Policy Briefing Paper
January 14, 2010
By Josette Saxton
jsaxton@texanscareforchildren.org

TEXANS CARE for CHILDREN

Promoting Children's Social and Emotional Development

The first years of life represent a unique window of opportunity to promote children's healthy social and emotional development. A growing body of research concludes several public programs and policies focused on the early years can be key in warding off problems later in life.

Executive Summary

The first five years of life are key to children's social and emotional development. A wide body of research shows the effectiveness of providing access to pediatric screenings, home-visiting and parent-education programs for vulnerable families, quality early childhood programming, and caregiver training during these early years.

Texas, unfortunately, has a track record of underinvestment in the early years, despite that taxpayers pick up exponentially higher costs when early opportunities to prevent long-term behavioral and social problems are missed. We recommend that Texas chart a wiser course with the following measures:

1. Promote the use of standardized developmental screenings that detect social, emotional and behavioral concerns in primary care settings.
2. Fund the Early Childhood Intervention (ECI) program so that it can serve all eligible children under current criteria and so children experiencing delays or disabilities related to their social and emotional development receive supports that promote their long-term success
3. Ensure early childhood caregivers and teachers have appropriate training to increase social skills and reduce problem behaviors in children, including by increasing the number of required training hours for child care staff.
4. Provide professional caregivers with access to early childhood behavioral consultations to avoid expelling young children with problem behaviors from child care programs.
5. Provide families with access to evidenced-based interventions like the Nurse Family Partnership Program, Parents as Teachers, Incredible Years, and the Positive Parenting Program, to prevent or address social, emotional, and behavioral problems in young children, and ensure community mental health centers have the resources and expertise necessary to support parents in helping their young children.

The state provides only a tiny fraction of at-risk Texas children and families with supports shown to bring about positive child development and prevent child abuse.

Promoting Children's Social and Emotional Development

Josette Saxton, Mental Health Policy Associate
jsaxton@texanscareforchildren.org

In the first years of life, children acquire skills, behaviors, and beliefs that stay with them into adulthood. It is a unique window of opportunity to promote children's healthy social and emotional development, a cornerstone that supports their successful functioning in their families, schools, and communities throughout life.

While many children come out of early childhood prepared to do well in school and life, many do not. The interaction of a child's genes and early experiences and relationships lead a considerable number of children aged birth to five to develop—or be at risk of developing—social, emotional, or behavioral problems that significantly interfere with their lives. Some children are at higher risk than others, including those living in low-income neighborhoods and children with parents with mental illness. [i,ii] Overall, an estimated 10-14% of children birth to five years old have difficulties that impact their functioning, development, and school-readiness.[iii]

When problems arise during these first years, early identification and interventions are more effective and less costly than interventions at a later age when the issues have become more serious. Intervening early increases the chance of preventing further social and academic difficulties.[iv] Early interventions also promote school retention, help schools be more productive, strengthen social attachments, and reduce crime, teenage pregnancy, and welfare dependency.[v]

What happens to children with challenging behaviors or social and emotional difficulties that go unaddressed? The outlook is not good. [vi] Behavior problems during pre-kindergarten are predictors of continued behavior problems, rejection by classmates, and academic difficulties during kindergarten.[vii] Young children with behavior problems often require significantly more services through special education, remedial education, mental health, and juvenile justice systems.[viii] They are at greater risk of school failure, dropping out of school, delinquency, and adult incarceration.[ix] In addition to the significant toll these outcomes take on children and families, they also come at a great cost to victims of delinquent crime and taxpayers. For example, the average cost to incarcerate a youth in the Texas Youth Commission is $96,000.[x] Supporting the social and emotional development from the earliest years and intervening early when problems arise is a win-win situation for families and society.

Current Policy in Texas Often Allows Social and Emotional Needs in Children to Go Unmet

Screenings: Researchers have found physicians indentify fewer than half of children with serious emotional and behavioral disturbances when using their clinical judgment alone.[xi] High-quality screening tools are available, such as the *Ages and Stages Questionnaire-Social Emotional (ASQ:SE)* or *Parents' Evaluation of Developmental Status (PEDS)*, to assist health professionals in identifying children at risk for social, emotional, and behavior concerns.[xii] However, not all children receive comprehensive screenings that detect social-emotional concerns. Children from birth to age six enrolled in Medicaid in

Texas are required to receive standardized developmental screenings at certain well-child visits; however, not all approved screening tools are designed to address social, emotional, or behavioral concerns.[xiii] Mental health screenings are also required at every checkup for children enrolled in Medicaid through age 20, but providers are not required to use a standardized tool, nor do they receive a separate reimbursement for this screening.[xiv] Children covered by the state's Children's Health Insurance Program (CHIP) also receive a developmental screening during certain well-child exams.[xv] However, like Medicaid providers, CHIP providers are not required to use a screening tool that detects social and emotional concerns. The American Academy of Pediatrics (APA) recommends periodic standardized screening for all young children, but few pediatricians use a screening tool for all well-child visits.[xvi] For the more than 1 in 5 children in Texas with no health insurance, [xvii] it is unlikely they receive routine well-check visits or developmental screenings at all.

Early Childhood Intervention: Children under age three with developmental delays or disabilities, including social, emotional, or behavioral concerns, are eligible to receive Early Childhood Intervention (ECI) services as part of the federal Individuals with Disabilities Act (IDEA), Part C. The Texas ECI program resides within the Department of Assistive and Rehabilitative Services (DARS) and is responsible for locating and identifying eligible children as early as possible and providing them with comprehensive early intervention services. Within federal guidelines, the state determines eligibility and assessment criteria. Eligible children receive services in home and community settings at no cost or on a sliding scale, depending upon income.[xviii] Services can include family education, counseling, psychological services, or service coordination. Of the children in Texas eligible for ECI services in 2009 due to developmental issues, about 26% qualified for services due to social-emotional concerns.[xix]

The number of children eligible for ECI increases about 7% each year, and with the state legislature failing to provide funds to accommodate growth, the ECI system in Texas is in crisis. DARS is currently evaluating the ECI program to determine how to meet the needs of the children and families it is required to serve while looking at ways to operate with inadequate funding, including reducing the number of newly referred children to its program by 12% by changing its eligibility requirements.[xx] Changes in eligibility will result in some children who need early intervention services not qualifying for ECI and reentering the public system at a later date with a greater delay, likely at an increased cost to taxpayers and higher intensity of intervention for the child.[xxi]

Home Visiting: Evidence-based home-visiting programs are widely recognized as positively impacting children's development. Programs generally provide parents with in-home instruction in child health and development, referrals for social services, and social and emotional support. Such programs improve parent-child relationships and promote healthy child development; they also provide early detection of developmental delays and help prevent child maltreatment.[xxii] The Nurse Family Partnership (NFP) model, which is well-supported by research,[xxiii] provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and through the child's second birthday. Texas funds 11 NFP sites across the state, with 2,000 families expected to receive services in 2010. Parents as Teachers (PAT), another home-visiting program backed by promising evidence,[xxiv] reaches a broader range of families, serving families who are pregnant or parents of children up to kindergarten age from varying economic levels. About 50 communities in Texas have PAT programs.[xxv] The Texas Department of Family and Protective Services (DFPS) currently provides funding to six PAT programs through its child abuse prevention initiatives, while other PAT programs receive funding from other sources.

Parent Education: Other parent education programs have been shown to substantially reduce antisocial

behavior in children.[xxvi] Research suggests that interventions targeting parenting skills can cut in half the harmful impact of poverty on children's development.[xxvii] Like home-visiting programs, parent education programs are not available to the majority of at-risk families in Texas standing to benefit from this intervention. In addition to funding Parents as Teachers, DFPS funds evidence-based parent education services through its child abuse prevention initiatives, including the *Positive Parenting Program (Triple P), Homebuilders, Incredible Years,* and *Nurturing Parent Programs*.[xxviii] However, fewer than 6,000 of the 552,000 low-income families[xxix] in Texas receive parent education services through these DFPS-funded programs.

Quality Early Care and Education Programs: Quality early education programs provide long-term social benefits to children, including better peer relations, less truancy, and less antisocial behavior.[xxx] These programs are especially cost-effective for low-income children.[xxxi] Child care staff should have a sound understanding of child development and skills needed to appropriately address children's individual needs. Unfortunately, the quality of child care programs in Texas is generally low, with training requirements, group sizes, and staff ratios typically falling well below nationally recognized standards.[xxxii]

About 74,000 children in Texas were enrolled in Early Head Start or Head Start programs from 2007-2008.[xxxiii] These federally funded programs provide comprehensive child development services to economically disadvantaged children and families, including education, health, nutrition, and social services. Some states supplement federal funding to expand access to these programs; Texas is not one of them. Texas ranks near the bottom—49th in the nation—in serving children in poverty through a Head Start program.[xxxiv] The vast majority of at-risk children in Texas do not receive quality early care.

Consultations Addressing Behavior Challenges: A large number of children are removed from early care and education programs because the programs are ill-equipped to address challenging behavior. In a 2007 survey of Texas child care programs, 66% said they had children in care with a suspected or diagnosed behavioral or emotional difficulty, and 60% admitted asking a parent to remove a child from their program.[xxxv] Young children are removed from public school classrooms at alarming rates, with pre-kindergarten students in Texas expelled at twice the rate of older students (K-12).[xxxvi] Between 2000 and 2006, 103 school districts in Texas removed approximately 500 pre-kindergarten and kindergarten students. Problems continue in the early grades, with about 2,700 first graders in Texas having been removed from their classrooms between 2000 and 2006 and placed in Disciplinary Alternative Education Programs (DAEPs). [xxxvii]

DFPS' Child Care Licensing provides very limited technical assistance to providers caring for children with challenging behavior. Child care licensing staff are generally not experts in early childhood development and largely serve as a policing agent to child care facilities. A new initiative may change this. In 2009, the state legislature appropriated $4 million in federal child care funds to improve the quality of infant and toddler care, a portion of which will create a statewide network of child care licensing inspectors with advanced skills in infant and toddler development and care. These staff will offer technical assistance to child care providers and child care licensing staff. This marks a positive first step towards the recommended practice of on-site consultations to promote healthy development and to address challenging behavior—the program's impact will depend upon its implementation and funding.

What the Research Says about Best Practices for Enhancing Social and Emotional Development

How can we make better use of the rich opportunities in the first years of life? Research has identified evidence-based strategies to improve outcomes for young children and to prevent emerging problems from worsening.

Screenings: The American Academy of Pediatrics recommends children receive periodic developmental screening during well-child visits.[xxxviii] Screening children in the primary care setting increases the likelihood of earlier identification of delays and linkages to local resources. Early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.[xxxix] However, many young children do not receive necessary screening, services, or supports.[xl] Research suggests fewer than 1% of young children with emotional behavioral problems are identified, and two to three times more preschool-aged children have symptoms of trauma-related impairment than are diagnosed.[xli, xlii] This failure to identify problems early means missing opportunities to halt the progression of certain mental illnesses and reduce the impact of long-term disability.[xliii] As mentioned earlier, evidence-based strategies are available to aid early identification of social and emotional issues in young children, including the *Ages and Stages SE*, *PEDS*, and the *Infant Toddler Social-Emotional Assessment*.[xliv] States such as Oklahoma and Michigan allow reimbursements to providers who offer more than one screening tool at a single well-child visit for children receiving CHIP or Medicaid;[xlv] this promotes the use of screens targeting social, emotional, and behavioral issues, in addition to a screen for general development.

Routine screening for and treatment of mothers for prenatal and postpartum depression is also a key in supporting the social and emotional health of young children, whose development occurs in the context of their relationship with those who care for them, typically their mother. A healthy mother-child attachment is strongly linked to young children's successful development.[xlvi] When mothers are depressed, the mental health of their young children is often affected.[xlvii]

Home-Visiting and Parenting Education: Several evidence-based programs that provide home-visiting and parenting education have positive outcomes for parents with children as young as age three. In addition to the previously mentioned Nurse-Family Partnership program, others that research has linked to improved outcomes for children include *The Incredible Years: Parents and Children Training Series*,[xlviii] the *Helping the Noncompliant Child* program,[xlix] and the *Triple P (Positive Parenting Program)* program.[l]

Early Childhood Consultations: Consultations provided in early childhood settings are a problem-solving approach within a collaborative relationship between a professional consultant with expertise in early childhood social-emotional development and a caregiver. The consultation provides caregivers with knowledge and skills to help prevent, identify, treat, and reduce the impact of problems among young children. It is an evidence-based strategy and an emerging best practice to prevent expulsions from child care settings.[li] On-site consultations improve caregiver skills, and reduce problem behavior in children, expulsion rates, staff stress, and turnover.[lii]

At least 29 states offer consultations to caregivers to address behavior problems and promote child social and emotional development, with 21 offering services statewide:[liii]

- The Child Care Expulsion Prevention Project (CCEP) in Michigan is a statewide program that promotes the social and emotional well-being of infants, toddlers, preschoolers, and their caregivers by providing consultation and using evidenced-based tools to assess social and emotional competence of young children and their environment.

- Pennsylvania's Early Childhood Mental Health (ECMH) Consultation Project helps child care programs meet the social and emotional needs of children with challenging behaviors. Of children referred to ECMH Consultation, 70% remained in their early care and education programs.[liv] Eighty-two percent of caregivers served by the program reported an improvement in the level of care they provided to all children, and more than 75% were more confident in their ability to foster healthy social and emotional development of children in their care.[lv]
- Colorado's Early Childhood Specialist Program provides funding for one early childhood mental health consultant in each of the state's 17 community mental health centers. Children served through the program showed significant improvement, including reduced severity of symptoms, increased level of functioning, and improved social behaviors. Parent-child relationships were improved and parental stress was reduced.[lvi]

Some community-based organizations have provided professional on-site consultation services to child care centers. A current project is the Social Emotional Learning Collaboration (SELC) in Austin, a multi-agency partnership providing:

- child observations, consultations, and assessments;
- trainings and workshops for staff and parents to help caregivers understand young children's social and emotional health and positive discipline strategies;
- training for child care teachers using the *Incredible Years*, an evidenced-based curriculum that strengthens teacher classroom management strategies, promotes positive behaviors, and reduces aggressive, uncooperative behaviors; and
- on-site teacher support groups that address issues relating to teachers' needs for self care and stress management.[lvii]

SELC has been fully implemented for only a year, but preliminary results are promising:

- 80% of teachers avoid expelling children by using alternative classroom strategies they learned through SELC training or support.
- All teachers report an increase in their skills and knowledge about supporting children's social and emotional health.
- A tenth of children in targeted centers received a social/emotional assessment and follow-up intervention services.

Making Smarter Investment Choices in Texas

Early identification and intervention of problems in young children are critical, not only for improved child and family outcomes, but also for cost savings to the public:

- Cost-benefit analyses conducted by numerous economists indicate that for every dollar invested in quality early childhood programs, savings ranging from $3.78 to $17.07 can be realized.[lviii] With some programs, up to $7,000 of net benefits per child may be realized by reducing future involvement in juvenile crime alone.[lix] According to the Bush School of Government and Public Service at Texas A&M University, every $1.00 invested in high quality public pre-kindergarten programs saves Texas communities at least $3.50.[lx]
- Some home-visiting programs that target high-risk or low-income mothers have been shown to provide a return to the public of $6,000 to $17,200 per child due to juvenile crime reduction. This figure does not take into account other cost savings to the public likely to be generated by associated outcomes of higher rates of school completion, reduced welfare dependency, and reduction of abuse and neglect. [lxi]

- The parent education curriculum Triple P-Positive Parenting Program, shown effective in preventing child maltreatment and reducing injury and foster placement, costs less than the amount of money it saves in reducing conduct disorder in children.[lxii]
- An evaluation of an early childhood behavioral consultation program estimated for each dollar spent, approximately $1.67 to $2.23 was saved the next year as a result of a reduced need for special education services alone.[lxiii] Savings do not include other anticipated outcomes, including reductions in grade repetition, use of mental health services, and interactions with the juvenile justice system.

Recommendations for Texas

1. **Promote the use of standardized developmental screenings that detect social, emotional and behavioral concerns in primary care settings.**

   Comprehensive assessments increase the number of young children with social, emotional, and behavioral challenges who are identified and appropriately served.[lxiv] Various states have worked to identify and implement policy and practice improvements to promote the use of standardized comprehensive screening tools, such as allowing Medicaid providers to be reimbursed for administering more than one screening tool at a single visit.[lxv][lxvi] Training and continued education programs can also be used to teach child health professionals to use standardized developmental screening tools that address social and emotional behaviors as part of well-child visits.

2. **Fund the Early Childhood Intervention (ECI) program so that it can serve all eligible children under current criteria.**

   The best opportunity for protecting a child lies in providing interventions before a problem worsens. The state legislature must adequately fund the state's ECI program so children experiencing delays or disabilities related to their social and emotional development receive services and supports shown to promote their long-term success. Failure to invest in this critical program will lead to poorer child outcomes and increased long-term costs to the public, as these children enter public systems with greater delays and problem severity.

3. **Ensure early childhood caregivers and teachers have appropriate training.**

   Training programs that prepare caregivers and teachers to promote children's positive social and emotional competence are associated with increased social skills and reduced problem behaviors in children.[lxvii] Texas should increase the number of required training hours for child care staff to align with nationally recognized standards. Training should be provided by qualified professionals.

4. **Provide professional caregivers with access to early childhood behavioral consultations to avoid removal of children from child care programs.**

   Child care programs with access to professional consultations addressing children's social-emotional development and behavior have lower expulsion rates than those without this intervention. As DFPS implements its network of child care licensing inspectors with specialized training in infant and toddler development, it should structure the program in accordance with best practices[lxviii] and work closely with stakeholders and families to ensure the program adequately meets child and caregiver needs. Given that young children in low-income families and neighborhoods are more likely to experience behavioral problems that negatively impact

their development,[lxix,lxx] the state should also provide competitive grants to local organizations to provide intensive on-site consultation to child care providers caring for low-income children.

5. **Provide families with access to evidenced-based interventions to prevent or address social, emotional, and behavioral problems in young children.**

   Empirically-supported interventions lead to positive social, emotional and behavioral health outcomes for young children and their families.[lxxi] Interventions should be provided in the context of children's family environment and relationships.

   - Expand the *Nurse Family Partnership* program.
   - Provide more at-risk families with access to evidenced based programs, such as *Parents as Teachers*, *Incredible Years,* and the *Positive Parenting (Triple P) Program,* through the Department of Family and Protective Services Prevention and Early Intervention Division.
   - Ensure community mental health centers have the resources and expertise necessary to appropriately address social, emotional and behavioral issues in young children using evidenced-based, developmentally appropriate interventions.

---

[i] Duncan, G. J.; Brooks-Gunn, J.; Klebanov, P. K. 1994. Economic Deprivation and Early Childhood Development. Child Development. 65: 296-318.

[ii] National Center for Children in Poverty (2009) Social-emotional Development in Early Childhood What Every Policymaker Should Know.

[iii] Brauner, C.B.; Stephens, B. C. 2006. Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorder: Challenges and Recommendations. Public Health Reports 121: 303-310.

[iv] The Incredible Years. http://www.incredibleyears.com/download/incredible-years-presentation-parent-training-programs.pdf

[v] Nurse Family Partnership (2008). Proven Outcomes. www.nursefamilypartnership.org

[vi] National Scientific Council on the Developing Child, 2008.

[vii] Johnson & Knitzer, 2005.

[viii] Foster, E., Dodge, K., and D. Jones. (2005). *Measuring time costs in interventions designed to reduce behavior problems among children and youth*; Jones. D., Dodge, K., Foster, E., and Nix, R. *Early identification of children at risk for costly mental health services use.* Prevention Science, 3, 247-256.

[ix] Dodge, K. (2003) "The future of research on conduct disorder." *Development and Psychopathology,* 5, 311-320.

[x] Calculation based on information from Texas Youth Commission 2009-2013 Strategic Plan.

[xi] Lavigne J.V., Binns, H.J., Christoffel, K,K. et al. (1993). Behavioral and emotional problems among preschool children in pediatric primary care: Prevalence and pediatricians' recognition. *Pediatrics*. 91:649-657, as cited in *Improving Developmental Screening Through Public Policy* http://www.dbpeds.org/articles/detail.cfm?TextID=367

[xii] American Academy of Pediatrics. (2006). Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf

[xiii] Standardized screenings are required during well-check visits at 9, 12, 18, 24, and 30 months, 3 and 4 years of age. Medicaid providers are required to use either the Ages and Stages Questionnaire (ASQ), ASQ-Social Emotional (ASQ:SE), or Parents Evaluation of Developmental Status (PEDS) screening tools. The ASQ screen addresses personal and social domains, but not self-regulation, compliance, language, adaptive behaviors, autonomy, affect, and interaction, which are measured by the separate ASQ:SE screen. Likewise, the ASQ:SE focuses and social and emotional behavior and does not measure comprehensive development. PEDS addresses expressive language, receptive language, gross motor, fine motor, behavior, social-emotional, self-help, and school skills. Sources: THSteps Medical Checkups Periodicity Schedule for Infants. Children and Adolescents (Birth Through 20 Years of Age). http://www.dshs.state.tx.us/thsteps/pdfdocs/periodicity_schedule.pdf; http://www.agesandstages.com; http://www.pedstest.com/content.php?content=sandfaq_output.php&id=45

[xiv] Medicaid providers receive a separate reimbursement for administering a required autism screen in addition to the reimbursement for a developmental screen. E-mail correspondence with Kelly Gorham, Texas Department of State Health Services. Tuesday, December 8, 2009.

[xv] While the state does not specifically mandate these screenings, it does require CHIP health plans to follow the American Academy of Pediatrics (AAP) recommendations for well-child exams. AAP recommends doctors watch for developmental concerns at every well-child visit using their clinical judgment and use a standardized developmental screening during the 9, 18

and 30 month well child-visits. Sources: E-mail correspondence with Taylor Coffey, Texas Health and Human Services Commission. Wednesday, November 16, 2009; American Academy of Pediatrics. (2006). Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf

[xvi] Dunkle, Margaret. (2005) *Improving Developmental Screening Through Public Policy*. American Academy of Pediatrics: Developmental Behavioral Pediatrics Online. http://www.dbpeds.org/articles/detail.cfm?TextID=367

[xvii] Families USA. (2008). *Left Behind: Texas's Uninsured Children*. http://www.familiesusa.org/assets/pdfs/uninsured-kids-2008/texas.pdf

[xviii] Families with children enrolled in Medicaid or CHIP, or whose income is below 250% of the Federal Poverty Level, do not pay for any ECI services. Other families pay on a sliding-fee scale.

[xix] E-mail correspondence with Robin Nelson with the Texas Department of Assistive and Rehabilitative Services. December 14, 2009.

[xx] Emerald Consulting. (2009). *A Report to the Texas Early Childhood Intervention (ECI) System Regarding the Stakeholder Task Force Meeting on ECI Eligibility.* http://www.dars.state.tx.us/ecis/eci_eligibility_2008.pdf

[xxi] Emerald Consulting. (2009). *A Report to the Texas Early Childhood Intervention (ECI) System Regarding the Stakeholder Task Force Meeting on ECI Eligibility.* http://www.dars.state.tx.us/ecis/eci_eligibility_2008.pdf

[xxii] Washington State Institute for Public Policy. (2004). Benefits and Costs of Prevention and Early Intervention Programs for Youth. http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

[xxiii] The California Evidence-Based Clearing House. http://www.cachildwelfareclearinghouse.org/program/93

[xxiv] The California Evidence-Based Clearing House http://www.cachildwelfareclearinghouse.org/program/95

[xxv] Parents as Teachers National Center – Programs by State. http://www.parentsasteachers.org/

[xxvi] Patterson, G.R., Dishion, T.J. & Chamberlain, P. (1993) Outcomes and methodological issues related to treatment of antisocial children. In R.R. Giles (Eds.) *Handbook of Effective Psychotherapy* (pp. 43-88). New York: Plenum Press.

[xxvii] Duncan, G. J.; Brooks-Gunn, J. 2000. Family Poverty, Welfare Reform, and Child Development. Child Development 71: 188-196.

[xxviii] http://www.cachildwelfareclearinghouse.org/

[xxix] U.S. Census Bureau, 2005-2007 American Community Survey 3-Year Estimates: http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=&_cityTown=&_state=04000US48&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010

[xxx] Berrento-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., & Weikart, D.P. (1984) *Changed Lives: The effects of the Perry Preschool Program on Youths through Age 19.* Ypsilanti, MI: The High/Scope Press; Provence, S. (1985) On the efficacy of early intervention programs. *Journal of Developmental and Behavioral Pediatrics*, 6, pp. 363-366.; Seitz, V., Rosenbaum, L.K., & Apfel, N.H. (1985) Effects of family support intervention: A ten-year follow up. *Child Development*, 56, pp. 376-391.; Webster-Stratton, C. (1998) Preventing conduct problems in Head Start children: Strengthening parenting competencies. *Journal of Consulting and Clinical Psychology, 66*, pp. 715-730.; Weikart, D.P. (1998) Changing early childhood development through educational intervention. *Preventive Medicine, 27,* pp. 233-237.

[xxxi] Washington State Institute for Public Policy. (2004). Benefits and Costs of Prevention and Early Intervention Programs for Youth. http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

[xxxii] In Texas, child care staff are required to have 8 hours of pre-service training and 15 hours of annual training thereafter. The National Association for the Education of Young Children (NAEYC) recommends 40 hours of pre-service training. The American Academy of Pediatrics or the National Association for the Education of Young Children (NAEYC) generally do not exceed a staff to children ratio of 1:4 for 18 month olds and maximum class size of 8. Texas allows a ratio up 1:9 for this age group and a maximum class size of 18.

[xxxiii] The Texas Head Start State Collaboration Office. *Head Start/Early Head Start Needs Assessment Survey: 2008-2009 Survey Results.* www.childrenslearninginstitute.org/

[xxxiv] Corporation for Enterprise Development. (2009). *2009-2010 Assets & Opportunity Scorecard: State Profile – Texas*. http://scorecard.cfed.org/downloads/pdfs/profiles/texas.pdf

[xxxv] Texas Association of Child Care Resource and Referral Agencies & The Raising Texas Initiative. (2007) *Executive Summary of Behavioral and Emotional Difficulties in Child Care.*

[xxxvi] Gilliam and Shahar (2006).

[xxxvii] Texas Appleseed. 2007. Texas' School –to-Prison Pipeline: Dropout to Incarceration – The Impact of School Discipline and Zero Tolerance.

[xxxviii] American Academy of Pediatrics. (2006). Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf

[xxxix] President's New Freedom Commission on Mental Health. (2003) Pg. 57

[xl] National Center for Children in Poverty. (2009). Social Emotional Development in Early Childhood: What Every Policymaker Should Know.
[xli] Conroy, M. 2004. Early Identification, Prevention and Early Intervention for Young Children at Risk for Emotional, Behavioral Disorders: Issues, Trends, and a Call to Action. Behavioral Disorders 29(3): 224-236.
[xlii] Scheeringa, M. S.; Zeanah, C. H.; Myers, L.; Putnam, F. W. 2005. Predictive Validity in a Prospective Follow-up of PTSD in Preschool Children. Journal of the American Academy of Child and Adolescent Psychiatry 44(9): 899-906.
[xliii] President's New Freedom Commission on Mental Health. (2003) Pg. 57
[xliv] National Center for Children in Poverty. (2009). Social-Emotional Development in Early Childhood: What Every Policymaker Should Know. http://www.nccp.org/publications/pdf/text_882.pdf ; American Academy of Pediatrics. (2006). Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf
[xlv] National Academy for State Health Policy. (2009). *Findings for the ABCD Screening Academy: State Policy Improvements that Support Effective Identification of Children at Risk for Developmental Delay.*
[xlvi] National Research Council and Institute of Medicine of the National Academies (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People. Prepublication Copy.
[xlvii] National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention and Deployment (2001). *Blueprint for Change: Research on Child and Adolescent Mental Health*. Rockville: MD. National Institute of Mental Health
[xlviii] Blueprints Model Program; Model Program NREPP; Exemplary Program OJJDP
[xlix] Effective Program NREPP, Exemplary Program OJJDP
[l] National Center for Children in Poverty. (2009); http://www.pfsc.uq.edu.au/publications/evidence_base.html
[li] Gilliam and Shahar (2006)
[lii] Center for Child and Human Development, Georgetown University (2009). *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs.*
[liii] Ibid.
[liv] Pennsylvania Early Childhood Mental Health Consultation Program Report: 2008-2009. http://www.pakeys.org/uploadedContent/Docs/ECMH/08-09%20ECMH%20Program%20Report.pdf
[lv] Ibid.
[lvi] Division of Behavioral Health, Office of Behavioral Health and Housing, Colorado Department of Human Services. (2008) *Early Childhood Specialist Program Report Fiscal Year 2006-07*
[lvii] Whitebook, M.; Phillips, D.; Bellm, D.; Crowell, N.; Almaraz, M.; Jo, J. Y. 2004. Two Years in Early Care and Education: A Community Portrait of Quality and Workforce Stability. Berkeley, CA: Center for the Study of Child Care Employment, University of California at Berkeley.
[lviii] ZERO TO THREE. (2009) *Early Experiences Matter*.
[lix] Washington State Institute For Public Policy. (2000) *The Comparative Costs and Benefits of Programs to Reduce Crime.* http://www.wsipp.wa.gov/rptfiles/costbenefit.pdf
[lx] The Bush School of Government & Public Service, Texas A&M University. (2006). *A Cost Benefit Analysis of Universally-Accessible Pre-Kindergarten Education in Texas.* http://www.tecec.org/files/Bush_School_Report.pdf
[lxi] Washington State Institute For Public Policy.
[lxii] C. Mihalopoulos; M. Sanders; K. Turner; M. Murphy-Brennan; and R.Carter. (2007). Does the Triple P-Positive Parenting Program provide value for money? Australian and New Zealand Journal of Psychiatry. Volume 41, Issue 3 March 2007 , pages 239 -246
[lxiii] Marji Erickson Warfield (2006). Assessing the Known and Estimated Costs and Benefits of Providing Mental Health Consultation Services to Preschool-age Children in Early Education and Care Centers In Massachusetts. An Economic Evaluation of the Together For Kids (TFK) Project; https://www.hfcm.org/?id=288
[lxiv] National Center for Children in Poverty. (2009). Social Emotional Development in Early Childhood: What Every Policymaker Should Know. http://www.nccp.org/publications/pdf/text_882.pdf
[lxv] State Health Policy. (2009) *Findings from the ABCD Screening Academy: State Policy Improvements that Support Effective Identification of Children At-Risk for Developmental Delay*. http://www.nashp.org/sites/default/files/State_Policy.pdf
[lxvi] The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) purchased validated developmental screening tools to distribute to primary care practices. Trained staff is available to provide local consultation to primary care providers and to help local physicians in developing linkages to appropriate local resources. http://www.ok.gov/health/Child_and_Family_Health/Child_Guidance_Service/Developmental_Screening_Initiative/index.html
[lxvii] Bierman, K. L.; Domitrovich, C. E.; Nix, R. L.; Gest, S. G.; Welsh, J. A.; Greenberg, M. T.; Blair, C.; Nelson, K. E.; Gill, S. 2008. Promoting Academic and Social-Emotional School Readiness: The Head Start REDI Program. Child Development 79: 1802-1817.
[lxviii] Center for Child and Human Development, Georgetown University. (2009). *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*.

[lxix] Duncan, G. J.; Brooks-Gunn, J.; Klebanov, P. K. 1994. Economic Deprivation and Early Childhood Development. Child Development 65: 296-318.
[lxx] Knapp, P. E.; Ammen, S.; Arstein-Kerslake, C.; Poulsen, M. K.; Mastergeorge, A. 2007. Feasibility of Expanding Services for Very Young Children in the Public Mental Setting. Journal of the American Academy of Child and Adolescent Psychiatry 46(2):152-161.
[lxxi] Masten, A. S.; Powell, J. L. 2003. A Resilience Framework for Research, Policy, and Practice. In S. S. Luthar (Ed.), Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities. New York, NY: Cambridge University Press.