



TEXAS PRENATAL TO THREE (PN-3) 2021 LEGISLATIVE AGENDA

OUR VISION

Our vision is to ensure that all Texas children are born healthy and have equitable access to health and early learning supports in their homes and communities and that early childhood systems are aligned, coordinated and well-funded to ensure young children and their families are thriving.

SUPPORTED FAMILIES BY TEXPROTECTS

- ◆ Develop centralized access points in communities to connect families to an array of early childhood resources and supports (systems that support closed-loop referral capacity when feasible). Leverage the state's resource and referral system (211 Texas) and its ability to serve as a front door, connector and data resource to communities to better support families with young children.
 - Prioritize funding for 211 to strengthen its ability to serve as a connector and resource to community-level early childhood systems and supports ensuring more effective and efficient connections to early childhood services.
 - Allow two-way API communications between 211 and available resource and referral networks to build resource data, better assess community needs and gaps in services, and bolster closed loop referral capacity.
 - Encourage and provide local Area Information Centers (AICs) approval and flexibility to contract with community partners in order to better support families with young children, decrease duplication, and increase innovation.
 - Allow state agencies and other partners to utilize 211 Texas' comprehensive, curated resource database to maximize resources, increase efficiencies, and decrease duplication.
- ◆ Increase the capacity of home-based family support services and Early Child Intervention
 - Full support of the DFPS Exceptional Item #4 for \$10 million which includes \$4.3 million for Healthy Outcomes Through Prevention and Early Support (HOPES) to serve an additional 1,429 families.
 - Prevent entries into foster care by supporting relatives and increasing access to in home parenting programs, substance use services, and behavioral health service opportunities under the federal Family First Prevention Services Act.
 - Expand access to public health driven prevention strategies in healthcare settings (like Family Connects) to reduce maternal mortality and morbidity, reduce child abuse, and increase efficiencies in resource and referral systems for families.
 - Restore ECI funding to the FY 2012/2013 level of \$484 per child each month to give contractors the capacity to enroll and serve all eligible children in their communities. Funding should account for projected caseload growth amid the state's growing child population.
 - 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.



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HEALTHY BEGINNINGS BY TEXANS CARE FOR CHILDREN

- ◆ Ensure 12-month postpartum Medicaid coverage to support healthy mothers and babies during the first critical year of a baby's life.
- ◆ Connect infants and toddlers to health care through continuous, 12-month coverage in Children's Medicaid.
- ◆ Strengthen outreach and enrollment efforts to increase the number of infants and toddlers enrolled in Children's Medicaid and Children's Health Insurance Program (CHIP).
- ◆ Increase the number of mothers delivering infants in hospitals equipped with Alliance for Innovation on Maternal Health (AIM) maternal health and safety bundles that provide training and equipment to hospitals to address maternal health complications. Support Department of State Health Services to invest in TexasAIM and any other maternal health initiatives that combat maternal mortality and morbidity.
- ◆ Increase the number of new mothers receiving behavioral health services in the postpartum year through the Healthy Texas Women Plus program. Support HHSC's request for continued investments in Texas' women preventative care, including Healthy Women Texas and family planning programs.
- ◆ Increase the number of mothers, infants, and toddlers served through team-based models for prenatal care and pediatric health, such as CenteringPregnancy and CenteringParenting.

EARLY CARE AND EDUCATION BY CHILDREN AT RISK

- ◆ Require subsidy providers to participate in Texas Rising Star with a clear phase-in of the requirements and support systems needed.
- ◆ Require the Texas Workforce Commission (TWC) to conduct a true Cost of Quality Study.
- ◆ Require Texas Education Agency to collect the child care providers' Operational ID number during Pre-K Partnership agreement.
- ◆ Require TWC to develop a statewide plan and goals for helping educators achieve credentials and degrees, meet living wages, and utilize the Texas Early Childhood Professional Development System and Workforce Registry.
- ◆ Allow Local Workforce Development Boards the local flexibility for contracted slots.
- ◆ Reimburse at higher rates than provider's published prices and increase reimbursement rates for infants and toddlers.

CROSS-CUTTING: EQUITY

- ◆ Require the Sunset Advisory Commission to assess the agency's efforts to reduce racial disparities when under review.
- ◆ Require Childhood Racial Disparity Impact Statements at the request of the Lieutenant Governor or Speaker of the House of Representatives.
- ◆ Support efforts to reinstate the Office of Minority Health Statistics and Engagement which the state eliminated in 2017.