with stress and emotions, and form relationships. A large body of research has correlated early childhood experiences with outcomes later in life.⁴
- ☆ Although concrete methods to enhance brain development are not scientifically substantiated, research has explained the conditions that are dangerous to brain development. Poor

¹ Data Source: Texas State Data Center at Texas A&M University.

² Everding, Gerry, "Children Losing Economic Ground to the Elderly, Study Shows"

³ Patel, Bina, National Conference of State Legislators Report, "Connecting Brain Development Research to State Early Childhood Policy", June 2002

⁴ Early Childhood Initiatives in the States: Translating Research into Policy, National Conference of State Legislatures, June 1998.

RESEARCH FINDINGS & BENCHMARKS FOR SUCCESS

nutrition, exposure to violence, environmental toxins, prenatal drug exposure and abuse or neglect can cause developmental delays in linguistic and cognitive abilities, as well as behavioral problems, such as an increased likelihood of violence.⁵

- ☆ Most of the preschool funding in the United States is targeted to four year old children considered to be “at risk.” The goal of these programs is to “get the children ready” for kindergarten. Brain research, however, has shown that the real value of quality early education appears in the younger years.⁶ In fact, the first three years of life are when the vast majority of neural connections, or synapses, are produced. The number of synapses increases rapidly until about age three and then holds steady throughout the first decade of life. After age 10, many of the synapses that are not used are eliminated.⁷

Several model programs in recent years have shown the value of early attention to young children. The North Carolina Abecedarian Project, for example, is an early intervention project that uses a “multidisciplinary, intergenerational and individualized” approach beginning in infancy, including social services, pediatric care, center-based early education, snacks and meals, daily transportation and family support services. The Abecedarian Project was a carefully controlled study in which 57 infants from low-income families were randomly assigned to receive early intervention in a high quality child care setting. Fifty-four infants from similar families were randomly assigned to a control group that did not receive such services. The treated children received full-time educational intervention in a high quality child care setting from infancy through age five. Each child had an individualized prescription of educational activities that were incorporated into his or her day. These activities addressed social, emotional, and cognitive development but gave particular emphasis to language. Evaluation of the project revealed that young adults who had received early intervention had significantly higher cognitive test scores than their untreated peers, effects that lasted from toddler ages through age 21.⁸

Perhaps the most compelling evidence for investment in our young children comes from the “High/Scope Perry Preschool Program Through Age 27.” This study examined the lives of 123 African-American children

If a child enters the child care setting at six weeks of age and continues through age 5, he/she will spend more time in those five years of child care than they will spend in school during the next twelve years.

(Judson Culbreth, Editor-in Chief, Scholastic Parent Publishing)

⁵ Patel, Bina, National Conference of State Legislators Report, “Connecting Brain Development Research to State Early Childhood Policy”, June 2002

⁶ Building Universal Preschool in Partnership with the Private Early Education and Care System, A Policy Paper for Programs, Policy Makers and Advocates Prepared by the National Child Care Association, August, 2001

⁷ Early Childhood Initiatives in the States: Translating Research into Policy, National Conference of State Legislatures, June 1998.

⁸ Patel, Bina, National Conference of State Legislators Report, “Connecting Brain Development Research to State Early Childhood Policy”, June 2002

born in poverty and at risk of failing in school. From 1962-1967, at ages three and four, children were randomly divided into a program group who received a high quality preschool program and a comparison group of children who received no preschool program. The program for the “treatment” group used specifically trained teachers who educated children through child-planned learning activities, and involved parents through weekly home visits. Study participants, both male and female, who participated in the high quality early care program were tracked through age 27, and the results of the program group as compared with a matched no program group are quite strong⁹:

- ☆ Perry participants had significantly higher monthly earnings at age 27 (29 percent of Perry participants earned more than \$2000/ month, as compared to seven percent of non-participants;)
- ☆ 36 percent of Perry participants owned their own homes, as opposed to 13 percent of non-participants; and
- ☆ 71 percent of Perry participants completed 12th grade or higher, as compared to 54 percent of non-participants.

In fact, over the lifetime of participants the preschool program returned to the public an estimated \$7.16 for every dollar invested.¹⁰

Similar results were published in a more recent study by researchers Arthur Reynolds of the University of Wisconsin-Madison and Judy Temple of Northern Illinois University.¹¹ Opened in 1967 with funding from Title I of the landmark Elementary and Secondary Education Act of 1965, the Child-Parent Center program provides comprehensive educational and family support services in neighborhood schools to help children develop skills in reading, math and communication through a broad spectrum of classroom and parent activities for low-income, inner city African-American children. A cost benefit analysis of the Chicago Child-Parent Center Program examined five categories of benefits:

- ☆ reduced need for grade retention and special education;
- ☆ reduced juvenile and adult crime and arrests;
- ☆ averted costs to crime victims;
- ☆ reduced child welfare expenditures; and
- ☆ greater earning potential due to educational advancement.

⁹ Schwienhart, Significant Benefits: The High/Scope Perry Preschool Study Through Age 27, 1993)

¹⁰ Schwienhart, Significant Benefits: The High/Scope Perry Preschool Study Through Age 27, 1993)

¹¹ Reynolds, A.J., Temple, J.A., et.al, Age 21 Cost Benefit Analysis of the Title I Chicago Child-Parent Center Program.

“Kindergarten may be too late.”

PARENT AND FAMILY SUPPORT

Their findings showed that participation in the program was associated with better educational and social outcomes up to age 20 with a return on investment of \$7.10 for every dollar invested in the CPC preschool.

Parents and families are the primary resource to ensure that children are nurtured, healthy, safe, and provided with the tools necessary to be prepared for life. The well being of parents and families is perhaps the most important factor in the development of positive relationships for young children. Well designed, family focused support systems can improve parenting behaviors and enhance parent/child interactions.¹² A sixteen-year study revealed that family support services and parental involvement in the classroom have significant long term benefits for their children.¹³ Some of the positive outcomes for the children in the study were:

- ☆ 29 percent increase in the rate of high school graduation;
- ☆ 40 percent decrease in grade retention;
- ☆ 40 percent decrease in special education classes; and
- ☆ 33 percent reduction in the rate of juvenile arrests.

Increased attention in recent years has been given to the specific role of fathers in the lives of young children. Children in homes without fathers are five times more likely to live in poverty, three times more likely to fail in school, and two to three times more likely to develop emotional or behavioral problems.¹⁴ Sadly, the absence of fathers in children's lives is a national epidemic. Nearly 24 million American children live in a home in which their biological father does not live, an astonishing 34 percent of all children. One in five Texas children live in a home without a birth, step or adoptive father. Dads are critical to the healthy cognitive and social-emotional development of children. Research shows that involvement of fathers in the lives of preschool children predicts higher empathy in elementary and adult years.¹⁵

EARLY CARE AND EDUCATION

As demonstrated above, quality early childhood interactions, whether provided inside or outside of the home, are essential to the healthy development of young children. While parents and families form the core components of this development, there have been numerous shifts in parenting trends over recent years.

¹² Shonkoff and Phillips, *From Neurons to Neighborhoods*, 7, 379.

¹³ Chicago Longitudinal Study, University of Wisconsin, Madison

¹⁴ *Father Facts 4th Edition*—National Fatherhood Initiative 2002

¹⁵ *Father Facts 4th Edition*—National Fatherhood Initiative 2002

Families with Two Working Parents

Nationwide, 65 percent of mothers with children under the age of six are in the work force.¹⁶ National statistics show that 62 percent of children under the age of five are cared for outside of their homes.¹⁷ In 1999, 25 percent of Texas children were in paid child care while their parents worked.¹⁸ The number was much higher for three to five year-olds as 61 percent of that population were enrolled in some form of early education program.¹⁹

Many employed parents, however, do not choose to use paid child care, so data on working parents may over represent the need for child care. Some parents have arranged alternate work schedules with spouses so they can care for their children. In fact, nationwide, two-parent families reported declines in use of center based child care, especially by low-income families. Of 19.6 million preschoolers nationwide in 1997:

- ☆ 20 percent were cared for in all types of organized child care facilities;
- ☆ 41 percent were cared for by relatives;
- ☆ 21 percent were cared for by grandparents; and
- ☆ 17 percent were cared for by a father while a mother worked.²⁰

In Texas, families with a working parent, in every income group, showed a slight decrease in use of center based and regulated family homes for children under five years of age, and an increase in the use of “relative care,” “nanny/babysitter,” and parent care.²¹

As a result of welfare reform, federal and state funding for child care has increased substantially. Since 1995, federal and state funding for child care in Texas has increased by 38 percent, and the average number of children (per day) receiving subsidized child care has increased by 51 percent. Furthermore, between 1995 and 2003, costs for subsidized child care in Texas increased from \$2,618 average per day to \$4,043 per day.

Welfare Reform

¹⁶ Kids Count 2002, Annie E. Casey Foundation

¹⁷ Andrade, Jane Carroll, Kindergarten May Be Too Late, Recognizing the strong connection between a child’s early development and success in later life, states are funding preschool programs for 4 and even 3 year-olds, State Legislatures, June 2002.

¹⁸ Kids Count 2002, Annie E. Casey Foundation

¹⁹ *ibid*

²⁰ Who’s Minding the Kids? Child Care Arrangements: Spring 1997, US Census Bureau report.

²¹ Primary Care Arrangements of Employed Parents: Findings from the 1999 National Survey of America’s Families, The Urban Institute, May 2002

HEALTH CARE

Despite these changing trends, finding and affording quality child care in Texas, can be challenging. Child care for a four year-old in a licensed, center based child care center in an urban area in Texas averages \$4,160 per year. This is more than the cost of public college tuition and fees in Texas, \$3,152 per year.²² The cost of infant care is even higher, estimated at \$5,659 per year.²³ Clearly with 23 percent of children under the age of six in Texas living in poverty, the cost of this care is out of reach for some.²⁴

The task of accessing quality child care and health care is even more challenging for children with disabilities. Many child care centers do not have the resources available to provide the specialized care or renovate their facilities to meet such special needs or disabilities. Often, the parents must seek lower quality care or unregulated care.

Studies like the North Carolina Abecedarian Project and the High Scope Perry Preschool program demonstrate that early broad based interventions and family supports can strongly impact the future of young Texas citizens.

Healthy children grow into productive citizens. Quality health care in the prenatal and early childhood periods of a child's life has been consistently shown to prevent disease later in life. The parents of healthy children are more consistent in the work force. Healthy children more consistently attend school. Yet 22 percent of Texas children between the ages of zero and five have no health insurance, and 69 percent of Texas children between the ages of zero and five who live below 200 percent of the federal poverty level have no health insurance.²⁵ While these numbers are significant, there have been improvements in health care and life status for Texas children. As of September 2002, more than 510,000 Texas children are enrolled in the Children's Health Insurance Program. The Texas child poverty rate for young children has dropped significantly in recent years, from 30.4 percent in 1994 to 22.9 percent in 2001.

Access to quality health care is cost effective. Telephone surveys of families enrolled in the Children's Health Insurance Program in Texas (CHIP) revealed that:

- ☆ prior to CHIP enrollment, only 85 percent of families reported they had a usual source of care, and 19 percent of those families named the emergency room, the most expensive health care resource, as their usual source of care.

²² Data Source: Texas Higher Education Fund.

²³ Data Source: Children's Defense Fund, Children in the States 2001.

²⁴ US Census Bureau, 2000.

²⁵ Data Source: U.S. Census Bureau, March Current Population Survey (CPS) for Texas.

- ☆ after 12 months of enrollment in the CHIP program, 92 percent of families reported they had a usual source of care, and only one percent used the emergency room as their usual source of care.²⁶

Maternal interventions such as prenatal care are relatively inexpensive, and each normal birth that occurs instead of a very low birth weight births saves \$59,700 in the first year of care. Furthermore, interventions that simply shift very low birth weight births into higher weight categories can save substantial amounts. Thus, measures that prevent very low birth weight births can have the additional effect of substantially reducing both medical costs and infant mortality.²⁷ In 1999, Texas rates of low birth weight births and infant mortality were lower (better) than national averages. Public policies aimed at improving birth outcomes can be extremely cost effective.

Immunization against common childhood diseases is one of the least expensive and most effective prevention measures for children under six, estimated to cost only \$40 per child per year for the first five years.²⁸ Calculating direct medical expenses and indirect costs such as death, disability, and loss of productivity, cost-benefit analysis of immunization demonstrates substantial savings. While Texas remains below national averages with regard to immunizations, there have been improvements. In August of 2002, the Texas Department of Health reported that 74.9 percent of Texas children ages 19 through 35 months were fully immunized against seven diseases in 2001, an improvement of 5.4 percentage points and moving Texas from 50th to 43rd in the nation in only a year.

Statistics appear to show that younger children are at higher risk of abuse and neglect, probably because of their absolute dependence on caregivers for their safety. In addition to their inability to protect themselves from harm, young children are generally more vulnerable to mistreatment because caregivers can limit access to persons who might report concerns about the child's care.²⁹ Sadly, in Fiscal Year (FY) 2001, of the 195 children who died of abuse or neglect in Texas, one third were under the age of one, and 73 percent were three years old or younger.

From 1996-2001 there was a 10 percent increase in the number of Texas births. However, during those same years, there was a 34.2 percent increase in reports of child abuse and neglect to the Texas Department of Protective and Regulatory Services. In 2001, 7.2 out of every 1000 Texas children were confirmed victims of abuse or neglect.

²⁶ Shenkman, Col, Children's Health Care Use Patterns in the Children's Health Insurance Program in Texas: Preliminary Findings, June 14, 2001.

²⁷ Rand Health Research Highlights, 1998.

²⁸ Source: Texas Vital Statistics, 1998, Texas Department of Health.

Healthy children can focus on learning, which is why early detection and treatment of health and developmental problems are crucial to a child's success.

(Smart Start's Impact on North Carolina's Children Families and Communities)

CHILD ABUSE & NEGLECT

Early childhood abuse and neglect impacts not only social service systems, but also has long-term negative impacts on public education and the criminal justice system. Quite simply, infants and toddlers who grow up in violent environments are more likely to become violent children and youth.

According to Robin Karr-Morse in the nationally acclaimed *Ghosts from the Nursery: Tracing the Roots of Violence*:

- ☆ While the causes of violence are highly complex and multifaceted, a growing body of scientific knowledge demonstrates that maltreatment during the nine months of fetal growth and the first twenty-four months after birth often leads to violent older children and adults.
- ☆ The last three decades have provided us with research that brings to light a range of more subtle toxins profoundly influencing our children's earliest development: chronic stress or neglect, which affects the development of the fetal or early infant brain; early child abuse and neglect, which undermine focused learning; chronic parental depression; neglect or lack of the stimulation necessary for normal brain development; early loss of primary relationships or breaks in care giving. These are the precursors of the growing epidemic of violence now coming to light in childhood and adolescence.

In 2001, the U.S. Surgeon General reported:

- ☆ Problem behavior that begins in early childhood gradually escalates to more violent behavior, culminating in serious violence before adolescence. The early-onset group (children), in contrast to the late-onset group (adolescents), is characterized by higher rates of offending and more serious offenses in adolescence, as well as by greater persistence of violence from adolescence into adulthood.³⁰
- ☆ Between 20 and 45 percent of boys who are serious violent offenders by age 16 or 17 initiated their violence in childhood.³¹

While it is important to focus society's efforts on improving early childhood physical health indicators, it is clearly equally as important to focus on improving early childhood emotional and psychological health indicators.

²⁹ 1999 Annual Report, Texas Department of Protective and Regulatory Services.

³⁰ Reviewed in Stattin & Magnusson, 1996, and Tolan & Gorman-Smith, 1998.

Special attention must also be given to children with special needs or disabilities because of the scarcity of programs available to meet their needs. It is estimated that two percent of children under the age of five in America are disabled to the extent that they are limited in play activities, with an additional 0.8 percent limited in some other way.³² Children with special health care needs³³ are even more vulnerable. A recent study of Children's Health Care Use Patterns in the Children's Health Insurance Program in Texas found that the most important factor related to children's health status scores, missed school days, and restricted activity days was whether or not the children had special health care needs. For example, children with special health care needs were 3.7 times more likely to have missed school days than healthy children. Furthermore, a review of claims data revealed that children with special needs or disabilities had about eight times the health care expenditures per month compared with children who did not have special health care needs.

Access to services and supports for children with disabilities or special needs is critical during the early years of the child's life. The Texas Interagency Council on Early Childhood Intervention (ECI) is the designated state agency responsible for serving families with infants and toddlers under the age of three with disabilities or developmental delays. ECI programs recognize that the earlier developmental problems are identified and addressed, the greater the chance that they can be eliminated or minimized. In addition to ECI and educational services needed by children with disabilities under the age of six, many children with disabilities and their families require additional long term services which can include: home modifications, durable medical equipment, nursing care, attendant care, respite, in-home training, and more. While Medicaid waiver programs exist that can help provide these supports, accessing these services is often difficult due to the fragmented system of long-term supports and the extended waiting lists for services (often five to 10 years). The following table provides information on children with disabilities waiting for Medicaid waiver services.

³¹ D'Unger et. al., 1998; Elliott et al., 1986; Huizinga et al., 1995; Nagin & Tremblay, 1999; Patterson & Yoerger, 1997; Stattin & Magnusson, 1996

³² Disabilities Statistics Center, Abstract 15, Disabilities Among Children, March 1996.

³³ Defined as 1) use of compensatory mechanisms (e.g. medications), 2) elevated use of health care services, or 3) presence of functional limitations.

Home and Community-Based Services	Number Served	Number on Waiting/ Interest List
Home and Community-Based Services (HCS, HCS-O, MRLA waivers at MHMR)	1,063 Ages zero-21	17,591 Total 6,305 Children ages zero-17
Community Living Assistance Supports and Services (DHS)	1,492 Adults & Children	8,094 Total 6,172 Children
Medically Dependent Children's Program (DHS)	911 Under 21	3,087 Under 21
Children w/Special Health Care Needs (TDH) <i>Family Supports</i> <i>Health Benefits</i> <i>Case Management</i>	5 5,289 49,370 (fy 01)	319 1,146 0
In-Home and Family Support (MHMR)	2,944 Children	434 Children
In-Home and Family Support (DHS)	3,199 Adults & Children	11,364 Adults & Children
Deaf/Blind Multiple Disabilities	116 Adults	47 Children

Source: DHS, HHSC, MHMR and TDH August 2002

It is estimated that, in 2001, there were approximately 41,000 Texas children with developmental disabilities or developmental delays under the age of three. Approximately 33,000 of these children received early intervention services through Texas Interagency Council on Early Childhood Intervention (ECI) in 2001. The Department of Education, Office of Special Education and Rehabilitative Services, estimated the number of children with disabilities between the ages of 3-5 receiving special education services in 2001 to be approximately 36,422. The following table depicts the disability categories that qualify a child for special education services, and the number of children meeting eligibility criteria in the year 2001.³⁴

³⁴ These numbers may be duplicated, as children with multiple disabilities will be counted in each category.

**2001: Number of Children in Texas Ages 3 to 5
Receiving Special Education Services**

DISABILITY	NUMBER OF CHILDREN
Mental Retardation	810
Hearing Impairments	664
Speech or Language Impairments	28723
Visual Impairments	455
Emotional Disturbance	159
Orthopedic Impairments	709
Other Health Impairments	2117
Specific Learning Disabilities	1064
Deaf-Blindness	17
Multiple Disabilities	564
Autism	1108
Traumatic Brain Injury	52
Total	36442

The total estimated cost of special education costs for children under the age of six in FY 2000-2001 is:

- ☆ \$119,877,490 in state funds;
- ☆ \$30,902,454 in federal funds; and
- ☆ \$87,917,584 in local funds.³⁵

It is important to note that the number of children with emotional disturbance in this table is probably a vast underestimate, for a number of reasons. First, there is a general reluctance to label children this young as “emotionally disturbed,” due to the stigma attached. Assessment can also be problematic for children this young. The category of “other health impairments” is probably where some of the children with emotional disturbance are reflected in these numbers. As a frame of reference, Texas

³⁵ Source: Texas Education Agency

Department of Mental Health and Mental Retardation (TDMHMR) served 2,879 children under the age of six in FY 2001 through community based mental health services. To be eligible for these services, these children must have a diagnosis of mental illness and exhibit serious emotional, behavioral or mental disorders and have a serious functional impairment or are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms or are enrolled in a school system's special education program because of a serious emotional disturbance.

In light of the growing body of scientific research about the importance of the early years in overall long term development, more than thirteen states across the nation have established initiatives related to programs and coordination for young children, stimulating a call to translate research into policy.³⁶ All of these data show that investing in early care and education, health care to support parents and families of the youngest Texas citizens will ensure a safer and stronger future.

³⁶ Andrade, Jane Carroll, Kindergarten May Be Too Late, Recognizing the strong connection between a child's early development and success in later life, states are funding preschool programs for 4 and even 3 year-olds, State Legislatures, June 2002.

Texas Snapshot: The Current Picture for Young Texans

One of the mandates for the Office of Early Childhood Coordination is to identify current programs and services for Texas children under the age of six. This is a particularly difficult task, as most agencies that serve this target population do not keep data specific to children in this age range. Nevertheless, the OECC gathered the following data.

In an effort to identify the current array of state agency programs for children under the age of six in Texas, the Health and Human Services Commission (HHSC) developed a survey, which was posted on its website in the spring of 2002.³⁷ A copy of this survey is attached to this report as Appendix A. HHSC used the survey information to compile a comprehensive list of programs that serve children under six in Texas. The following agencies completed the web survey for each of their existing programs that serve children under the age of six: the Health and Human Services Commission (HHSC), Texas Department of Health (TDH), Texas Department of Human Services (DHS), Texas Department of Protective and Regulatory Services (PRS), Texas Interagency Council on Early Childhood Intervention (ECI), Texas Commission for the Blind (TCB), and Texas Department of Mental Health and Mental Retardation (TDMHMR), Texas Education Agency (TEA) and the Texas Work Force Commission (TWC).

HHSC received surveys for 52 programs from nine agencies that serve children under six.³⁸ Initial review of these programs reveals that:

- ☆ Programs vary significantly in numbers of persons served, scope of services, ages of persons served and levels of federal and state funding.

³⁷ This survey was developed through a collaborative effort to combine the requirements of both Senate Bill 54 (related to the development of a comprehensive listing of state programs for children under six) and Senate Bill 665 (related to the Office of Early Childhood Coordination.)

³⁸ There are certain limitations to the validity of the data received in these surveys. The numbers presented are often based on estimations, based on the agency's knowledge of the programs. Many of the programs were unable to report the numbers of children or funding sources specifically for children under the age of six. Furthermore, many children receive a wide array of services from multiple programs within one hhs agency or across several HHS agencies. For this reason, it is difficult to unduplicate the number of children served. Finally, some agencies use different reporting methods than the number of children served.

CURRENT TEXAS PROGRAMS

State Agency Programs

PARENT AND FAMILY SUPPORT

Non-State Agency Programs

- ☆ Programs offer a wide range of services to many different target populations. While some services are available to all Texans, other services are available only to persons/children meeting specific eligibility requirements, such as age or diagnosis.
- ☆ Many programs provide additional support or education for parents and families, in addition to providing direct services to the child.
- ☆ Results of the survey revealed that, of the agencies able to report specifically for children under six, in FY 2001:
 - ★ An estimated \$1,933,013,272 was obtained from federal funding to serve children under the age of six; and
 - ★ An estimated \$1,961,692,581 was obtained from state funding to serve children under the age of six.

The same program survey was administered to a number of non-state agencies, in an attempt to inventory private for profit and non-profit programs that serve this target population. While this inventory is far from complete, 21 responses were received. Data collected from those surveys revealed that 345,939 children under the age of six were served by such programs in the year 2001, at a total cost of \$181,140,000, or \$524 per child receiving services. This number is far from scientific for a number of reasons. First, while only 212 surveys were received, there are literally thousands of “non-state” agencies serving these children in Texas. Second, some children receive services from more than one agency, both state and “non state.” These children would be counted twice or more in the survey data received.

In gathering the above information, several important facts emerged:

- ☆ No comprehensive database exists concerning number, types and eligibility requirements of programs for Texas children under six.
- ☆ Currently, programs for children are housed in various agencies and other locations with little coordination.
- ☆ No comprehensive study has been done to identify and eliminate duplication and inefficiency in service delivery.

Finally, it is important to note that while agency programs provide many services for children under the age of six, individual Texans also provide a vast array of services and supports for children and families.

CURRENT TEXAS INITIATIVES AND COLLABORATIONS

Elements of Successful Collaboration

The large number and broad array of programs described above demands coordination and collaboration. Local collaborations serve as “hubs” for families and the community regarding resources for young children. Successful collaborations are characterized by equal representation from the business community (both for profit and not-for-profit), the faith-based community, public state and local agencies, as well as meaningful representation from children and families. The goal of these collaborations is to manage and maximize both monetary and non-monetary resources, eliminate inefficiencies and duplication of services for young children, and interpret and apply statewide policies in a way that benefits the local community, while supporting the state’s visions and goals.

Collaboration and coordination is always a challenge in large and complex systems of care, especially in a state as large and diverse as Texas. Despite these challenges, several successful collaborative initiatives for young children have emerged in Texas over recent years.

Children’s Health Insurance Program (CHIP) is a national program designed for families who earn too much money to qualify for Medicaid, yet cannot afford commercial insurance. The TexCare Partnership offers a comprehensive benefits package with a full range of coverage, including regular checkups, immunizations, prescription drugs, eyeglasses, lab tests, X-rays, hospital visits, dental care and mental health care from a broad choice of doctors. For additional information please go to the TexCare Partnership website. www.texcarepartnership.com.

Community Resource Coordination Groups (CRCGs), are local interagency groups composed of representatives from public and private agencies that develop service plans for children and adolescents or adults whose needs can be met only through interagency coordination and cooperation. CRCGs now exist in all 254 counties in Texas. More information can be obtained from their website: www.hhsc.state.tx.us/crcg/crcg.htm.

Comprehensive Community-Based Services for Children with Serious Emotional Disabilities are administered through the Texas Department of Mental Health and Mental Retardation with the goal of establishing a family-focused, community-based children’s mental health service delivery system across Texas while decreasing reliance on inpatient and long-term residential care. More information can be obtained at www.mhmr.state.tx.us.

State Agency Sponsored Initiatives and Programs

Head Start and Early Head Start are child development programs that serve children from birth to age 5, pregnant women and their families. They are child focused programs and have the overall goal of increasing the school readiness of young children in low income families. More information can be obtained from the website at www.tea.state.tx.us/adult/even/index.html (Even Start) and www.tea.state.tx.us/curriculum/eci.html (Headstart and Pre-K).

Medicaid is the State and Federal cooperative venture that provides medical coverage to eligible needy persons. Its purpose is to improve the health of people who might otherwise go without medical care for themselves and their children. HHSC's Medicaid Office is responsible for statewide oversight of the Texas Medicaid Program. Additional information can be found at www.hhsc.state.tx.us/Medicaid/index.html.

Texas Interagency Council on Early Childhood Intervention (ECI) is the designated state agency responsible for serving families with infants and toddlers under age three with disabilities or developmental delays. ECI programs attempt to maximize a child's potential and reduce the need for long term services which can result in lower future educational expenditures and health and human services expenditures. More information can be obtained from their website at www.eci.state.tx.us.

Texas Information and Referral Network (211) is a program of the Texas Health and Human Services Commission with twenty five Area Information Centers (AICs) throughout the state where people can find information on health and human services. Each center is operated by a community based non-profit agency that collects information on services and eligibility requirements and answers call for assistance at a simple, 2-1-1 telephone number. More information can be found at their website at www.helpintexas.com.

Texas Head Start Collaboration Office (THSSCO) was created and funded by the federal government to improve statewide collaboration among schools, social service agencies and other community organizations that provide early childhood education. Priority areas for THSSCO include building early childhood systems, access to comprehensive services and support, and policies plans and processes affecting Head Start population and other low-income families. More information can be obtained from their website at www.governor.state.tx.us/headstart.

Texas Integrated Funding Initiative (TIFI) of the Health and Human Services Commission is a consortium composed of the major child serving agencies with an equal number of family members and youth representation to design, implement, and expand systems of care in local communities for children with serious emotional disturbances and their families. This

initiative was designed to demonstrate the integration of federal, state, and local funds for the implementation of community-based, family driven, culturally competent services. More information can be obtained from their website: www.hhsc.state.tx.us/tifi/index.htm.

Texas Workforce Commission's Employer Collaborations are employer led groups that study local child care or dependent care service delivery systems. They compare these available services with their workforce needs and project needs into the future. Corporate contributors to Texas Employer Dependent Care Collaborations in 2002 are attached to this report as Appendix 3. Ideally, these groups form local grant-giving initiatives to align services with work force needs. More information can be obtained at www.twc.state.tx.

I Am Your Child Texas Network is a statewide coalition designed to raise awareness and educate Texas communities about the importance of the experiences provided in the first three years of life and their lifelong impact on the successful functioning of young children. This national initiative launched to raise public awareness and promote advocacy concerning the importance of the first three years of life, provide parents with information and resources, and influence national public policy to promote healthy development of young children. More information can be obtained on their website at www.IamYourChild.org.

Texas Association of Child Care Resource and Referral Agencies (TACCRA) is a professional membership association formed to build solutions that link parents, child care professionals, employers, and communities by providing statewide leadership, developing statewide initiatives for local implementation, and impacting public policy. With funding from the Texas Workforce Commission, the Child Care Resource and Referral Network has provided assistance to parents and providers with regard to child care information and data on child care supply and demand. More information can be obtained from their website at www.taccra.org.

Success by 6 is a national early care and education initiative of United Way, funded by a grant from the Bank of America Foundation. Local Success by 6 initiatives receive grant funds to plan and develop early care and education initiatives. More information can be obtained from their website at www.uwtexas.org.

Statewide Organizations & Initiatives

Local Collaborations

Greater Houston Collaborative for Children is composed of philanthropic organizations, service providers, city/county government, the business community, academic institutions and concerned citizens who share a common desire to create a community where Houston children will be able to reach their full potential. Young children from birth to age six, particularly those with inadequate economic, medical and educational resources, are the primary focus of the organization. More information can be obtained from their website at www.collabforchildren.org.

Partnership for Children, A Tarrant County Coalition Supporting Children from Birth to Seven, is a local coalition formed to explore what steps Tarrant County could take to more comprehensively address the issues of young children and their families. The Partnership for Children is dedicated to generating concrete outcomes through committee activity. More information can be obtained from their website at www.thepartnershipforchildren.org.

While much work has yet to be done, these successes demonstrate the strong potential for collaboration for the sake of children under six years of age.

EXISTING & EMERGING ISSUES FOR TEXAS CHILDREN UNDER THE AGE OF SIX

Child Care

The child care industry is one of the top 25 largest occupations in Texas, employing 98,750 individuals in 1998. The child care occupation in Texas is expected to grow 22 percent between 1998 and 2008, employing about 120,900.³⁹ Despite the critical and vital nature of the work they do, early care and education professionals are some of the lowest paid individuals throughout the nation, resulting in high staff turnover, which, in turn, results in inconsistent caregivers for children in child care settings. They are teachers without the recognition of being teachers, such as benefits, holidays, winter and summer breaks. Education requirements for these professionals are minimal. These lesser educational requirements and compensation levels directly impact coordination of services between Head Start, Public school Pre-Kindergarten and child care.

***Collaboration and
Coordination of Early
Care and Education
Services***

Both nationally and in Texas, school districts are expanding Pre-K services. Currently, the state of Texas, through TEA, spends in excess of \$300 million on Pre-Kindergarten programs. Based upon compelling research that shows children learn from birth, public education is exploring a range of options for ensuring that children who enter school are indeed prepared to succeed.

If public education does continue to expand Pre-K services, it would seem appropriate for school districts to partner with the child care industry and Head Start programs in an effort to better prepare young children for school. Such a partnership would cost school districts less because they wouldn't have to invest in building new facilities. Nor would school districts have to create more staff positions to both provide early childhood education or wraparound child care services. School districts could define the expectations for children entering school from child care industry and Head Start partners. Several Texas communities, such as Beaumont, Spring Branch, El Paso, San Antonio, Arlington, Amarillo, Georgetown, Houston, Humble, Greenville, and Sulphur Springs have been successful in achieving such coordination.

Additionally, such partnerships could provide additional resources that would allow child care staff to be better trained and better paid, thus dramatically impacting the current high child care staff turnover rate. Through stronger school district, parent, and child care industry partnerships, the quality of care for young Texans would certainly improve.

The Advisory Committee recommends that future work should be done to identify and eliminate barriers to such coordination.

Texas has a significant population of children with disabilities residing in congregate care institutions. In June of 2002, there were 1,552 Texas children (under the age of 21) living in institutional settings such as nursing facilities, state schools, intermediate care facilities for the mentally retarded, institutions for the mentally retarded operated by TDPRS or group homes. As reflected earlier in this section, a child's development is affected by his or her experiences, the environment he or she lives in, and opportunities to experience nurturing and responsive relationships. Research has shown that institutional placement of children, the length of the placement, and the age at which a child is institutionalized negatively impact all areas of development.⁴⁰ In recognition of the effects of environment on childhood development and the need for nurturing and responsive relationships, the Advisory Committee urges Texas health and human service agencies to prevent the institutionalization of children with disabilities under the age of six.

***Texas Children Living in
Institutional Settings***

³⁹ Source: Texas Workforce Commission

⁴⁰ Lyndon B. Johnson School of Public Affairs, University of Texas. *Planning a Successful Family Support System for Texas, Vol. II: Current Services and Future Policy*. Austin, TX., 2001, p. 9-11.

Listening: Hearing from Communities

In addition to identifying numbers and types of programs serving children under the age of six, the Advisory Committee sought qualitative information about services, including:

- ☆ technology and ways to share information;
- ☆ needs for additional state support;
- ☆ access to services and information;
- ☆ coordination and planning issues;
- ☆ barriers to providing quality services for children under the age of six; and
- ☆ ways to enhance local participation.

This information was gathered through the distribution of a survey to a wide variety of entities that have contact with children younger than six, including pediatricians, social workers, state and local agency staff (including child care licensing staff), day care administrators, and attorneys. A copy of the survey is attached to this report as Appendix 4. Approximately 53 surveys were returned. While far from scientific, the information gathered through this survey process serves as a starting place for further development of such data in the future. A summary of information obtained from these surveys is attached as Appendices A and B, but the following trends were identified:

☆ Information Sharing

- ★ There is a lack of information available about early childhood services and programs. Better interagency communication and a more systematic approach is needed to disseminate and share information.
- ★ Creating liaisons between agencies, establishing web or internet based newsletters, community publications, and outreach efforts to community leaders and stakeholders could improve communication channels.

☆ Need for Additional Support

- ★ Agency support of local efforts, mandated by agency leaders, is essential to coordination and collaboration.

- ★ Ongoing inclusion of local groups of stakeholders is needed in policy and planning efforts.
- ☆ Access Issues
 - ★ A central contact point, or one stop model of access, would greatly improve the ability to obtain needed services.
 - ★ Waiting lists and restrictive income or disability related eligibility requirements are significant barriers to access.
- ☆ Coordination and Planning
 - ★ Lack of effective coordination and “turf issues” are barriers to overcoming fragmentation and duplication of services.
 - ★ Expectations from agencies exceed the resources available to meet those expectations.
- ☆ Barriers
 - ★ Confidentiality issues
 - ★ Residency requirements
 - ★ Income information
 - ★ Cumbersome eligibility processes
 - ★ Inadequate staffing
 - ★ Bureaucratic obstacles, rules, paperwork
 - ★ Need for a “whole child” approach
- ☆ Local Participation
 - ★ Need for understanding of the local perspective
 - ★ Regionalize coordination efforts

While this is only a small beginning in the collection of such information, the Advisory Committee recommends formalizing and expanding this data collection process, as will be outlined below.

Exploring: The “Group of Five”

What works for Rhode Island does not necessarily work for Texas. The sheer geographic size and population of Texas, in combination with its mix of rural and urban areas and border issues mandates a special approach to coordination of programs and services. In an attempt to analyze potential solutions within a reasonable reference point, this plan examines strategies used by five other states with similar challenges: Arizona, New Mexico, California, Florida , and New York. While there are some significant differences, all of these states share similar geographic and border challenges with Texas. There are many common factors in the lives of children in these six states:⁴¹

- ☆ With the exception of New York, all states in the “group of five” have higher teen birth rates than the national average.
- ☆ All of the states in the “group of five” rank below national averages with regard to children under the age of 17 living in poverty. Children living in extreme poverty in these states (family income less than 50 percent of the federal poverty level) range from seven percent (California) to 11 percent (New Mexico and New York).
- ☆ Similarly, all five states, with the exception of California, rate higher than national averages with regard to households headed by a single parent.
- ☆ All five states have similar demographics, including a very high, and growing, percentages of Hispanic or Latino residents.

A more comprehensive comparison of demographic information and child “well being” indicators is attached to this report as Appendix D.

In an attempt to address these issues, all of these states have launched initiatives related to children under the age of six.

⁴¹ Children at Risk: State Trends 1990-2000, Annie E. Casey Foundation

ARIZONA

Early Childhood Block Grant

The Arizona Early Childhood Block Grant (ECBG) is administered through the Arizona Department of Education and promotes student achievement by providing additional funding for early childhood programs. Funding is directly available to public school districts and charter schools, also known as Local Education Agencies (LEAs). LEAs may use funding to support preschool programs for economically disadvantaged children, provide full day kindergarten programs or support programs for all students in kindergarten through the third grade. LEAs may also subcontract with federally funded and private preschool providers to provide preschool programs.

Arizona Board for School Readiness

In August of 2002, Arizona governor, Jane Hull, signed an Executive Order creating the Arizona Board for School Readiness. It is intended that the Board will study and offer policy recommendations that will bring together all of the various early care and education programs that currently exist to offer a more comprehensive and continuous system of services.

CALIFORNIA

California Children and Families Commission

The California Children and Families First Act of 1998 (colloquially known as “Prop 10”), created the California Children and Families Commission. The State Commission is the leadership agency and statewide coordinator of the Act. The Commission provides oversight, training and assistance to the County Commissions and statewide education on the importance of early childhood development. Specific State Commission functions include developing program guidelines, reviewing county plans and conducting an annual program review and evaluation. Eighty percent of Prop. 10 funds go directly to the County Commissions. The other 20 percent of revenue is administered by the State Commission to offer technical assistance to County Commissions, conduct research and evaluation on best policies, practices and programs that can be implemented to serve young children, and develop education, infrastructure and training programs for parents, child care providers, and other early education providers. The California Children and Families Clearinghouse offers excellent low-cost early childhood development and parenting resources to County Children and Family Commissions and Prop. 10 funded organizations.

Based on the statutory requirements of Prop. 10, the State Commission adopted goals around five themes to provide a framework that allows organization and delineation of activities and the funding of projects:

- ☆ Public Awareness and Education;
- ☆ Quality and Accessibility of Programs;
- ☆ Research and Evaluation;
- ☆ Public Policy; and
- ☆ Organizational effectiveness.

During fiscal years 2000 and 2001, the Commission initiated focused efforts on four key projects that will continue to be the defining activities in future years:

- ☆ School Readiness;
- ☆ Retention Incentive for Early Care and Education Providers;
- ☆ Kit for New Parents; and
- ☆ Statewide Prop. 10 Program Evaluation.

Funding for Prop. 10 was secured through a ballot initiative approved by the voters of California. Taxes are imposed on cigarettes and other tobacco products to generate funds for promoting, supporting and improving childhood development for children up to five years of age. The proposition was approved by voters in November of 1998, and has a “no sunset” provision so it remains in effect unless rescinded by the voters through a subsequent ballot initiative. The actual revenue generated by taxing cigarettes fifty cents per package and other tobacco products one dollar per package in its first full year of operation (fiscal years 1999-2000) was \$723 million.

In 1997, the California Legislature passed a bill to provide information on infant brain development to all health facilities for dissemination to parents. Although Governor Pete Wilson vetoed the bill, he proposed \$3.1 million to give new parents information about new child development practices, including grants to local organizations that support parents, a 24-hour hotline of child development information, and brochures, posters and public service announcements.⁴²

Child Development Resources

⁴² Early Childhood Initiatives in the States: Translating Research into Policy, Groginsky, Christian and McConnell, National Conference of State Legislators, June, 1998

FLORIDA

The Florida Children's Forum

As the voice for a diverse base of customers, constituents, and stakeholders, the Florida Children's Forum promotes quality child care, early education, and work/family solutions throughout the state. Headquartered in Tallahassee, the Forum serves as the hub for the Child Care Resource and Referral Network (CCR&R), a network of 25 child care resource and referral agencies across the state. CCR&R maintains the only statewide comprehensive data base on the availability, quality, and affordability of child care and early education in Florida.

In 1989, the Florida legislature created the CCR&R and closely linked its function to the child care coordinating agencies who were managing the subsidized child care programs. By linking child care referrals with child care subsidies in the same local agency, Florida is able to provide more efficient services to families.

The forum also serves as a statewide network of child care professionals, business and political leaders, government entities, families and individuals who share a common vision to make Florida a quality child caring state. As part of its mission, the Forum conducts research, training and advocacy on behalf of children, families, child care providers and employers.

Florida School Readiness Coalitions

In 1999, a bill was passed that created the Florida Partnership for School Readiness (FPSR) and called for the creation of local school readiness coalitions with the overall goal being to improve the readiness of children when they enter school. With specific membership designated by the statute, 57 school readiness coalitions were formed throughout the state covering all 67 counties. In 2001, the FPSR was transferred from the Executive Office of the Governor to the Agency for Work Force Innovation for administrative purposes. The funds for the Pre-Kindergarten Early Intervention Program, Subsidized Child Care Program, Even Start, First Start, Migrant Pre-K as well as others are now managed by the FPSR and distributed to the local coalitions. Local coalitions were charged with assessing the resources available in their community and developing local plans to address the identified needs. Upon approval of the plan by the FPSR, coalitions have entered into agreements to control the disbursement of funds serving young children and their families.

NEW MEXICO

The Center for Family and Community Partnerships

The New Mexico Center for Family and Community Partnerships was created on February 14, 1997. The concept for the center is based on partnerships between the University of New Mexico and members of the community—institutions of higher education, businesses, state and federal agencies, public schools, non-profit agencies, as well as families. Currently, the Center has about fifty partners involved in various projects. Although the Center was created in 1997, staff at the Center have worked at the University of New Mexico for many years on both state and federal projects. As a result, the Center has developed innovative approaches in a number of areas including assessment practices, in-service training, family centered practices and proposal development. Furthermore, the Center launched a website to encourage talk among diverse groups of people who want to foster new models, innovations and creative approaches that will improve the quality of life for individuals, children and families.

NEW YORK

New York Council on Children and Families

The Council on Children and Families was established by Executive Law in 1977 to improve and strengthen services to children and families provided at the state and local levels by public and private organizations. This is accomplished through:

- ☆ better coordination between and among service providers and supervisory agencies;
- ☆ more meaningful accountability;
- ☆ improved selection, implementation, supervision and evaluation of services;
- ☆ better management and research capabilities; and
- ☆ useful mechanisms to resolve interagency conflicts regarding the provision of services.

The Council's role and structure are unique within state government. Because the Council does not have direct responsibility for the operation of programs or for the provision of services, it can maintain a broad perspective across the policies and issues of its member agencies. The Council provides a neutral forum for the identification and resolution of issues that require policy planning and analysis in an interagency framework. The Council is able to carry out its mission with the support of the commissioners or directors of the state's education and human service agencies that make up its membership.

***New York Statewide
Universal Pre-
Kindergarten***

Building on the existing and successful Experimental Pre-Kindergarten program, New York State enacted legislation in 1997 creating Universal Pre-Kindergarten for all four-year-old children. The law calls for access to services for all children, regardless of income, and including those with special needs or disabilities. The goal was to make pre-kindergarten available to all four-year-olds by school year 2002-2003, integrating all the early childhood resources in a community.

The legislation promotes collaboration between public schools and community-based early education providers. The law supports Universal Pre-Kindergarten partnerships that build on existing early childhood resources in all school districts. Not less than ten percent of each district's pre-kindergarten grant award must be set aside for collaborative programs with eligible community-based early childhood agencies such as Head Start, publicly funded day care, private day care, programs in non-public schools and others.

Decision making about Universal Pre-Kindergarten is delegated to the more than 70 local school districts. The legislation is clear in expecting a wide range of stakeholders to be involved in community deliberations through the formation of Universal Pre-Kindergarten Policy Advisory Boards. These Boards advise the school district whether or not to implement Universal Pre-Kindergarten, after internal discussion and the convening of at least one public hearing. Funding, set in the first year at \$50 million, would increase each year, rising to an annual appropriation of \$500 million in school year 2002-2003 and beyond.

Exploring: Promising Practices

Although debate continues about effective early childhood practices to support and measure development, research in this area is continually becoming more refined.⁴³ Drawing upon the research base, the Advisory Committee was, however, able to identify some promising strategies to address the needs of this vulnerable target population.⁴⁴

Perhaps the most touted coordination strategy for children ages zero to five is the North Carolina “Smart Start” program. Established in 1993 by the North Carolina General Assembly, Smart Start is a nationally recognized and award winning early childhood initiative designed to ensure that all children under the age of six are healthy and prepared for success when they enter school. Smart Start is a public private initiative that provides early education funding to all of the state’s 100 counties. Smart Start funds are administered through local nonprofit organizations called Local Partnerships.

The North Carolina Partnership for Children (NCPC) is the statewide nonprofit organization that provides oversight and technical assistance for local partnerships. Services delivered at the local level depend on local needs. Smart Start funds are used to improve the quality of child care, make child care more accessible and affordable, provide access to health services and offer family support. In the first year of operation, the North Carolina General Assembly appropriated \$20 million in state funds for 18 counties. Since then, Smart Start has expanded to 82 local partnerships serving all 100 counties in North Carolina and is funded at \$220 million.

Created as a public/private partnership, Smart Start has raised more than \$120 million in private donations since 1995. Thirty percent of direct services must be spent on child care subsidies with a total of 70 percent of direct service funds required for child care related activities. The remaining funds may be used for health and support services. Legislation mandates that Smart Start administration funds be limited to eight percent statewide. Expenditures for core services in the 2000-2001 fiscal year are, as follows:

- ☆ 49 percent, or \$116 million for child care subsidy;
- ☆ 32 percent, or \$76 million for child care quality;
- ☆ 11 percent, or \$27 million for family support;
- ☆ 6 percent, or \$13 million for health and safety; and
- ☆ 2 percent, or \$6 million for program support and evaluation.

⁴³ Patel, Bina, National Conference of State Legislators Report, “Connecting Brain Development Research to State Early Childhood Policy”, June 2002

⁴⁴ Collaboration: A Smart Start Success, 2002, FPG/UNC Evaluation Report

NORTH CAROLINA “SMART START”

Ten years ago, North Carolina parents had two levels of quality child care from which to choose, and state child standards were among the poorest in the country. Today, North Carolina parents have five levels of quality to help them make better choices for their child's care.

Smart Start has also improved the quality and economy of North Carolina communities. Nearly \$400 million has been added to the North Carolina economy through creation of 56,455 child care spaces. Smart Start child care subsidies allow families to work, adding nearly \$590 million to the state's economy.⁴⁴

Some of the positive outcomes that have been demonstrated by the Smart Start program:

- ☆ Children who attend child care centers that participate in Smart Start quality improvement programs have better cognitive and language skills and fewer behavioral problems than children in centers that do not participate.⁴⁵
- ☆ Children with special needs and disabilities are more likely to be in higher quality child care because of Smart Start.⁴⁶
- ☆ From 1994 to 1999, the number of child care facilities enrolling children with special needs or disabilities increased by fifty percent, thanks to Smart Start training and resources.⁴⁷
- ☆ Smart Start children are more likely to be immunized on time, and are more likely to have a regular source of health care, and are less likely to use the Emergency Department as their regular source of health care than children who are not receiving Smart Start resources.⁴⁸
- ☆ The number of children who received Smart Start health and developmental screenings has tripled since 1996.⁴⁹
- ☆ In the Fiscal Year 2000-2001, more than 28,700 parents participated in Smart Start parenting classes, support groups and home visitation programs.⁵⁰ Over 90 percent of families participating in Smart Start activities read to their children at least once a week.⁵¹
- ☆ Since Smart Start began in 1993, the number of quality child care centers in North Carolina has risen 283 percent, from 576 centers in 1993 to 2,210 in 2001.⁵²

“We have a better handle on what each organization does. There is more contact and information exchange between agencies because of smart Start. Now we know about joint goals, make better referrals and there’s less duplication.”

Mental Health Department,
Developmental Disabilities Director.

⁴⁵ A Six-County Study of the Effects of Smart Start Child Care on Kindergarten Entry Skills, FPG/UNC Evaluation Report

⁴⁶ *ibid*

⁴⁷ Smart Start and Quality Inclusive Child Care in North Carolina, 2000, FPG/UNC Evaluation Report

⁴⁸ The Effect of Smart Start Health Interventions on Children's Health and Access to Care, 2001, FPG/UNC Evaluation Report

⁴⁹ FPG/UNC Smart Start Quarterly Report

⁵⁰ *ibid*

⁵¹ Families and the NC Smart Start Initiative, FPG/UNC Evaluation Report

⁵² NC Division of Child Development

Smart Start has also improved the quality and economy of North Carolina communities. Nearly \$400 million has been added to the North Carolina economy through creation of 56,455 child care spaces. Smart Start child care subsidies allow families to work, adding nearly \$590 million to the state's economy.⁵³

Wisconsin Early Childhood Collaborating Partners (WECCP) is a grass roots effort composed of state, local, public and private groups and individuals who have been working together since 1993. Together they are dedicated to facilitating the development and implementation of a plan that will permit every child and family in the state of Wisconsin to a blended, comprehensive delivery system for high quality early childhood education and care. This is an effort to “transform” the current separate early childhood education and care systems to the design of a comprehensive early childhood system. Within the state of Wisconsin, as in many other states, substantial amounts of money are spent annually to provide much needed services for children. Gaps and deficits within the system, along with cryptic funding streams and confusing access entry points, however, present huge obstacles to the young children and families these programs are designed to serve. WECCP works to address this issue by:

- ☆ building state networks and collaboration;
- ☆ developing new and innovative funding approaches;
- ☆ supporting community-based partnerships;
- ☆ designing opportunities for professional development; and
- ☆ exploring new ways to better serve children and their families.

WECCP has achieved many successes in five major areas: community development, professional development, leadership development, service delivery, and network development. Here is a sample of some of those successes:

The Department of Workforce Development partnered with the Department of Public Instruction and Health and Family Services to distribute grants to agencies for the purpose of development of collaborative efforts to improve services for children and families.

- ☆ WECCP efforts contributed to the development of new guidelines for collaborative programs where at least one of the collaborators is a licensed child care program.
- ☆ In an ongoing effort to promote inclusive child care for children with special needs or disabilities, WECCP successfully promoted state level adoption of the campaign “Together—Children Grow.” Together—Children Grow educational materials offer child care providers, parents and the general

⁵³ Smart Start's Impact on North Carolina's Children, Families and Communities

WISCONSIN EARLY CHILDHOOD COLLABORATING PARTNERS

public information about a wide variety of issues related to children with special needs or disabilities.

- ☆ Through efforts largely orchestrated by WECCP, agencies and organizations invested in quality early childhood education and care joined together to produce and launch the statewide public awareness campaign: “Think Big: Start Small.”
- ☆ The R.E.W.A.R.D. (Reward Education with Wages and Respect for Dedication) Wisconsin Stipend Program is a compensation initiative that provides stipends directly to teachers, providers and directors based upon their current level on the Registry career ladder. The goal of this initiative is to retain those early childhood education and care staff who have already attained education specific to early childhood.
- ☆ A broad-based statewide advisory committee continues to meet to assist in making recommendations regarding T.E.A.C.H Wisconsin (*Technology for Educational Achievement*). Early Childhood Wisconsin. Based on a \$4.3 million increase approved in July, 2000 by the Wisconsin legislature, this scholarship program has expanded to include scholarships in various areas related to early childhood services.
- ☆ The Wisconsin Early Care and Education Career Guide provides an overview of early childhood career opportunities, a summary of key resources, definition of common terms, and a framework for individualized professional development planning. The guide was published in March, 2001 through the collaborative efforts of the Wisconsin Department of Public Instruction, Department of Health and Family Services, Planning Council for Health and Human Services, Head Start Collaboration Project, CESA 5 and the Wisconsin Department of Workforce Development.
- ☆ WECCP has developed a set of Program/Service indicators to help communities blend programs serving young children. Designed to help improve service delivery approaches and to guide in the development of early childhood education and care, indicators include collaborative planning, funding, facilities, programs/services, staffing patterns, shared governance and accountability.
- ☆ Within Wisconsin, five early childhood regional networks have been formed to provide new opportunities to interact and discover continuing development.

“Think Big: Start Small”

Exploring: Funding Strategies

An obvious dilemma for state governments trying to improve the lives of children under the age of six is financing programs, services and collaboration. Paying for quality education, child care and health care services is challenging for some Texas families. According to the most recent national data, a median income family spends about 11 percent of its income on child care, while a family earning \$15,000 per year spent nearly 24 percent of its income on child care.⁵⁴ This suggests the need for development of alternate strategies to support parents and families in financing care for young children.

Federal funding⁵⁵ historically has been a significant component for programs that serve children from infancy until the time they enter kindergarten. The federal government's investment in early childhood services and supports includes basic needs, child development and preschool education, family support, health and mental health and infrastructure. Over the years, federal funding for programs that offer child development and preschool education or other social supports has steadily increased, but the funding is far from certain. Several factors have had, or can be expected to have, a significant impact on funding for early childhood programs, including changing rationales for investing in young children, the passage of welfare reform and the accompanying devolution of responsibility from the federal government to state and local governments, ongoing health care reforms and the recent tobacco settlements with the states.

Federal funds that can support young children and their families are granted to states, localities, private entities, and individuals in one of four forms:

- ☆ Entitlement programs, such as Medicaid, Foster Care, Food Stamps, SSI, Child Nutrition Programs and Early Childhood Intervention.

⁵⁴ Financing Child Care in the United States: An Expanded Catalog of Current Strategies, 2001 Edition, Sponsored by the Ewing Marion Kauffman Foundation

⁵⁵ Information for this section is borrowed almost exclusively from two sources: 1) Federal Funding for Early Childhood Supports and Services: A Guide to Sources and Strategies, The Finance Project, (available on-line at www.financeproject.org/fedfund.htm. and 2) HHSC Annual Federal Funds Report (available on-line at www.hhsc.state.tx.us/about_hhsc/finance/FedFunds/fs_funds.html).

FEDERAL FUNDING

While only a small number of federal funding programs dedicated to children and their families are “entitlement” programs, the requirement that the state provide “match” funds for these types of programs provides an opportunity for leveraging state dollars. Generally, each entitlement program is administered by a single state agency responsible for providing or certifying the match and for administering the program.

- ☆ Formula or Block Grants such as the Maternal and Child Health Care Block Grant, the Child Care and Development Block Grant, Mental Health Block Grant, Temporary Assistance to Needy Families (TANF), and the federal government’s core funding for special education (Individuals with Disabilities Education Act, or IDEA)

Most formula grants are prescriptive, meaning that the funds must be used to meet specific objectives, serve distinct populations or cover discrete services. Most formula grants require states to provide a base level of funding, or “maintenance of effort,” before the funds are distributed. Most also require some form of state match. Formula grants defined by broad goals, objectives or service populations offer the most opportunity to fund comprehensive services that are responsive to community needs.

- ☆ Project or Discretionary Grants, such as Head Start, Safe Start and the Community Based Family Resource and Support Grants

Project grants make up the largest number of federal funding programs for families with young children. Project grants typically support highly specific purposes and are awarded on the basis of competitive applications. The applicant may be a state, local, public or private entity. A growing number of project grant applications require collaborative efforts by a consortium of community agencies and organizations.

- ☆ Direct Payments such as Section 8 Housing Assistance, Supplemental Security Income (SSI) and Refugee and Entrant Assistance

Some federal funding programs provide financial assistance directly to individual beneficiaries who meet eligibility requirements, although they may be administered by an intermediate state agency. Most of these programs are driven

by a “use it or lose it” philosophy, meaning that if a state does not use all of its allocation the unspent amount must be returned to the federal government at the end of the fiscal year.

Trying to estimate the amount of federal funding for early childhood supports and services is not easy. A recent catalog of funding sources for this population identified 59 federal funding programs that support young children and their families, but 48 of these programs also serve other populations. All of the eleven programs that are targeted to specifically support young children are project grants and they total \$5.7 billion dollars in funding. Expenditures on children ages zero to five in major programs that serve a broader population are estimated at \$29.2 billion.⁵⁶

In Texas, federal funds make up 31 percent of the State’s budget for the current biennium. Distribution of these funds is highly complex. The Texas Department of Health, for example, has 79 different federal funding streams in its budget for fiscal year 2002. In the same period, The Texas Department of Human Services has 29 different federal funding streams, the Texas Department of Protective and Regulatory Services has sixteen, and nine out of eleven agencies have six or more. The tracking required to monitor maintenance of effort spending, interpretation of federal policies, and federal regulation changes is increasingly burdensome and ever more complex. This makes efforts to maximize federal revenue particularly challenging.

In general, there are three ways to maximize federal funds:

- ☆ Maximizing subsidies by ensuring that families with young children, as well as initiatives and programs serving these children and their families, are drawing the maximum amount of federal funding for which they are eligible;
- ☆ Leveraging federal funds with state, local and private funds for in-kind and cash resources in order to draw additional resources; and
- ☆ Administrative claiming which enables a program to be reimbursed for certain eligible administrative costs.

Several states have been successful in utilizing these strategies. Examples are, as follows:

- ☆ Some states ensure that programs serving low-income children take advantage of food and nutrition programs such as the Child and Adult Food Care Program (CAFCP) which reimburses

⁵⁶ Figures in this paragraph are from Federal Funding for Early Childhood Supports and Services: A Guide to Sources and Strategies, The Finance Project

child care centers and family day care homes for the cost of serving meals and snacks (maximizing subsidies).⁵⁷

- ☆ A therapeutic nursery, funded with state or local dollars, could bill Medicaid for services provided to Medicaid-eligible children, as long as staff qualify as providers under the state's Medicaid program and the service is covered under the state Medicaid plan (leveraging).⁵⁸
- ☆ Some states, including Texas, utilize an optional component of Medicaid called Medicaid Administrative Claiming (MAC). MAC allows states to be reimbursed for activities performed that are necessary for the proper and efficient administration of their stated Medicaid plan. In Texas, agencies accessing these federal funds include ECI, TEA, TDH and TDMHMR.

Other states have made great strides in creating more flexibility of federal funds. There are several ways to make federal funding streams more flexible, including pooling funds across agency or program lines, de-categorizing funds by removing narrow eligibility requirements, and coordinating categorical funds to support a variety of services within a single program. States have also successfully used these kinds of strategies:

- ☆ In Missouri, seven state agencies have combined approximately \$22 million annually in state and federal funds for the Caring Communities Partnerships. The community partnerships, in conjunction with community councils, then further broaden the funding base for the partnership through local cash and in-kind contributions, as well as state and federal grants and contracts.
- ☆ Since 1987, Iowa has consolidated more than 30 separate state funding streams, each governed by separate rules and mixes of state, federal and local funding responsibility, allowing local jurisdictions to use these categorical program funds to fund child welfare services in flexible ways.

NON-FEDERAL FUNDING STRATEGIES

In the realization that federal funding is both limited and inflexible,⁵⁹ many other states have developed non-federal funding strategies to fund early childhood initiatives. A sampling of these strategies, is as follows:

⁵⁷ Federal Funding for Early Childhood Supports and Services: A Guide to Sources and Strategies, The Finance Project

⁵⁸ *ibid*

⁵⁹ Reauthorization of the Child Care and Development Fund and TANF is being considered by Congress this year. Several of the proposed bills would stipulate additional earmarks, thus making funds less flexible and more restrictive.

California “Prop. 10,” described in “*Exploring: The Group of Five*,” is a ballot initiative approved by the voters of California. Taxes are imposed on cigarettes and other tobacco products to generate funds for promoting, supporting and improving childhood development for children up to five years of age and to create a state commission and local county commissions to distribute the funds. The bulk of proceeds from the tax are initially deposited in the Children and Families Trust Fund, and then split between a state commission (20 percent) and county commissions (80 percent).

Colorado’s child care contribution tax credit is available against both corporate and personal state income taxes, and is designed to encourage taxpayers to make contributions to promote child care in the state. The amount of the credit is 25 percent of the value of the contribution, but may not exceed \$100,000. Colorado also offers a credit to taxpayers who invest in tangible personal property to be used in the operation of a licensed child care center, family child care home or foster care home in the amount of 20 percent of the investment, and a credit for employers who provide child care facilities in the amount of 10 percent of the employer’s investment during the tax year in tangible property to be used in the operation of the child care facility.

Numerous states have adopted license plate programs to fund early childhood care and coordination. In Massachusetts, for example, the “Invest in Children” specialty license plate was developed and sold to fund a Child Care Quality Fund. The bill was enacted in 1996, and the specialty license plates became available in 1998. As of August, 1999, a total of 6,045 license plates had been sold, generating \$170,000 for the Child Care Quality Fund. Quality improvements in two basic areas are funded: teacher training opportunities and the purchase of equipment and materials.

In Kentucky, the Motor Vehicle Registration Child Care Assistance Account gives any person requesting a certificate of registration or renewal of registration the opportunity to donate one dollar or more to the account. The account was established to assist families whose income exceeds the state income eligibility limits for public child care subsidies to pay for their child care expenses. In 1999, the fund generated \$7,000 in donations.

All of these promising practices demonstrate one common element: agencies and individuals working together for the sake of young children. In exploring lessons learned and best practices, the OECC Advisory Committee recommends the continuing focus of our local and statewide initiatives.

Sales and Excise Taxes

Tax credits, deductions and exemptions

Fees

Recommendations

All of the above information led to the development of a specific set of recommendations for future action. These recommendations are broken out by time frames: the next biennium, the next five years and the next ten years.

✪ Obtain sufficient staffing for the OECC

While the establishment of the Office of Early Childhood Coordination within the Texas Health and Human Services Commission was a major step in advancing the needs of children under the age of six, the effectiveness of that office in accomplishing its goals is severely hampered by lack of agency staff dedicated to that role. At minimum the OECC should be sufficiently staffed to implement the following recommendations.

- ☆ Perform an analysis of current funding streams that serve Texas children under the age of six.
- ☆ Perform a cost benefit analysis of existing programs and initiatives, and ways funding could be used more effectively.
- ☆ Serve as a state clearinghouse for information regarding programs for children under the age of six, including current programs and what they do, identification and consequences of barriers, coordination of information being gathered by school districts, research findings with longitudinal studies, funding mechanisms and facilitate sharing of best practice and outcome information.
- ☆ Coordinate a dialogue around a list of Texas School Readiness indicators.
- ☆ Develop a procedure to create a reporting mechanism for agencies specific to children under the age of six.
- ☆ Establish agreements to coordinate state agency plans regarding children younger than six.
- ☆ Establish, in collaboration with the Governor's Office, a formal dialogue with the identified "group of five" states (California, Florida, New Mexico, Arizona and New York) in light of the similar challenges faced by those states.

**FISCAL YEARS
2004 AND 2005**

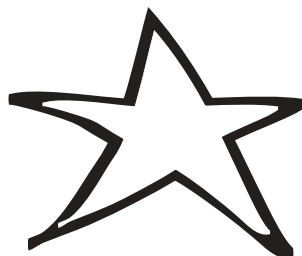
**FISCAL YEARS
2006 AND 2007**

- ☆ Use information obtained in revenue stream and cost benefit analyses to develop strategies to fill prioritized unmet needs, including the possibility of the establishment of a Texas Early Childhood Fund that distributes seed funding through RFPs to local collaborative initiatives that support recommendations in the OECC strategic plan
- ☆ Develop a public awareness campaign and strategic communications plan that utilizes accepted and effective marketing techniques, highlights recent research on brain development, promising practices, specific initiatives and cost effectiveness, emphasizes impact on work force development, and emphasizes the value of providing family support and utilizing systems of care.
- ☆ Building on information obtained in FY 04/05, develop a ten year plan for Early Childhood Coordination, with stated objectives, methods to accomplish them and ways to measure outcomes.

**FISCAL YEARS
2008 THROUGH 2012**

- ☆ Expand the implementation of a comprehensive, inclusive state wide early care, health care and education plan that clearly articulates local, state and federal involvement.

Texas Young Children



Their Future,
Our Plan

Appendices

- Appendix A:** Program Survey Instruments
- Appendix B:** Qualitative Survey Instrument and Preliminary Results
- Appendix C:** Corporate Contributors to Texas Employer Dependent Care Collaborations in 2002
- Appendix D:** Demographic Information and Child Well Being Comparisons for the “Group of Five” states and Texas

Appendix A: Program Survey Instruments

In Appendix A are the program survey instruments used to collect information from state agencies and non-state agencies that provide services to children under six and their families. The survey results from the health and human services agencies have been compiled into a report entitled: ***Report on Delivery of Health and Human Services to Children Under Six*** (Senate Bill 54, of the 77th Texas Legislature Report). You can view a copy of this report at www.hhsc.state.tx.us/pubs/090102_SB54_rpt.html.

PROGRAM SURVEY FOR STATE AGENCIES THAT SERVE CHILDREN UNDER 6 YEARS OF AGE

Survey Instructions: please read this first

For the purpose of this survey, we are interested in programs that provide services for children from birth until they turn 6 years of age, including:

- Direct services to children under 6 years of age such as health, education, developmental services, and early care/child care;
- Services to parents and direct caregivers of children under six years of age that directly benefit the child’s cognitive, social, educational, emotional, developmental and physical needs, such as parent/caregiver training or parenting education;
- Other services/benefits to parents that help directly support the health and well being of children under age six such as food stamps or TANF; and/or
- Educational outreach (including public awareness or media campaigns and informational materials provided to parents) about parenting, early childhood development or other related early childhood educational information.

A “program,” in general, provides a single type of service (or a well-defined set of services) to a single target population (or to a well-defined set of populations). In addition, responsibility for a program is generally under a single manager.

Some agencies will have several programs that serve children under age six, and will therefore need to complete a separate survey for each program.

Program Information

1. Name of Agency:
2. Name of Program:
3. Provide a brief description of the program that provides services for children under 6 years of age and their parents/caregivers. Please include the mission of the program and types of services provided. (200 words or less)
4. Is this program new, or has it existed for more than one year?
 - New
 - Has existed for more than one year
5. Please describe any significant enhancements, innovations or pilot programs that have been implemented in this program within the past 12 months. (200 words or less)
6. What is the target population for this program (50 words or less)?

7. Is this a statewide program? If not please designate which Health and Human Services Regions of the state are served by this program? CHECK ALL THAT APPLY
- Statewide Program
 - Region 1 (High Plains)
 - Region 2 (Northwest Texas)
 - Region 3 (Metroplex)
 - Region 4 (Upper East Texas)
 - Region 5 (Southeast Texas)
 - Region 6 (Gulf Coast)
 - Region 7 (Central Texas)
 - Region 8 (Upper South Texas)
 - Region 9 (West Texas)
 - Region 10 (Upper Rio Grande)
 - Region 11 (Lower South Texas)
- 9.b. How much did your agency spend on children under 6 years of age and parents/caregivers in this program in FY 2001? (Please provide actual figures or an estimate if actual figures are not available. Include funds used to administer this program.)
- State Federal
10. If applicable, please estimate total additional expenditures (funds that did not flow through your agency) that were used in FY 2001 to deliver services for this program for children under 6 (e.g., match and maintenance of effort funds, grants, and other federal, local or private funds, including, city, county, ISD, private foundations).

8. Indicate the most important functions of this program from the following choices. Select up to 3 functions.
- Health care
 - Mental health care & counseling
 - Services for children with disabilities
 - Education (including developmental services and parent education)
 - Family support (i.e., child care, respite services)
 - Basic needs (i.e., food, clothing,)
 - Income assistance
 - Child abuse intervention/prevention
 - Case management (including referral services)
 - Advocacy for children under 6 years of age
 - Other

Funding Information

- 9.a. How much money did your agency spend in this program (all ages) in FY 2001?
Please provide actual figures or estimates if actual figures are not available. Include funds used to administer this program (numbers only! Do not enter "\$ or, or .")
- A. All Ages
State Federal
- B. Just on children under 6 years:
State Federal

- Performance Information***
11. How many individuals were served in this program (all ages) in FY 2001?
12. How many children under 6 years and/or their parents/caregivers received direct services from this program in FY 2001?
13. Estimate the number of parents/direct caregivers of children under 6 years of age that received educational outreach information in the last year (for which you have data).
- 0-100
 - 100-1000
 - 1001-5000
 - 5001-10,000
 - 10,001-25,000
 - 25,001-100,000
 - More than 100,000

14. Comments/ Clarification/ Notes:

Program Survey for Non-State Agency Organizations that Serve Children Under 6 Years of Age

The 77th Texas Legislature enacted Senate Bill 665, which created the Office of Early Childhood Coordination at the Texas Health and Human Services Commission (HHSC). The office is dedicated to promoting policies and practices that support families and enhance the optimal development of Texas children younger than six years of age through community support and seamless delivery of services that prepare children to succeed in life and in school.

The office and its' advisory committee are charged with developing a statewide strategic plan for the delivery of health and human services for children younger than six years of age. To develop this plan we need to collect accurate information about current services for children and their families. We greatly appreciate the time you take to complete this survey. It is a vital piece of an important effort to address services and supports for young children in Texas.

Survey Instructions: please read this first.

For the purpose of this survey, we are interested in programs that provide services for children from birth until they turn 6 years of age, including:

- Direct services to children under 6 years of age such as health, education, developmental services, and early care/child care.
- Services to parents and direct caregivers of children under six years of age that directly benefit the child's cognitive, social, educational, emotional, developmental and physical needs, such as parent/caregiver training or parenting education.
- Other services/benefits to parents that help directly support the health and well being of children under age six such as food stamps or Texas Assistance for Needy Families (TANF).
- Educational outreach (including public awareness or media campaigns and informational materials provided to parents) about parenting, early childhood development or other related early childhood educational information.

A "program," in general, provides a single type of service, or a well-defined set of services to a single target population or to a well-defined set of populations. In addition, responsibility for a program is generally under a single manager.

Some organizations will have several programs that serve children under age six. If your organization has more than one program serving children under six, please complete a separate survey for each program.

Please Note: This survey must be completed and submitted within 15-20 minutes from the time you enter this page. Data will be lost and the entry must be resubmitted if you wait longer than 20 minutes between the time you enter this site and the time you submit your entry. Therefore, we strongly suggest that you print this survey page, wordsmith all answers including narrative entries and the financial and service data information prior to returning to this page to submit your entry. Some people find it helpful to type their narrative responses elsewhere and then cut and paste into this web page when submitting the entry.

PROGRAM DESCRIPTION:

1. Name of Organization
2. Type of Organization
 - Federal Agency
 - Independent School District

 - City/County Agency
 - Head Start Organization
 - Faith-Based Organization
 - Other Community Based Organization
 - Non-profit Organization-Neighborhood
 - Non-profit Organization-City/Community
 - Non-profit Organization-Statewide
3. Program Name
4. Provide a brief description of the program that provides services for children under 6 years of age. Please include the mission of the program and types of services provided (please keep responses under 200 words).
5. What is the target population for this program?
6. What geographic description best indicates the area served by the program? (select one)
 - Urban
 - Rural
 - Urban & Rural
7. Is this a Statewide program? Select on Statewide from the list below, or you can pick the specific counties served by first holding down the control key, then use the mouse to scroll through the list of counties, click on each county served then release the control key. [list of 254 counties not included in Appendix A]
8. Indicate the most important functions of this program from the following choices: (Please limit your selections to 3 functions)
 - Health Care
 - Mental health care & counseling
 - Services for children with disabilities
 - Education (including developmental services and parent education)
 - Early care/child care
 - Family support (i.e., child care, respite services)
 - Basic needs (i.e., food, clothing)
 - Income assistance
 - Child abuse intervention/prevention
 - Case management (including referral services)
 - Advocacy for children under 6 years of age
 - Other (please describe)
- 9.a. Based on your professional judgment and experience, please estimate the percentage of unmet need for this program's services in your area.
 - 0 to 25%
 - 25 to 50%
 - 51 to 75%
 - more than 75%
- 9.b. In your opinion, what is most responsible for this unmet need?
 - Insufficient funding
 - Restrictive eligibility
 - Complicated for individuals to access
 - Other
- 10.a. How much money did you spend on this program in 2001?
Please provide actual figures or estimates if actual figures are not available. Include funds used to administer this program.
- 10.b. Of this total, how much was spent on children under six years of age (and/or their parents/direct caregivers) only?

11. Identify all funding sources for this program
- Federal - Please specify:
 - State- Please specify:
 - City/County/Local Government
 - United Way
 - Private fund-raising
 - Corporate contributions
 - Grants/Foundations
 - Fee for service

11. Which funding sources provide the most funds for this program? Please select only two
- Federal
 - State
 - City/County/Local Government
 - United Way
 - Private fund-raising
 - Corporate contributions
 - Grants/Foundations
 - Fee for service

12. Which funding sources provide the most funds for this program? Please select only two
- Federal
 - State
 - City/County/Local Government
 - United Way
 - Private fund-raising
 - Corporate contributions
 - Grants/Foundations
 - Fee for service

PERFORMANCE INFORMATION:

13. How many individuals were served by this program in 2001?
- Total number for all ages (approx.):
 - Of this total, what number were children under six years of age (and/or their parents/direct caregivers) only?

14. Estimate the number of parents/direct caregivers of children under age 6 that received educational outreach information in the last year (for which you have data).
- 0-100
 - 101-1,000
 - 1,001-5,000
 - 5,001 - 10,000
 - 10,001 - 25,000
 - 25,001 - 100,000
 - More than 100,000
 - Not applicable

PROGRAM AVAILABILITY

15. Do you have a waiting list for this program?
- No
 - Yes, please select from this list:
 - Less than 1 month
 - 1-6 months
 - 7-12 months
 - More than 12 months

OTHER

16. Comments/Clarification/Notes (optional):

Appendix B: Qualitative Survey Instrument & Preliminary Results

QUALITATIVE SURVEY INSTRUMENT

- 1) How do you learn about programs and services for children under age 6 in your area?
- 2) What do you consider to be the best approach in getting information out about such programs?
- 3) For agencies: How do you get information out about your programs and services for children under age six? What is most effective?
- 4) In your opinion, what are the things that are most important related to interagency coordination in planning for children under 6 years of age?
- 5) Are you aware of state policies, rules and service procedures that prevent or inhibit children younger than six years of age from accessing available services?
Yes_____ No_____

If Yes, please briefly describe:

- 6) Do you have any suggestions for improving interagency coordination efforts?
- 7) In your opinion, what are the things that best promote local participation in planning for children under six years of age?
- 8) Are you aware of local collaborative efforts that promote local participation?
Yes___ _ No_____

If Yes, please briefly describe the collaboration, location, collaborative approach, and perceived advantages and disadvantages of the collaborative approach.

If yes, can you provide contact information (e.g. web sites, contact numbers) regarding this initiative?

PRELIMINARY QUALITATIVE SURVEY RESULTS

The following is a compilation of electronic responses to the qualitative survey completed by a sample of stakeholders. This is not a complete sample, as a large number of responses were submitted as paper copies via mail or fax and have not been electronically reproduced.

4) In your opinion, what are the things that are most important related to interagency coordination in planning for children under 6 years of age?

- Targeting all appropriate entities
- Effective communication strategies
- It is vital that interagency coordination continue, for our agency knowledge of programs for children under years of age are important not only for referral purposes since our programs also cover children but also because it helps us keep staff better informed of programs available in the community that they can acquaint our clients with.
- **COMMUNICATION**
- Good communication between all individuals involved.
- Need a data bank for Immunizations available 24 hours 7 days a week and accessible to all providers;
- Need a central location of services and programs for children under 6 years of age. There is too much fragmentation and duplication. Decrease turf battles.
- Developing a self-sustaining, systematic process at the local community level, for increasing the nurturing capacity of parents and future parents (adolescents and young adults) by providing high-quality, evidence-based, culturally-competent parenting training, family nurturing education, and family support that is made available to all parents in the workplace, schools, libraries, religious organizations, community groups, etc., so that maladaptive parental behaviors, domestic violence, childhood adversities, etc. and the attitudes that predispose to these fundamental problems are identified and addressed effectively.
- Territorial issues are a detriment to coordination.
- Children's Defense Fund is a good model of coordination.
- Identify the early childhood programs and the services that they provide.
- Too much fragmentation re: ages served. Need to have a single agency that provides services for all children birth through 21 years old
- Dissolve turf issues and avoid duplication of services. Have programs within and out side of agencies share resources, coordinate mailings etc.
- Multidisciplinary teams of various agencies to assist parents/providers and others in developing access plans.
- Good communication between programs. It doesn't matter which agencies are involved if there is a desire to set a collaborative effort and the agencies go into planning with that in mind. Also, it is very important to have an understanding where the gaps in services are now. It's important to have a clear understanding of what's out there now before starting new programs.
- Need to have a small, well organized coalition of agencies that deal with children < 6 years of age;
- There are too many rules, funding sources and bureaucracies; organize so that collaboration can take place;
- Texas is too big; regionalize coordination effort;

- Design a centralized place/site for services and programs that serve children < 6 years with a single point of contact. Provide \$ and staff with electronic capabilities to coordinate such programs and services.
- For coordination, it is most important for agencies to decrease turf issues and coordinate with others that share common goals and population served. Combine strategies and share resources.
- Design a “case management” model of services (unlike the case management for high risk children) that assist parents and others in obtaining the information that they need to serve the child. Perhaps a one-stop-shopping model, or a one contact phone number. It is important to put a stop to the multiple phone numbers that parents have to call or the many offices they have to go to get the information or services. Note: In some school districts, there is a philosophy that early childhood is an important time to develop the health, cognitive and social capacities of the child so that they will be ready to learn. More districts are paying attention to research and professional associations that are responsible for the latest in early childhood development. Perhaps to partner with these districts would be important re: interagency coordination.
- Commitment at the Commissioner level.
- A central chairperson and members from each agency to coordinate programs through a mutually developed strategic plan.
- Minimize paperwork that is currently required.
- Coordination of agency and program strategic planning efforts. Alignment with any existing national goals and objectives. The ability to have an ultimate decision-maker who can direct how the coordination plays out and who can enforce the coordination efforts.
- Sharing information. It’s a matter of who will collect information, how it will be shared. Will the coordinating agency get it back to the agencies?
- Communication. Senate Bill 36 has required that we participate in interagency efforts to coordinate training and share information. We regularly meet with representatives of 13 agencies and trade information regarding services and promotion efforts such as web sites.
- Use authority of HHSC to generate response and cooperation of all agencies, using stakeholder input
- Address needs that parents warrant as important
- Address trends or statistics affecting children (violence, infant-mental health etc.)
- People need time to learn what other agencies can offer and do – need time for relationship building
- Contact person
- Establish an annual plan with objectives to be reviewed on a frequent basis
- Consistency of messages and plans
- Starting and stopping of programs, changing names etc. is confusing
- Institutional support of interagency coordination
- Administrative support
- Coordinated funding, blended funding to ensure more continuity in services
- One stop concept – one place to go for help
- Commitment for top of agency
- Similar mission and goals
- Willingness to work on an ongoing basis, not just short term
- Make everyone aware of 211 initiative
- MOUs and directives from state agencies help local groups
- Have a structure, ongoing scheduled meetings

5) Are you aware of state policies, rules and service procedures that prevent or inhibit children younger than six years of age from accessing available services?

- Section 40, Chapter 54, subsection 54.703 of the Texas Administrative Code, limits shelter and nonresidential services to adults and their children. Services to minors when a parent is not receiving services are provided on an exceptional basis as outlined further in the rule.
- I know about income and resource policies related to children's Medicaid; I don't know of any rules that specifically prevent children younger than 6 from accessing services
- Sharing of information.
- Liaisons between agencies.
- Knowing where to find info about other agencies
- HANDBOOKS (I think this must mean our State Medicaid/TANF policy that limits eligibility.)
- Send out more speakers to teach on these programs.
- Budget deficits re: funding for CHIP;
- Too much lag time for the Texas Health Steps paperwork to get from THS to health care provider. The child cannot access medical care until the paperwork arrives at the clinic for example, newborn care, there is approximately 30 days wait for paperwork.
- The greatest roadblock to making progress in the first six years of life is the lack of a self-sustaining, systematic process at the local community level, for increasing the nurturing capacity of parents and future parents (adolescents and young adults) by providing high-quality, evidence-based, culturally-competent parenting training, family nurturing education, and family support that is made available to all parents in the workplace, schools, libraries, religious organizations, community groups, etc., so that maladaptive parental behaviors, domestic violence, childhood adversities, etc. and the attitudes that predispose to these fundamental problems are identified and addressed effectively.
- State agencies seem to hire unqualified people who are not knowledgeable about the "whole" child; these people seem to be good at understanding just the physical "part" of the child and have no knowledge of the social, emotional and cognitive pieces of the young child;
- Agencies demand that providers carry out certain policies/rules but don't give supplies or resources to do this;
- There is poor transition systems for children that age-out of services;
- State agencies communicate poorly about the resources available and how to access these resources;
- There are unrealistic rules that slow the provision of services to children.
- Lack of cooperation between state agencies when the development of MOUs are required. The regional offices (where the service is actually provided) of these uncooperative agencies are a lot more cooperative.
- Agency barriers are insurmountable most of the time and prevent services to those that are in need. Agencies are very protective of their resources.
- There is a difference between federal and state policies creating conflict. Needs to be more of a coordination to create a "flow" of services.
- Confidentiality issues can be a deterrent to access to services. Protecting identities are important but other issues surrounding confidentiality can be a problem to access to services.
- There are numerous databases with the same populations and subsets of populations. Need a single database in one agency to interconnect children and their problems. For example, BVS has database but develop software that connect kids with this BVS database. The database could identify children with a disease process who are receiving services or other anomalies that could occur in the newborn such as kidney anomalies that can be associated with hearing problems. This child would be in the

database and a document of services for all services and programs can be accessed by his case manager/provider. Legislation would mandate \$ for this software.

- Differences between program eligibility requirements; many programs and other services are limited by age or income level of the family. Programmatic budget limitations are often reflected in restrictions in policy and coverage.
- Income and disability related eligibility criteria
- Some programs do not pick up children if another is serving the child
- Transportation is a problem
- Residency requirements
- Requirement to collect income information
- Closure of public health clinics throughout the state
- Low reimbursement rates keep providers out
- Lack of geographic coverage for many programs and services
- Lack of non-traditional service hours
- Easy access to institutions, but difficult access to services in home and community
- Rules requiring 'labeling' of children (special education)
- Cumbersome eligibility determination process and having to go through it over and over
- Allowing local MHMR centers to decide whether they are going to serve children or not
- School districts that don't follow requirements and then are not sanctioned
- Waiting lists
- Strict eligibility criteria
- Limited staff
- Huge caseloads
- Local interpretation of rules can put up barriers
- Special education does not promote children being served in natural environments
- Sometimes, children with special needs who are enrolled in private schools or day cares have to enroll in public school to receive services.
- Policies that create reluctance to support wraparound funding
- Strict separation of early intervention services (0-3 and 3-5) - would work better if there was more flexibility

6) Do you have any suggestions for improving interagency coordination efforts?

- Enhanced use of Internet communication.
- If we could somehow figure out what agencies are out there that doesn't already coordinate with DHS and set up meetings that would be helpful. We are lucky in Region 10 that we have a lot of information coming in from Texas Tech and the University of Texas El Paso through the Border Health Institute.
- Use of liaisons for quick access to information.
- Being kept up to date by newsletter, memo, website, etc.
- COMMUNICATION THROUGH E-MAIL
- Communicate with hospital social workers, provide information that can be given to families upon discharge
- TDH in Austin is not user-friendly and slow to inform providers about resources and new policies. Be user-friendly. Assist TDH customers better.

- An entity that had clear responsibility to act as a clearinghouse on information regarding children and had as its mission, the responsibility for pulling together agencies and programs for collaboration (and not necessarily administration).
- Put \$ and staff into the Office of Early Childhood Coordination.
- Community and state level coalitions that actually work.
- Don't think state mandates are the answers.
- Need to have ultimate decision-maker on how coordination will occur and the ability to enforce decisions. Best practice models of care should be promulgated and programs coordinated to establish those models—to ensure continuity of care across the life span instead of different models established in different programs.

7) In your opinion, what are the things that best promote local participation in planning for children under six years of age?

- Meeting a local need
- Understanding the local perspective
- Cooperation and sharing of information among agencies involved in providing services to children under six, in addition to information sharing sessions
- Getting schools involved; parents get a lot of information from schools and seem to pay attention to it.
- Interagency liaisons.
- COMMUNITY HEALTH FAIRS, HAVING PAMPHLETS IN SCHOOLS, CLINICS, ETC.
- Coalitions and/or task force composed of parents to look at community needs;
- Major agencies and organizations participate to share resources;
- Help community leaders realize that they can save money by investing in children.
- Having a dialogue with people who are the informal leaders and consumers of programs and services; don't gather the community elite, as they are usually ineffective.
- Mandates from funding sources that it be done. While we have some great community movers and shakers out there who do it, for most you need to have the nudge of the requirement.
- Interdisciplinary teams to address all aspects of children.
- Electronic news letter
- City government needs to identify gaps and needs if no recent survey has been done.
- Community needs to know the “cultures” of the community such as the hospital, universities, health department cultures and know what's valued in each culture.
- Communities need to see the benefits of what the program will do for their children/families.
- Volunteers are good but not the best way to promote local participation.
- Employers need to give employees time off to be active in a local planning. This could be used as an incentive or a way to praise employees for being active in planning community programs for children.
- Active, ongoing local groups of stakeholders whose involvement is supported at the state level through various means: through funding support for meetings, travel, etc. and through documentation that input has been integrated into service system planning.

Appendix C: Corporate Contributors to Texas Employer Dependent Care Collaborations in 2002

AmeriCredit	Keystone, Inc.
Anheuser-Busch Co.	La Quinta
AT&T	Levi Strauss & Co.
Bank of America	Lockheed Martin
Bell Helicopter TEXTRON	Marathon Oil
Burlington Northern Santa Fe	Mervyn's
Chase Bank of Texas, NA	PG&E Gas Transmission-Texas
ChevronTexaco	Providian Financial
Citicorp	Reliant Energy
CMS Energy	Reliant Resources
Cook's Children's Medical Center	Rhythm Band Instruments
Dow Chemical Company	San Antonio Express-News
Duke Energy	SBC Foundation
Exxon Mobil Corporation	Shell Oil Company
Fort Worth ISD	Texas Instruments, Inc.
Fort Worth Star-Telegram	Time Warner Cable
Frost National Bank	TXU Electric & Gas
H.E.B.	USAA Federal Savings Bank
Houston Chronicle	Valero Energy Corp
JPMorgan Chase	Wells Fargo Bank
Kelly, Hart & Hallman, P.C.	Williams

Appendix D: Demographic Information and Child Well Being Comparisons for the “Group of Five” states and Texas

The following tables of data compare demographic data between Arizona, California, Florida, New Mexico, New York and Texas. Unless stated otherwise the numbers are from the 2000 U.S. Census.

PEOPLE OF HISPANIC OR LATINO ORIGIN

State	Number	Percent
Arizona	1,295,617	25.3%
California	10,966,556	32.4%
Florida	2,682,715	16.8%
New Mexico	765,386	42.1%
New York	2,867,583	15.1%
Texas	6,669,666	32.0%

NUMBER OF CHILDREN AND THEIR POVERTY RATES

State	Persons under 18	Number Poor	Poverty Rate	Rank
Arizona	1,530,000	341,000	22.3	44
California	9,781,000	1,602,000	16.4	32
Florida	3,894,000	731,000	18.8	36
New Mexico	488,000	124,000	25.4	49
New York	4,521,000	902,000	20.0	39
Texas	6,173,000	1,303,000	21.1	41
United States	72,021,000	11,733,000	16.3	

Poverty rankings go from lowest rate to highest rate.

CHILDREN AT RISK: STATE TRENDS 1990-2000*

by

Annie E. Casey Foundation

www.aecf.org/kidscount/c2ss

Indicator of Child Well Being	US	ARI	CAL	FL	NM	NY	TX
Percent low birth-weight babies	7.6%	6.9%	6.1%	8.2%	7.7%	7.8%	7.4%
Infant mortality rate (deaths per 1,000)	7.1	6.8	5.4	7.4	6.9	6.4	6.2
Child death rate (deaths per 100,000 children ages 1-14)	24	23	20	26	27	20	26
Teen birth rate (births per 1,000 females ages 15-17)	29	42	31	31	43	21	44
Percent of children in poverty	19%	23%	23%	22%	27%	23%	22%
Percent of families with children headed by a single parent	27%	29%	26%	29%	31%	31%	27%
Preschool age 0-4 years old, change from 1990 to 2000		31%	4%	11%	4%	-1%	17%
3-5 year-olds enrolled in nursery school or kindergarten (1999)	67%	53%	62%	65%	55%	70%	61%
Children under age 6 in paid child care while parents work (1999)	26%	24%	20%	29%	21%	21%	25%
Children in extreme poverty (income below 50% of poverty level (1999)	7%	9%	7%	9%	11%	11%	9%
Children without health insurance (1999)	14%	20%	18%	17%	22%	12%	24%*
2 year-olds who were immunized (2000)	78%	74%	77%	75%	72%	77%	70%*



This report is submitted on behalf of the
Office of Early Childhood Collaboration
Texas Health and Human Services Commission.

If you need this report in an alternate format or
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