

# Early Childhood Profile and Availability of “Brain-Building” Services in Three Texas Regions

Central Texas, East Texas, and Upper Gulf regions

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With support from the Episcopal Health Foundation (EHF), Texans Care for Children identified early childhood needs and access to programs that promote early brain development in Central Texas, East Texas, and the Upper Gulf region (EHF’s 57-county service area).<sup>1</sup> We analyzed county-level data in these regions in order to better understand community needs. We researched the availability of services and interventions by conducting a scan of publicly available sources, an online survey, and informant interviews.

We found that in these three regions, access to maternal mental health services is limited; home visiting, Early Head Start and other effective early childhood models exist but only reach a fraction of families that could benefit; and health centers and pediatric practices provide a unique opportunity to incorporate proven brain-building models into routine care for infants and toddlers.

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## Supporting Early Childhood Through Effective Programs and Policies

The first few years of life provide a critical window of opportunity to promote brain development.<sup>2</sup> Early life experiences have life-long effects on a child’s health, social and emotional well-being, behavior, school success, and earning potential.<sup>3 4 5</sup> During the formative first few years of life, a baby’s brain forms millions of new neural connections, providing the foundation for future learning, behavior, and health.<sup>6 7</sup>

Especially in those early years, a healthy caregiver-child relationship and nurturing environment are key drivers of a child’s physical, social, and emotional health. To make sure kids get off to a good start, some of the essential ingredients include providing caregivers with information on early childhood development, ensuring families have the basic necessities, and supporting the physical and emotional health of children and families. Policies and programs with these essential ingredients that promote positive early experiences and brain

development – including maternal and child health policies and initiatives, child care, Head Start, Early Childhood Intervention, and prevention and early intervention programs, including home visiting – are wise investments in Texas’ future.

## Snapshot of Early Childhood Needs in Three Regions

**In 2016, Texas was home to 1.2 million children under three years old, and over 40 percent (nearly 490,000) of these infants and toddlers lived in the Central Texas, East Texas, and the Upper Gulf regions.** Almost 1 in 5 (19 percent) Texas children under three years of age lived in Harris County and 4.5 percent lived in Travis County.<sup>8</sup>

**Many families across the regions have high needs but limited resources.** The environment where a baby grows up can affect school readiness and their chances for a strong start in life. In 2016 in the three regions, nearly 600,000 children ages 0 to 17 lived in families with incomes below the poverty line and nearly 300,000 children under age 18 were uninsured. Children living in the East Texas region were more likely to live in poverty compared to the Upper Gulf and Central Texas regions in 2016.<sup>9</sup> In that same year, 41 of the 57 counties in the three regions we explored had a higher percentage of uninsured children (defined as under 18 years old) than Texas overall (9.7 percent) and all 57 counties had a higher percentage than the US (4 percent).<sup>10 11</sup> Leon, Shelby, Colorado, Waller and Madison counties had the highest percentage of uninsured children in the 57 counties we examined. Each of the five counties had a children’s uninsured rate over 13 percent in 2016.<sup>12</sup>

**Access to early prenatal care, which improves the health of babies and moms, is a challenge.** Prenatal care starting in the first trimester and throughout the pregnancy is necessary to identify and manage any health risks or medical conditions that could cause complications for moms and babies. Late or inadequate prenatal care is a known risk factor for infant death and low birth weight births.<sup>13</sup> In 2015, there were over 400,000 births in Texas, with the three regions being home to 40 percent of Texas babies born each year. This means that healthy pregnancies and births in these three regions can meaningfully impact health outcomes for the state overall.<sup>14</sup> In Texas in 2015, over 146,000 pregnant women (38 percent, or nearly two out of every five pregnant women in Texas) received prenatal care after the first trimester or received no prenatal care at all.<sup>15</sup> Similar to Texas overall, approximately 37 percent of pregnant women (57,000 women) in the three regions received prenatal care after the first trimester or not at all.<sup>16</sup> Notably, in 24 of the 57 counties in the three regions, women were more likely to receive prenatal care late or not at all as compared to Texas overall.<sup>17</sup>

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\* In 2016, 9.7 percent of Texas children and 4.0 percent of children in the US were uninsured. We used 2016 data in this brief because that was the most recent county level data we could access. However, the percentage of uninsured Texas kids continues to increase. According to the most recent Census data, in Texas, an estimated 873,000 children were uninsured in 2018, an increase of approximately 16 percent since 2016. Overall, in 2018, Texas had the highest number and rate of uninsured children in the nation, with 11.2 percent of children uninsured.

## Availability of Select Early Childhood Brain-Building Services

Through a broad scan of publicly available sources, an online survey, and informant interviews, we identified a wide range of early child development and parenting interventions serving pregnant women, children under three years of age, and their families within the three regions. The availability of programs and services that promote early childhood brain development varies across the regions.

**There is a need for maternal mental health services, but the availability and accessibility of mental health services and supports appear to be a challenge across the regions.** If untreated, conditions like postpartum depression can have harmful effects on mothers, children, and communities. Untreated maternal mental health challenges can interfere with early parent-child bonding, impact a baby's language and motor development, and disrupt a child's stress response system, which increases risks of behavioral problems, learning disabilities, hyperactivity, and social disorders down the road.<sup>18</sup>

Based on the Texas Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2012-2015, about 1 in 7 new moms in Texas (13.8 percent) reported having postpartum depression symptoms, with rates that vary by region. The Department of State Health Services (DSHS) region that includes Harris, Fort Bend, and Galveston counties had the highest prevalence of moms reporting postpartum depression symptoms (15.7 percent) compared to all other regions in Texas. Fewer moms reported having postpartum depression symptoms in central and east Texas (10.7 percent in DSHS central Texas region 7; and 14.6 percent in DSHS east Texas region 4-5).<sup>19 20</sup>

Despite the high rates of maternal mental health concerns, our broad scan found few mental health services and supports for moms in the three regions. When compared to other states, Texas ranks dead last in overall access to mental health services<sup>21</sup>, and 37 of the 57 counties in the region are considered mental health professional shortage areas.<sup>22</sup> Based on Texas HHSC's most recent quarterly report in July 2019, on average about 250 adults were on a waitlist each month at a safety-net mental health provider across the state, and nearly 950 Texas adults statewide were waiting for additional services — meaning they were receiving a lower level of care than recommended based on their assessed need.<sup>23</sup> Women with a low income may face additional challenges accessing mental health treatment. A recent study showed that for women with Medicaid insurance, postpartum depression diagnosis was more prevalent, yet the treatment gap was greater and initiation was later, suggesting that there is room for improvement when it comes to early intervention and treatment engagement.<sup>24</sup>

Many home visiting programs that we identified throughout the regions ask questions about a woman's well-being and mental health and may include services that indirectly support mental health, such as helping parents become more confident in their parenting skills and improving the parent-child relationship. However, these programs have a limited ability to address mental health challenges. The individuals who conduct the home visits typically are not mental health professionals. The services are focused on parenting skills and a child's school readiness rather than mental health treatment.

**Effective early brain-building models, such as evidence-based home visiting and Early Head Start (EHS), only reach a fraction of families that could benefit.** According to the National Home Visiting Resource Center, only 0.6 percent of potential home visiting beneficiaries are served in Texas, compared to the national average of 1.9 percent.<sup>25</sup> In FY2018, in the three regions, approximately 5,000 families (15,000 families statewide) were served by the Texas Department of Family Services - Prevention and Early Intervention (DFPS - PEI) programs with an evidence-based home visiting component.<sup>26</sup>

Head Start and EHS promote early brain development and school readiness for children under age five through early childhood education; access for children to medical, dental, mental health, nutrition, and early intervention services; family engagement and support; and linkages to other services unique to each family's needs. EHS programs provide comprehensive services for infants, toddlers under three years of age and pregnant women with low income. EHS is an evidence-based, federally funded and regulated, community-based program that is proven to provide positive outcomes, especially when children and families receive continuous services by transitioning from EHS into Head Start or another pre-K program when the child turns four.<sup>27</sup> Research shows that it enhances children's cognitive and language skills, decreases aggressive behaviors, and increases parent support and engagement.<sup>28</sup> Some Head Start and EHS programs offer home-based services, enabling trained home visitors, caregivers, and toddlers to work together to build positive learning environments and promote a child's development. In 2016-2017, there were 10,749 EHS slots in Texas, enough for only four percent of income-eligible infants and toddlers in Texas.<sup>29</sup>

**Health centers provide a unique opportunity to incorporate certain brain-building models into routine care for young children.** The American Academy of Pediatrics (AAP) recommends 12 well-child visits in the first three years of life. The high frequency of health visits and deep level of trust caregivers tend to have with their pediatric provider<sup>30</sup> highlight the importance of health settings as a place to support a child's growth and development. In the three regions, some health centers and clinical practices have implemented CenteringParenting or Nurse-Family Partnership (NFP) programs. However, besides those two models, the other pediatric interventions in health centers that we found in the three regions focused on reading and literacy.

Among the early child development and parent skill-building programs we researched, CenteringPregnancy and CenteringParenting were the most common non-literacy focused models implemented in health care settings in the three regions. CenteringPregnancy is evidence-based group prenatal care for pregnant women who have a baby due at the same time. CenteringParenting brings six to eight parents, partners, support people, and their same-age infants together for group well-child check-ups. Both programs take place in a group setting versus an exam room and combine health assessment, interactive learning, and community building to help support positive health behaviors and drive better health outcomes. The large majority of health settings offering Centering in late 2019 were Federally Qualified Health Centers (FQHCs)<sup>31</sup>. Almost all of the health centers that offer Centering in the three regions are located in major urban areas: Harris, Travis, and McLennan counties and the city of Tyler. In 2019, approximately 2,000 women were served through CenteringPregnancy, and 180 were served through CenteringParenting in the three regions.<sup>32</sup>

## Policy Recommendations

Below are policy recommendations state leaders can take to ensure more families have access to services and programs that promote positive early experiences and brain development so our youngest Texans and their families get off to a good start.

- **Ensure children have health insurance so they can see their pediatric provider, receive well-child checkups, and benefit from the brain-building supports their pediatrician offers.** Texas has by far the highest rate and number of uninsured children in the country – with 11.2 percent of children uninsured compared to the national average of 5.5 percent in 2018.<sup>33</sup> A big reason the uninsured rate is getting worse is children’s enrollment in Medicaid and CHIP is falling, both in Texas and nationwide. Between December 2017 and July 2019, Texas Medicaid and CHIP enrollment fell by 228,000 children (a 7 percent decline).<sup>34</sup> Children in Medicaid have coverage for the first six months of each year. After that, children are switched to month-to-month coverage for the second half of the year, and many families are subject to periodic income checks at months 5, 6, 7, and 8. This system is causing eligible Texas children to lose Medicaid simply because of redundant paperwork (e.g., such as paperwork not being processed within 10 days). In fact, HHSC data shows that over 4,100 kids per month – and over 52,000 children in 2018 alone – lost Medicaid insurance simply because of paperwork issues.<sup>35</sup> If children do not have health coverage, they are more likely to miss pediatric appointments and less likely to stay connected to a medical home, meaning missed brain-building opportunities that promote healthy development.
- **Promote healthy pregnancies, healthy births, and healthy mothers and babies in the year after childbirth by ensuring Texas mothers have health coverage before, during, and after pregnancy.** More than 1 in 4 (27 percent) Texas women of childbearing age (between ages 15 and 44) did not have health insurance in 2016.<sup>36</sup> Healthy pregnancies and births are not just about prenatal care. Primary and specialty care *before* pregnancy are critical to manage health conditions like high blood pressure and diabetes that could harm a future pregnancy or increase risks of preterm birth. Postpartum care is vital to manage pregnancy or birth complications, promote breastfeeding, and screen for maternal mental health challenges. The Texas’ Maternal Mortality and Morbidity Review Committee’s number one recommendation is to increase access to health services during the year after pregnancy and between pregnancies to improve maternal health of Texas women. Specifically, the Review Committee recommends extending health coverage to Texas mothers for a full year after giving birth to improve the health of mothers and babies in the state.
- **Expand access to mental health services and supports, particularly for moms facing behavioral health challenges.** Untreated behavioral health challenges – such as postpartum depression and substance use disorders – affect many new mothers during the first year after childbirth and undermine their health and their babies’ health. Despite the high rates of maternal mental health concerns in Texas and the three regions, our broad scan found few mental health services and supports for moms in the three regions. State leaders and communities can improve access in various ways, including: train more mental

health professionals, pediatric providers, and OB/GYNs about postpartum depression to build expertise to serve new moms; leverage certified mental health peer specialists in settings where mothers already go for their or their baby's care, such as pediatric centers or FQHCs; and promote and invest in community health workers to help with mental health screenings and referrals to social supports. For more information see our report, *Healthy Moms Raising Healthy Babies: Central Texas and Statewide Challenges and Opportunities to Support Maternal Behavioral Health During the First Year After Childbirth*.<sup>37</sup>

- **Maintain a strong Early Childhood Intervention (ECI) program.** Texas' ECI program for children under age three with disabilities and delays is highly effective in helping children learn to walk, communicate with their families, be ready for school, and meet their developmental goals. State underfunding of ECI since 2011 has contributed to 18 non-profit ECI contractors dropping out of the program in the last eight years and thousands of babies and toddlers missing out on critical support when they are most effective.<sup>38</sup> In fact, state funding for ECI fell from \$484 per child in 2012 to \$412 in 2018.<sup>39</sup> While the Legislature has increased funding in recent years, funding still falls below the amount needed to support the sustainability of ECI. Continued investment in ECI is critical to maintain a strong network of ECI providers across all regions and ensure infants and toddlers get the brain-building tools and skills for healthy physical, social, and emotional development.
- **Leverage Medicaid strategies to increase the number of children and families who benefit from early brain-building models.** With about 42 percent of children under age six getting insurance through Medicaid or CHIP,<sup>40</sup> these insurance programs can – and should – drive innovations and system reforms that promote brain-building and early childhood development. Texas leaders can promote brain-building models in various ways:
  - Medicaid health insurers and health providers can negotiate alternative payment models, including enhanced payment rates for health centers or providers that implement effective early childhood models into routine care for pregnant women and young children, including CenteringPregnancy, CenteringParenting, HealthySteps, or interventions focused on reading and early literacy.
  - Texas Health and Human Services Commission (HHSC) can develop and submit a state plan amendment to the Centers for Medicaid and Medicare Services (CMS) creating a CHIP Health Services Initiative (HSI) project focused on infant health and early childhood development. Largely funded through federal dollars, CHIP HSIs give states flexibility to use a portion of their CHIP administrative funds for state-designed projects and activities aimed at improving the health of children with low incomes.<sup>41</sup> Twenty-four states have implemented over 70 CHIP HSI projects, with projects ranging from early literacy programs and teen pregnancy prevention to postpartum care and immunization programs. Projects can be regional or pilot in nature, giving states a chance to experiment.<sup>42</sup> States can use up to 10 percent of total CHIP funds for administrative or non-coverage activities including HSIs. Most states have significant “room” under the 10 percent administrative cap, meaning states have spent only a small portion of

available federal funds. In 2017, Texas had seven percent of available room under the 10 percent administrative cap, leaving over \$103 million in federal funds unused.<sup>43</sup> Oklahoma has used HSIs to promote parenting education services and fund early literacy initiatives through pediatric health centers – projects that could serve as examples for Texas.<sup>44 45</sup>

- **Increase state investments in evidence-based programs that promote positive parenting practices and early brain-building, such as DFPS-Prevention and Early Intervention (PEI) programs, Early Head Start (EHS), and EHS home-based services to ensure more eligible infants and toddlers are served.** Almost all infants and toddlers who qualify for EHS lack access to this proven program in Texas<sup>46</sup> and in 2018 Texas DFPS - PEI programs with a home visiting component served just over 5,000 families of the nearly 500,000 families with young children in the three regions.<sup>47</sup> As mentioned above, CHIP HSIs give states flexibility for state-designed projects to improve health for children with low incomes. Some states, including Arkansas, Maine, Massachusetts, and Missouri, have utilized HSIs to support home-based services and parenting education programs that promote infant health and early childhood development.<sup>48</sup>

## Endnotes

1. **Central Texas Counties:** Bastrop, Bell, Brazos, Burleson, Burnet, Coryell, Falls, Fayette, Freestone, Grimes, Lampasas, Lee, Leon, Limestone, Madison, McLennan, Milam, Robertson, Travis, Washington, Williamson
2. **East Texas Counties:** Anderson, Angelina, Cherokee, Gregg, Hardin, Harrison, Houston, Jasper, Jefferson, Marion, Nacogdoches, Newton, Orange, Panola, Polk, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Trinity, Tyler
3. **Upper Gulf Texas Counties:** Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
4. "The Science of Early Childhood Development (InBrief)." Center on the Developing Child, 2007, p. 1. Available at: <https://developingchild.harvard.edu/resources/inbrief-science-of-eecd/>.
5. "The Foundations of Lifelong Health Are Built in Early Childhood." Center on the Developing Child, 2010. Available at: <https://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>.
6. Fox, Sharon E. et al. "How the timing and quality of early experiences influence the development of brain architecture." *Child development*, vol. 8, no. 1, January-February 2010, pp 28–40.
7. Metzler, Marilyn et al. "Adverse childhood experiences and life opportunities: Shifting the narrative." *Children and Youth Services Review*, vol. 72, January 2017, pp 141-149
8. Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>. Retrieved Nov. 2019.
9. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. National Research Council and Institute of Medicine of the National Academy of Sciences. 2000. [http://www.nap.edu/catalog.php?record\\_id=9824](http://www.nap.edu/catalog.php?record_id=9824)
10. Texas Demographic Center. Texas Population Estimates. 2016 Population Birth to three by County and Age. <http://osd.texas.gov/>
11. Kids Count. 2016. <https://datacenter.kidscount.org/data/tables/3065-poverty-0-17?loc=45&loct=5#detailed/5/6515-6768/true/870/573,869,36,868,867,133,38,35,18/any/8190,8191>. Original Data Source: Data Source: U.S. Census Bureau, Small Area Income and Poverty Estimates Program (SAIPE) (2016). Estimated numbers and percent of children ages 0-17 living in families with incomes below the official federal poverty threshold by County.
12. Kids Count. (2016). <https://datacenter.kidscount.org/data/tables/3185-uninsured-children-0-18?loc=45&loct=5#detailed/5/6515-6768/true/870/any/8408,8409>. Original data source: Small Area Health Insurance Estimates, U.S. Census Bureau.
13. Kids Count. 2016. <https://datacenter.kidscount.org/data/tables/10179-children-without-health-insurance-by-age-group?loc=1&loct=1#detailed/1/any/false/870/17,18,19/19699>
14. Kids Count. (2016). <https://datacenter.kidscount.org/data/tables/3185-uninsured-children-0-18?loc=45&loct=5#detailed/5/6515-6768/true/870/any/8408,8409>. Original data source: Small Area Health Insurance Estimates, U.S. Census Bureau.
15. Partridge S, et al. "Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years." *American Journal of Perinatology*. 2012 Nov 1;29(10):787.
16. Department of State Health Services (DSHS). (2015). <http://healthdata.dshs.texas.gov/VitalStatistics/Birth>
17. In 2015, nearly 20,000 Texas pregnant women received no prenatal care and over 127,000 women received late prenatal care in the second or third trimester. <https://www.dshs.texas.gov/chs/vstat/vs15/t12.asp>
18. In 2015, 52,000 pregnant women in the three regions received late prenatal care in the second or third trimester, and over 5,400 women in the region who gave birth received no prenatal care. <https://www.dshs.texas.gov/chs/vstat/vs15/t12.asp>
19. List of counties in the three regions with higher rates of late or no prenatal care compared to Texas overall rate: Angelina, Austin, Cherokee, Colorado, Falls, Freestone, Galveston, Harris, Harrison, Houston, Leon, Liberty, Limestone, Madison, Marion, Nacogdoches, Polk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Trinity, and Tyler.
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21. In Texas, the PRAMS survey provides the most comprehensive population-based data on maternal health before, during, and after pregnancy. Conducted in partnership with the Centers for Disease Control and Prevention (CDC), DSHS has been implementing PRAMS annually since 2002. The survey asks questions (via mail or telephone) of mothers who have recently given birth on topics such as prenatal care, pregnancy intention, alcohol use, smoking, intimate partner violence, postpartum depression, breastfeeding, infant sleep position, and smoke exposure. <https://www.dshs.state.tx.us/mch/epi/Reports.aspx>
22. Regional data based on DSHS Epidemiology reports for each Public Health Service region (PHS) - map of regions here <https://www.dshs.texas.gov/regions/>

21. Mental Health America. The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A high Access Ranking indicates that a state provides relatively more access to insurance and mental health treatment. <https://mhanational.org/issues/mental-health-america-access-care-data>. Accessed Nov. 21, 2019.
22. Bureau of Health Workforce. Health Resources and Services Administration (HRSA). U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas Statistics. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
23. Texas Health and Human Services Commission. Quarterly Reporting of Waiting Lists for Mental Health Services and of Mental Health Services for the Former NorthSTAR Service Area. July 2019. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/sb1-quarterly-report-waiting-lists-mhs-july-2019.pdf>
24. Sherman, L.J., & Ali, M.M. "Diagnosis of Postpartum Depression and Timing and Types of Treatment Received Differ for Women with Private and Medicaid Coverage." *Women's Health Issues*; 28(6):524-529. Nov - Dec 2018. doi: 10.1016/j.whi.2018.08.007. Epub 2018 Oct 9.
25. From State of Babies Yearbook 2019. <https://stateofbabies.org/data/#/Texas> Original Source: National Home Visiting Resource Center. (2018). Data Supplement to the 2017 Home Visiting Yearbook. Arlington, VA: James Bell Associates and the Urban Institute. Retrieved from [https://www.nhvrc.org/wp-content/uploads/NHVRC\\_Data-Supplement\\_FINAL.pdf](https://www.nhvrc.org/wp-content/uploads/NHVRC_Data-Supplement_FINAL.pdf)
26. These numbers come from a report that is for informational purposes only and does not represent an official number from PEI. Official numbers can be obtained by contacting PEI Research and Evaluation Staff at [PEIData@dfps.state.tx.us](mailto:PEIData@dfps.state.tx.us). Due to database limitations, data for Texas Nurse Family Partnership is reported based on the main county of service listed in the provider's contract. Texas Home Visiting (THV)-MIECHV and THV State data is censored if the number of clients residing in a county is less than five, therefore we did not include counties with less than five clients in our calculations. Clients with no county listed were excluded.
27. Love, J. & Vogel, C. "Early head start, in D. Couchernour & J. Chrisman (Eds.). *The sage encyclopedia of contemporary early childhood education*" (pp. 488-491). Thousand Oaks, CA: SAGE Publications, Inc. 2016. doi:10.4135/9781483340333.n133
28. ZERO TO THREE Policy Center. "Early Head Start: An Essential Support for Pregnant Women, Infants and Toddlers." October 2019.
29. Texas Head Start Fact Sheet 2019. National Head Start Association. Retrieved Oct. 2019. <https://nhssa.app.box.com/s/rbuxmgf0fun72gr1r5akm8q65qj40ufo/file/522669291943?sb=/details> NOTE - This page presents national data for Head Start in 2016-2017.
30. In a national survey of over one thousand voters, virtually all respondents said that pediatricians should play a role in helping parents understand the importance of their child's development -- with nearly three in four saying pediatricians should play a "major role." The majority of voters agreed that emotional milestones (e.g., attachment to adults and engaging in back-and-forth interactions) are equally important as physical milestones (e.g., sitting, crawling, and walking), and they want pediatricians to focus on both in discussions with caregivers. Zero to Three, Perry Udem, GMMB, and Robert Wood Johnson, "Voter's Attitudes Towards Emotional Development in Young Children and Infants" (Sept 2017).
31. FQHCs are safety-net health centers that serve many Texas children in Medicaid and see patients regardless of insurance status or ability to pay.
32. Centering Healthcare Institute. [www.centeringhealthcare.org](http://www.centeringhealthcare.org) As of Nov. 2019 there are 20 CenteringPregnancy and 4 CenteringParenting programs in the three regions. Calculations based on communication with Centering Healthcare Institute and average clients served per year per location.
33. 2018 U.S. Census data. See Cover Texas Now. "Texas Kids' Uninsured Rate Still Highest In Nation & Getting Worse, According To US Census." (Sept 2019). Available at <https://covertexasnow.org/posts/2019/9/26/texas-kids-uninsured-rate-still-highest-in-nation-amp-getting-worse-according-to-us-census> Note: County level data for 2018 was not available in early December 2019 when this brief was completed.
34. Source: Texas Health and Human Services Commission. See Cover Texas Now. <https://covertexasnow.org/posts/2019/10/15/too-many-texas-children-lack-health-coverage>
35. Texas Health and Human Services Commission. Data on Periodic Income Checks and Children's Medicaid. Data provided to Representative Sheffield and to the Children's Health Coverage Coalition, February 23, 2019. See Cover Texas Now. "Reduce The Children's Uninsured Rate By Cutting Red Tape." Oct. 2019. <https://covertexasnow.org/posts/2019/10/15/reduce-the-childrens-uninsured-rate-by-cutting-red-tape>.
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37. Texans Care for Children Report, Healthy Moms Raising Healthy Babies: Central Texas and Statewide Challenges and Opportunities to Support Maternal Behavioral Health During the First Year After Childbirth. June 2019. <https://txchildren.org/posts/2019/6/24/report-central-tx-must-address-maternal-health>
38. Texans Care for Children. New Data Show Decline in Funding for Texas Early Childhood Intervention (ECI). November 2018.
39. Ibid.
40. Georgetown University Center for Children and Families, analysis of the 2017 Integrated Public Use Microdata Series (IPUMS).
41. One of the benefits of an HSI is the federal match rate. States can draw down federal funds at the enhanced CHIP match rate, which is 84 percent in FY 2020.
42. Frequently Asked Questions (FAQs) Health Services Initiative document. Dated January 12, 2017. <https://www.medicaid.gov/federal-policy-guidance/downloads/faq11217.pdf> Retrieved Nov. 2019. See Center for the Study of Social Policy & Manatt Health. *Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change*. June 2019. <https://cssp.org/wp-content/uploads/2019/06/Medicaid-Blueprint.pdf>
43. Center for the Study of Social Policy & Manatt Health. *Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change*. Appendix C. June 2019. <https://cssp.org/wp-content/uploads/2019/06/Medicaid-Blueprint.pdf>
44. Oklahoma Uses an Innovative Funding Opportunity to Promote Healthy Child Development through the Reach Out and Read Program by Megan Lent. July 2019. <https://nashp.org/wp-content/uploads/2019/07/Oklahoma-HSI.pdf>. Retrieved Nov. 2019. See MACPAC. "CHIP Health Services Initiatives: What They Are and How States Use Them." (June 2019). <https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf>
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46. ZerotoThree. Mollyrose Schaffner and Patricia A. Cole. *Early Head Start: An Essential Support for Pregnant Women, Infants, and Toddlers*.
47. These numbers come from a report that is for informational purposes only and does not represent an official number from PEI. Official numbers can be obtained by contacting PEI Research and Evaluation Staff at [PEIData@dfps.state.tx.us](mailto:PEIData@dfps.state.tx.us).
48. See MACPAC. "CHIP Health Services Initiatives: What They Are and How States Use Them." June 2019. <https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf>.