

# Steps to Support Early Brain Development for Infants and Toddlers

## Response to House Appropriations Article II Subcommittee - Charge #5

### Background

**Brain science is clear that infants' and toddlers' experiences are the foundation of the rest of their lives.** During this unparalleled time of development, the early experiences and relationships a child has with parents and caregivers influence how a child masters new skills like walking, language, cognitive skills, and social interactions.

**These early childhood experiences are shaped in significant ways by state policies and programs. When these state policies fall short, they hurt infants and toddlers of all backgrounds – but they often fall hardest on Black children.** Infant mortality rates, for example, are too high for all racial and ethnic groups in Texas, but Black infants in Texas are twice as likely to die during the first year of life compared to White and Hispanic babies.<sup>1</sup> Experts point to [several causes](#) for these disparities, including implicit bias in the health care system; the physical toll of stress (including stress related to racism) on health and pregnancies; the way current and past discrimination affects Social Determinants of Health such as housing, education, and employment; and lack of access to health insurance.

**The coronavirus pandemic and recession have disrupted many of the experiences and supports that children rely on and added greater urgency to these policy priorities.** Due to the pandemic, infants and toddlers are missing check-ups that they need for immunizations, screenings for disabilities and developmental delays, and other needs. Instead of nurturing experiences in high quality child care, many infants and toddlers are now home with stressed out parents trying to work full-time jobs while taking care of their kids. Texas families are [losing health insurance](#) as they lose their jobs. Delivery of services – from ECI to CPS services – is often disrupted.

**Infants and toddlers can't put this stage of early brain development on hold until after the pandemic – so policymakers can't put it on hold either.** We encourage Texas policymakers to prioritize these policies during the pandemic and next legislative session.

## Children's Health

Texas has the highest uninsured rate in the US – and it's getting even worse during the pandemic. Before the pandemic, Texas already had the nation's [worst uninsured rate](#) for children, adults, and women of childbearing age. In Texas, the [children's uninsured rates](#) for White, Black, Hispanic, Native American, and Asian children are ALL higher than the national uninsured rate for children. Babies and toddlers need health insurance so their parents can consistently take them to check-ups, where babies get needed immunizations and developmental screenings, and parents receive critical support and guidance provided by pediatricians and family physicians.

### Policy Recommendations:

- Connect infants and toddlers to health care by ending error-prone mid-year eligibility reviews in Children's Medicaid and establishing continuous 12-month coverage.
- Protect the state budget for Medicaid and CHIP health insurance and maintain eligibility, benefits, and provider rates.
- Restore state outreach and enrollment efforts to help children enroll in and access Medicaid and CHIP.
- Accept federal Medicaid expansion funding to provide an insurance option to 2.2 million uninsured low-wage Texas adults. In addition to covering adults, Medicaid expansion has been shown to indirectly [decrease the children's uninsured rate](#) by connecting more families with health coverage.

## Maternal and Infant Health

Healthy children start with healthy pregnancies, healthy births, and healthy mothers. Unfortunately, maternal deaths and pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children and higher financial costs for the state. In Texas, 1 in 10 babies are born premature (10.8%) and 1 in 12 Texas babies are born at an unhealthy low birth weight (8.5%).<sup>2</sup> These rates have been higher than the national average for the last decade. Over the first year of life, HHSC estimates that a premature baby will cost Texas Medicaid an average of \$100,000, while a full term baby costs just \$572.<sup>3</sup>

Women's lack of access to health care – before pregnancy, during the first trimester, and after pregnancy – contributes to the maternal and infant health challenges described above. Texas is one of the only states where Medicaid health insurance is typically not available to women with jobs below the poverty line, except during their pregnancy and 60 days after childbirth. Prior to the coronavirus pandemic, 1 in 4 Texas women of reproductive age was uninsured.<sup>4</sup> Texas has important health programs for women, but there are big gaps that significantly limit women's access to health care.

### Policy Recommendations:

- Extend Medicaid coverage for new mothers from 60 days to one year postpartum, as recommended by Texas' Maternal Mortality & Morbidity Review Committee.

- Protect the state budget for Medicaid and CHIP health insurance and maintain eligibility, benefits, and provider rates. Maintain funding levels for Healthy Texas Women and Family Planning Program, which saves the state money and helps Texas women get preventive care for healthy, planned pregnancies.
- Maintain funding levels for the Department of State Health Services' (DSHS) maternal and child health division, including funding for *TexasAIM* initiative and Texas' Maternal Mortality Review Committee.
- As HHSC implements a new postpartum care package in "Healthy Texas Women+" in FY 2021, the Legislature should continue funding needed in future years so new mothers can continue to receive postpartum care via HTW+.
- Promote group prenatal and well-child care innovations — such as CenteringPregnancy and CenteringParenting — that have proven, lasting benefits for mothers, infants, and toddlers.
- Support comprehensive health coverage for low-wage Texas adults.

## Early Childhood Intervention

Early Childhood Intervention (ECI) is an effective federal-state program that contracts with community organizations, such as Easterseals and Any Baby Can, to provide life-changing therapies to children under age three with autism, speech delays, Down syndrome, and other disabilities and developmental delays. By serving children during the critical first three years of life, a time of rapid brain development, ECI is highly effective in helping children learn to walk, communicate with their families, get ready to start school, or meet other goals.

Over the last decade, state leaders cut ECI funding, Medicaid reimbursement rates for therapy providers, and eligibility. Multiple programs closed amid this financial pressure. Despite an increase in state ECI funding during the 2019 legislative session, funding per child enrolled in ECI still has not been restored to prior levels, and programs are still struggling to serve all of the children who need ECI services due to staffing and funding shortages.

### Policy Recommendations:

- Restore ECI funding to the 2013 funding level of \$484 per child each month — accounting for projected caseload growth amid the state's growing child population — to give contractors the capacity to enroll and serve all eligible children in their communities.
- Increase funding for Child Find to support community awareness and outreach efforts to ensure all eligible children are identified, screened, evaluated, and enrolled in ECI.
- Ensure state-regulated private health insurance plans cover and reimburse for critical ECI therapies and services, including Specialized Skills Training and Targeted Case Management (SST and TCM).<sup>5 6</sup>
- Evaluate and address the causes of the disproportionate under-enrollment of Black children in ECI with input from Black families as well as researchers, health leaders, early educators, and community organizations working with Black families.
- Through a CHIP state plan amendment, add Specialized Skills Training (SST) and Targeted Case Management (TCM) as covered services in CHIP.

## Prevention and Early Intervention (PEI)

Through the DFPS PEI programs, Texas invests in evidence-based community programs that help reduce child abuse and neglect, build parenting skills, and improve health and educational outcomes for children. Texas PEI includes several programs to support families with young children during their critical years of brain development, including Healthy Outcomes through Prevention and Early Support (HOPES), Helping through Intervention and Prevention (HIP), Texas Home Visiting, and the Texas Nurse Family Partnership.

### Policy Recommendation:

- Increase funding for primary prevention programs through PEI to prevent child abuse and neglect, strengthen and support families, increase connections to community resources.

## Child Welfare

Almost half (45%) of children who enter foster care and over one-third (36%) of the children receiving family preservation services through Child Protective Services (CPS) are three years old or younger. In Texas in 2019, the lives and experiences of nearly 35,000 infants and toddlers were shaped by CPS, and CPS either paid for or connected them and their caregivers with services and supports. The 2018 Family First Prevention Services Act (FFPSA) presents opportunities for the state to do more for these young children and their families or other caregivers.

### Policy Recommendation:

- **Identify early childhood programs or services for the state’s proposal to the federal government for drawing down child welfare funding under the FFPSA (i.e., the “Texas IV-E plan”).** The state’s current planning efforts appear to be focused on services for parents, but many evidence-based practices for both children at risk of entering foster care and their caregivers could be funded with IV-E dollars, if included in the state’s plan. For example, the state could use IV-E funding to expand home visiting programs in Texas. Identifying more programs or services that will meet the [federal criteria for reimbursement](#) and support early brain development and infant and toddler mental health will be critical.

## Access to Quality Child Care

Child care — and our state’s policies on child care — are critical to rebuilding our economy, protecting public health, and giving infants and toddlers a strong foundation during the critical early years of brain development. With recent breakthroughs in brain science, we now know that the number of words a child hears before age three, for example, can dramatically improve their school readiness. Young children’s environments during their first few years have a dramatic impact on how their brain is wired for the rest of their lives. Access to quality child care ensures that infants, toddlers, and other young children have access to care that is nurturing, attentive,

effective, and safe. The COVID-19 pandemic has exposed a longstanding truth: child care is one of the most critical industries for our state’s employers, families, and children’s health and education. The rapid spread of the coronavirus has put this already vulnerable industry into a tailspin that could end Texas child care as we know it. Many child care providers have closed, with many more on the brink. Even with critical steps taken by TWC to limit the damage, over 25,000 working families are on a waitlist to receive care<sup>7</sup>.

## Policy Recommendation:

- **Leverage federal funding and other available resources to ensure quality child care providers can continue to serve the children of low-wage Texans.** The Texas Workforce Commission has taken critical short-term steps to allocate federal relief funds to support child care for COVID-19 essential workers, offset lost Parent Share of Cost payments from families accepting child care subsidies, and increase reimbursement rates for those providers who take subsidies. Unfortunately, these steps are not enough to ensure that quality child care programs can endure through this crisis. The state should allocate available funding, including future federal relief dollars, to provide direct funding to quality child care providers to help them financially survive the pandemic.

## Endnotes

1. Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. (Nov. 2019).
2. Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. (Nov. 2019). Available at <https://www.dshs.texas.gov/healthytexasbabies/Documents/HTMB-Data-Book-2019-20200206.pdf>.
3. French L, and Delgado E. *Presentation to the House Committee on Public Health: Better Birth Outcomes*. Health and Human Services Commission. May 19, 2016.
4. Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Center for Children and Families. Appendix B. (May 2019). Available at: <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>.
5. Early Childhood Intervention Services Implementation Plan on Maximizing Funding (March 2020) <https://hhs.texas.gov/reports/2020/03/early-childhood-intervention-services-implementation-plan-maximizing-funding-progress-report>. Twenty-seven states collect private insurance as a funding source for ECI.
6. Texans Care for Children email exchange with [Early Childhood Technical Assistance Center](#) - 12 states with state statutes requiring insurance coverage for early intervention services: CT, CO, DC, FL, IL, IN, KY, MA, MO, NH, RI & VA
7. Texas Workforce Commission (2020). Child Care & Early Learning Adobe. <https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:113fac9d-b879-47a3-94bd-a9ef131be4dc>