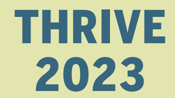

Early Childhood Program Implementation Guide

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CONTENTS

Acknowledgements ii

01 **Introduction** 6

- Purpose and Methodology of Implementation Guide 7
- Thrive Overview 8
- Texas Institute for Excellence in Mental Health Overview 8

02 **The Youngest Texans** 9

- Texas Child Population 11
- Children and Early Childhood Education in Texas 15
- Children and Health Insurance Coverage in Texas 17

03 **Early Childhood Programs in Texas** 19

- What is a Family Support Program? 20
- State-Led Early Childhood Programs in Texas 20
- Early Childhood Funding in Texas 26
- Texas Early Childhood Funding: Summary 31
- Early Childhood Programs Funding Descriptions 32

04 **Early Childhood Program Implementation** 40

- Evidence-Based Practice 42
- Evidence-Informed Frameworks 47
- Organizational Best Practices 50
- Community-Level Program Implementation 64
- State-Level Program Implementation 70

CONTENTS

05 **Community-Based Coalitions 73**

- Establishing an Early Childhood Coalition 74
- Coalition Governance 79
- Data-Driven Coalition Work 81
- Example of an Early Childhood Coalition Dashboard 85
- Tools for Community-Based Coalitions 87
- Lessons from the Field 89

06 **Inclusion and Access 103**

- Including Fathers 104
- Accessibility 107

07 **Family Voice. 109**

- Family Voice in Program Design 110
- Family Voice Consultants 112
- Hiring Individuals with Lived Experience 113
- Family Advisory Committees 115
- Family Leadership and Community Coalitions 116
- Language Matters 117
- Tools for Including Family Voice 119

08 **Highlights: Early Childhood Program Implementation . 120**

09 **Appendix 123**

- Appendix A: Thrive Fiscal Map 124
- Appendix B: Early Childhood in Texas Infographic 125
- Appendix C: Tools for Early Childhood Program Implementation 126
- Appendix D: Quick Facts - Early Childhood in Texas 133
- Appendix E: Definitions of Terms 136

10 **References. 141**

01 Introduction

Purpose and Methodology of Implementation Guide

THIS EARLY CHILDHOOD implementation guide is intended for use by state agencies, community-based programs, and community coalitions to provide guidance information regarding the landscape of early childhood programs in Texas and the best practices for program implementation. All families need support at times and the spectrum of need is varied. Family support programs offer a variety of support that range from basic needs to education or skills training. In Texas, family support programs that focus on early childhood live within the design of many state agencies, including Texas Health and Human Services Commission, Texas Department of State Health Services, Texas Department of Family and Protective Services, Texas Education Agency, Texas Workforce Commission, and the Texas Head Start State Collaboration Office. These state agencies fund and oversee service delivery within their programs and through grant funding to community-based organizations. Early childhood family support programs are also funded through philanthropy and overseen by community-based organizations.

This guide includes background information on what it means to be a Texas family raising a young child today, and how working in early childhood in Texas is unique to other states. The guide also includes a fiscal map of early childhood funding in Texas that describes how early childhood systems are currently funded and how those dollars flow to communities. It will also provide implementation strategies and tools for organizations working with families of young children. It will also attempt to illustrate areas of strengths and areas where further support is needed.

The information in this guide includes evidence-based and research-informed sources, many of which are endorsed by state or federal funders. It also includes input from family leaders across Texas who contributed to the guide through consultation, interviews, and/or focus groups. Family Voice Consultants were contracted to inform the creation of this guide. Other family leaders participated in interviews and focus groups. Finally, early childhood professionals participating in coalitions also provided information regarding collaborative efforts in their communities through interviews and focus groups.

This guide is intended to help inform leaders at the state and community level about the landscape of work and funding in Texas to support our youngest children and their families, highlight best practices regarding working with families with young children, and outline strategies regarding how community coalitions can affect a positive impact for children and families.

Thrive Overview

THIS GUIDE IS a component of Thrive, a project funded by the Texas Department of State Health Services to promote the wellness of young children, ages zero to five, by addressing their social, emotional, cognitive, and physical development through the lens of the community systems that support young children and their families. Responsibility for enhancing early childhood developmental and social-emotional wellness in Texas is dispersed across different state systems, and several agencies contribute to local systems of care development. Thrive aims to support state and local activities by bringing together key systems and stakeholders to map current activities and resources, identify shared goals and objectives, and create pathways to build upon past and current success. Thrive activities intentionally aim to engage families who have experiences with early childhood systems. For more information on Thrive, please follow this link: https://sites.utexas.edu/mental-health-institute/early-childhood/.

Texas Institute for Excellence in Mental Health Overview

THRIVE WAS IMPLEMENTED by the Texas Institute for Excellence in Mental Health, a multi-disciplinary collaboration that focuses on improving the social, emotional, and behavioral health of Texans. The Institute partners with university faculty, state governmental agencies, community agencies, behavioral health providers, consumers, youth, and families to enhance the use of effective practices throughout the state, to support communities to develop resilience-oriented systems, and to evaluate state and local efforts to improve service systems for adults, youth, and children. The Institute has a history of working with state and community partners to support cross-agency collaboration and collective impact, including tracking data indicators and continuous quality improvement.

02

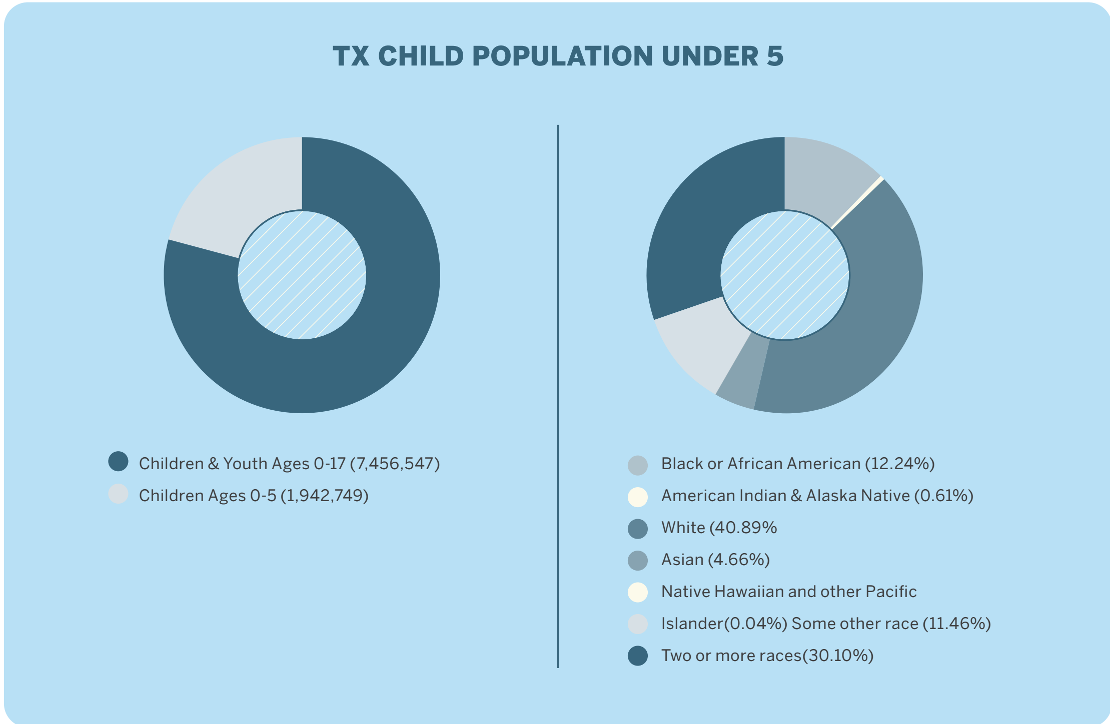
The Youngest Texans

TEXAS IS UNIQUE IN MANY WAYS, bringing both strengths and challenges to the early childhood system of care. It is geographically the second-largest state in the nation and large enough to fit multiple states within it, such as most of the eastern United States. With a population of almost 30 million people in 2021, it is the second most populous state following California (United States Census Bureau, 2022). Texas is home to some of the largest, most populous metropolitan cities in the country, such as Houston, San Antonio, and Dallas. Texas also includes vast rural expanses - from the large ranches of west Texas to the plains of the pan handle to the pine forests of east Texas. While the city of Houston has a population of more than 2.2 million (Texas Demographics, 2022), Loving County in west Texas has a population of 57 (United States Census Bureau, 2022). Further, Texas has more counties than any other state in the country, with 254. To understand the scope of Texas is to better understand the complexity of the task to support the healthy development of our youngest Texans. Of the top five populous states in the country, which include Texas, California, Florida, New York and Pennsylvania, no other state reflects the diversity represented throughout the different regions of Texas. All of these differences are a part of the landscape in which Texas families and young children reside.

Source: *(Solomon, 2015)*

Texas Child Population

IN 2021, THE CHILD POPULATION in Texas reached more than 7.4 million children and youth ages 0 to 17, making it the state with the second largest child population in the country and 10% of the nation's children (United States Census Bureau, 2022). Of that, almost 2 million children are ages 0 to 5, roughly the size of the entire population of Rhode Island and Delaware combined (United States Census Bureau, 2022). In Texas, children under 5 years are divided evenly with 967,416 males and 924,211 females (United States Census Bureau, 2022). The Texas child population under 5 is almost 50% Hispanic or Latino. See Table 1 for more information about race, ethnicity, and sex breakdown.



Source: *(United States Census Bureau, 2022)*

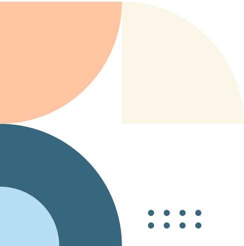


TABLE 1: **Texas Child Demographics Under 5 Years, 2021**

CHARACTERISTIC	COUNT	PERCENTAGE OF CHILD POPULATION UNDER 5
Black or African American	231,622	12.24%
American Indian & Alaska Native	11,457	0.61%
White	773,477	40.89%
Asian	88,197	4.66%
Native Hawaiian and other Pacific Islander	804	0.04%
Some other race	216,721	11.46%
Two or more races	569,721	30.10%
White, not Hispanic or Latino	473,230	25.02%
Hispanic or Latino	937,185	49.54%
Males	967,416	51.14%
Females	924,211	48.86%

Source: *(United States Census Bureau, 2022)*

The United States Federal Poverty Guidelines for the 48 contiguous states list that the poverty level for a family of four is an annual income of $26,500 (Office of the Assistant Secretary for Planning and Evaluation, 2022). The average rent for a 2-bedroom apartment in the capital city, Austin, is almost $1900/month, which is an increase of 21.2% between 2021 and 2022 (KVUE ABC, 2022). This means that annual housing costs alone would be $22,800, or 86% of the annual income set by the federal poverty level (FPL) for this family of four. This leaves the family $308 per month to cover all other needs, such as utilities, food, clothing, and school supplies. The US Federal Poverty Guidelines is a frequently-utilized marker for poverty in families, as well as determining eligibility for some public resources needed by families, such as access to food and healthcare. However, the amounts set for these guidelines often do not reflect the reality in which families exist.

The cost of living has been increasing across Texas, not just in Austin. This puts a strain on Texas families. About 61% of four-person households have at least two workers in the home (United States Census Bureau, 2022). The Bureau of Labor Statistics monitors the Consumer Price Index for All Urban Consumers (CPI-U), a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. The Bureau of Labor Statistics reported that the CPI-U increased in the southern region, which include Texas, New Mexico, Oklahoma, Arkansas, and Louisiana, by 8.1% between September 2021 and September 2022 (Bureau of Labor Statistics, 2022). More specifically, between September 2021 and September 2022 the CPI-U for Dallas-Fort Worth area increased by 9.2% (Bureau of Labor Statistics, 2022). During the same period, the CPI-U in the Houston-Woodlands-Sugar Land area increased 7.6% (Bureau of Labor Statistics, 2022).

The cost of living in Texas **increased 8.1%** between 2021 and 2022.

Source: *(Bureau of Labor Statistics, 2022)*

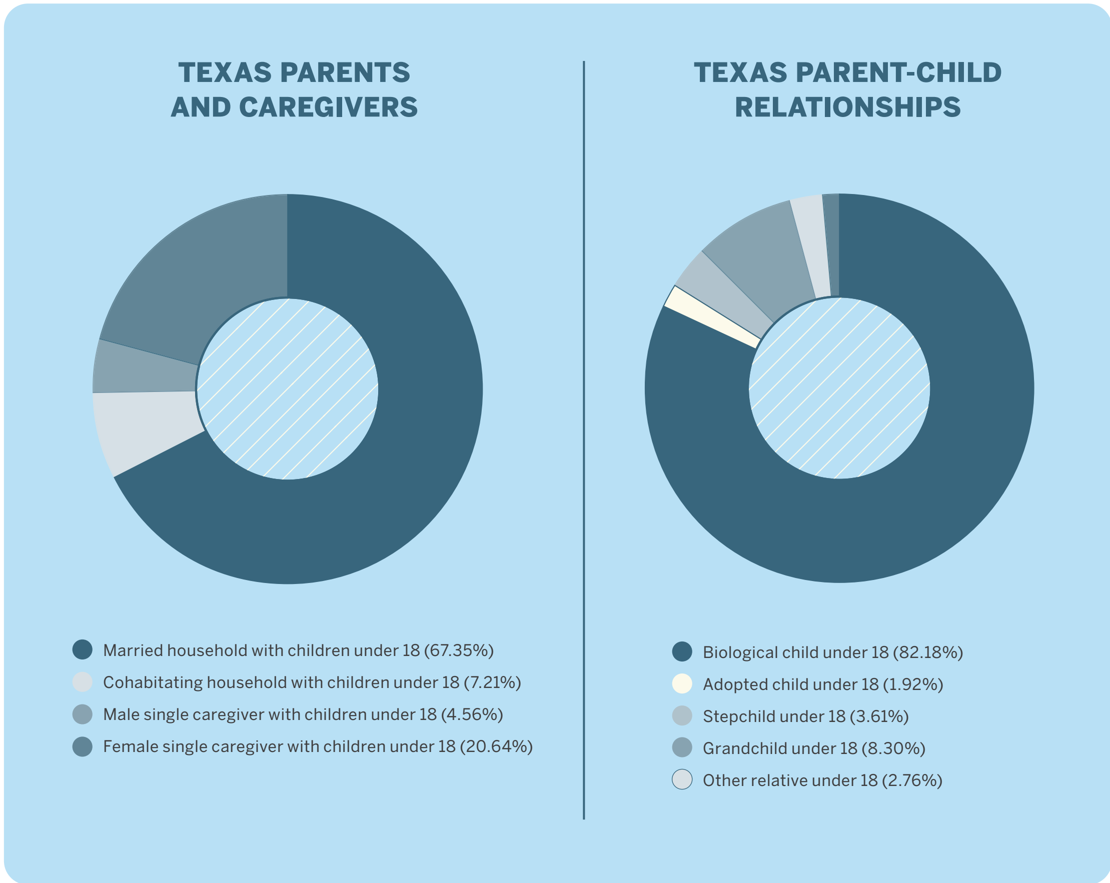
This gives some context to how the American Community Survey of 2021 found that the median family income in Texas is $80,304, or 303% of the federal poverty level, and yet about 29% of households with children received a public benefit in 2021, such as cash assistance, food stamps (or Supplemental Nutrition Assistance Program), or Social Security Income (United States Census Bureau, 2022). Further, the median family income in Texas varies according to race. The median family income for Non-Hispanic white Texas families is $102,929 (United States Census Bureau, 2022). Meanwhile, the median family income for Black or African American families is $61,150 and the median family income for Hispanic or Latino families is $59,154 (United States Census Bureau, 2022). Families of color are making 57-59% of what white families are making.

TABLE 2: **Texas Family Income, 2021**

POPULATION	MEDIAN FAMILY INCOME	+/- AGGREGATED MEDIAN FAMILY INCOME	FEDERAL POVERTY LEVEL
All Texas Families	$80,304	+0	303%
Black or African American	$61,150	-$19,154	231%
American Indian & Alaska Native	$67,126	-$13,178	235%
White (Not Hispanic or Latino)	$102,929	+$22,625	388%
Asian	$114,839	+$34,535	433%
Native Hawaiian and other Pacific Islander	$79,250	-$1,054	299%
Some other race	$54,784	-$25,520	207%
Two or more races	$63,492	-$16,812	240%
Hispanic or Latino	$59,154	-$21,150	223%

Source: *(United States Census Bureau, 2022)*

The makeup of Texas family households includes single parent households; kin caregivers, such as grandparents and other relatives; and multiple generations. Almost 15% of families consist of a relative or kinship caregiver who are parenting a child. In households where a grandparent is caring for a child, the median annual income was about $44,000 (United States Census Bureau, 2022), which is only 55% of the average household income for Texas families and about 160% of the FPL for a family of four (Office of the Assistant Secretary for Planning and Evaluation, 2022). Almost 16% of grandparents parenting a child were at or below the FPL in 2021, and almost 52% of grandparents parenting a child were unemployed (United States Census Bureau, 2022).

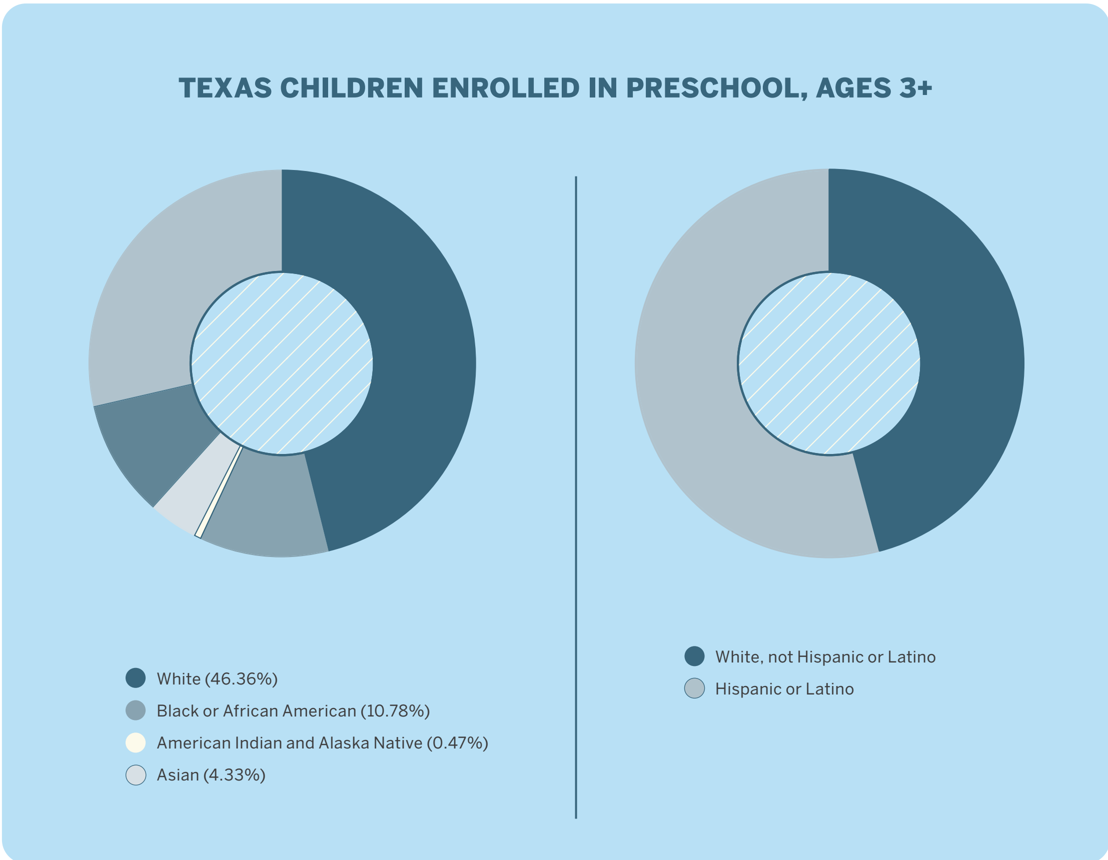


Source: *(United States Census Bureau, 2022)*

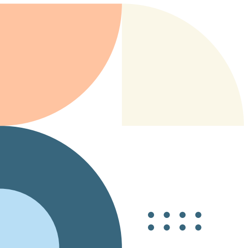
» Children and Early Childhood Education in Texas

EARLY CHILDHOOD EDUCATION (ECE) refers to the education and support that prepares children for elementary school and helps them to develop critical cognitive, social, and emotional skills. ECE programs have demonstrated success in increasing children's academic achievement. Early education capitalizes on a period of increased brain development that occurs between birth and 8 years of age (UNESCO, 2022). Children in ECE programs are less likely to repeat a grade, more academically prepared for school, more likely to graduate from high school, and earn more later in life (National Education Association, 2002).

Being in ECE programs also allows for early indentification of developmental delays. Many child care centers and pre-kindergarten (Pre-K) programs screen children for developmental delays, allowing families to address developmental delays earlier. Early identification of a possible delay means that a child in need can be refered to services sooner. Screening is supported by the American Academy of Pediatrics who recommends conducting developmental screener on a schedule during well child exams, with particular surveillance to when the child is 4 and 5 years old and about to enter elementary school (American Academy of Pediatrics, 2002). Head Start programs are required by the Administration of Children and Families to conduct developmental screeners with children (US Department of Health and Human Services, 2022). In 2022, there were almost 68,500 funded slots for Texas Head Start programs (National Head Start Association, 2023). Nationally, only about 30% of parents of children aged 9-35 months reported receiving a developmental screening (Hirai, Kogan, Kandasamy, Reuland, & Christina, 2018), and only 17% of children under 5 received services for their developmental delays (American Academy of Pediatrics, 2002). In Texas, 48% of children ages 3 to 4 are enrolled in a preschool. Of these, more than 62% rely upon a public preschool. According to the 2022 Kids Count Data Book, Texas preschool enrollment has remained unchanged since 2008 (Annie E. Casey Foundation, 2022). ECE serves to support families and the Texas workforce. It provides early childhood education and a means of quality child care that allows parents and caregivers to go to work.



Source: *(United States Census Bureau, 2022)*



» Children and Health Insurance Coverage in Texas

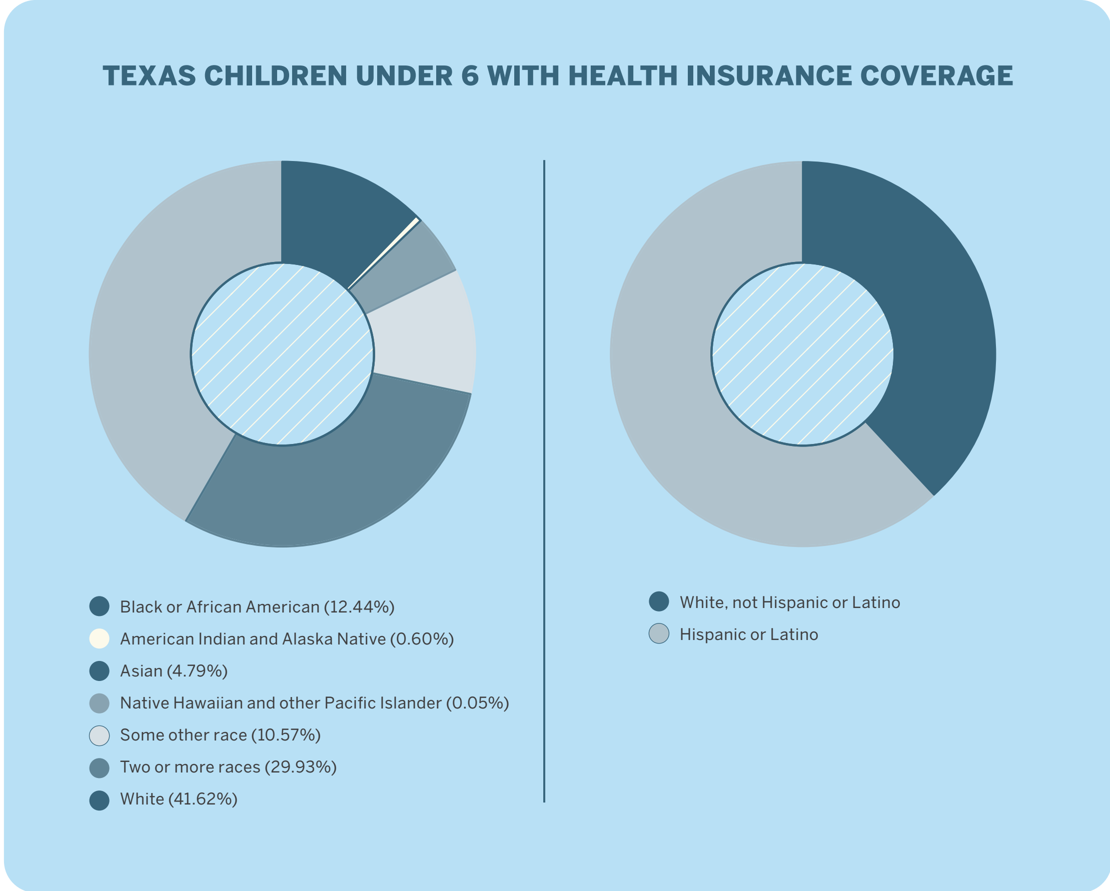
CHILD HEALTH OUTCOMES are influenced by access to quality health care. According to the 2021 American Community Survey, about 94% of Texans ages 0 to 5 years have health insurance, and of these 49% are covered with a type of public health insurance, such as Medicaid, the Children's Health Insurance Plan (CHIP), Tricare for military families, or Medicare (United States Census Bureau, 2022). To be eligible for Texas Medicaid, you must be a Texas resident; United States citizen, permanent resident, or legal immigrant; in need of health care or insurance; and be pregnant, responsible for a child 18 years old or younger, blind, or have a disability (Benefits.gov, 2022). Medicaid requires enrollees to be considered low or very low income, with a limit of 185% of the FPL for families with a child under 1 year and a limit of 133% for families with a child aged 1-5 years (Texas Health and Human Services, 2023). The Children's Health Insurance Plan (CHIP) requires that the family's monthly income not exceed 200% of the FPL, meaning a monthly income of no more than $3,334 for a family of four. In considering what income eligibility criteria means for Texas children, it is important to note how many children are living at or near the federal poverty level. In 2021 children in Texas aged 0 to 5 were as follows: 20.41% living at or below 100% of the FPL; 39.95% living at or below 185% of the FPL, and 43.28% living at or below 200% of the FPL (United States Census Bureau, 2022).

TABLE 3: **Number of Texas Children by Insurance Type, Ages 0-5**

INSURANCE TYPE	COUNT	PERCENTAGE OF INSURED CHILDREN
Medicaid & CHIP	1,020,090	46.74%
Tricare/Milirary Coverage	32,844	1.50%
Medicare	12,108	0.55%
Employer-Based Health Insurance	999,595	45.80%
Direct-Purchase Health Insurance	118,027	5.41%

Source: *(United States Census Bureau, 2022)*

The Texas Health and Human Services Commission offers a health insurance program called Children with Special Healthcare Needs Services Program for Texans under 21 with a medical condition that is expected to last at least one year, is limiting major life activities, has physical symptoms, and requires a high level of healthcare and people with cystic fibrosis of any age (Texas Health and Human Services Commission, 2022). To qualify, families cannot earn more than 200% of the FPL (Texas Health and Human Services Commission, 2022). Some Texas municipalities supplement these federally-funded public health insurance programs with a locally-run program, such as Travis County's Medical Access Program that provides coverage to individuals who are county residents, otherwise uninsured, and with an income of 200% or less of the FPL (Central Health, 2022).



Source: *(United States Census Bureau, 2022)*

03

Early Childhood Programs in Texas

What is a Family Support Program?

Family support programs work with families and communities to promote and provide services to support parents in their role as caregivers and to help families thrive. These programs often include elements that address child development, parenting skills, basic needs, mental health, and more. They often include services such as resource navigation, case management, counseling, and education. Services may take place in the home or in the community, such as schools, nonprofits, community centers, or family resource centers.

Many programs are rated on a scale that includes levels such as not evidenced-based, promising practice, evidence-informed, and evidenced-based. More and more funders are emphasizing evidence-based and research-informed models and the family support field has shifted in the past 10 years to focus on data-driven program designs. The FRIENDS National Center published a crosswalk looking at 6 clearing houses for evidenced-based programs that looks at the rating and criteria for each (FRIENDS National Center, 2022). More information about the crosswalk development by FRIENDS, which includes links to the evidence-based program registries, can be found in Appendix C.

State-Led Early Childhood Programs in Texas

Texas does not have an early childhood state agency or early childhood division within a state agency. Rather, early childhood and family support programs are spread across many of the state agencies in Texas. These include Texas Department of Family and Protective Services, Texas Department of State Health Services, Texas Education Agency, Texas Head Start State Collaboration Office, Texas Health and Human Services Commission, and Texas Workforce Commission. The following is information that describes current state-led early childhood programming.

Within the state child welfare agency, the **Texas Department of Family and Protective Services** (DFPS), the Prevention and Early Intervention (PEI) division contracts with community-based programs and agencies to expand the available opportunities to maximize the potential of children and families in Texas communities (Texas Department of Family and Protective Services, 2023).

Services include home visiting, parenting education, family counseling, after-school youth programs, and a statewide public awareness campaign. Services are free of charge and participation is voluntary. DFPS Child Protective Services (CPS) also provides family services. The primary charge of CPS is to address referrals from the DFPS Child Protective Investigations (CPI) and ensure the safety of the child when allegations of child abuse or neglect occur. When a child's safety can be reasonably assured, CPS provides in-home services to help stabilize the family and reduce the risk of future abuse or neglect (Texas Department of Family and Protective Services, 2023). Family-Based Safety Services (FBSS) are designed to maintain children safely in their homes, or make it possible for children to return home, by strengthening the skills of families to protect their children and reducing threats to their safety (Texas Department of Family and Protective Services, 2023).

The **Texas Department of State Health Services** (DSHS) includes a Maternal and Child Health (MCH) unit, which supports efforts and programs to improve the health of women of childbearing age, adolescents, children, infants, and children with special health care needs through the development of family-centered, community-based, coordinated systems of care (Texas Department of State Health Servcies, 2023). This section oversees Texas' Title V funding, a block grant from the Social Security Act that is administered through the Health Resources and Services Administration to support the health and well-being of all mothers, children, and families, and it does this through supporting local partnerships, coalitions, and programs that address these goals. The MCH section includes programs such as the Texas Collaborative for Healthy Mothers and Babies, the DSHS Breastfeeding Support Program, the Pregnancy Risk Assessment Monitoring System, the Maternal Mortality and Morbidity Review Committee, and Maternal and Child Health Epidemiology.

The **Texas Education Agency** (TEA) Early Childhood Education division oversees the provision of Pre-K for 3-4-year-old children in local school districts. The Early Childhood Education division also provides resources to support early childhood development and professional development to early childhood educators (Texas Education Agency, 2023). Pre-K education is managed in layers within the state system. TEA is the fiscal agent and provides general administrative oversight and Education Service Centers (ESCs) provide regional support to local schools to improve student performance. Established in 1967, there are 20 ESC regions

in Texas that are considered service organizations, rather than regulatory organizations (Texas Education Agency, 2023). ESCs also help schools to run more economically and to implement legislative initiatives. Local school districts can opt in to ESC support. Finally, local school districts operate Pre-K to grade 12 education at the community level, overseeing local schools' efforts.

The **Texas Head Start State Collaboration Office** (THSSCO) supports the development of multi-agency and public/private partnerships at the state level. Community-based Head Start organizations contract directly with the Office of Head Start, an office of the Administration for Children and Families, at the federal level. State Collaboration Offices work at the state level to help increase the impact of Head Start programs through building early childhood systems to increase access to services for children, as well as to facilitate collaboration with other state-level early childhood initiatives (Texas Head Start State Collaborative Office, 2023). More specifically, THSSCO work to link Head Start with other state initiatives that are targeting the THSSCO priority areas, including school transition, professional development, child care and early childhood systems, and regional office priorities (Texas Head Start State Collaborative Office, 2023).

The **Texas Health and Human Services Commission** (HHSC) oversees several health programs that are available to or supportive of families with young children, such as Medicaid; Children's Health Insurance Program (CHIP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the Children with Special Health Care Needs Program (CSHCN); Early Childhood Intervention (ECI); and Child Care Regulation. Texas Medicaid and CHIP support both young children and pregnant mothers. Texas Medicaid and CHIP provide eligible children and pregnant mothers with health insurance. WIC is a program for pregnant women or women who are breastfeeding with a baby under 1 year that provides nutrition, nutrition education, and breastfeeding support to families. Mothers, fathers, and caregivers can receive support. ECI is a program for families with children 0 to 3 years with developmental delays, disabilities, or eligible medical diagnoses that affect development. The program works with the family to help and support the growth of the child. ECI programs include community centers, school districts, education service centers and private nonprofit organizations. Child Care Regulation is also housed within HHSC and works to protect children through regulating and educating child care providers.

Child Care regulation also issues permits and monitors child care providers, as well as investigates complaints alleging violations of the minimum standards in child care and residential child care operations (Texas Health and Human Services Commission, 2023).

The Child Care and Early Learning Division within the **Texas Workforce Commission** (TWC) manages early childhood care and education programs such as child care subsidies and Texas Rising Star (TRS). TWC provides subsidies for child care to families that meet income requirements to allow for parents and caregiver to maintain employment or attend education activities. TRS is a voluntary quality rating that child care providers participating in TWC's Child Care Services program must participate in to indicate excellence in care and education for young children. TWC also provides training to child care providers and creates a statewide child care workforce strategic plan. The Child Care and Early Learning Division is also working on Pre-K partnerships, which are collaborations between school districts and quality-rated child care programs to provide Pre-K instruction within child care settings. In these partnerships, children are dually enrolled in a Pre-K and TWC child care program so that the child is receiving wraparound care (Texas Workforce Commission, 2023). Pre-K partnerships also provide full day child care coverage allowing parents and caregivers to maintain employment.

These state agencies collaborate regularly to increase partnerships between them in order to increase the state investment in early childhood. An example of this is the creation of a liaison position between early childhood programs within state agencies, the Inter-Agency Deputy Director of Early Childhood Support in 2019. This position is funded by four state agencies, the Texas Health and Human Services, Texas Department of Family and Protective Services, Texas Department of State Health Services, and Texas Workforce Commission, to facilitate collaboration of efforts regarding early childhood programming and support. That said, it takes a substantial level of intentionality to integrate early childhood efforts across state agencies given that each have different missions and priorities.

State Early Childhood Programs and Resources

- **TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES** – Prevention and Early Intervention: **https://www.dfps.texas.gov/**
- **TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES** – Family-Based Safety Services: **https://www.dfps.texas.gov/Child_Protection/Family_Support/FBSS.asp**
- **TEXAS DEPARTMENT OF STATE HEALTH SERVICES** – Maternal and Child Health: **https://www.dshs.texas.gov/maternal-child-health**
- **TEXAS EDUCATION AGENCY** – Early Childhood Education: **https://tea.texas.gov/academics/early-childhood- education**
- **TEXAS EDUCATION AGENCY** – Mental Health Resources: **https://schoolmentalhealthtxdatabase.org/**
- **TEXAS HEAD START STATE COLLABORATION OFFICE:** **https://texashssco.org/**
- **TEXAS HEALTH AND HUMAN SERVICES COMMISSION** - Early Childhood Intervention Services: **https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services**
- **TEXAS HEALTH AND HUMAN SERVICES COMMISSION** – Medicaid and CHIP: **https://www.hhs.texas.gov/services/health/medicaid-chip**
- **TEXAS HEALTH AND HUMAN SERVICES COMMISSION** – Child Care Regulation: **https://www.hhs.texas.gov/providers/protective-services-providers/child-care-regulation**
- **TEXAS WORKFORCE COMMISSION** – Child Care and Early Learning Services: **https://www.twc.texas.gov/programs/childcare**

IMAGE 1: **Texas Early Childhood Program Map**

PROGRAM FREQUENCY

X1 | X2 | X3

PROGRAMS LISTED

- DSHS, DFPS-PEI and HHSC (does not include-ECI)

- Every Texas county is served by an organization providing Early Childhood Intervention (ECI) services.
- Each Texas county is served by a Texas Workforce Commission board that provides families with employment and child care assistance.

Early Childhood Funding in Texas

TIEMH WORKED with Texas state agencies to inquire about early childhood funding between fiscal years 2017 and 2020. See Table 3 for the state agency programs that were able to respond to this survey. The survey was administered to the Texas Department of Family and Protective Services, the Texas Department of State Health Services, the Texas Education Agency, the Texas Health and Human Services Commission, the Texas Workforce, The Texas Department of Agriculture, and the Texas Head Start State Collaboration Office.

Funding for early childhood programs in Texas is largely supported by state legislature general revenue dollars and federal grants, which include block grants, federal state allocations, and formula grants. Most early childhood programs are overseen by a state agency and administered via a community-based organization or local education agency. Head Start providers receive their funding directly from the US Department of Health and Human Services.

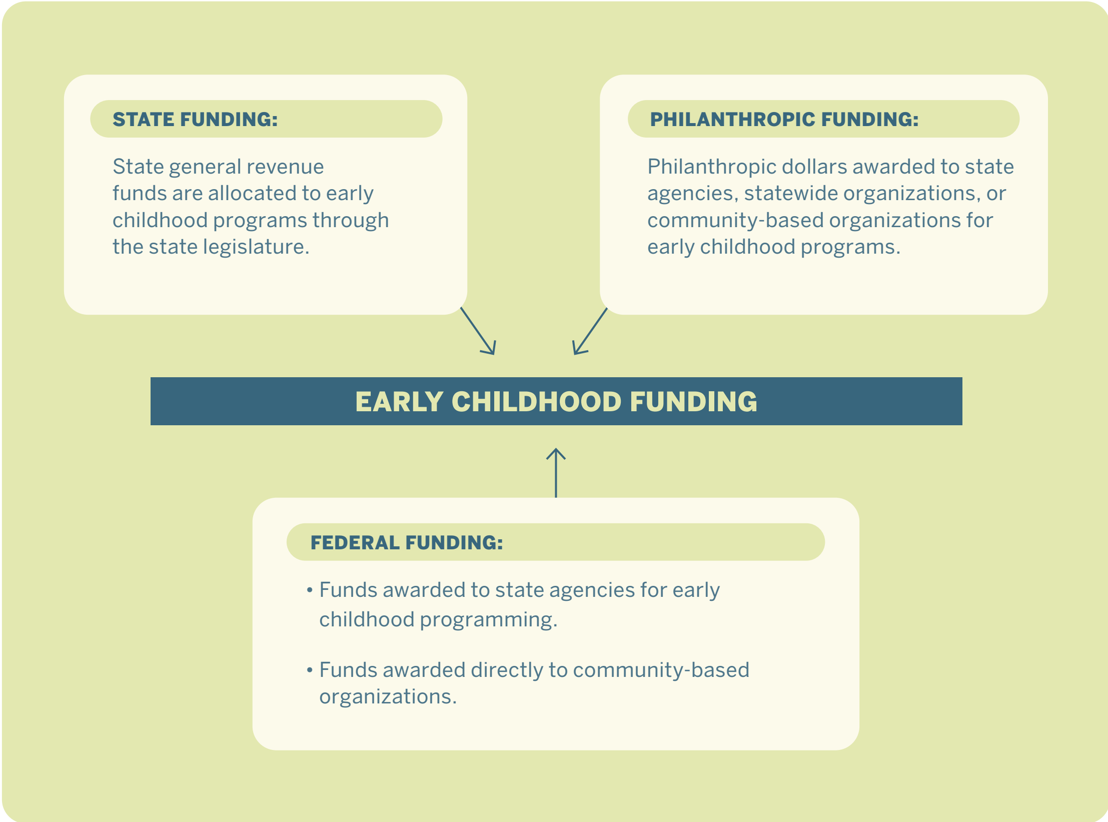


TABLE 4: **Texas Early Childhood Funding Sources and Primary Program Goals, 2017-2020***

STATE AGENCY	PROGRAMS	FUNDING SOURCE(S)	PRIMARY PROGRAM GOAL AS INDICATED BY STATE AGENCY
Texas Department of Family Protective Services	Healthy Outcomes through Prevention and Early Support	State general revenue	Health
	Helping through Intervention and Prevention	State general revenue	Support for Families and Caregivers
	Service, Military, and Veteran Families	State general revenue	Health
	Texas Home Visiting	US Department of Health and Human Services and state general revenue	Health
	Texas Nurse Family Partnership	US Department of Health and Human Services and state general revenue	Health
Texas Department of State Health Services[1]	Title V MCH Services Block Grant[2]	US Department of Health and Human Services and state general revenue	Health
	Foundational School Program	State general revenue and State Permanent School Fund (PSF)	Early Learning and Education
Texas Education Agency[3]	Instructional Materials Program	State general revenue and PSF	Early Learning and Education
	Title I, Part A	US Department of Education	Early Learning and Education
	Title I, Part C Migrant Education Program	US Department of Education	Early Learning and Education
	Title III, Part A of Elementary and Secondary Education Act	US Department of Education	Education
	Title IV (Student support and academic enrichment)	US Department of Education	Early Learning and Education
Head Start	Head Start	US Department of Health and Human Services	Early Learning and Education
	Early Head Start	US Department of Health and Human Services	Early Learning and Education
	Early Head Start Childcare Partnerships	US Department of Health and Human Services	Early Learning and Education
Texas Health and Human Services Commission [4]	Early Childhood Intervention	US Department of Education, US Department of Health and Human Services, US Department of Agriculture, state general revenue	Health
	Medicaid	US Department of Health and Human Services	Health
	Children's Health Insurance Program (CHIP)	US Department of Health and Human Services	Health
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	US Department of Agriculture	Health
	Texas Family Violence Program	US Department of Health and Human Services and US Administration for Children and Families	Support for Families and Caregivers
	Child Care Regulation	US Department of Health and Human Services and state general revenue	Early Learning and Education
Texas Workforce Commission	Child Care Services	US Department of Health and Human Services and state general revenue	Early Learning and Education
	Texas Rising Star	US Department of Health and Human Services and state general revenue	Early Learning and Education
	Contracted Daycare with DFPS[5]	US Department of Health and Human Services and state general revenue	Early Learning and Education

See Appendix A for more information on how to download the Thrive Early Childhood Fiscal Map.

[1] No information was provided by the Texas Vaccines for Children Program.
[2] Title V MCH Services Block Grant is divided into services for pregnant women, infants, children ages 1-24 years, and children with special healthcare needs.
[3] No information was provided by Early Childhood Special Education, Early Childhood Education Professional Development, RECESS, or Texas School Ready.
[4] No information was provided by Medicaid 1915C Waivers, Primary Healthcare Program, the Children's Mental Health Program, or the Supplemental Nutrition Assistance Program.
[5] The funding for this work crosses state agencies and is represented under the Texas Workforce Commission for the purposes of this report.

IMAGE 2: **Texas Early Childhood Federal Funding**

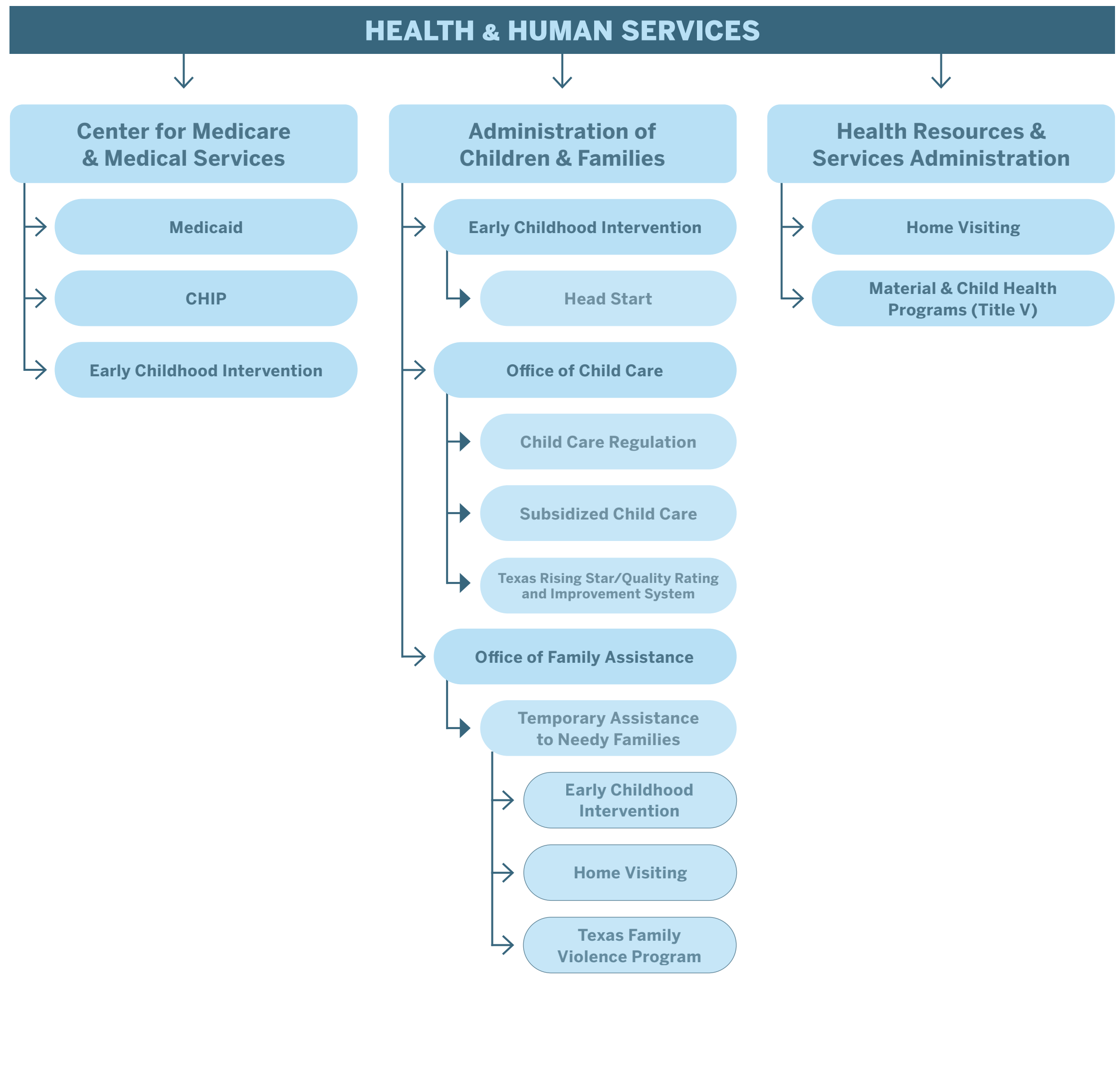
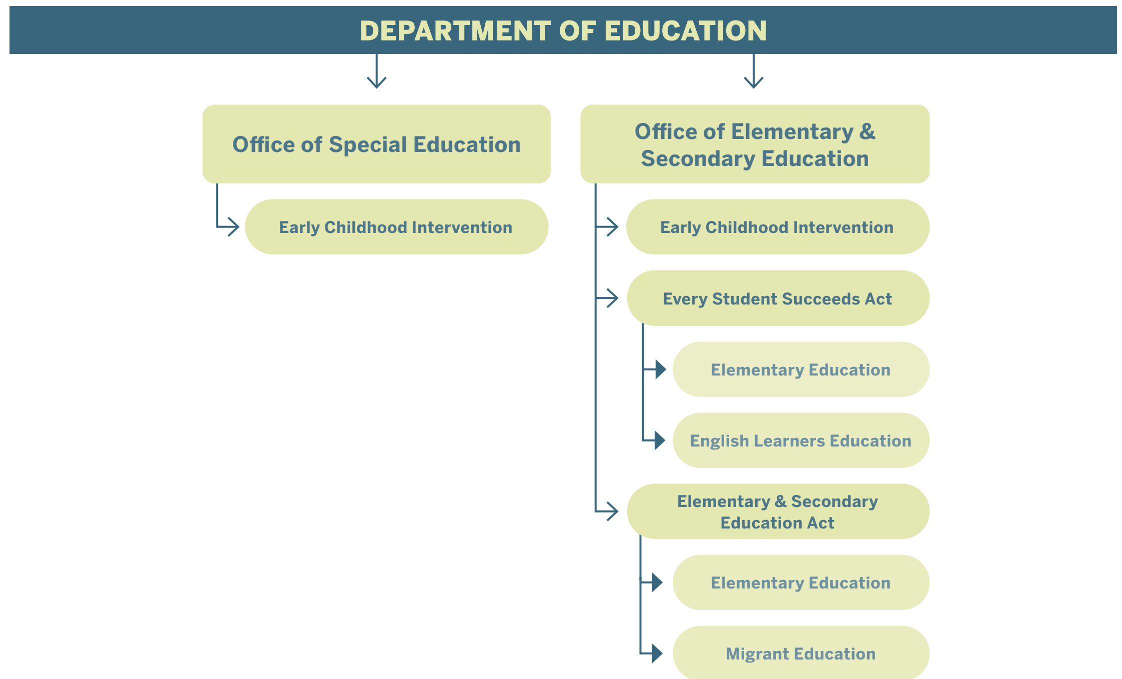


IMAGE 2: **Texas Early Childhood Federal Funding**



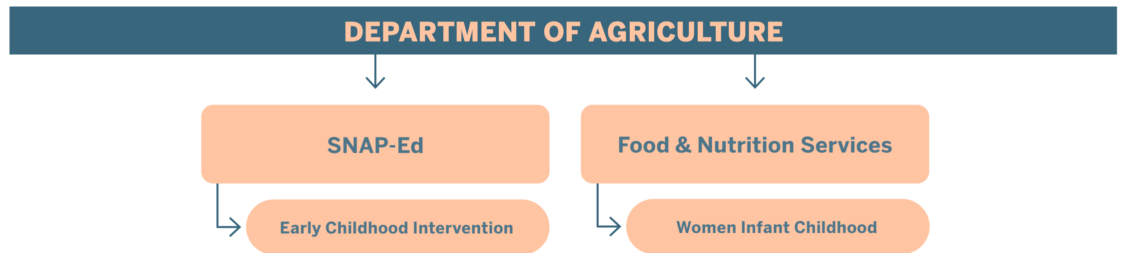
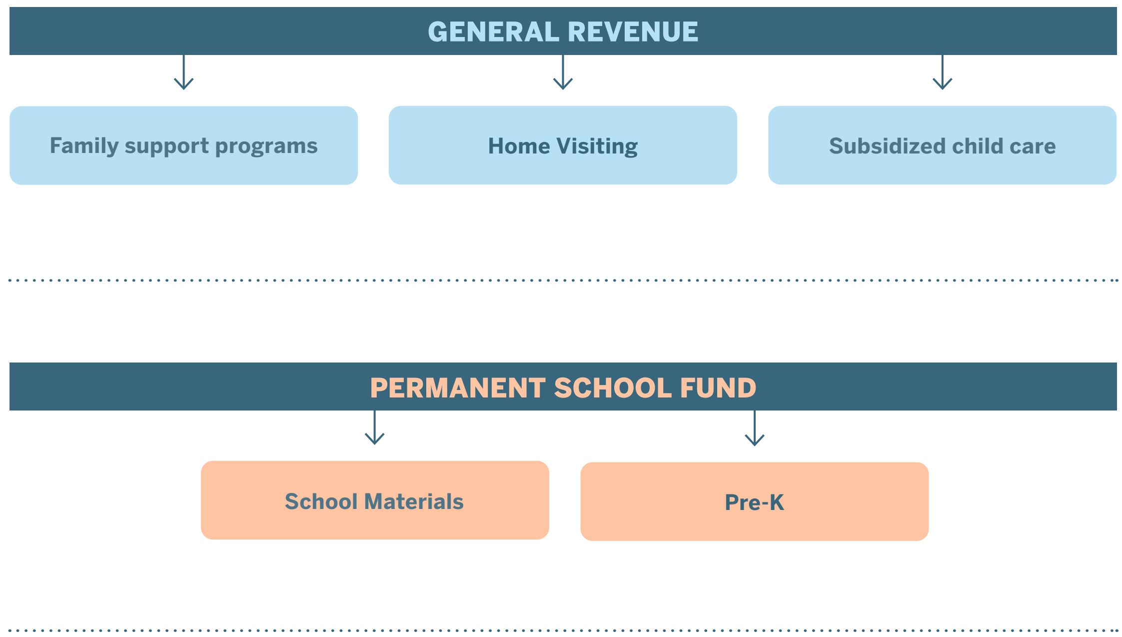


IMAGE 3: **Texas Early Childhood State Funding**



Texas Early Childhood Funding: Summary

TABLE 5: **Texas Early Childhood Funding – Medicaid and CHIP, 2017–2020**

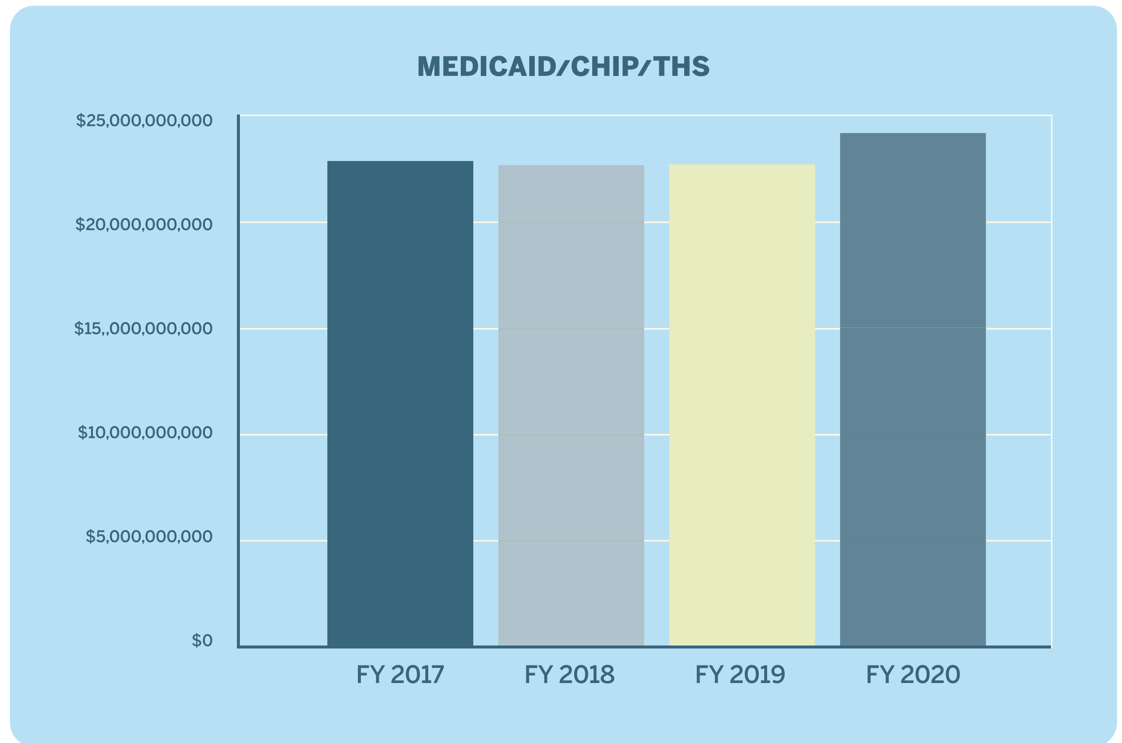
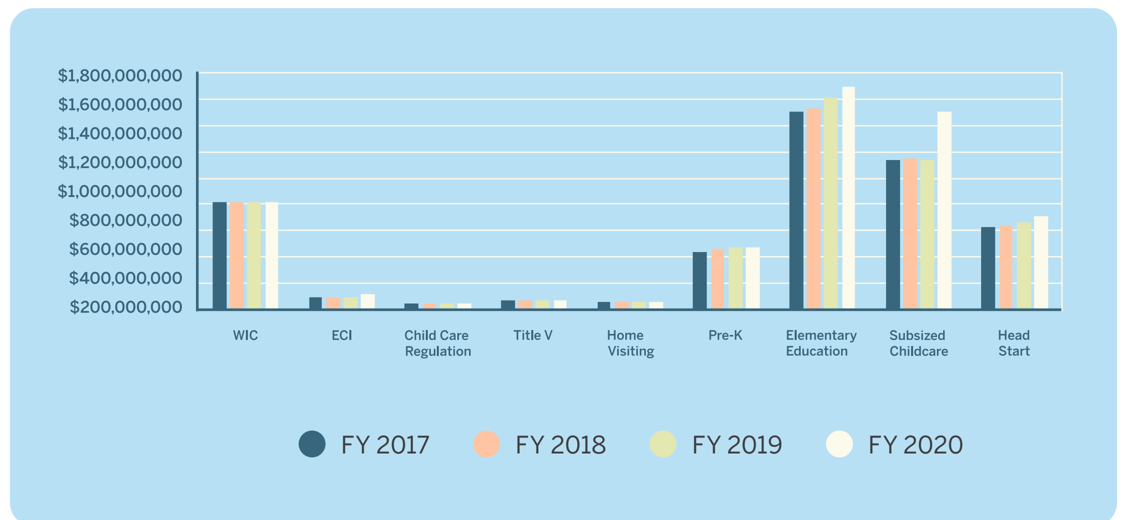


TABLE 6: **Texas Early Childhood Funding, 2017–2020**



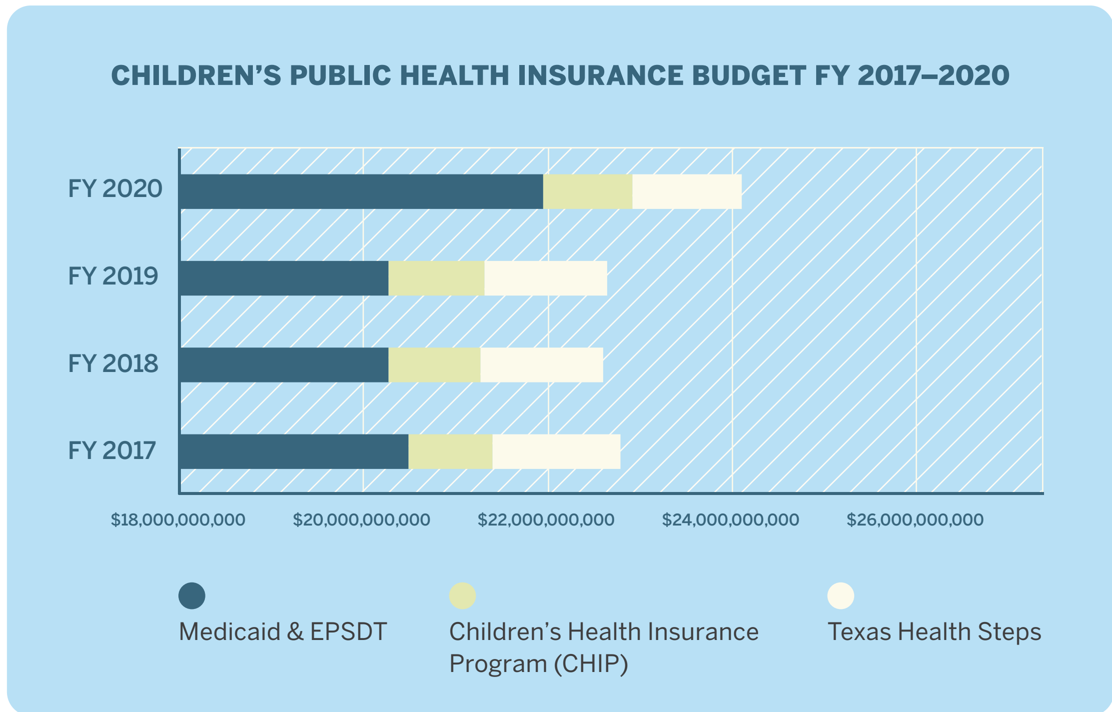
» Early Childhood Programs Funding Descriptions

Children's Public Health Insurance Program Description

Children can receive health insurance through two statewide programs – Medicaid and the Children's Health Insurance Program (CHIP). Eligibility depends on age, need, and family income. The income threshold lowers as the child ages. Texas Health Steps is healthcare for children ages 0 to 20 who have Medicaid and covers medical and dental checkups, reflecting the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. The Texas Health and Human Services Commission oversees the Medicaid and CHIP programs via the Centers for Medicare and Medicaid Services (CMS). Health providers must enroll via CMS to bill for services provided to Medicaid and CHIP holders.

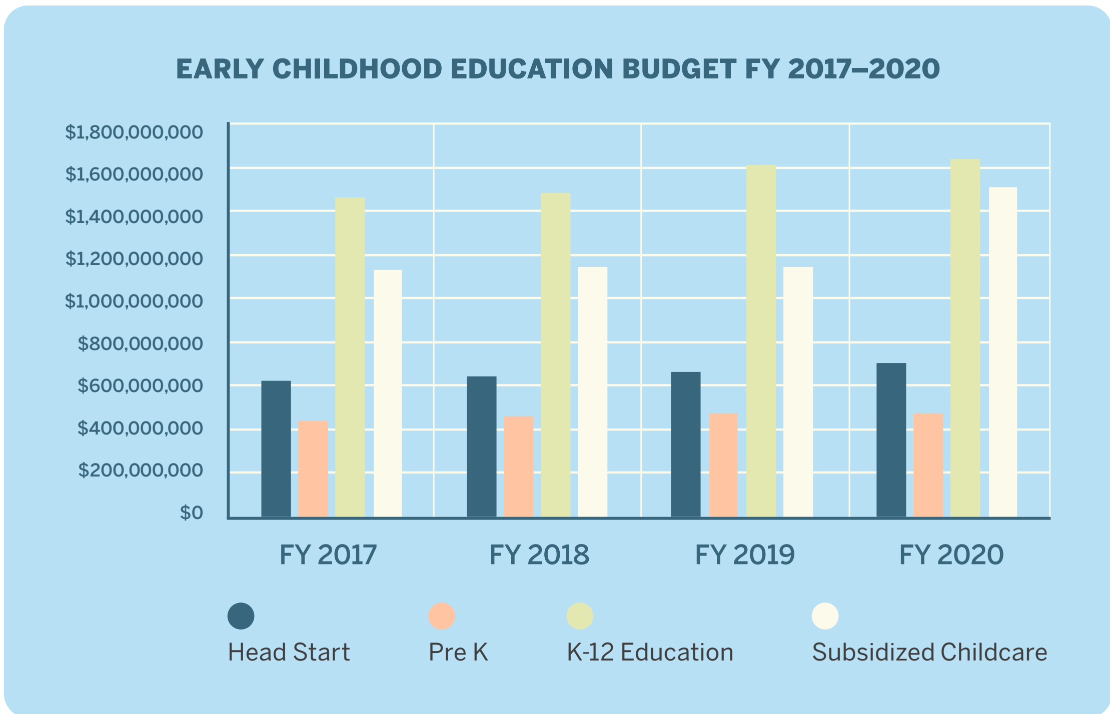
Children's Public Health Insurance Funding Mechanism

In FY 2020, the budget for Medicaid, the Children's Health Insurance Program (CHIP), and Texas Health Steps was over $24.1 billion. Texas Medicaid receives federal funding through Title XIX of the Social Security Act. Services may be funded through fee for service billing or via a managed care organization. Texas CHIP is funded through Title XXI of the Social Security Act. CHIP services are delivered through managed care organizations. Texas Health Steps is funded through the Social Security Act and state general revenue funds. Services are provided via managed care organizations.



Early Childhood Education Program Description

Early childhood care and education encompasses Head Start, subsidized child care, Pre-K, and kindergarten. Head Start and Early Head Start promote the school readiness of children from birth to age five from low-income families. Community-based organizations and schools provide services. Subsidized child care provides families that meet requirements with financial aid, or a subsidy, to cover child care costs. Those child care services are provided at local centers that have met particular standards. Pre-K is for families of children ages 3 and 4 years and is provided at local public schools. Services are available free for eligible children and may be available for a fee for families ineligible for free Pre-K. Kindergarten is a part of the kindergarten to 12th grade education system, and services are provided at local public schools (both independent school districts and public charter schools).



Early Childhood Education Funding Mechanism

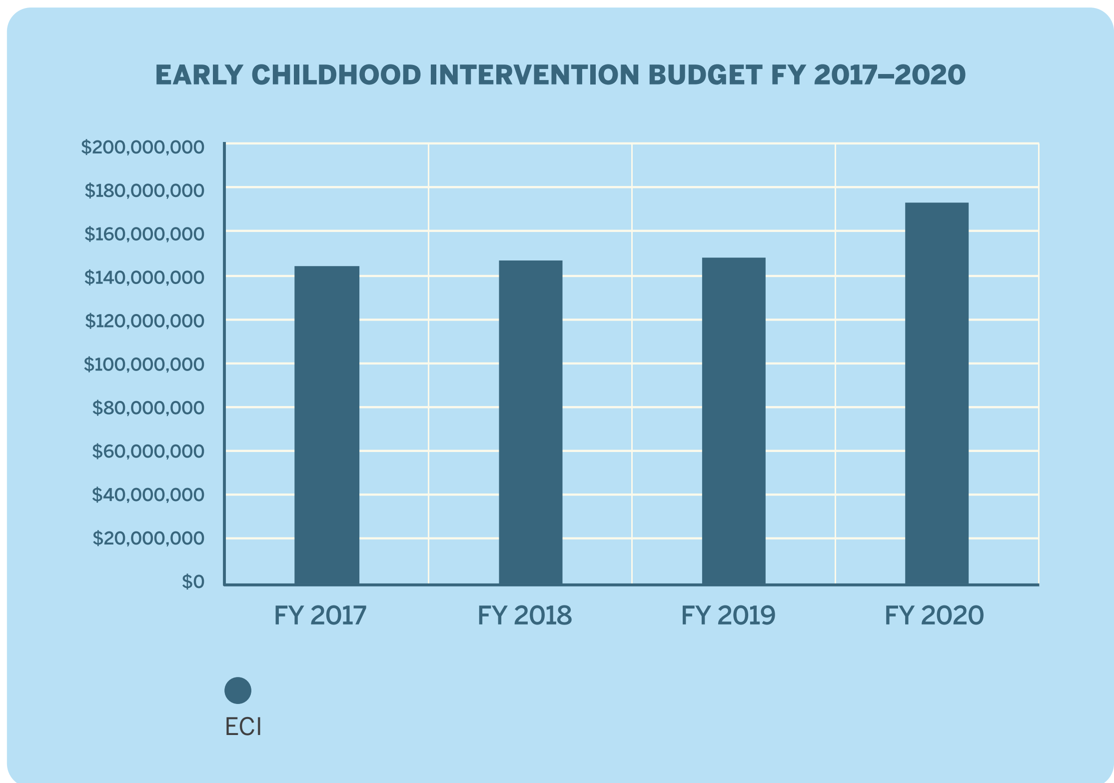
Head Start is funded directly to local providers via the Administration for Children and Families within the US Department of Health and Human Services. Subsidized child care programs have various funders, including the Administration for Children and Families and state general revenue funds. Pre-K is funded through Title I funding of the Every Student Succeeds Act (ESSA) and state funding, including general revenue dollars, the Permanent School Fund (PSF), and the Available School Fund (ASF). The Texas Legislature requires local districts to provide Pre-K to 4-year-olds. Kindergarten is funded via programs that support all elementary education systems, including federal funding under the US Department of Education (ESSA and the Elementary and Secondary Education Act) and state funding (general revenue, PSF, and ASF).

Early Childhood Intervention Program Description

The Early Childhood Intervention (ECI) program serves children from birth to age 3 who have developmental delays, disabilities, or particular medical diagnoses that can impact development. Services include developmental screening; speech, physical, and occupational therapies; case management; and connection to other community resources.

Early Childhood Intervention Funding Mechanism

The Early Childhood Intervention (ECI) program is overseen by the Texas Health and Human Services Commission (HHSC). HHSC receives state general revenue funds as well as federal funds from the US Department of Education that it awards to community-based organizations to provide services. ECI providers must also bill services to Medicaid on a fee-for-service basis and through Medicaid and CHIP managed care, which are funded through HHSC with state general revenue and federal funds from the US Department of Health and Human Services. ECI also provides nutritional education to families, which is funded by the US Department of Agriculture.

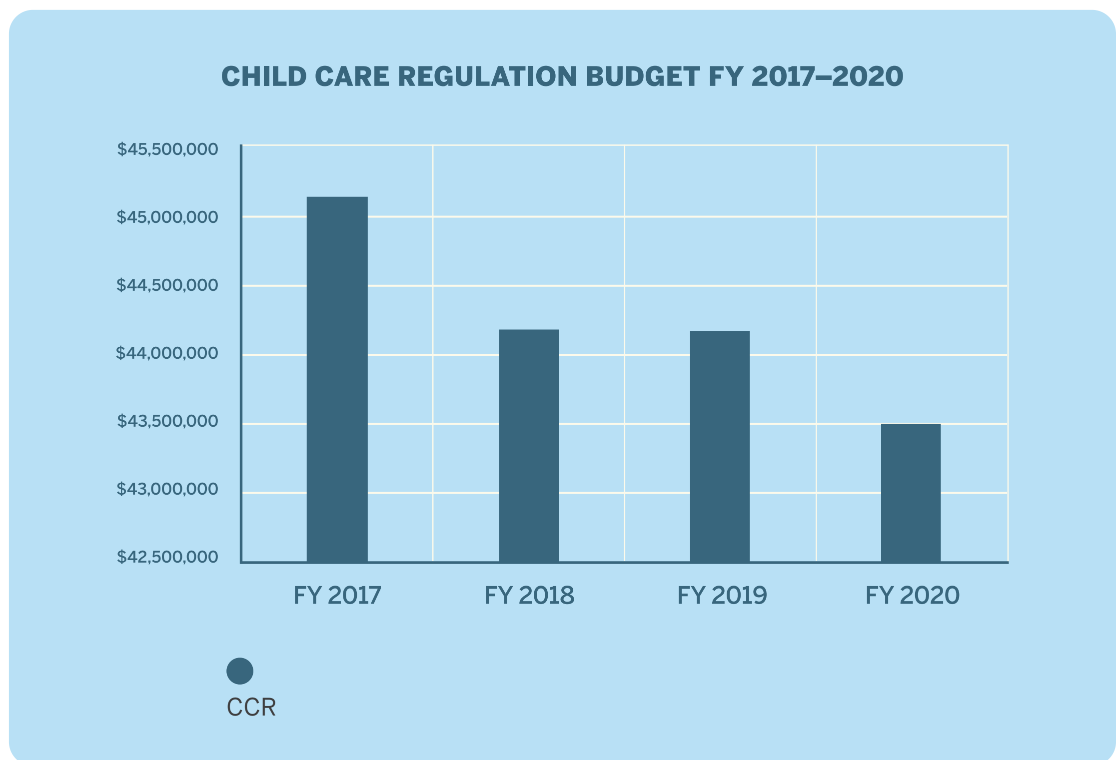


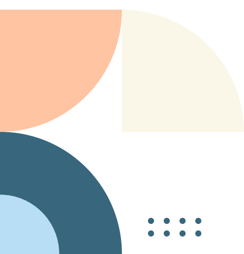
Child Care Regulation Program Description

Child Care Regulation (CCR) oversees the monitoring and permitting of all child care agencies to protect the health and safety of children in care, and investigates complaints against child care agencies. CCR also informs the public about how child care agencies are complying with state laws and regulations. Operations are housed in the Texas Health and Human Services Commission (HHSC).

Child Care Regulation Funding Mechanism

HHSC oversees CCR. Funding includes federal funds from the Social Security Act and general revenue state funds.



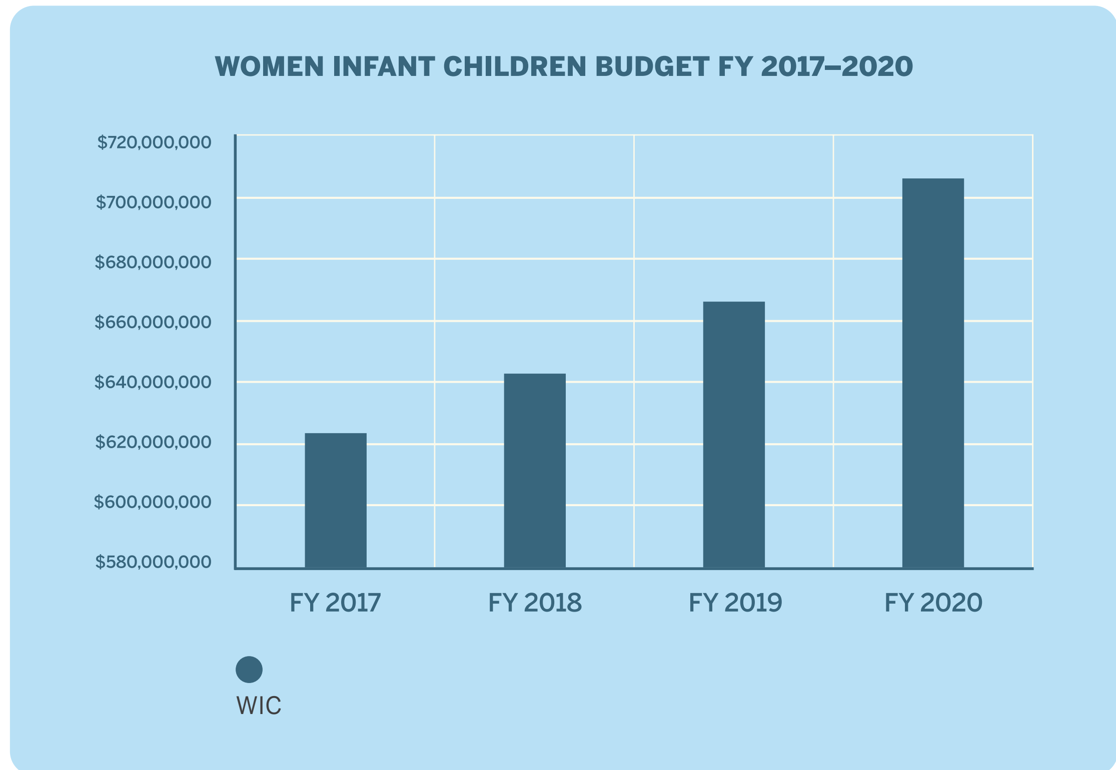


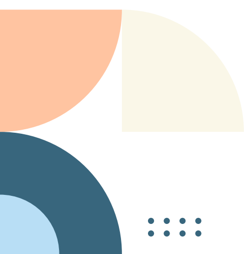
WIC Program Description

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides pregnant women, postpartum women, and children from birth until the child is age 5 with support and education regarding pregnancy, nutrition, breastfeeding, and health. WIC also provides access to healthy foods. Services are provided through local WIC offices that are housed within community-based organizations.

WIC Funding Mechanism

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services are housed within community-based organizations through funding provided by HHSC. HHSC receives a federal state allotment for the WIC program. Allotments are formula-based through the US Department of Agriculture's Food and Nutrition Service.



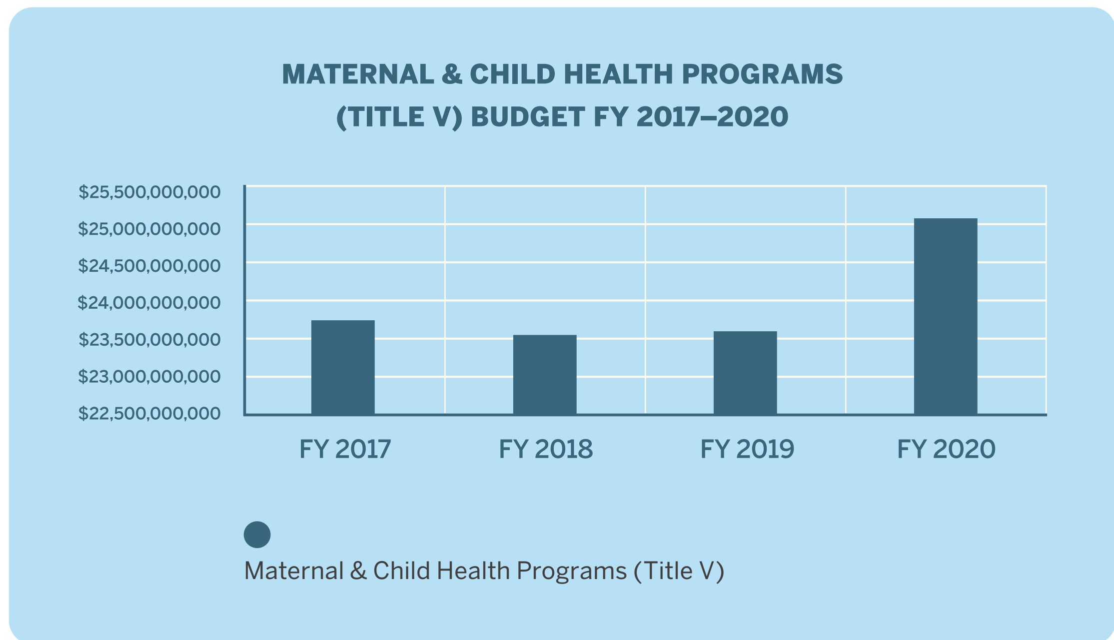


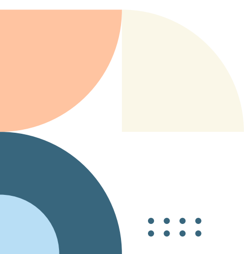
Title V Maternal and Child Health Block Grant Programs Description

Title V Maternal and Child Health programs support the development of family-centered, community-based, coordinated systems of care. Programs include education, awareness, support, and resources that focus on the health of women, infants, children, youth, and children and youth with special healthcare needs.

Title V Maternal and Child Health Block Grant Programs Funding Mechanism

DSHS oversees Title V, which is a federal block grant awarded by the Health Resource and Services Administration and authorized by the Social Security Act. DSHS awards Title V dollars to local organizations to provide public health programming. These programs are also funded by state general revenue dollars.



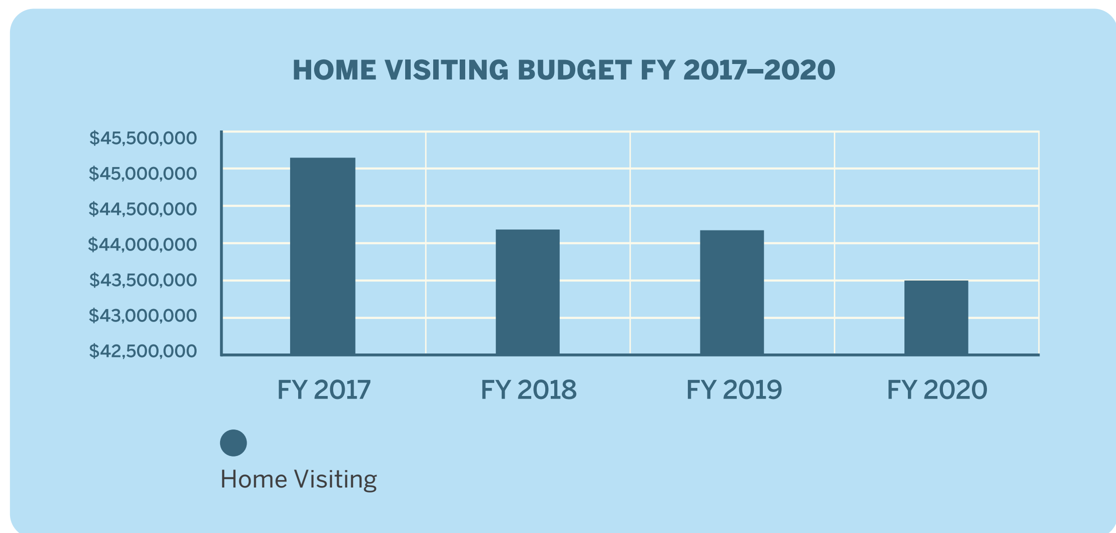


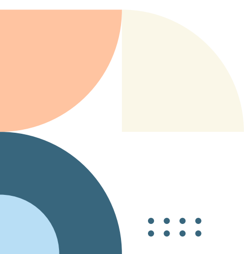
Home Visiting Programs Description

Home visiting programs utilize evidence-based models to deliver programming to families with children prenatally to 5. Programs focus on supports and education that target positive health outcomes, increase family self-sufficiency, and increase safety.

Home Visiting Programs Funding Mechanism

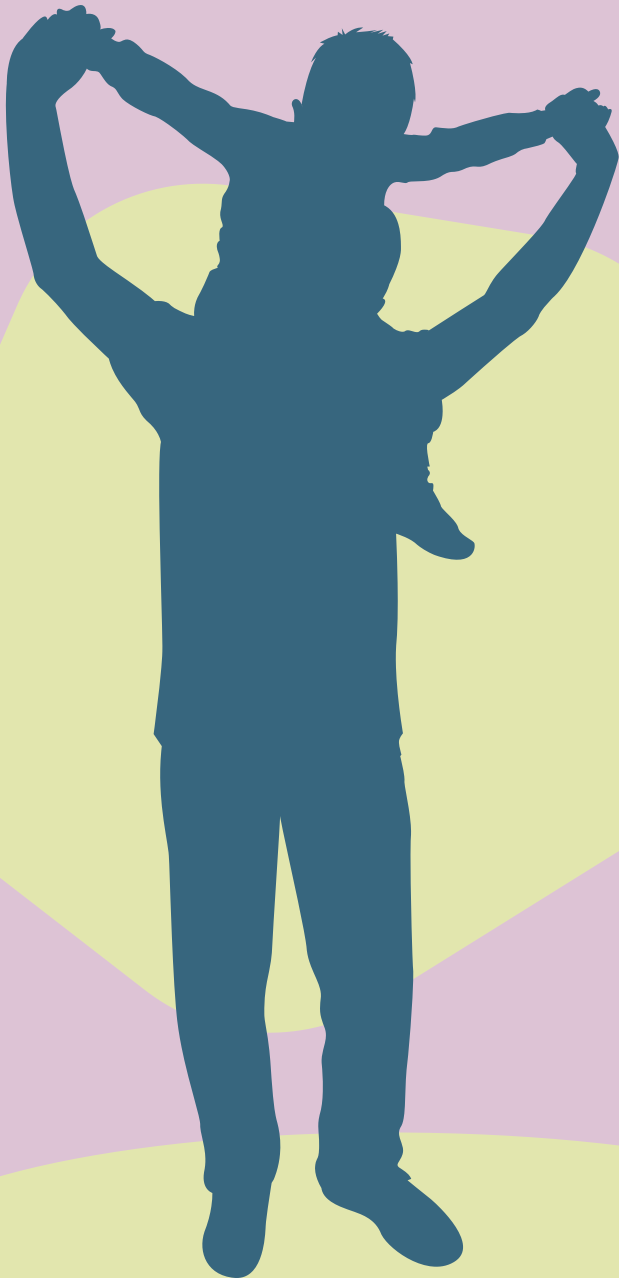
The Texas Department of Family and Protective Services (DFPS) oversees home visiting programs. DFPS home visiting is funded through federal funds (the Health Resources and Services Administration and the Administration for Children and Families) and state general revenue dollars. DFPS awards funding to local implementing agencies to provide services via cost reimbursement grants.





04

Early Childhood Program Implementation



CHILD OUTCOMES are tethered to the stages of child development, which is influenced by parent and caregiver inputs and relationships. The more adverse childhood experiences (ACEs) experienced by a child, the more likely they are to develop conditions such as heart disease or diabetes, poor academic achievement, or substance use (Center on the Developing Child, Harvard University, 2023). Early, positive interactions with parents and caregivers can decrease the impact of ACEs and lead to long-lasting positive impacts across a child's life (Kaiser Permanente Thrive, 2023). Building up protective factors in children's lives helps to prevent the well-documented risks associated with exposure to ACEs. The Center for the Study of Social Policy established the research-informed Strengthening Families Protective Factors Framework, which includes:

1. **PARENTAL RESILIENCE:** parents are able to manage stress and function well when faced with adversity
2. **SOCIAL CONNECTIONS:** parents need support from positive relationships
3. **KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT:** parents understand how children grow and develop and parenting strategies to support their growth
4. **CONCRETE SUPPORT IN TIMES OF NEED:** parents are able to access basic need supports, which help families to minimize stress caused by challenges
5. **SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN:** parents interact with child in a way that supports the child to communicate and regulate their emotions

Source: *(Center for the Study of Social Policy, 2023)*

Early childhood programs should seek to address these protective factors and consequently prevent ACEs from occurring.

It is important to consider outcomes in early childhood programming. The Committee on Supporting Parents of Children Ages 0-8 identified four foundational outcomes for child wellbeing in a report published through The National Academies of Sciences, Engineering, and Medicine: 1) physical health and safety; 2) emotional and behavioral competence, or care that promotes emotional health; 3) social competence to develop and maintain relationships; and 4) cognitive competence for the skills and capacities needed at each developmental stage to succeed in school and beyond (Committee on Supporting the Parents of Young Children, 2016). Effective early childhood programs positively impact these four outcomes through programmatic supports for the parent and caregiver. The strategies and frameworks in this section outline family-focused interventions, supports, and programming that have demonstrated efficacy in promoting positive outcomes for young children and their families. These will include approaches utilized at the provider, community, and state level.

Evidence-Based Practice

There is a gradient of demonstrated effectiveness for programs. The labels to describe these categories depend on the clearinghouse and programs used; however, the categories used in this report include: practice-based evidence, research-informed, and evidenced-based. The gold-standard of early childhood programs is evidenced-based practice (EBP), which incorporates the best researched evidence and clinical expertise, and is aligned with the family/client's values (Institute of Medicine, 2001). An EBP is a program that has documented effectiveness resultant from at least two rigorous clinical trials and demonstrated effects sustained at least one year after the end of the program (Annie E. Casey Foundation, 2018). In the past 30 years, the emphasis on research-driven program design expanded from medical models to family supports such as social services and education. However, there are few programs that have undergone the rigorous clinical trials that are required to merit evidenced-based status.

Evidenced-informed practice is a program that demonstrated effectiveness through one rigorous trial that has not yet been duplicated (Annie E. Casey Foundation, 2018). A research-informed practice refers to models that encompass established research regarding a particular service, particularly in regard to implementation. This may include well-documented evaluations on program impact for a particular service with a particular population.

It acknowledges and includes evidence, but lacks a clinical trial to demonstrate efficacy. Practice-based evidence (PBE) describes programs that, in contrast to evidence-based and research-informed practices, include program design derived from real-world practice experience (California Evidence-Based Clearinghouse for Child Welfare, 2017). This may be in place of, or in addition to, research-based evidence. At its best, PBE combines with evidence-based practices, enhancing them and allowing for the inclusion of cultural knowledge and the wisdom of direct- care providers.

There are some misconceptions regarding EBPs. Some practitioners have considered the push to adopt EBPs and research-informed practices as a passing trend. Conversely, the emphasis on EBPs continues to grow as it contributes to better and more consistent outcomes (California Evidence-Based Clearinghouse for Child Welfare, 2017). More and more funders are requiring EBPs in requests for applications. The use of EBPs keeps a provider competitive for funding opportunities and means the provider values the most-current evidence in serving children and families. Because the use of an EBP means that implementation and data science guide practice within a program, EBPs can lead to higher-quality programs and enhanced continuous quality improvement (CQI).

DEFINITIONS

Evidence-Based Practice:

Practice that includes the best research evidence, the best clinical practice, and aligns with family/client values and demonstrated through at least two clinical trials (California Evidence-Based Clearinghouse for Child Welfare, 2017), (Annie E. Casey Foundation, 2018).

Evidence-Informed Practice:

Practice that demonstrated effectiveness with one clinical trial (Annie E. Casey Foundation, 2018).

Research-Informed Practice:

Utilizes current research regarding implementation science that may include a program-specific evaluation to demonstrate efficacy, but lacks a clinical trial.

Practice-Based Evidence:

Practice informed by real-world experiences that ideally collaborates with research or evidence-based practices (California Evidence-Based Clearinghouse for Child Welfare, 2017).

There are some misconceptions regarding EBPs. Some practitioners have considered the push to adopt EBPs and research-informed practices as a passing trend. Conversely, the emphasis on EBPs continues to grow as it contributes to better and more consistent outcomes (California Evidence-Based Clearinghouse for Child Welfare, 2017). More and more funders are requiring EBPs in requests for applications. The use of EBPs keeps a provider competitive for funding opportunities and means the provider values the most-current evidence in serving children and families. Because the use of an EBP means that implementation and data science guide practice within a program, EBPs can lead to higher-quality programs and enhanced continuous quality improvement (CQI).

Some have argued that EBPs disregard the experience and wisdom of practitioners and/or the culture of the children and families served. Rather, EBPs are intended to enhance a practitioner's expertise, not replace it (California Evidence-Based Clearinghouse for Child Welfare, 2017). Many EBPs provide a structure as a guide and include flexibility to best fit a community or family. EBPs are expected to include the best clinical experience and to be "consistent with family values" (Institute of Medicine, 2001). In fact, the National Association of Social Workers, states that EBPs "must be adapted and personalized for individuals based on their culture, interests, and circumstances" (National Association of Social Workers, 2022). Thus, best practice regarding the implementation of an EBP accounts for both clinical experience and culture.

COMMON MISCONCEPTIONS ABOUT EBPs

» The emphasis on EBPs is a passing trend.

» EBPs only cause more work for direct care and administrative staff.

» EBPs disregard the practitioner's expertise and the culture of a community.

» Something labeled as "evidenced" is the same as an EBP.

Data collection is a key component of EBPs, which lends itself to regular data analysis of program impact, or CQI procedures. The relationship between EBPs and CQI allows organizations to build in structure, time, and capacity to improve the experience of the families served, as well as the conditions for staff. This means that EBPs can help to address challenges that arise from high turnover in direct care staff. Turnover can also be positively impacted by the structure that EBPs supply. Structure helps with onboarding processes in regard to training and role definition.

It is not sufficient to see that a program or practice is labeled as "evidence-based." There are many factors that should be considered when determining that a particular practice is a good choice. For example, an organization should carefully consider the needs that the practice is intended to address and whether the documented outcomes shown in the research are a good match for the needs of the children and families. Some programs may demonstrate positive impacts on the staff's behavior or a parent's knowledge, but may not have research documenting outcomes important to the families. Additionally, a practice will be more likely to be implemented and sustained if it is a good fit for the staffing, funding, and structure of the organization. Additionally, the program should consider whether the program has been studied in populations similar to the children and families it is intended to serve.

The following are some clearinghouses that include family-serving EBPs:

- **THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE:** Searchable database of programs related to child welfare that includes program descriptions and information on research evidence (California Evidence-Based Clearinghouse for Child Welfare, 2023).

- **HOME VISITING EVIDENCE OF EFFECTIVENESS:** A database listing evidence for early childhood home visiting models that serve families with pregnant mothers and children birth to 5 years run by the Administration for Children and Families in the US Department of Health and Human Services (Administration for Children and Families, 2023).

- **HOME VISITING EVIDENCE OF EFFECTIVENESS – TRIBAL HOME VISITING:** A database listing evidence for early childhood home visiting models that serve families with pregnant mothers and children birth to 5 years based in tribal nations that is run by the Administration for Children and Families in the US Department of Health and Human Services (Administration for Children and Families, 2023).

- **RESULTS FIRST ™** Clearinghouse Database: Operated through the Penn State Social Science Research Institute, this clearinghouse for the effectiveness of social policy programs from nine other clearinghouses (Results First Clearinghouse Database, 2023).

- **SOCIAL PROGRAMS THAT WORK:** Search for EBPs by policy area in a clearinghouse that seeks to identify programs well-conducted randomized controlled trials (Social Programs That Work, 2023).

- **TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE:** A review of research on family support programs that is run by the Administration for Children and Families in the US Department of Health and Human Services.

- **WHAT WORKS CLEARINGHOUSE:** Find information about evidence-based classroom practices (Institute of Education Sciences, 2023).

Evidence-Informed Frameworks

THE FOLLOWING SECTION includes research-informed frameworks commonly used when working with families with young children. One research-based model that is widely considered an essential approach to working with families is trauma-informed care. Life experiences impact how a person engages with the world, including health and helping systems. In the United States, 45% of children experience one ACE, and more than 19% of Texas children experience two or more ACEs by the time they are 18 years old (University of Texas Health Science Center at Houston, 2022). If someone experiences trauma, it can have long-lasting effects on how they interact with others and the world around them. Accordingly, if a program seeks to support families, it needs to consider the impact of trauma. The Substance Abuse and Mental Health Administration (SAMHSA) defines trauma-informed care as a framework that includes trauma-specific interventions, as well as key trauma principles into organizational structure (Substance Abuse and Mental Health Administration, 2014). SAMHSA defines the six principles of a trauma-informed approach as:

1. **SAFETY** – the staff and people served by the organization feels safe during services
2. **TRUSTWORTHINESS AND TRANSPARENCY** – in order to build trust with staff and people served by the organization, operational decisions are transparent
3. **PEER SUPPORT** – peer support for people with lived experiences of trauma is a modality to establish safety, trust, and collaboration
4. **COLLABORATION AND MUTUALITY** – leveling power differences between staff and clients occurs through partnering in decision making
5. **EMPOWERMENT, VOICE AND CHOICE** – individual strengths are recognized and built upon and individuals are supported in shared decision making and self-advocacy
6. **CULTURAL, HISTORICAL, AND GENDER ISSUES** – policies and procedures are responsive to the racial, ethnic, and cultural needs of the individuals served

Source: *(Substance Abuse and Mental Health Administration, 2014)*

A trauma-informed approach seeks to avoid the traumatization of families. Often programs inadvertently cause harm to families through stressful procedures, such as an intake where a family may have to retell stories of past traumas. Without awareness, a family member may be asked to tell their trauma history to the referral source, the intake call staff, and to the direct service provider before even receiving services. Not only is the family member being required to repeat their trauma history multiple times, it also requires them to have a high level of trust and willingness to be vulnerable when trust has not yet been earned. Trauma-informed care builds organizational structures to mitigate exposure to re-traumatization. The ten areas of implementation for trauma-informed care include: 1) governance and leadership; 2) policy; 3) physical environment; 4) engagement and involvement; 5) cross-sector collaboration; 6) screening, assessment, and treatment services; 7) training and workforce development; 8) progress monitoring and quality assurance; 9) financing; and 10) evaluation (Substance Abuse and Mental Health Administration, 2014).

10 IMPLEMENTATION CONSIDERATIONS FOR TRAUMA-INFORMED CARE

1. **Governance and Leadership**
   The organization's leadership support and invests in a trauma- informed approach, and include family voice in its program design.

2. **Policy**
   Written policies and procedures establish trauma-informed care as a part of the organization's mission.

3. **Physical Environment**
   The physical environment promotes safety and collaboration between staff and people served.

4. **Engagement and Involvement**
   The organization includes significant involvement and voice of people served and trauma survivors in all levels of functioning.

5. **Cross-Sector Collaboration**
   Collaboration occurs across sectors and is built on a shared understanding of trauma-informed care.

6. **Screening, Assessment, and Treatment Services**
   Services are evidence-based, culturally appropriate, and reflects the principles of a trauma-informed approach.

7. **Training and Workforce Development**
   The organization provides and supports on-going, meaningful training on trauma.

8. **Progress Monitoring and Quality Assurance**
   The organization conducts on-going assessment, tracking, and monitoring of trauma-informed principles within in the organization.

9. **Financing**
   Financing supports trauma-informed approaches and resources.

10. **Evaluation**
    Evaluations are designed to reflect and understanding of trauma.

The two-generation (2Gen) approach is not a model, but a framework to address the needs of early childhood by serving the parent and the young child at the same time. These programs address protective factors with parenting programs that may include parenting skills, job training, financial coaching, or others, while providing early care and programming for the young child. As such, 2Gen programs seek to impact positive outcomes for both parents and children. 2Gen approaches are also known as "whole family," "multigenerational," "intergenerational," and "Ohana Nui" (Child Welfare Information Gateway, 2023). The 2Gen approach includes five core principles:

1. Measure and account for outcomes for children and adults
2. Engage and amplify the voices of families
3. Ensure equity in program planning, implementation, and evaluation
4. Foster innovation and evidence together
5. Align and link systems and funding streams

Source: *(Child Welfare Information Gateway, 2023)*

For more information regarding implementation strategies of the 2Gen approach, see the recommendations set forth by the Administration for Children and Families (Administration for Children and Families, 2023), linked here: **https://www.acf.hhs.gov/two-generation-approach/two-gen-strategies.**

Finally, a strategy that has gained support and is included in many research-informed designs is to incorporate family leadership and input. This is discussed at length in the Family Voice section.

Organizational Best Practices

BEST PRACTICES in early childhood programs do not merely include research-informed or evidence-based programs, it also includes the operations of the organization, and considerations that set that organization up to best support services programs. This means allowing for systems and procedures that lead to programs that are responsive to the families and communities they serve, remain innovative, and affect ongoing positive impact on the population they serve.

Data-Driven Decision Making

Data collection and monitoring is key to programmatic success, and should be a part of strategic planning in child- serving programs. The push for data-driven decision making is a by-product of federal efforts to increase evidence- based programming (Capacity Building Center for States, 2019). Data allows a program to demonstrate effectiveness, tracks program impact, and allows for measurement from the individual to the organizational level. Programs that are data-driven acknowledge the changes within an individual, family, or community. Program decisions are informed by information regarding what is occurring with families. This means program decisions are backed up with verifiable data. A data-driven approach seeks to answer these questions –

1. What are the current needs of the children served?
2. What services are currently provided to children and families?
3. What child and family needs are not being met by the existing service array?
4. Has an effort been made to evaluate the current service array through the eyes of children and families?

Source: *(Capacity Building Center for States, 2019)*

At the service-delivery level, this can look like providers using observations of the child or family in a setting such as the home or classroom to inform next steps in care. It could be a service provider using assessments, evaluations, and/or pre/post-tests to indicate what a child or family may need in regard to additional supports or referrals. At the organizational level, it looks like program directors and leadership are using data to identify necessary program changes or to influence budget decisions (Child Care Technical Assistance Network, 2023).

Begin data-driven decision making by utilizing the data that is already available. This may include data captured for existing funders. Consider creating a dashboard of outputs and/or outcomes for a program to track the effectiveness of the program. In developing a dashboard, ensure that it is intuitive at first glance; minimize the manual work to update the dashboard; choose a small number of indicators per outcome; and develop a dashboard that is in line with current protocols and laws (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). Existing data could mean a better understanding of the information already collected through case analysis of participant files within a program. It may include data that is publicly available regarding topics such as child welfare data, census data, or clearinghouse data regarding child outcomes. Existing data may also include establishing data-share agreements with local partners to gain a better understanding of family needs, program usage, and program impact within a community.

When the necessary data is missing, consider the reasons why. Do you need to create a new report to better understand the data? Sometimes the data is there, but the report to interpret it in the most useful way is yet to be created. Is the data collected in a report-friendly manner? If data is collected in a way that does not lend itself to reporting, ask yourself how useful the data truly is. Data collection takes time, effort, and funding. It also requires families to provide personal information. Make sure to consider if the necessary data is being collected. If the data is not being collected, consider how best to do so. This may mean simply expanding your program's data capture. Alternatively, it could mean point-in-time data collection through a survey. Consider what type of data is needed to determine the best method.

The following are tools and resources to help design a program that is based on data –

- The Capacity Building Center for States created this guide, **A DATA-DRIVEN APPROACH TO SERVICE ARRAY GUIDE**, to provide information on how to incorporate data-driven decision making into program design.
    - For more information, follow this link: **https://capacity.childwelfare.gov/states/resources/data-driven- service-array.**
- This guide, **HOW DASHBOARDS CAN HELP CITIES IMPROVE EARLY CHILDHOOD DEVELOPMENT,** was created by the Open Data Institute and Oxford Insights and describes how programs and systems can use dashboards to track and use data.
    - For more information, follow this link: **https://files.eric.ed.gov/fulltext/ED582025.pdf.**

Data Collection, Continuous Quality Improvement, and Evaluation

In the past 10 years, funders have placed a higher emphasis on continuous quality improvement (CQI) and evaluation. Both are components of programs with a high-quality approach to program implementation. Data-driven decision making is only as good as the quality of the data, and CQI is the process to ensure accurate data. Data quality may be of concern for many reasons, including inaccurate or incomplete data. To address data quality, consider the following actions -

1. **BEGIN WITH THE DATABASE** and ensure that the platform is functioning properly with all the necessary data fields or drop-down items (Capacity Building Center for States, 2019). If using a spreadsheet to track data, ensure all formulas are functioning. If the database or spreadsheet is not functioning, accurate data capture is impossible.

2. **REVIEW DATA COLLECTION METHODS.** Perhaps when or how data is solicited from families impacts the accuracy of the data. For example, a provider may get a more accurate response from a family if the provider builds trust before asking for personal information. How the questions are asked affects accuracy, as well. The family must feel safe to be able to accurately respond to some questions. For example, if someone is experiencing abuse, they may not accurately respond to an assessment for interpersonal violence if they are being asked in front of the abuser. Review how pre- and post-tests are administered. Does the timing of data collection inhibit accurate data capture? If so, work with staff and family voice leaders to consider alternative strategies. Consider carefully the timing and methodology of how data is collected (Capacity Building Center for States, 2019).

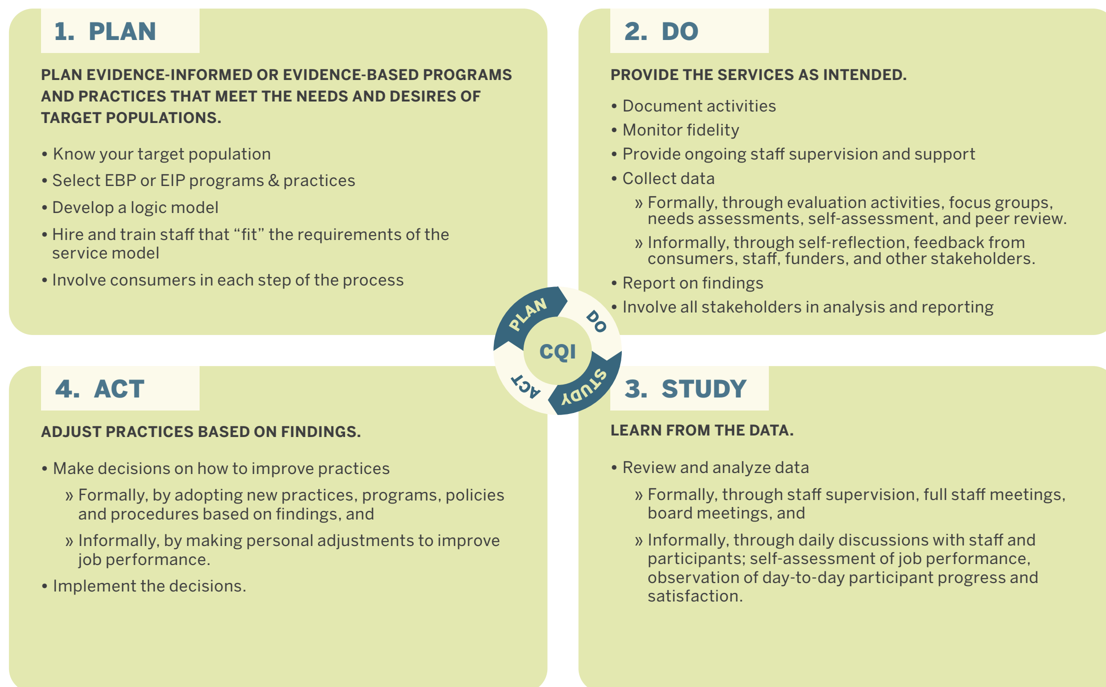
3. **REVIEW YOUR DATA ENTRY LOGISTICS.** Do staff have the necessary technology and equipment, such as laptops, tablets, and hot spots, to enter data efficiently and accurately? When is data entry due for providers and how do supervisors ensure timeliness? If data is missing simply because it has not been entered, reports are inaccurate.

4. Try to **AVOID MULTIPLE DATA ENTRY WHEREVER POSSIBLE.** Are direct service providers entering data? If multiple data entry is required due to funding and/or evidence-based model fidelity, allowing capacity for data entry staff can increase efficiency in data collection. This can also help with the data burden on direct care staff.

5. **DOCUMENT HOW YOU DOCUMENT**, meaning create policies and procedures that clearly detail guidelines for documentation and data entry in accordance with all funding and fidelity requirements. Be sure all deadlines for data entry are also clearly written and that staff are trained on data procedures.

Once data collection procedures are in place, it is important to create processes for CQI. CQI is a framework to define, measure, and improve program outcomes ongoingly (Children's Bureau, 2023). CQI ensures that programs are intentionally improving services, and is a process that is cyclical and data-driven, not reactive (FRIENDS National Center, 2023). A well-known methodology for CQI is the "Plan, Do, Study, Act" (PDSA) cycle. The first step, "plan," is to plan the program model, selecting a model that is evidence-based or research-informed. In the "do" step, the intended services are provided. The third step, "study," is when the program analyzes data regarding program outcomes to assess the program's impact. This analysis should take place at all levels of program implementation, including service delivery, administrative processes, supervision, and staff performance. The last step, "act," is the modification step (FRIENDS National Center, 2023). As necessary, the organization adjusts its program design according to the data findings. The pattern is cyclical and repeats the four steps ongoingly.

IMAGE 4: **Plan, Do, Study, Act Model**



An essential element in successful CQI is transparency. To achieve this, solicit feedback from all stakeholders of a program. The Capacity Building Center for States' CQI Training Academy Handbook, lists the following as key participants in monitoring and evaluation:

- Individuals with evaluation, CQI, and data expertise
- External partners with evaluation and monitoring expertise (such as university partners)
- Program staff that manage and deliver services
- Partner systems and community organizations involved in the intervention
- Families served and community members
- Funders, policymakers, and decision-makers
- Program developers

Source: *(Capacity Building Center for States, 2022)*

Engage these stakeholders in your CQI process and then report back to them what was found and what, if applicable, will be done about it. It is important to close this feedback loop by sharing the results of the CQI process with staff, program participants, and other stakeholders to demonstrate the value of their input. This feedback should not be shared in a vacuum, and should include how the program will be using their input to improve services.

Evaluation is the process of assessing what is working and what is not in a program. It is an ongoing process and it is key to CQI and ensuring high-quality services. Evaluation may take place within an organization or through a third party conducting an evaluation. Similar to CQI, it also should be cyclical and ongoing, including the following steps:

1. **DATA COLLECTION** – Collect program-specific data regarding programs utilization, impact, and child/family demographics according to funding and fidelity requirements.

2. **DATA ANALYSIS** – Analyze the data regarding program impact, efficacy, fidelity, and community needs.

3. **SHARE RESULTS** – Share the evaluation results with stakeholders to achieve transparency and achieve a more robust, well-rounded evaluation. Their input adds value to the results. Stakeholders can also inform program improvements.

4. **PROGRAM IMPROVEMENTS** – Based on the data analysis, how does the program need to be improved? In program improvement consider also community needs, available funding, and organizational capacity to achieve change.

Evaluation leads to better programs for children and families. At its best, it can lead to innovations and improvements to programs. It can help to identify gaps in family services and possibilities of how to better meet the needs of families within a community.

Who Are Your Leaders?

Organizational administrators cultivate the culture of the organization and have the opportunity to create a vision of program success that is community-informed, data-driven, and supportive of the workforce. Researchers are increasingly focused on the importance of how leadership builds an effect workplace (Children's Bureau, 2023), and are noting that the success of a program relies on leadership's ability to remain proactive, innovative, and research-informed.

Effective leadership sees leaders in all facets of an organization, as well as in other community partners and the families served. The National Child Welfare Workforce Institute created a leadership framework, called the Leadership Competency Framework, to improve program outcomes while supporting the program staff. The guiding principles of this framework include:

- **ADAPTIVE:** Leaders have the capacity to deal with the constantly changing world through resiliency and the ability to build upon what has worked in the past while giving up practices that no longer work and learning new ways of dealing with challenges
- **INCLUSIVE:** Leaders welcome numerous perspectives from all stakeholders in the change process, leading to better decisions and outcomes
- **DISTRIBUTIVE:** Staff at all levels of the organization from workers to executive managers have opportunities to demonstrate leadership, as specific titles or positions on the organizational chart do not have a monopoly on leadership
- **COLLABORATIVE:** Through internal and external engagement of stakeholders, leaders focus on a common purpose by creating partnerships within the program and in the community, including with families
- **OUTCOME-FOCUSED:** Leaders use data to inform decisions and attain desired results that benefit children, youth, and families and the workforce that serves them
- **RACIAL EQUITY LENS:** Leaders intentionally examine data and improve policies, practices, programs, and organizational cultural messages so that race no longer determines outcomes

Source: *(National Child Welfare Workforce Institute, 2020)*

The Leadership Competency Framework includes four quadrants for fundamental leadership competencies:

1. **LEADING CHANGE** – leading implementation efforts through a continuously changing environment through use of strategic thinking, consensus building, and innovation

2. **LEADING IN CONTEXT** – understanding the internal and external environments to build collaborations and achieve shared goals through partnering, managing conflict, and thinking politically

3. **LEADING FOR RESULTS** – meeting organizational goals and service definitions using data and accountability measures

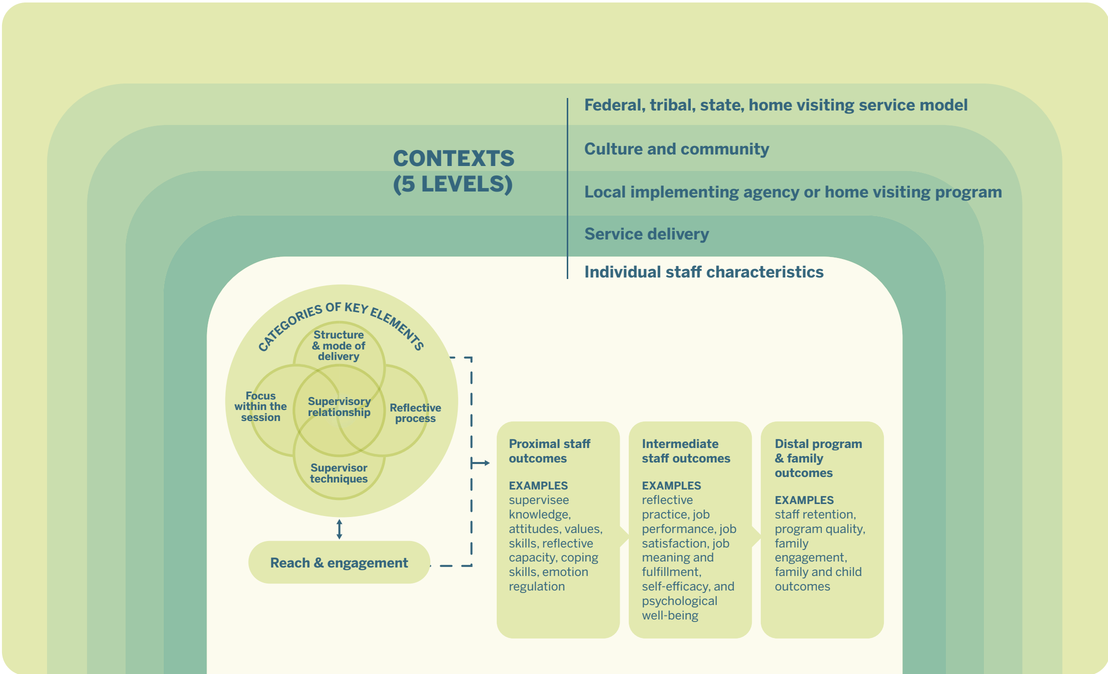
4. **LEADING PEOPLE** – leading people to an organizational vision while promoting job satisfaction through team building, developing others, influencing the organizational culture, and being culturally responsive

Source: *(National Child Welfare Workforce Institute, 2020)*

Reflective Supervision

Reflective supervision is a supervision framework that was developed to attend to the needs of providers who work with children and families. It supports providers to develop competencies while managing the emotions that often accompany working with families (Office of Planning, Research, and Evaluation, 2023). It has been shown to lead to improved service quality, staff retention, and program outcomes (West, 2022). Reflective supervision utilizes a parallel process in which a supervisor and direct care worker mirror experiences between the direct care worker and the family. Some federal funders, such as the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program through the Health Resources and Services Administration, require awardees to provide reflective supervision. Reflective supervision is most effective when practiced regularly and with collaboration and reflection, where collaboration is the mutuality of the supervisor-supervisee interactions and reflection is the process of considering multiple perspectives of how others think and feel (West, 2022).

IMAGE 5: **Conceptual Model of Reflective Supervision**



Source: *(West, 2022).*

The supervisory relationship is key to the success of the framework. Reflective supervision can by performed by direct supervisors or contracted consultants. For the purposes of this guide, we will refer to all scenarios as supervisors and supervisees. The supervisor must create a safe and trusting space for the elements of reflective supervision to work. This allows for a "container" for the work of reflection, provides allyship for the supervisee, and allows for supervision as a vehicle for professional development (West, 2022). The Alliance for the Advancement of Infant Mental Health defines these as the essential collaborative tasks of reflective supervision:

- **DESCRIBING:** "What do we know?"
- **RESPONDING:** "How do we and others think and feel about this?"
- **EXPLORING:** "What might this mean?"
- **LINKING:** "Why does this matter?"
- **INTEGRATING:** "What have we learned?"

The Alliance for the Advancement of Infant Mental Health outlines requirements for reflective supervisors as having competency in the following:

- Infant and young child development
- Attachment, separation, trauma, grief, and loss
- Cultural humility, including impact of oppression and racial trauma
- Mental and behavioral health, including infant, young child, and adult
- Expertise in reflective practice

Source: *(Alliance for the Advancement of Infant Mental Health, 2018)*

Reflective supervisors seek to foster a strong relationship with supervisees. Reflective strategies include: setting a regular time for supervision; set an agenda; remain emotionally available; respect the supervisee's pace; apply specialized knowledge to expand understanding; suspend judgement and listen carefully; explore a parallel process of experiences with families to increase understanding with the supervisee; and encourage exploration of thoughts and feelings that might influence the supervisee's work with families (Alliance for the Advancement of Infant Mental Health, 2018).

The dosage of reflective supervision is dependent on the educational background and the years of experience of the supervisee, with a more-experienced professional requiring fewer hours per year. For guidance on required hours, see the Best Practice Guidelines for Reflective Supervision/Consultation but the Alliance for the advancement of Infant Mental Health. A link to this resource is provided in Appendix C.

Reflective supervision is distinct from other types of supervision styles. Administrative supervision is primarily concerned with program and grant requirements, training and onboarding, organizational policies and procedures, and performance management. It is recommended that administrative supervision has a designated time that is separate from reflective supervision. Clinical supervision concerns exclusively the clinical nature of direct service, including reviews of casework, diagnosing, prescribing interventions, and providing clinical guidance. Clinical supervision can also take place within a group format. Peer supervision occurs when staff with similar roles collaborate to provide case support without the presence of a supervisor. Peer supervision is reflective in practice, but not a substitute for reflective supervision (Alliance for the Advancement of Infant Mental Health, 2018).

Performance Reviews

Feedback is a milestone of improvement. Yet, a Gallup Study found that only one in five employees agreed their organization's performance review motivated them (Cespedes, 2022). So how can leadership better leverage the performance review process to be a meaningful experience for employees and supervisors? At its core, a performance review addresses the effectiveness in which an employee accomplishes tasks and is often linked to salary increases. Yet, often performance reviews are based on a matrix of scores that lack specificity and lead to an ambiguous understanding by employees as to what determines high-quality performance. Supervisors need to be specific and descriptive in feedback so that the staff person can strategically use the input to build upon positive behaviors and improve challenging behaviors (Cespedes, 2022). Draw connections from a current performance review to a past one to note improvement (US Office of Personnel Management, 2023). This also shows that supervisors are invested in the process and that the performance review is valuable. It is important that supervisees understand the impact of their work to better engage in the performance review process (Cespedes, 2022). For social service providers, understanding their impact is particularly important. This puts their work in context for the organization, community, and families served, and can be a focus for motivation. The performance review process may not change people, but it should be designed to address behaviors and provide clarity on expectations. Setting expectations regarding salary increases and performance reviews is critical. If the budget does not allow for salary increases, it can make the performance review feel less important to staff. Supervisors do best to acknowledge this tension and provide transparency about budget limitations. This will proactively address issues of morale that can result from unclear expectations.

The supervisor should engage the supervisee in the discussion on performance (Cespedes, 2022). This not only demonstrates respect to the staff it also acknowledges that supervisors do not always know the full picture. Supervisors may not be fully aware of the work a person is doing or of work challenges that impeded productivity.

"**Praise and coaching** should be timely and take place in an ongoing manner. Feedback is more effective the closer it is to the event."

Finally, it is important to explain what happens next (Cespedes, 2022). Often performance reviews occur in a vacuum and are not mentioned apart from the actual review. Action steps and follow up should be explicitly explained to the staff person to create mutual understanding. This also means that performance reviews should not be isolated to an annual review. Praise and coaching should be timely and take place in an ongoing manner. Feedback is more effective the closer it is to the event. Performance reviews intend to increase the abilities of a staff person, and accordingly, staff need to know both when they are providing high- and low-quality work. Supervisors and staff should also document staff achievements, as it will help when it comes time for the annual performance review. Afterall, performance reviews intend to increase the abilities of a staff person. Accordingly, staff need to know both when they are providing high- and low-quality work. Supervisors should also document staff achievements, as it will help when it comes time for the annual performance review.

The use of 360 evaluations has long been considered a best practice for the performance review process. However, it is important to understand the pros and cons of such an approach. A 360 evaluation solicits feedback regarding a staff person's performance from their supervisor, peers, and potentially the families they serve. This can lead to an increased understanding of the quality and impact of a person's work for both supervisor and supervisee. It can inform the staff person how their work is received in different settings from different people. This can be a useful tool for understanding overall performance, however, the 360 evaluation has limitations. Organizational politics can affect how and what peers report about others. If 360 evaluations are paired with the assessment for a salary increase, the politics can become problematic (Taylor, 2011). If a 360 evaluation is used, there needs to be clearly-defined parameters and goals. Staff need to understand how it will be used and how to complete it. Similar to the performance evaluation, specificity is important for staff to understand how to use the 360 evaluations to improve their work. Finally, supervisors need to be transparent about how the 360 evaluations will be used in the context of the performance review.

» Community-Level Program Implementation

EARLY CHILDHOOD PROGRAM IMPLEMENTATION at the community-level fosters partnerships and has the capacity to work on multiple issues across systems. Increasingly, early childhood program leaders are including family voice in program design, and they are learning how often families are engaging with multiple programs in the community. Enlisting family input helps to identify how and where programs intersect, as well as where they do not. It can illuminate gaps in needed family services. Leveraging early childhood community coalitions can help to address these gaps, as well as generate collaborative funding efforts to address them. Communities need to consider how to best meet the multiple needs of families, and maximize community resources.

Single Point of Access

Children and families benefit from an organized community resource system (Texas Department of State Health Services, 2023). A single point of access (SPOA) system is one that allows a family to access multiple services through one intake process. SPOA has roots in healthcare and housing programs. In healthcare, the SPOA provider functions as a service navigator for the family. The SPOA provider establishes a coordinated network of partnerships to cover a wide variety of potential family needs. Typically, the SPOA provider will conduct an intake to help the family to identify their needs, and will then offer referrals for the programs that correspond with those needs. SPOA overlaps with a system of care model, which is a family-driven framework used to build more accessible, responsive, and effective arrays of services and supports, fill gaps and improve outcomes (Texas Health and Human Services Commission, 2023). In the housing field, a SPOA typically looks like a "no wrong door" approach. The family can engage the SPOA intake through any one of a network of family service organizations that may include housing, basic needs, and employment services. All SPOA providers utilize the same intake and may have established agreements to facilitate referrals for family services.

SPOA systems lessen the burden on families to access the "right" service. Many social service systems are confusing and complex, which may inhibit a family from linking to a needed resource. SPOA systems seek to mitigate that difficulty. A SPOA system calls for a high level of collaboration between community-based providers. While this is a challenge, it can also serve as a catalyst for increased service coordination, referral and resources quality, and, ultimately, increased collective impact within a community. To track this impact, a SPOA optimally will include a shared data system to demonstrate outcomes and to tell its story. An integrated data system comes with considerations to navigate, such as cost, oversight, and data share rules and policies. Leverage the community collaboration to communicate clearly regarding roles and policies regarding the data system.

Help Me Grow (HMG) is a system model that utilizes and builds on existing early childhood resources to develop and enhance a comprehensive approach to early childhood system-building in a community (Help Me Grow National Center, 2023). HMG is an example of a community-wide single-point of entry to early childhood services. It is essentially a no-wrong door format that is a research-informed, collective action framework. (Help Me Grow National Center, 2023). The HMG approach requires communities to identify existing resources, think creatively about how to make the most of existing opportunities, and build a coalition to work collaboratively toward a shared agenda (Help Me Grow National Center, 2023). In 2019, the Texas Department of State Health Services established a state Help Me Grow Texas affiliate program that has supported the expansion of the system model in Texas communities. To see a list of HMG Texas affiliate locations, see: **https://www.dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/help-me-grow- texas.** The HMG Texas initiative seeks to identify vulnerable children ages 0-5, link families to community-based resources, and empower families to support their child's development (Texas Department of State Health Services, 2023).

HMG National Center calls for an organizing entity to lead the state or community efforts. This organization "provides administrative and fiscal oversight and initially helps identify and coordinate partners into a leadership team or steering committee that will guide the HMG system" (Help Me Grow National Center, 2023). The HMG steering committee then oversees continuous quality improvement and scaling efforts of the HMG system. The HMG System Model includes four core components:

1. Centralized access point: a call-center that serves to intake families and navigate them to community resources

2. Family and community outreach: HMG staff conduct outreach to families and community-based service providers

3. Child health care provider outreach: HMG staff outreach to local pediatricians who agree to conduct systematic surveillance and screening of young children, as well as coordinating with the centralized access point

4. Data collection and analysis: collection of a set of shared metrics advances understanding of collective impact and ensures ongoing capacity for continuous system improvement

Source: *(Help Me Grow National Center, 2023)*

For more information about Help Me Grow, see:
https://helpmegrownational.org.

Universal Programs

Community-based programs that utilize a universal approach may take one of two different constructs. It may mean a universal awareness campaign to disseminate information to the general population. For example, a universal health education program may educate families about child developmental milestones and early detection of developmental delays. This information may be free and accessible to all families as a given simply because they are a resident of a town or state. It may also look like a program that seeks to be accessible to all within a particular target population. For example, a program that is open to all new mothers in a city. Because of the larger reach, universal programs are typically short-term and less intensive. These programs need to establish working relationships with other service providers in the event that a family demonstrates a need for a referral to longer-term services. Universal programs may require collaboration with other organizations if they are seeking to gain access to families via other services, such as schools or health clinics. Universal programs seek to broaden impact to a larger portion of the general population, versus selectively targeting families with a proven need (Laenen & Gugushvili, 2020).

Recently, Texas invested in the universal, evidenced-based model, Family Connects. It utilizes nurses to conduct home or hospital visits to assess newborns and mothers and discuss concrete next steps to address opportunities and concerns, including seeking immediate medical care when necessary or health referrals for others in the family (Family Connects International, 2023). Research regarding Family Connects found that the program improves population-level infant health care outcomes for the first 12 months of life and that it can be implemented universally at high fidelity with positive impacts on infant emergency health care that are similar to those of longer, more intensive home visiting programs (Dodge, et al., 2014). A randomized clinical trial of Family Connects found the main outcome to be a reduction in child maltreatment investigations, with secondary outcomes including greater connection to community resources and fewer cases of maternal anxiety and depression (Dodge, Goodman, Bai, O'Donnell, & Murphy, 2019).

The Positive Parenting Program (Triple P) is another evidenced-based, universal program that serves parents/primary caregivers of young children in Texas. It is an international program that is used in more than 30 countries. Triple P draws on social emotional learning, cognitive behavioral theory, and child development to create parental skills to prevent and/or treat behavioral and emotional issues in children (Triple P: Positive Parenting Program, 2023). Triple P is evidenced for families with children 0-11 years old. It has various levels of implementation, from Level 1, the universal level, to Level 5, the most intensive level. Universal Triple P is a communications strategy designed to reach a broad cross section of the population with positive parenting information and is not a course or intervention delivered directly to parents (Triple P: Positive Parenting Program, 2023). Level 2 Triple P also takes the form of a universal approach. In Level 2, the program delivers services in a seminar format. Parents in Level 2 are offered three 90-minute seminars, including: Power of Positive Parenting; Raising Confident, Competent Children; and Raising Resilient Children (Program, 2023). As the level of Triple P increases, the model looks more like a direct service program delivered directly to the family.

Bright by Text is another universal early childhood program in Texas. Targeting families with children 0-8 years, Bright by Text Texas is an opt-in program that delivers research-informed child development and parent-child activities to parents via text (Bright by Text, 2023). Similarly to HMG, the Bright by Text framework calls for a lead organization in the community to lead the communication campaign and to send texts to families regarding free community family events and resources. Families are able to sign up via text or online.

Infant and Early Childhood Mental Health Consultation

The Center of Excellence for Infant and Early Childhood Mental Health Consultation, funded by SAMHSA, defines infant and early childhood mental health consultation (IECMHC) as a prevention-based approach that pairs a mental health consultant (MHC) with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention, and their home (Center of Exellence for Infant and Early Childhood Mental Health Consultation, 2023). It is not therapy. Rather, early childhood professionals request consultation regarding a particular child or a trend of child behaviors. The MHC observes the behaviors in the child's natural setting, and then provides information and recommendations to the early childhood professional and/or parents to help the child. The MHC helps the early childhood professional, and possibly family, to see the behaviors through a child development and/or behavioral health lens. MHCs develop relationships with the adults and caregivers in young children's lives to build adults' capacity and skills to strengthen and support the healthy social and emotional development of children before intervention is needed (Center of Exellence for Infant and Early Childhood Mental Health Consultation, 2023). The model addresses protective factors that keep children in care or school, and as such, many states have utilized IECMHC as a means to mitigate classroom suspension or expulsion. This model also supports early childhood educators and providers through professional development and support. IECMHC has been shown to improve children's social skills and emotional functioning, promote healthy relationships, reduce challenging behaviors, reduce the number of suspensions and expulsions, improve classroom quality, and reduce provider stress, burnout, and turnover (Center of Exellence for Infant and Early Childhood Mental Health Consultation, 2023). SAMHSA and the Center of Excellence for Infant and Early Childhood Mental Health Consultation, define a MHCs as "highly-trained licensed or license-eligible professionals with specialized knowledge in childhood development, the effects of stress and trauma on families, the importance of attachment for young children, and the impacts of adult mental health on developing children" (Center of Exellence for Infant and Early Childhood Mental Health Consultation, 2023). Recently, Texas agencies have increased intertest in and funding for IECMHC activities. For training information or information about the recommended MHC qualifications, see: **https://www.iecmhc.org.**

» State-Level Program Implementation

STATE AGENCIES LEAD much of early childhood program work in Texas, serving as funders and endorsing particular program strategies. Texas state agencies apply frameworks that support child and family support programs at the organizational, community and state levels. This occurs through the inclusion of particular strategies or programs in requests for applications (RFAs) and through the provision of training and technical assistance. State RFAs have increasingly emphasized elements that are considered best practices in early childhood program implementation, such as EBPs, trauma-informed approaches, the inclusion of family voice, and a focus on data-driven practices. These strategies are targeted primarily at the organizational level. Within a community, state agencies are supporting frameworks such as coalition building, single-point of entry, universal programming, and workforce supports to increase impact of community efforts.

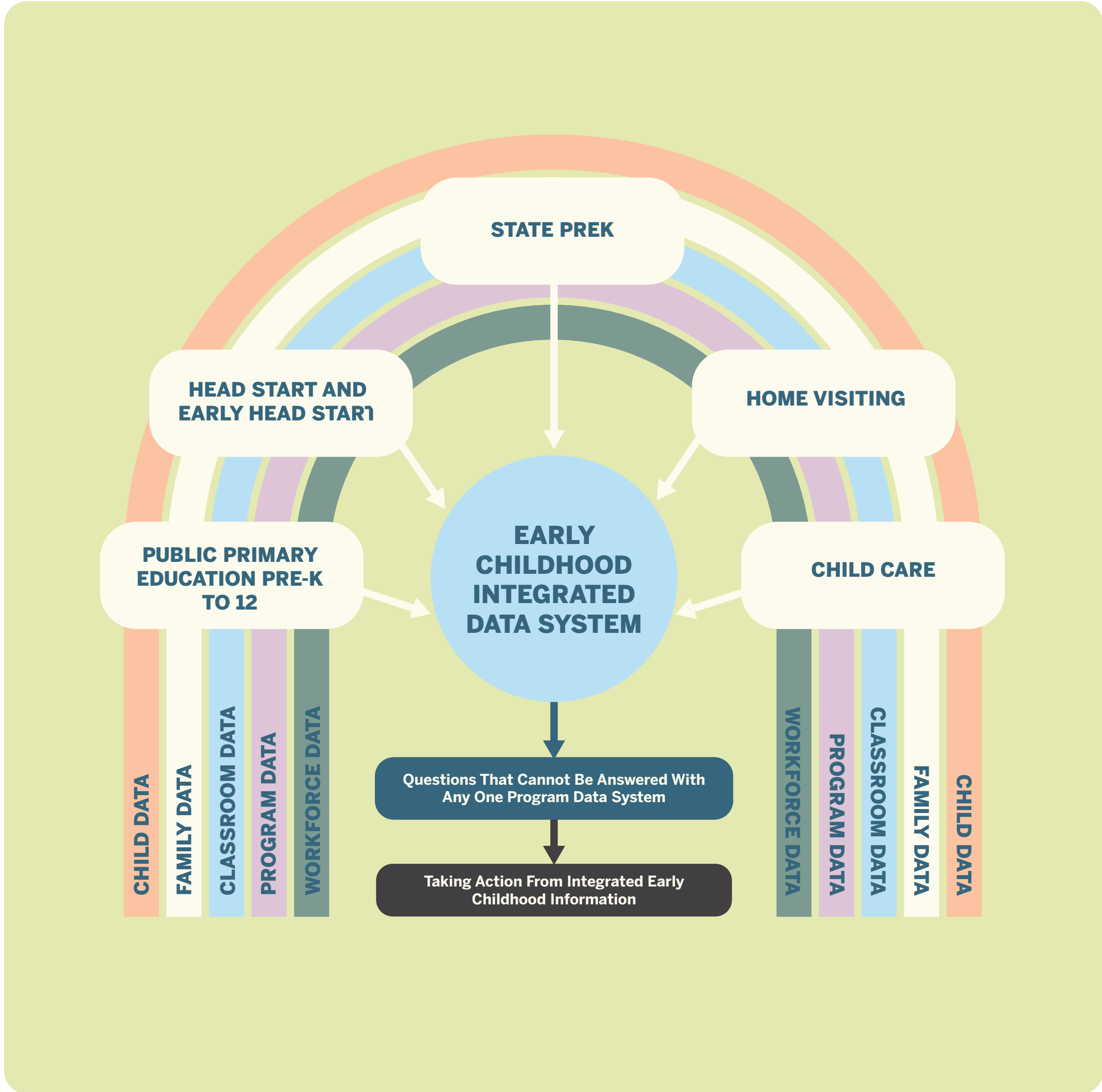
In the "Evidence-Based Practice" section, we covered how state agencies are supporting evidence-based and research-informed practices through their endorsement via RFAs. State support of EBPs is critical to continue to drive the early childhood field in an innovative and forward-thinking direction. State agencies utilize state and federal funding to support EBPs, making high-quality practices a standard of early childhood program provision. Funding EBPs is an investment in the research that supports EBPs, and leads to a positive return on investment. For example, the Texas Nurse-Family Partnership (TNFP) program is funded by the Texas Department of Family and Protective Services. TNFP is an evidence-based, community health program with over 40 years of evidence showing significant improvements in the health and lives of first-time moms and their children living in poverty. Investment in TNFP creates a five-time return on investment, meaning every $1.00 invested in TNFP saves $5.10 in future service costs for the families served (Nurse-Family Partnership, 2022). An example of evidence-based programming for Pre-K programs with a high return on

investment is social-emotional learning (SEL). The US Department of Education defines SEL as skill building that allows children and adults to acquire and effectively apply the knowledge and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (US Department of Edcuation, 2023). A review of 81 rigorous studies regarding SEL found that SEL instruction in Pre-K classrooms lead to “significant improvement in social–emotional competence, reduced risk of emotional, and behavioral problems, as well as with emerging evidence of positive effects on executive functions or school readiness” (Ștefan, C., Dănilă, I., & and Cristescu, D. (2022).

The importance of data-driven decision making has been explored in previous sections. Recently, more states are establishing early childhood integrated data systems (ECIDS). These are data systems in which multiple state agencies collect, integrate, maintain, store, and report information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight (Statewide Longitudinal Data Systems Technical Assistance Program, 2023). In states like Texas where early childhood programs are split across multiple state agencies, an ECIDS creates the opportunity to pool data to make more informed program decisions.

> “**Social-emotional learning** is an evidence-based approach that has demonstrated a high return on investment in Pre-K classrooms through teaching children and adults skills to navigate emotions while achieving positive goals.”

IMAGE 6: **Examples of Programs Contributing Data to an ECIDS**



Source: *(Statewide Longitudinal Data Systems Technical Assistance Program, 2023)*

05

Community-Based Coalitions

Establishing an Early Childhood Coalition

THE NETWORK OF SERVICES available in a community for children and families shapes early experiences. Partnerships between organizations and community members can lead to more resources for families and a greater impact for the community. Researchers have noted that collective action becomes possible when community members are able to combine social cohesion, the sharing of common values and the extent to which partners trust each other, with informal social control, the extent to which partners can monitor each other for accountability (National Research Council and Institute of Medicine, 2000). Collective action fosters shared understanding, solutions, and implementation (Heltberg, 2020). Collective action is not new, and neither is the strategy to coordinate efforts to improve conditions for children and families. Over time, however, the idea of coordinating activities and creating a shared plan of action have continued to evolve to what is known as collective impact, a theory of collaboration that emerged around 2011 (Kania, 2011). This framework brings together a network of community members and organizations and includes 5 conditions:

1. A common agenda
2. Shared measurement
3. Mutually re-enforcing activities
4. Continuous communication
5. A backbone team dedicated to aligning and coordinating the work of the group

Source: *(Collaborative Impact Forum, 2023)*

How to Get Started

Begin by establishing a shared definition of an early childhood system (Center for the Study of Social Policy, 2021). This includes who will be invited to participate in the coalition. This may include sectors such as healthcare, early learning and development, and family support programs for children prenatal to kindergarten entry (Center for the Study of Social Policy, 2021). Consider what providers or organizations should be invited to the table and how to include families. Some examples of early childhood sectors may include:

- Behavioral health (maternal and child)
- Child protective services
- Early child care and education (Head Start/Early Head Start, child care, and child care subsidy assistance)
- Early Childhood Intervention
- Family resource centers and parenting education
- Home visiting and family support services
- Housing (homeless services, subsidies)
- Maternal/prenatal health
- Pediatrics
- TANF
- WIC
- Early childhood workforce development and training
- Funders or business partners

Next, clarify what community will be addressed with coalition activities (Center for the Study of Social Policy, 2021)and define the age range of early childhood. This has been categorized as starting at prenatal or birth and as ending at 5 years old, 6 years old, 8 years old, or children starting kindergarten. Define the geographic service area of your coalition. This may be by zip code, neighborhood, city, or county based. How this is defined will help to identify the providers for the early childhood sectors that you wish to invite to participate. Also consider the location and accessibility of programming as well as framework development to help guide the definitions of age and geographic service area.

Begin with only a few measures of impact (Center for the Study of Social Policy, 2021). Early childhood coalitions cover a wide range of social topics, which can lead to difficulty in identifying priorities. Beginning measures could include things like percentage of children without health insurance, percentage of 3 to 4 year olds enrolled in school, or percentage of children experiencing food insecurity, for examples. In order to seed productivity and partnership, start with a limited amount of impact measures to build collaboration and trust, and to establish and test data collection strategies.

Creating a Collective "Why"

Partner organizations and families are busy, with full-time roles that pull them in multiple directions. Thus, it is important to establish the collective motivation for creating a community coalition that drives and engages its members. You must be able to answer the question: Why is this coalition worth the investment of my time? Through the collective impact principles of creating a common agenda, mutually-reinforcing activities, and shared measurement, the coalition can create the collective "why."

In making a common agenda, stakeholders identify their shared vision of success. This is done by using common understanding of the social issue and forming a collaborative approach to addressing the problem. The actions to do so must be agreed upon by the stakeholders to achieve collaborative success (Turner S. M., 2012). Mutually-reinforcing activities means that activities must be distinct, yet coordinated through a plan of action (Turner S. M., 2012). Diverse partners are engaged to broaden the scope of work and consequently the impact. This means to encourage participants to undertake activities at which they excel, and that can be coordinated with and support other coalition members' activities (Doughty, 2012). Activities cannot operate in isolation.

> "**Coordinated efforts** maximizes investments in early childhood and ultimately leads to greater gains for the community."

This leads to a lack of understanding of similar, and potentially helpful, work that is occurring in the same field. Coordinated efforts maximizes investments in early childhood and ultimately leads to greater gains for the community. Shared measurement is key to establishing a story of impact. Collecting data and regularly measuring results ensures all partners remain aligned (Turner S. M., 2012). It creates accountability for the agreed-upon priorities and strategies of the coalition.

Systems Transformation

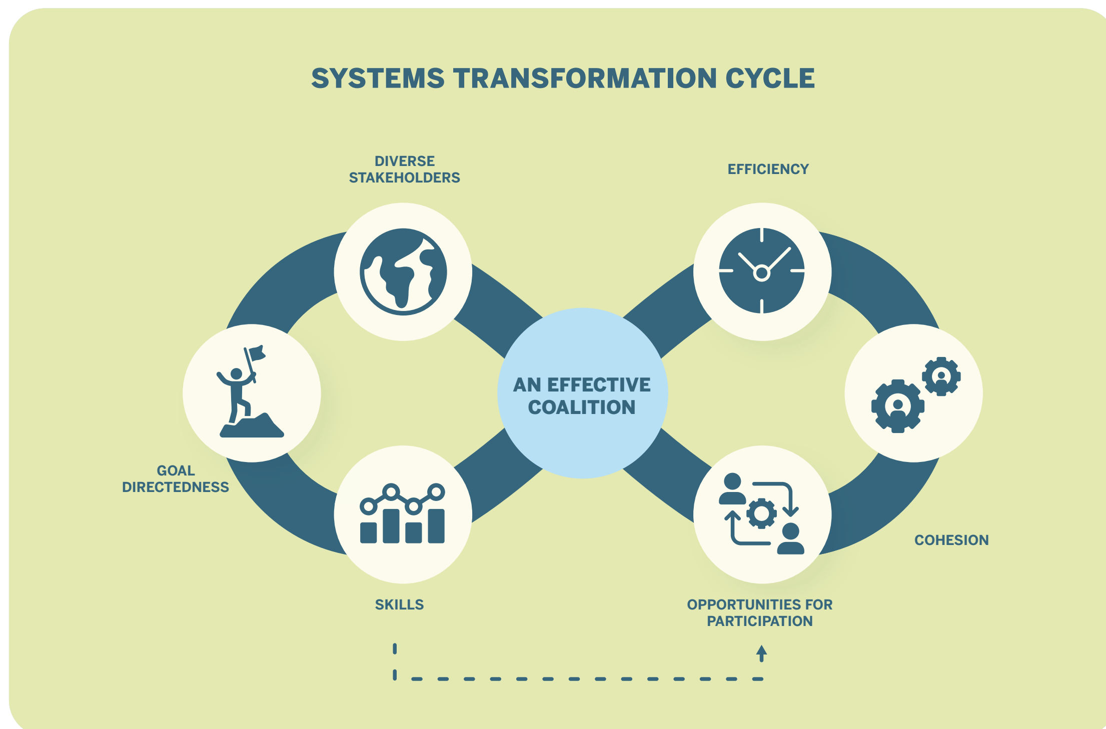
It is important to identify a theory of change for your coalition that aligns with identified priorities and community program processes. Systems Theory considers a person's unique set of circumstances and systems within their environment, such as family, school, neighborhood, etc. (Baylor University, 2022). Transformative Leadership is an approach in which the leader works with constituents to identify the needed change, create a vision to guide change, and implement the change in partnership with the constituents (McClain, 2016). Systems transformation incorporates both of these frameworks to enact change within systems. The Prevention Technology Transfer Center Network, funded by SAMHSA, set forth six elements that work together in a feedback loop to build an effective coalition capable of systems transformation –

1. **GOAL-DIRECTEDNESS:** short- and long-term goals are realistic and action-oriented and are achieved through the vehicle of the coalition
2. **EFFICIENCY:** coalition resources, including member organizations and their programs, are utilized in a well- organized and effective manner

3. **OPPORTUNITIES FOR PARTICIPATION:** members are encouraged to take on roles in the coalition that match their expertise and interests
4. **COHESION:** strong interpersonal relationship and feelings of unity, trust, and belonging are important to collaboration
5. **DIVERSE STAKEHOLDERS:** coalitions that include a broad group of stakeholders are better-informed and build strategic influence
6. **NEW SKILLS:** trainings and technical assistance can help build upon and refresh members' skills

Source: *(Prevention Technology Transfer Center Network, 2019)*

IMAGE 7: **Systems Transformation Cycle**



Source: *(Prevention Technology Transfer Center Network, 2019)*

» Coalition Governance

Backbone Organization

Effective leadership is critical to the development and collective success of a coalition (Brown L., 2012). It is essential that the community consider sustainability of the coalition's work from the beginning. This is largely accomplished through the establishment of a backbone organization for the coalition. This organization has staff dedicated to coalition oversight who have specific skills to support coalition activities. In fact, the lack of a backbone organization is one of the most frequent reasons that coalitions fail (Doughty, 2012). The primary goal of the backbone organization is to facilitate coalition activities that support the agreed-upon priorities and to track data and progress regarding those priorities. The fundamental roles of the backbone organization are to:

1. Guide vision and strategy
2. Support aligned activities
3. Establish shared measurement practices
4. Build public will
5. Advance policy
6. Mobilize funding

Source: *(Turner S. M., 2012)*

As a coalition becomes established, the backbone organization will likely play a larger role in guiding the overall vision and strategy of the work. This continues as the group works to recruit key stakeholders who can build upon the vision, as well as support aligned activities. As the group matures, it will often work to establish shared measurement practices across the coalition partners (Turner S. M., 2012). This helps to hold the group accountable to the identified priorities, and it also helps it to tell the story of its work. This is vital to securing sustaining funding and to enlisting new coalition members. It also helps with engaging community support and building public will. This element is an opportunity to include community members in the coalition priorities at a grassroots level (Turner S. M., 2012), which can lead to community support as the coalition works to advance policy. Addressing policy also means utilizing the shared measurements that the coalition has invested in. Finally, mobilizing funding across all coalition members leads to grant partnerships and increased early childhood investment for the community.

Common Characteristics of Effective Coalition Leadership

Coalition leadership sets the tone and culture of the group's work. For the coalition to achieve a collective impact, leadership will need empowering characteristics that engage each partner organization in some aspect of the coalition activities. This means engaging members beyond attendance and toward participation. To be able to do this, the coalition leaders need to articulate the benefits of joining the coalition to its members (Brown L., 2012). There needs to be both a broad and specific appeal to each organization. Meaning, it needs to detail the collective goals of the coalition as a call to action for all its members. It also needs to establish and explain why each specific organization is crucial to the success of the coalition.

In 2012, the Greater Cincinnati Foundation and the nonprofit consulting firm, FSG, investigated coalition backbone organizations and what qualities lead to the most success (Turner S. M., 2012). They found the following as common characteristics of effective coalition leadership:

- **VISIONARY:** sets the agenda with a clear vision of how to drive focus to priority areas
- **RESULTS-ORIENTED:** pushes consistently to move beyond talk to action
- **RELATIONALLY COLLABORATIVE:** leads with a collaborative style that builds consensus and helps all participants to feel important
- **FOCUSED AND ADAPTIVE:** possesses a combination of willingness to listen to all ideas and a laser focus that can identify ideas that progress goals
- **CHARISMATIC AND INFLUENTIAL COMMUNICATOR:** is articulate and communicates passion for the work in a way that motivates others
- **POLITIC:** understands when to listen and is able to filter what they say in a politically savvy way
- **HUMBLE:** is a servant-leader

Source: *(Turner S. M., 2012)*

"**Shared leadership** is a more effective and sustainable coalition leadership structure."

Another quality of effective coalition leadership that aids with sustainability is shared leadership. In this approach, there is not only one person leading the coalition. Ideally, this responsibility is shared with other staff who also have designated capacity for coalition work. This person can be within the same organization or from another organization. Shared leadership is a shift away from the structure of a single, appointed leader, and is a more dynamic and interactive approach that includes team members who share roles and responsibilities (Wu & Cormican, 2021). Some studies have shown that it is a more influential leadership style than more conventional, vertical leadership designs (Pearce & Conger, 2003) and (Ensley, Hmieleski, & Pearce, 2003). This accounts for attrition of coalition leaders, and provides continuity of efforts, as well as established relationships with coalition members.

Data-Driven Coalition Work

AS WITH EARLY CHILDHOOD PROGRAMS, data-driven strategies increase the efficiency and impact of coalition work. A method to create more data-informed practices is to publish regular reports or to establish a data dashboard to share with coalition members and other stakeholders. Both methods provide a protocol for ongoing impact tracking and identifying how well community services are addressing the needs of children and families within the geographic or service-defined area. For the purposes of this guide, we will be exploring the creation of a data dashboard to drive coalition activities.

Community-level data possess a particular complexity that can complicate understanding driving factors in young children's lives. From access to services like education, care, and healthcare to city qualities like reliable public transportation and green spaces, the factors that have longitudinal impact on children are many, complex and varied. Coalition dashboards display community-level outcomes in a way that is visually clear and easy to read,

> “**Data-driven strategies increase** the efficiency and impact of a coalition.”

and allows for ongoing tracking of data points over time. This provides the coalition the opportunity to acknowledge success and course correct when programs or strategies are not achieving the gains needed by the community. Consequently, dashboards can help to motivate the group through providing a way to compare progress and drive efficiency (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). Fortunately, technology makes it easier than ever to create a shared platform to track data, including an increase in free to low-cost online options. Coalitions can use dashboards to create a shared understanding of the challenges within its community, as well as the effectiveness of the services available to families. Dashboards can be created using a platform, but do not have to be. Coalitions can also using free, online spreadsheet applications to create a shared location for tracking data.

Begin by establishing a purpose and vision for the dashboard to guide the design (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). Identifying the goal of the dashboard creates clarity and can help the coalition create effective strategies (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). The goal may include actions such as: motivate community members to achieve certain targets; track progress of measures; to provide the opportunity for improvements; allow for comparison of strategies over time; or keep the public informed (Smith, Martinho- Truswell, Rice, & Weereratne, 2017). To identify the outcomes and indicators, the coalition will need to enlist input from stakeholders, inclusive of the partner organizations, families, and any other stakeholders who may be missing from coalition membership. Dashboards typically are brief, no more than a few pages, and easy to read. Some use colorful traffic lights to indicate progress on a particular indicator and highlight areas for improvement (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). For community stakeholders, the dashboard should highlight where program adjustments and future investments are needed most. Finally, decide on a frequency to update the dashboard that aligns best with strategies to further coalition goals.

For a coalition dashboard, the coalition should focus on community-level data that are considered to be social determinants of health (SDOH). SDOH are the conditions where people live that affect a wide range of health and quality-of-life outcomes, and fall within five areas: economic stability; education access and quality; healthcare access and quality; neighborhood and build environment; and social and community context (US Department of Health and Human Services, 2023). Focusing on SDOH allows the dashboard to put the data into the context of the community. Some common indicators for a community coalition dashboard may include qualities such as:

- Socio-economic status
- Early childhood education
- Access to quality childcare
- Access to healthcare
- Nutrition
- Safety
- School readiness
- Housing
- Employment
- Transportation

Dashboard measures need to be reviewed regularly to ensure they are still the correct data points for the community. This review should include the participation of other coalition members. Some coalitions align this review with funding cycles and/or updates to strategic plans.

As indicators are selected, keep in mind that they should–

- Be easily understood
- Convey a large picture in simple terms
- Be measured by numbers
- Be updated regularly
- Have a clear definition for each indicator
- Enable comparison between strategies and over time

Source: *(Smith, Martinho-Truswell, Rice, & Weereratne 2017)*

Additionally, consider what data the coalition can access and at what frequency that data is updated. If the data is not available and/or not updated frequently enough, it will cause the dashboard to be ineffective. Consider the data from all angles. Is it only representing a portion of the overall landscape of early childhood in the community? Ensure that data is representing information that promotes equitable access to child and family services.

There are a few approaches to data sharing and dashboard maintenance. Some coalitions use an open dashboard, where anyone can have access and the dashboard is often available on a public website (Smith, Martinho- Truswell, Rice, & Weereratne, 2017). In this case, data is typically disaggregated for privacy reasons. Closed dashboards are shared narrowly and may have more identifiable data points, calling for a higher level of security (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). Shared dashboards allow access to a predetermined group of people or organizations to the data (Smith, Martinho-Truswell, Rice, & Weereratne, 2017). The type chosen may depend on the maintenance capacity of the coalition. Seek to minimize data entry wherever possible, and be considerate that many programs already have to do multiple data entry processes. Check in with coalition members to establish maintenance protocols that are manageable for all participants. Consider storing data entry protocols in a shared location to ensure clarity of the procedures. Regardless of the structure and management chosen, be sure that issues of privacy are considered and addressed, including laws and professional guidelines.

Example of an Early Childhood Coalition Dashboard

THE FOLLOWING IS AN EXAMPLE of a dashboard for an early childhood community coalition. The specific definitions, outcomes, and indicators are just examples to demonstrate the construction of a coalition dashboard. They are not intended to be read as the only examples that would work for an early childhood coalition. As previously discussed, be sure to work with all stakeholders to establish the appropriate definitions, outcomes, and indicators for your dashboard. Ideally, your dashboard would include the actual data for each indicator. Note that the following elements are included:

1. **DASHBOARD DESCRIPTION:** Write a description for the aggregate work of the coalition that enumerates the coalition's priorities, or outcome goals.
2. **OUTCOMES:** The results that the group is prioritizing. These are specific to the identified population, yet broad enough to include targeted indicators that can demonstrate progress.
3. **OUTCOME DEFINITIONS:** Each outcome should be defined to ensure a shared understanding of the goal.
4. **INDICATORS:** These are the data points that demonstrate progress toward the outcome goal. Be sure to identify indicators for which the coalition is able to access data on a regular basis. It is recommended that the data be updated at least annually.

Example: Early Childhood Dashboard

Description: This dashboard represents the collective work of the Texas County Early Childhood Coalition, a community coalition of partner organizations who work together to support families so that children ages 0-8 are safe, healthy, and school-ready.

I. OUTCOME 01: CHILDREN ARE SAFE

Definition: Children ages 0-8 years live in safe and nurturing environments.

i. INDICATOR 01.1: #Confirmed child abuse or neglect victims per year.

ii. INDICATOR 01.2: #Children removed from the home due to child abuse or neglect per year.

II. OUTCOME 02: CHILDREN ARE HEALTHY

Definition: Children ages 0-8 years are physically and mentally healthy.

i. INDICATOR 02.1: #Children 0-8 years who are uninsured.

ii. INDICATOR 02.2: #Children attending well child visits.

iii. INDICATOR 02.3: #women who receive late or no prenatal care.

iv. INDICATOR 02.4: #children experiencing food insecurity.

III. OUTCOME 03: CHILDREN ARE SCHOOL-READY

Definition: Children ages 0-8 years are school-ready and assisted to reach their full potential.

i. INDICATOR 03.1: %Children ages 3-4 enrolled in preschool.

ii. INDICATOR 03.2: %Children in kindergarten assessed as "Very Ready" in four or more Early Development Instrument domains.

iii. INDICATOR 03.3: %Child care center capacity with accreditation.

» Tools for Community-Based Coalitions

- The Center for the Study of Social Policy created the **EARLY CHILDHOOD SYSTEM PERFORMANCE ASSESSMENT TOOLKIT**, which includes guidance and tools to use to assess how well a local early childhood system is working to improve the reach of early childhood services, promote coordination among those services, increase the community's commitment to early childhood, and advance parent engagement.
  - » To download the toolkit, follow this link: **https://cssp.org/resource/early-childhood-system-performance-assessment- toolkit.**

- **ESSENTIALS FOR SOCIAL INNOVATION** provides a starter kit of articles for leaders of change from the Stanford Social Innovation Review.
  - » For more information: **https://ssir.org/articles/category/essentials_social_innovation.**

- From the Open Data Institute and Oxford Insights, **HOW DASHBOARDS CAN HELP CITIES IMPROVE EARLY CHILDHOOD DEVELOPMENT** presents dashboards as one tool that can help a city set policy priorities, monitor progress, encourage collaboration, inform decisions, increase accountability, and strengthen the voices of children.
  - » To download the paper, follow this link: **https://files.eric.ed.gov/fulltext/ED582025.pdf.**

- **RESULTS-BASED ACCOUNTABILITY ™** is a proprietary framework by Clear Impact that uses a data-driven decision-making process to help communities and organizations taking action steps to solve problems that includes an online data dashboard composed of results and indicators.
  - » For more information, follow this link: **https://clearimpact.com/results-based-accountability/.**

- The Prevention Technology Transfer Center Network, funded by the Substance Abuse and Mental Health Services Administration, created **THE SIX ELEMENTS OF EFFECTIVE COALITIONS,** a guide to establishing an efficient and impactful community coalitions.
  - » For more information: **https://pttcnetwork.org/centers/northwest-pttc/product/six-elements-effective-coalitions.**
- The Texas System of Care, funded by the Substance Abuse and Mental Health Services Administration, created the **TEXAS SYSTEM OF CARE TOOLKIT**, a guide that includes specific steps recommended to design, develop, and implement local systems of care.
  - » For more information: **https://txsystemofcare.org/highlights/texas-system-of-care-toolkit/.**

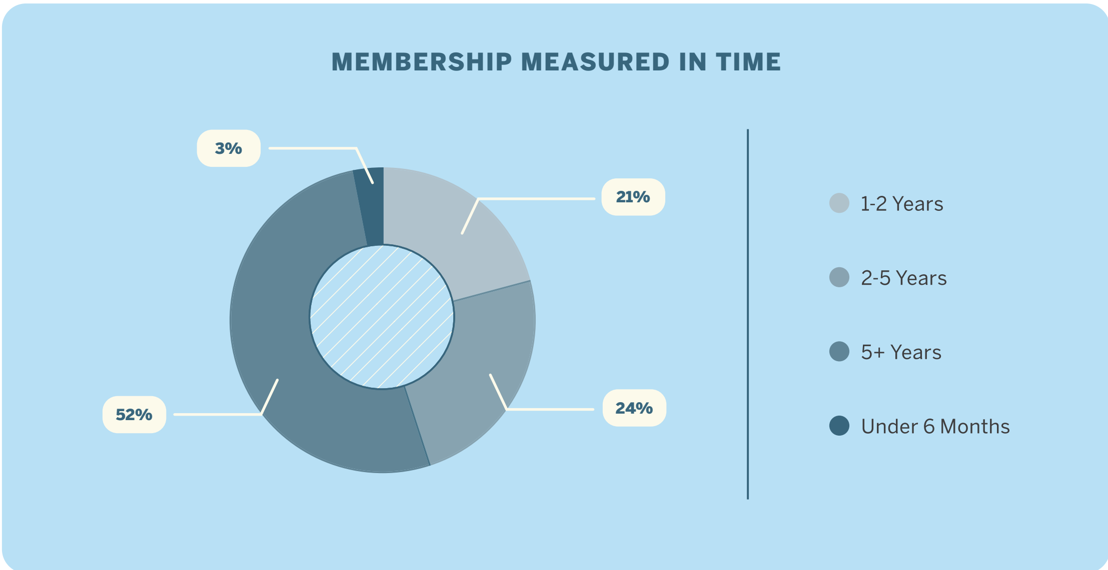
» Lessons from the Field

TEXAS HAS A RANGE OF COALITION TYPES and characteristics, including locations across the state, size, functionality or activity, funding, leadership models, and purpose. The data and information shared below was gleaned from a statewide survey, conducted by The Texas Institute for Excellence in Mental Health, aimed at early childhood coalition members to paint a picture of the landscape of early childhood coalitions in Texas, particularly in regard to structure and function. The survey was sent to more than 100 Texas coalition leaders and members who shared it with other early childhood stakeholders in their communities. The survey addressed five key areas: structure, funding, screening, early childhood outcomes, family voice and workforce. The findings from the 33 respondents highlight the need for more intensive research, but also provides some interesting insights.

It is important to note that 63% of respondents began the survey, but did not move beyond the initial question. This section will summarize the responses of the remaining respondents, who completed at least 51% of the survey. "Texas Early Childhood Coalitions" (TECC) will thus be used as umbrella terminology to represent information from the participants who completed the survey. This terminology will only be used as a generality for this section in the guide.

Structure

Of the remaining 37% of responders, the majority reported being engaged with their coalition five or more years leading to the notion that responders are those who are active members and knowledgeable of their coalitions. 52% of respondents reported that there are no requirements for becoming a member, and 27% were unsure if there were any requirements. For the minority who responded that there was a membership requirement, the requirements varied from paying dues or board approval, to more broadly, being a provider to children and families or working in the early childhood field. It was notable that not one response regarding participation requirements was the same.



Coalition work aims to address unique community needs and service gaps. Table 5 outlines responses as to how TECCs are addressing identified service gaps. The 33 respondents to the question, "How is your coalition working to address identified service gaps?" identified the most challenging barriers from a list of options. Respondents were able to select more than one barrier. This indicates that TECCs are talking about service gaps during meetings and are active in efforts to address agreed upon goals and objectives within a strategic plan. This data relates to the notion that coordinated efforts result in greater gains for the community outlined in this implementation guide.

This preliminary data indicates that TECC's are creating strategic plans and working collectively to implement the plans. Respondents indicated that the most pressing barriers they were addressing were a lack of transportation, and provider shortage. Although these barriers were rated the highest in terms of need, other closely ranked barriers include lengthy waitlists and difficulty engaging families in services.

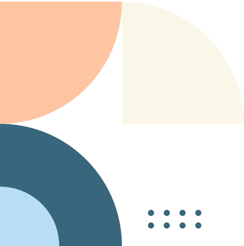


TABLE 5: **How Coalitions are Addressing Service Gaps**

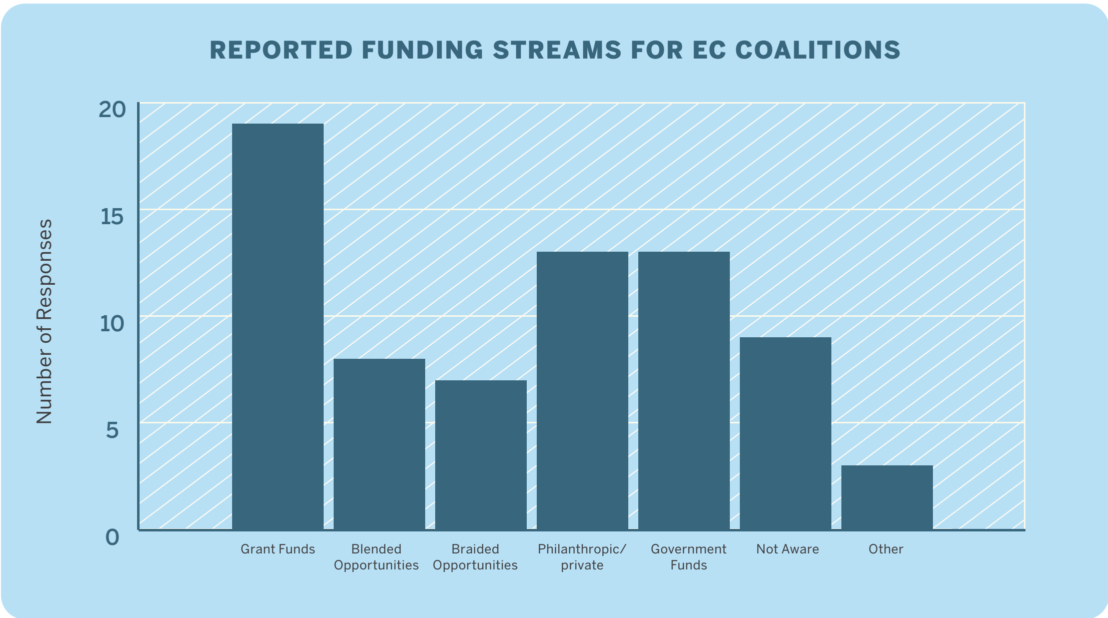
QUESTION: HOW IS YOUR COALITION WORKING TO ADDRESS IDENTIFIED SERVICE GAPS?				
Discuss service gaps regularly	Are working to implement the goals and objectives specified in coalition's strategic plan	Have workgroups addressing specific services areas	Produce community awareness materials recommending areas for improvement	Aware of service gaps but are not addressing them
73%	**70%**	**55%**	**30%**	**12%**

The system of care framework has been used across the country to build more accessible, responsive, and effective arrays of services and supports (Texas System of Care, 2023). The majority of TECCs report actively taking steps to implement a comprehensive and coordinated system of care while the remaining coalitions state that additional training and education is needed in order to develop and launch a system of care framework. The overwhelming majority (88%) of TECCs reported that funding to support group goals and efforts was the greatest barrier to creating and launching a system of care framework. Second to funding, a lack of technology systems to support coordinated care efforts and data collection was reported. It is notable that technology and data systems also require funding investments, which support the initial chosen barrier.

A pillar to any system of care framework is ensuring equitable access to care. Various themes arose regarding how TECCs are working on reasonable access to care within their collective work. Notable is that networking, training, resource sharing, and outreach arose as the highest rated theme. The majority (55%) of the respondents reasoned that a more knowledgeable community regarding the available resources is a means to address access and reduce barriers to children and families seeking and utilizing care. Survey data also showed that coalitions are modifying services to better meet the unique needs of their communities. Examples to bolster service accessibility and increase engagement included increasing telehealth and home visiting programs, making program times and locations family-friendly, and building single point of access systems.

Funding

The second survey category explored funding. TECCs reported that lack of funding is a barrier for creating, maintaining, or advancing the structure of their work. Nevertheless, almost all responses indicated a knowledge of funding streams currently supporting their coalitions. Additionally, the highest percentage of responses indicated a large mix of funding. Diversity in funding streams is an asset for creating community-driven outcomes and sustainability. By relying on more than one funding source, it creates more stability if one funding source should end. Over 20% of responses selected four or more of the available categories showing collective variability and support for coalition efforts. More than 91% of TECCs selected grant funding from government, philanthropic, or private sources, making this funding type the most common for TECCs. This demonstrates that granting entities are aware of the value of coalition work and require coalition participation on some level. Finally, 9% reported that their coalition hasn't pursued funding at this time. Overall, this data shows that TECCs have a variety of funding streams, and that membership is aware of those options.



Screening

To better understand the extent to which coalitions are collaboratively addressing screening and referral processes, participants were asked to identify which tools are being used within their coalition's work to address developmental screening and postpartum depression screening. 76% of responses included the selection of more than one tool. The Ages and Stages Questionnaire (ASQ-3®) was the tool selected at the highest rate, 79%. The second most selected tool, at 67%, was the Ages and Stages Social Emotional Questionnaire (ASQ:SE-2®). The Ages and Stages Questionnaires are evidence-based, and when utilized in fidelity, are used together to create baseline data for the whole child's wellbeing and development. Other commonly reported tools included the Edinburgh Postnatal Depression Scale (EPDS) at 37%, and the Patient Health Questionnaire (PHQ-9) at 27%. A low number of participants, 6%, stated that they are not using or tracking developmental screening/postpartum screening tools, only 37% reported screening for postpartum related symptoms in mothers. In contrast, 79% selected utilizing developmental screening tools.

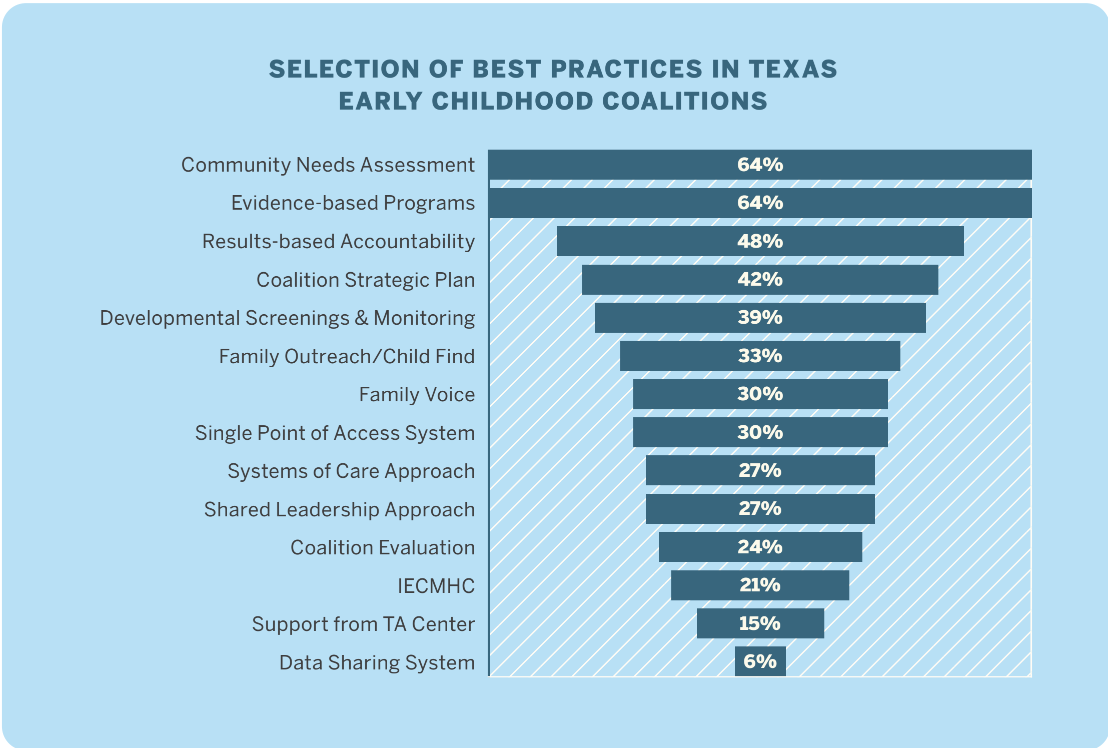
A common challenge coalitions face once a child is screened for developmental delays is managing the referral process. 37% of TECCs are managing referrals by actively working to streamline the referral process across coalition partners once a child has been screened and recommended for services. This was followed by TECCs (24%) that reported they are currently using a referral process that is inclusive of all early childhood partners, so children have no wrong door entry, and TECCs that reported they are unaware of how referral processes are managed (18%). Notably, 49% of participants reported that there is a known listing or database of providers who can provide clinical assessment for children in their community, while 18% reported not having a database and 33% were unsure.

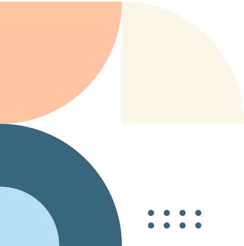
Early Childhood Outcomes

Communities that share early childhood data across organizations have better outcomes for children and families. Data-driven strategies increase the efficiency and impact of coalition work. 36% of TECCs reported having a data sharing platform and using it to inform decision-making. However, the data also showed that a collective 64% do not have a platform and are at various

levels of interest and readiness. Of the 64%, under half do not have data sharing platforms but are actively working on it or are interested to learn more, while over half report not having capacity to create one or are unsure if a platform is being explored by their coalition. In summary, it appears that support for the development of data collection and sharing is a need for TECCs.

To support data sharing and early childhood outcomes, successful and sustainable early childhood coalitions have several best practices happening simultaneously in their communities. Below is an image demonstrating the current landscape of a select group of best practices made up within in TECCs. This data can help create a baseline of understanding in terms of strengths and gaps in best-practices supporting coalition advancement, success, and sustainability in Texas.





Family Voice in Texas Early Childhood Coalitions

As outlined in this guide, family voice is an integral part of program conceptualization, planning, design, implementation, evaluation, and improvement. It serves to honor the experiences of those served and meet emerging or unique needs of a community. The bulk of TECCs, 79%, are supporting the voices of children and their caregivers at the decision-making table by working toward creating or maintaining policies and procedures committing to sustaining family voice in coalition activities. The contrasting 18% were unaware of how family voice was supported and/or reported not having family leaders within their current work.

Along with a high rate of policies and procedures to support the inclusion of family voice and leaders, TECCs are reporting that the most common way families become aware of how to get involved in collaborative efforts is through community fairs. Community fairs ranked as the top outreach method (85%), followed by a tie between social media and paper flyers. Other reported means to inform families of opportunities to participate in coalition work included a referral by pediatricians and friend. Alternatively, 27% of participants stated that they need better processes to engage families in coalition work.

This statewide survey asked coalition members if they were aware of requirements to being a part of their coalition. Similarly, they were asked the same question regarding family leaders participating in their coalition. 70% of respondents reported that they were unaware of any requirements; 12% reported that family leaders must have a child within the age range of the coalition (0-8); and 9% said they must have a child who previously received services. The final 9% did not answer the question. In summary, most coalitions are supporting the idea of family voice and leadership, practicing outreach, and do not have specific requirements for families to participate.

Workforce

Workforce data provides stakeholders with the accurate information required to make data-driven decisions which ultimately expand and advance workforce quality, positively impacting outcomes for our youngest learning and school communities (Children's Learning Institute at The University of Texas Health Science Center at Houston, 2022). In relation to TECCs, the highest ranked means by which Texas coalitions feel they are supporting their workforce is by including members of the workforce on the coalition. The second highest rankings offering the workforce trainings by collaborating agencies and ensuring the membership of the coalition reflects the diverse workforce in the community. TECCs reported that they are tracking needs of the workforce and offering accessible trainings. Based on the data above, TECCs believe in including the workforce at the decision-making table.

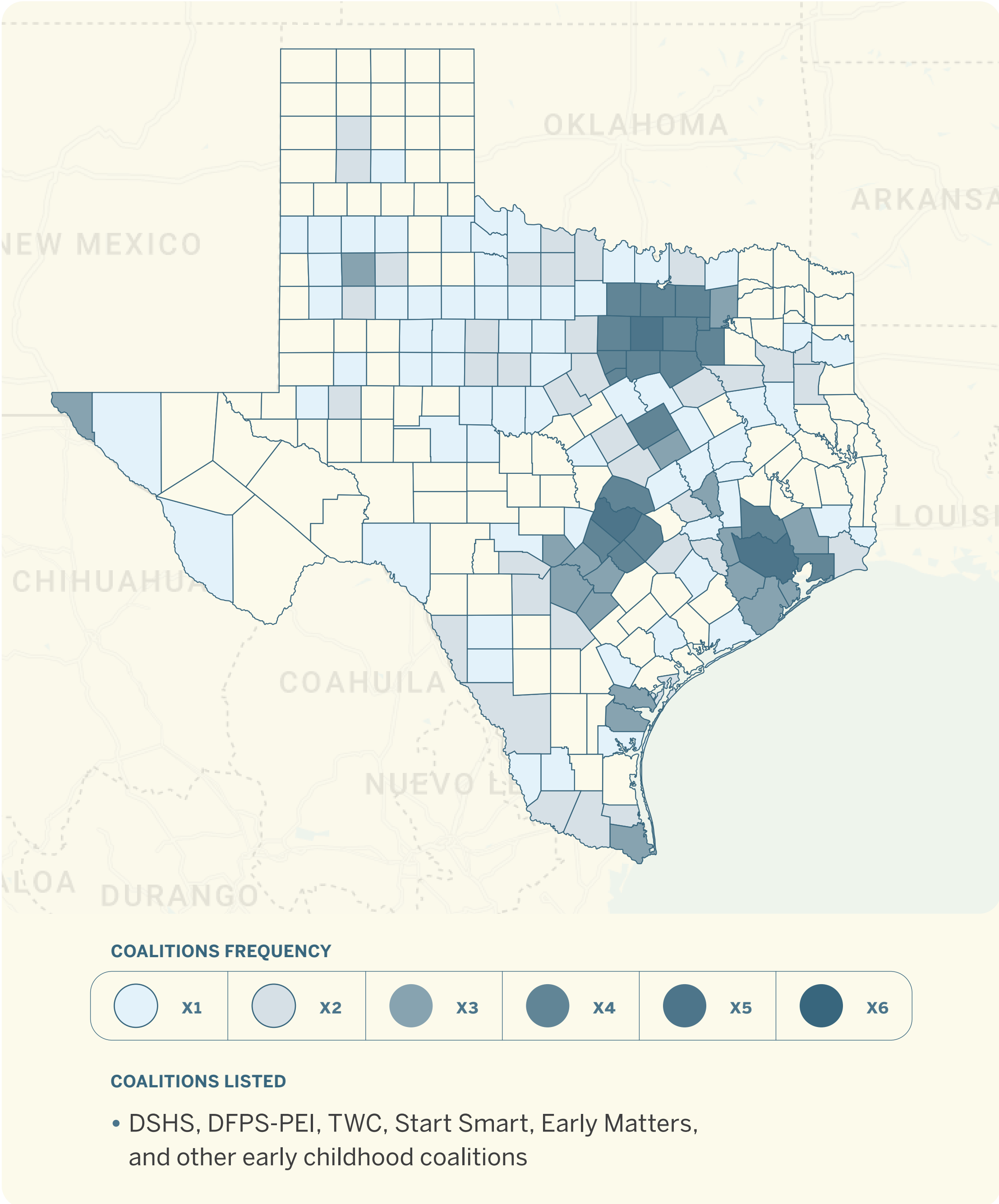
When asked about perceived challenges to workforce development, 55% responded with lack of funding to attend professional development opportunities, and 48% reported lack of time to devote to professional development. Further, 33% of responders reported that professional development lacks continuing education credits. This preliminary data speaks to a need to better understand and unpack the levels of barriers the workforce needs to grow. The survey asked what professional development coalitions may need to enhance and grow in their work. Table 6 outlines

the responses to the selected list. TECCs are calling for training in coalition best practices, best practices for coalition members and diversity, equity, and inclusion. It is notable that eight different professional development categories were all closely ranked and demonstrate a need for a diverse set of skills training and development. The opportunity to grow leadership skills was another theme that surfaced in regard to professional development. When asked if participants feel valued as coalition members, the responses centered around leadership. Some reported wanting opportunities to lead while others reported feeling valued due to their leadership roles.

TABLE 6: **Professional Development Needs for Coalition Members**

IMAGE 8: **Map of Texas Early Childhood Coalitions**

Texas communities have leveraged a variety of programs and funding to support early childhood coalitions. The following is a map of some such coalitions.



Sources: *(Texas Department of State Health Services, 2023); (Texas Department of Family and Protective Services, 2023); (Texas Department of State Health Services, 2023); (Texas Department of State Health Services, 2023); (Start Smart Texas, 2023); and (Early Matters Texas, 2023).*

TABLE 7: **Texas Early Childhood Coalitions**

COUNTY NAME	DSHS	DFPS-PEI	TWC	START SMART	EARLY MATTERS	OTHER
Anderson	●					
Aransas		●		●		
Archer	●	●				
Armstrong		●				
Atascosa				●	●	
Austin				●	●	
Bailey					●	
Bandera				●	●	
Bastrop	●	●		●	●	
Baylor		●			●	
Bee					●	
Bell		●			●	
Bexar	●	●		●		
Blanco					●	
Bosque			●			
Brazoria		●		●	●	
Brazos		●		●	●	
Brown		●				
Burleson		●		●		
Caldwell	●	●		●	●	
Callahan		●		●		
Cameron	●	●		●		
Chambers	●	●		●	●	
Cherokee	●					
Clay	●	●				
Coleman		●				
Collin	●	●		●	●	
Colorado		●				
Comal		●		●	●	
Comanche		●			●	
Concho					●	
Cooke	●	●				
Coryell		●			●	
Cottle		●				
Crosby		●		●		
Dallas	●	●		●	●	

TABLE 7: **Texas Early Childhood Coalitions**

COUNTY NAME	DSHS	DFPS-PEI	TWC	START SMART	EARLY MATTERS	OTHER
Denton	●	●		●	●	
Dimmit		●				
Eastland		●				
Ector		●				
Ellis	●	●		●	●	
El Paso	●	●			●	
Erath	●	●				
Falls		●		●	●	
Fannin	●					
Fayette	●	●				
Fisher		●				
Floyd		●				
Foard		●				
Fort Bend		●		●	●	
Galveston		●		●	●	
Garza		●				
Grayson	●			●		
Gregg	●	●				
Grimes		●				
Guadalupe		●		●	●	
Hale		●				
Hardeman		●				
Hardin		●				
Harris	●	●		●	●	●
Harrison		●				
Haskell		●				
Hays	●	●		●	●	
Henderson	●	●				
Hidalgo	●	●				
Hill		●				
Hockley		●				
Hood	●	●		●	●	
Hudspeth				●		
Hunt	●			●	●	
Jack		●				
Jefferson	●	●				

TABLE 7: **Texas Early Childhood Coalitions**

COUNTY NAME	DSHS	DFPS-PEI	TWC	START SMART	EARLY MATTERS	OTHER
Jim Hogg		●				
Johnson	●	●		●	●	
Jones		●		●		
Kaufman	●	●		●	●	
Kendall		●		●	●	
Kent		●				
Kerr		●				
Kleberg		●				
Knox		●				
Lamb		●				
Lampasas		●				
Leon		●				
Liberty		●		●	●	
Limestone		●				
Lubbock	●	●		●		
Lynn		●		●		
McLennan	●	●		●	●	
Madison		●				
Martin				●		
Matagorda				●		
Maverick	●	●				
Medina				●	●	
Midland		●		●		
Milam		●				
Mitchell		●				
Montague		●				
Montgomery	●	●		●	●	
Navarro	●	●				
Nolan		●				
Nueces	●	●		●		
Orange		●				
Palo Pinto	●	●				
Parker	●	●		●	●	
Potter	●	●				
Presidio	●					
Randall	●	●				

TABLE 7: **Texas Early Childhood Coalitions**

COUNTY NAME	DSHS	DFPS-PEI	TWC	START SMART	EARLY MATTERS	OTHER
Robertson				●		
Rockwall	●	●		●	●	
Runnels		●				
Rusk	●	●				
San Patricio	●	●		●		
Scurry		●				
Shackelford		●				
Smith	●	●				
Somervell	●	●		●	●	
Starr	●	●				
Stephens		●				
Stonewall		●				
Tarrant	●	●		●	●	●
Taylor		●		●		
Terry		●				
Throckmorton		●				
Tom Green		●				
Travis	●	●		●	●	●
Upshur		●				
Val Verde	●					
Victoria		●				
Waller		●		●	●	
Washington		●				
Webb	●	●				
Wichita	●	●				
Wilbarger		●				
Willacy	●	●				
Williamson	●	●		●	●	
Wilson		●		●	●	
Wise	●	●		●	●	
Young		●				
Zapata		●				
Zavala		●				

The following Texas counties do not have an early childhood community coalition: Andrews, Angelina, Borden, Bowie, Brewster, Briscoe, Brooks, Burnet, Calhoun, Camp, Carson, Cass, Castro, Childress, Cochran, Coke, Collingsworth, Crane, Crockett, Culberson, Dallam, Dawson, Deaf Smith, Delta, DeWitt, Dickens, Donley, Duval, Edwards, Franklin, Freestone, Frio, Gaines, Gillespie, Glasscock, Goliad, Gonzales, Gray, Hall, Hamilton, Hansford, Hartley, Hemphill, Hopkins, Houston, Howard, Hutchinson, Irion, Jackson, Jasper, Jeff Davis, Jim Wells, Karnes, Kenedy, Kimble, King, Kinney, Lamar, La Salle, Lavaca, Lee, Lipscomb, Live Oak, Llano, Loving, McCulloch, McMullen, Marion, Mason, Menard, Mills, Moore, Morris, Motley, Nacogdoches, Newton, Ochiltree, Oldham, Panola, Parmer, Pecos, Polk, Rains, Reagan, Real, Red River, Reeves, Refugio, Roberts, Sabine, San Augustin, San Jacinto, San Saba, Schleicher, Shelby, Sherman, Sterling, Sutton, Swisher, Terrell, Titus, Trinity, Tyler, Upton, Uvalde, Van Zandt, Walker, Ward, Wharton, Wheeler, Winkler, Wood, and Yoakum.

06

Inclusion and Access

Since 2020, many early childhood programs have included strategies for inclusion to strengthen the impact of their programs. This trend seeks to integrate knowledge about various populations and cultures to increase the quality of services (Substance Abuse and Mental Health Services Administration, 2023). Essentially, if families feel as though they are welcomed in a service setting, they are more likely to engage with services. Accordingly, it is the responsibility of family-serving organizations to understand and adjust their service design to include all children and families.

» Including Fathers

EARLY CHILDHOOD PROGRAMS often emphasize the relationship between the mother and child. However, fathers are long past being just the breadwinner for the family, but an equal coparent. Increasingly, programs are recognizing the role of fathers and the importance of engaging them in early childhood programs. Programs invested in supporting child wellbeing, must consider fathers. Research shows that father involvement promotes positive child outcomes. Children who have involved fathers are: 39% more likely to earn mostly A's in school; 60% less likely to be suspended or expelled from school; and twice as likely to go to college or find stable employment after high school (Prenatal-to-3 Policy Impact Center, 2023). Consequently, early childhood programs are including fathers in their designs and are creating programs specifically targeting fathers.

When including fathers, representation matters. Consider how fatherhood programs are staffed and staff fatherhood programs with fathers with lived experience wherever possible. Their experience will enrich the quality of the program. The space needs to be welcoming to fathers. Look around the organization and review if fathers are included in the posters and signage. Do your outreach communications, such as newsletters or flyers include fathers? Ensure that fathers have equal representation in all forms of communication and outreach.

The Child Trends' Co-Parenting and Healthy Relationship and Marriage Education for Dads project ran from 2018 to 2022 and was funded by the Office of Family Assistance and overseen by the Office of Planning, Research, and Evaluation to explore programmatic strategies to support fathers (Office of Planning, Research, and Evaluation, 2023). This study found that the following considerations increase the impact with fathers in family support programs:

1. **Focus on relationship skills applicable across different types of relationships** – Ensure that relationship skill building considers co-parenting and romantic relationships.

2. **Consider four strategies to promote father engagement –**

    2.1. **Use cohort-based model** for programs to allow fathers to build trusting relationships with each other.

    2.2. **Hire staff who are willing to be vulnerable with their own lived experiences** to model vulnerability and openness.

    2.3. **Foster early commitment to the program among father participants** to increase trust and sharing within the group.

    2.4. **Recognize that children are key motivators** for fathers and frame discussions around children.

3. **Consider models of co-parent engagement that protect the fathers-only space by-**

    3.1. Sharing connect with co-parents to review with father later;

    3.2. Invite co-parents to attend designated sessions; and

    3.3. Refer co-parents to services outside of the fatherhood program.

4. **Provide supports for fathers who are navigating contentious co-parenting relationship or systemic challenges** such as one-on-one check ins.

5. **Recognize that programs play an important role in supporting fathers' healthy relationships, even when co-parents are not or cannot be engaged** (Office of Planning, Research, and Evaluation, 2022).

The following are resources for programs working with fathers:

- **THE FATHER'S PLAYBOOK APP** is for first-time dads who are interested in learning pregnancy and what to expect after the baby comes. It was developed by the Center for Health Communication at the University of Texas at Austin, Texas Safe Babies at the University of Texas Health Science Center Tyler, and the SAGA Lab at the University of Texas at Austin.
  - » To get the app: **https://fathersplaybook.org.**

- **THE FATHERHOOD RESOURCE HUB** is supported by Prenatal-to-3 Policy Impact Center at Vanderbilt University and provides resources for Texas providers seeking to support fathers.
  - » For more information: **https://fatherhoodresourcehub.org/.**

- **THE NATIONAL RESPONSIBLE FATHERHOOD CLEARINGHOUSE** includes resources, tips, and a toolkit on working with fathers.
  - » For more information: **https://www.fatherhood.gov.**

Accessibility

Children with special needs or in early childhood special education (ECSE) programs may require accommodations to access early childhood programs. The same may be true for other family members. Accessibility is when all family members, regardless of disability or other culture, have equal access to programs.

Many early childhood programs, such as Head Start, Early Childhood Intervention (ECI), ECSE, and child care centers, have state and federal guidelines regarding disabilities and/or special education. For more information regarding these programs, see the following:

- **HEAD START FEDERAL INCLUSION POLICY:** https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-01
- **TEXAS ECI PROGRAM:** https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services
- **TEXAS ECSE PROGRAM:** https://tea.texas.gov/academics/special-student-populations/special-education/programs-and-services/early-childhood-special-education-ecse
- **INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA), PART C - PROMOTES THE DEVELOPMENT OF INFANTS AND TODDLERS WITH DELAYS OR DISABILITIES, USED BY ECI AND ECSE:** https://sites.ed.gov/idea/early-learning-early-childhood.
- **CHILD CARE ACCESSIBILITY REQUIREMENTS:** https://www.ada.gov/topics/child-care-centers.

Consider aspects of communication when regarding accessibility. Provide materials and interpretation services when necessary for families with limited English proficiency (LEP). Program and promotional materials should be translated into the languages spoken by the families served by the program. It is important that plain language also be used for all materials, meaning language that can be understood the first time it is read or heard (Plain Language Action and Information Network , 2023). Use the following checklist to see if program materials meet plain language standards: **https://www.plainlanguage.gov/resources/checklists/checklist.**

Additionally, consider how you are ensuring access in your organization's CQI measures. This should be a part of case file reviews, session observations, supervision, and inspections of the physical space in the organization. Some funders require elements of access reviews in CQI measures. It is a way to safeguard that the organization is holding itself accountable regarding accessibly in all aspects of operations.

Inclusion Matters

Everyone wants to feel welcome. Allowing for considerations that make early childhood programs more inclusive and accessible for families leads to better family engagement. Program designs and procedures that seek to invite a diversity of participants improves the program through a strengthened connection with its community.

07

Family Voice

» Family Voice in Program Design

THE INCLUSION OF family voice in program design is recognized as a key component of best practices for family support service provision, as well as an essential aspect of continued quality improvement for child and family-serving programs. The inclusion of family voice in program design means that family perspectives are intentionally solicited and prioritized throughout all phases of service implementation (National Federation of Families, 2022). For this purpose, family is defined as one that includes at least one adult and one child who are related biologically, emotionally, or legally (National Family Support Network, 2022).

Family voice includes funding strategy, program planning, program design, service implementation, evaluation, and quality improvement. It means that all phases and aspects of program design center around family values and priorities. Through their life experience, families become experts on their children and communities that, in turn, produces comprehensive understanding of their community needs. Families know what works and what does not regarding services for their children (Children's Bureau, 2021). Providers whose work is informed by people with lived experience, ultimately deliver services more effectively (The National Child Traumatic Stress Network, 2022).

Family voice can be incorporated into family support programs through a variety of methods, and may include formal or informal relationships and/or agreements with Family Leaders. A Family Leader is someone who uses their personal lived experience to help guide others in similar situations (Texas Family Support Network, 2020). Approaches to include family voice may incorporate:

- A family advisory committee that provides guidance to an organization
- Hiring staff with lived experience
- Contracting with family voice consultants
- Conducting family focus groups or interviews
- Surveying families
- Including Family Leaders on a Board of Directors

The incorporation of family voice into your program design can occur in stages. This approach can help ensure that families develop leadership skills and knowledge at their pace You may begin with consultation or focus groups. Then you may formalize regular engagement with families through a family advisory committee. Then elevate the design by hiring staff with lived experience that incorporates their skills towards the development of Family Leaders. Wherever your organization begins, it must be sure to include family voice in its funding strategy. None of the above are possible without funding. Consider how this impacts budget areas such as salaries, community outreach, evaluation, contracting, travel, and stipends to compensate families for their time. As many grants have stipulations on staff qualifications or disallow stipends, be sure to diversify funding sources to allow for your organization to engage with Family Leaders in a meaningful, ethical, and compensatory manner. Best practices for compensation are discussed later in this guide.

"**Family voice** is vital to high quality family support service provision."

It is vital to utilize the information that families provide. This seems obvious, but often family feedback does not translate into action or change due to funding issues, political forces, logistics, or other driving factors. If an organization cannot implement family suggestions, it is critical that it is explained why not. Otherwise, it appears as though the family's input was not taken seriously and the family may think it was a waste of their time to participate in feedback. This may also cause them to disengage in the future. For example, a program receives input that they need to change the time of a program to better accommodate family schedule. However, the organization is unable to make this change immediately because they do not currently have staff who are able to accommodate the schedule change. The way to most honor the contribution of the family input is to communicate why the change is not implemented and the plan to address it in the long-term. Transparency is key to developing long-lasting working relationships with communities of opportunity. This shows families that the organization considers their input to be valuable and demonstrates a plan to address the situation.

DEFINITIONS

Family-Centered Care:
This approach centers the health and wellbeing of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions, and expertise that everyone brings to the relationship (Maternal and Child Health Bureau, 2022).

Family Voice:
The inclusion of family voice means that family perspectives are intentionally elicited and prioritized throughout all phases of service implementation (National Federation of Families, 2022).

Family-Driven:
This approach means that families have a primary decision-making role in the care of their own children, as well as the programs and policies regarding the care for children in their community (National Federation of Families, 2022).

Family Voice Consultants

ONE WAY TO BEGIN on the path to incorporate family voice into family support programs is to engage a family voice consultant (Texas Family Voice Network, 2022). This may be someone with lived experience who can provide feedback to programmatic and systemic improvements and/or someone who is a former participant in the program or system. People with lived experience have been directly affected by social or health issues, as well as the strategies that aim to address those issues, which gives them insight that can inform the system (Assistant Secretary for Planning and Evaluation, 2023). If the organization is considering recruiting a program consumer, it is recommended to recruit past participants rather than current participants. There is an inherent power dynamic to service delivery. If a current participant is engaged as a consultant, it could cause adverse consequences on the relationship the family has with the program.

Family voice consultants may be volunteers. If choosing this route, it is considered best practice to compensate volunteers' time. Paying family voice volunteers for their time and work gives their expertise value and demonstrates appreciation for their contribution (Substance Abuse and Mental Health Services Administration, 2022). Stipends are typically prorated to the amount of time that a family member contributes. For example, the program might consider compensating with $25-30/hour; $50-75 for half a day; and $75-100 for a full day (Family Run Executive Director Leadership Association, 2022). Families should be informed that stipends are taxable income. Depending on the amount, they may be required to complete a W-9 form for the organization. The program should develop policies regarding stipends that describe eligibility criteria and reimbursement procedures (Family Run Executive Director Leadership Association, 2022). If stipends are not possible, gift cards are another means to compensate family members for their work. Consider using gift cards to local grocery stores, gas stations, or something that directly impacts basic needs and budgetary bottom line. This approach can inform and support program staff in adapting best-practice strategies for compensating families with various needs. It would be ideal to have family voice support the creation of the reimbursement processes/procedures to provide guidance and the means of reimbursement.

» Hiring Individuals with Lived Experience

ORGANIZATIONS ARE CHOOSING more and more to hire staff with lived experience. Some are incorporating this into existing job descriptions and others are creating specialized positions. Family Leads can serve as subject matter experts on family experience within a community, program, or system. Organizations that choose to create a specialized position need to be cautious to not tokenize their staff person. Tokenization occurs when someone pays a personal price for authenticity (Kechi Iheduru-Anderson, 2022). For a Family Lead, it can occur when other staff ask them personal or presumptive questions about their experience, when others share the Family Lead's personal story inappropriately or without their permission, or when the staff member is used solely on projects without means to consult other community family members. The latter experience can easily tokenize Family Leaders of color or minority groups. It is essential that organizations, directors, supervisors, and supporting staff design ethical policies that value and respect the inherent dignity and worth of the person (National Association of Social Workers, 2023).

When hiring staff with lived experience, consider the benefit of the viewpoint that this will bring to your organization. Consider the types of perspectives, identities, experiences, and expertise are you seeking to represent and why (Office of Human Service Policy, 2022)? What is your goal in creating this position? What perspectives are under- or overrepresented in your decision-making processes? When recruiting, assess if it is possible to use the "snowball" technique, meaning to ask people with lived experience already in your network to recommend others (Office of Human Service Policy, 2022).

There are additional considerations to keep in mind when hiring staff with lived experience. The work of the organization may be triggering for them. This means that exposure to the circumstances within the organization's scope of work may remind the staff about a traumatic of hurtful experience in their life. Thus, it is vital to build and/or have safety measures in place to reduce or address this possibility. The organization should establish policies and procedures to ensure the wellbeing of these staff, just as it would to ensure staff safety in other respects. Be sure to provide training on the skills needed to effectively participate in the role and program, such as allowing for reflection on their context, power, attitudes, and biases (Office of Human Service Policy, 2022). Additionally, the Family Lead's supervisor should incorporate thoughtful, caring, and constructive feedback within their supervision practices. This may look like practicing reflective supervision to process work experiences. Reflective supervision recognizes that supervision is a context for learning and professional development and focuses on experiences, thoughts, and feelings directly connected with the work (Zero to Three, 2023). Clear communication channels for staff to voice feedback and concerns, such as regular staff surveys or using 360-performance evaluations, establish a clear chain of command, and creating space for feedback during supervision and team meetings. Establishing a peer consultation group to process the work is another method to create space for dealing with the work. In peer consultation groups, staff can learn from and support each other through the challenges of the work.

In summary, utilizing family voice by hiring someone for their lived experience, who will provide a critically important family lens throughout the work, is a best practice for serving families who access your program. To best support these roles, review all current policies and procedures that aim to keep staff safe both mentally and physically to include trauma informed practices, make sure best

practices for supervision have been planned thoughtfully and capacity has been built within the leadership to supervise the role, and that there are clear paths for Family Leaders to provide in-person and anonymous feedback. A strategic way to begin this hiring process would be to utilize a Family Consultant to provide input on the strategies listed above prior to hiring for the first time.

» Family Advisory Committees

A FAMILY ADVISORY COMMITTEE is a group of family leaders that provide input, guidance, and feedback to a program on a regular basis (National Family Support Network, 2022), and can be made up of parents, caregivers, and youth who have utilized program services. Thus, at its core, a family advisory committee is made up of consumers of a service or system. This is a way to make family feedback a fundamental aspect of program operations. The regular feedback from families provides a structural way to ensure that family voice is at the center of a program and provides the opportunity for continuous quality improvement.

When creating a family advisory committee, it is important to consider how to make the group as family-friendly and supportive as possible. If the logistics of the group are not conducive to parents and caregivers, it will not find success. The group should be composed predominantly of family members, and not staff, board members, or other service providers. Having 1-2 staff members to help organize and facilitate the group is fine, but there should always be more family members than staff present. Too many staff present at family advisory committee meetings causes an imbalance and may lead to committee members feeling less willing to participate or less safe to contribute. Staff will need to support the meetings, and as such it is practical to have one to two staff members as points of contact for family advisory committee members. However, the role of staff should be clearly outlined, including staff members to help facilitate meetings and to give access to the meeting venue, if applicable. These staff members will be the liaisons between the family advisory committee members and the rest of the organization, and be responsible for relating family advisory committee feedback. An elevated vision of this process would allow for a hired Family Lead staff member to be the assigned supporting staff so as to build rapport and trust between the family advisory committee and the agency.

Consider barriers to attendance to family advisory committee meetings, such as transportation, meeting schedule, and childcare. Be sure to hold meetings at a time that works for family members. This may mean lunch time, evenings, or weekends. A standard way to solicit this information is to survey the family advisory committee for a meeting time that works best for them. If meetings are held at inconvenient times for families, attendance will be low and the group will not thrive. Another barrier to consider include transportation. Supplying family advisory committee members with bus passes or vouchers for a shared ride service may increase attendance. Holding the meeting on a virtual format may also be more convenient for families regarding their schedule and/or transportation needs. However, virtual meetings only work if families have access to reliable internet and technology to access the meeting, such as a smart phone, computer, or tablet. Alternatively, some family advisory committee have reported to prefer in person meetings, as it fosters community and belonging. If the group meets in person and around a meal, consider supplying food for participants. This will be one less thing they need to organize for in order to attend the meeting, and will likely foster good will. This can increase psychological safety and make it easier and more appealing for anyone to attend (National Child Traumatic Stress Network, 2023).If grant limitations prohibit the purchasing of food, investigate if a local grocery store or restaurant would be willing to donate the food. Check in with members to see if they need child care in order to participate. Consider either providing child care or inviting the children to accompany their families to the meetings. That said, child care provision is recommended, if possible. This allows parents and caregivers to be able to participate with more focus in family advisory committee meetings, it also provides them with an element of respite. Essentially, it is important to discuss options with the family advisory committee members to find a format that will result with consistent, high attendance.

» Family Leadership and Community Coalitions

COMMUNITY COALITIONS PRESENT a powerful opportunity to incorporate family voice. Family voice and community coalitions need to create an alliance and maintain a joint effort of integrating families in the decision-making process to ensure their needs met in an ethical manner. One strategy to integrate the family perspective into coalitions is through a family advisory committee. The committee would be utilized in a similar method as for programs - groups of Family Leaders who meet regularly to inform the work of the coalition.

A family advisory committee can provide feedback on collaborations, strategic plans, community needs assessments, evaluation measures and more. This provides a structural way for coalitions to regularly engage family input and is a mechanism to hold the coalition accountable to the community. Coalitions may also consider family focus groups to inform priorities and strategic planning.

If a coalition does not have a family advisory committee, it may engage family leaders to assist with projects, such as community needs assessments or public awareness campaigns. Coalitions may also engage Family Leaders during advocacy efforts. This helps give a face to the issue, and policy makers need to know that issues surrounding young children affect real people in their community (Association for Children's Mental Health, 2022). To take family voice one step further, a community coalition could recruit Family Leaders to be members of the coalition, attending regularly, and offering the practical lens of lived experience. This strategy shows a commitment to sharing power with families and using a trauma lens in all aspects of programming (National Child Traumatic Stress Network, 2023). It is important to consider strategies previously mentioned to support this style of integration, such as having a point person for the Family Leaders to contact, having multiple family leaders to reduce tokenism, and reviewing all logistics to increase family participation.

A third strategy is to create the opportunity for a Family Lead for shared leadership of the coalition. This could include the co-direction of the coalition or serving on a steering committee. This allows for family voice to be part of the leadership team from the onset, allows for other invited family participants to have a natural point of contact, and allows for family voice impact growth over time.

» Language Matters

WHEN PRODUCING PROMOTIONAL or informative materials for programs, it is best to use plain language. Plain language is communication that families can understand the first time they hear or read it (Administration for Children and Families, 2023). The goal of plain language is for families to be able to both understand and use what they read or hear. This means that using plain language is a more efficient means of communicating your message to families. Consider this when producing printed materials and web content, as well as when conducting a meeting or event where families are present. Plain language does

not mean to over-simplify a message. Rather, it means that your language is such as anyone can understand it, cutting out jargon and unnecessary words.

The Plain Language Action and Information Network (PLAIN) is an unfunded working group of federal employees from different agencies and specialties, supporting the use of clear communication through providing resources and information. The PLAIN checklist for plain language provides suggestions to ensure that a program is creating product that is easily understandable for families. This checklist (Plain Language Action and Information Network, 2023) suggests that all program materials include the following characteristics:

- Written for the average reader
- Organized to serve the reader's needs
- Has useful headings
- Uses "you" and other pronouns to speak to the reader
- Uses active words
- Uses short sentences and short sections
- Uses the simplest tense possible
- Uses concise, base verbs
- Omits excess words
- Uses concrete, familiar words
- Uses "must" to express requirements
- Places words carefully to avoid gaps between the subject, verb and object
- Uses lists and tables to simplify complex material
- Uses no more than two to three subordinate levels

When working with individuals in communities, the ways we speak to and about them is critical in honoring them as people, as well as their life experience. The words we use to describe families matter. Words can promote agency within families or disempower them. To create a welcoming and safe space for families, use language that values their life experience. Be sure language promotes a healthy working relationship with families and does not cause a negative power dynamic. To best achieve this, have a Family Leader or a family advisory committee review language in program materials. This ensures a family-centered approach to the work that is collaborative and more productive.

» Tools for Including Family Voice

- **PARENT ADVISORY COMMITTEE (PAC) TRAINING:** The National Family Support Network developed this training on how to implement a PAC. There are in-person and virtual options. PACs, also known as Family Advisory Committees, can be effective mechanisms for regular, meaningful parent engagement.

  » For more information: **https://www.nationalfamilysupportnetwork.org/training.**

- **FAMILY-DRIVEN RESOURCES:** The National Federation of Families developed multiple resources to help organizations and coalitions better include family voice into their work.

  » For more information: **https://www.ffcmh.org/resources-familydriven.**

- **PLAIN LANGUAGE RESOURCES:** The PLAIN resource page can be found at the following link: **https://www.plainlanguage.gov/resources.**

- **GUIDE ON BECOMING A FAMILY LEADER:** The Texas Family Voice Network published a toolkit for families on developing their leadership skills.

  » For more information: **https://txfvn.org/resources.**

Highlights: Early Childhood Program Implementation

The following are key takeaways when considering early childhood program implementation in Texas:

1. **TEXAS IS UNIQUE.** It is the second-largest state geographically, and has the second-largest child population, with almost 2 million children ages 0-5 years. Texas has large amounts of rural and urban areas, including four of the largest metropolitan areas in the country. With 254, Texas has more counties than any other state. This impacts local implementation and service area coverage. Texas is growing and the cost of living is increasing, causing stress on families.

2. **TEXAS CHILDREN ARE USING PUBLIC SERVICES.** Almost half of children ages 3-4 years (48%) are enrolled in preschool, and more than half of those enrolled (62%) rely on public education. There is also considerable usage of public health insurance. Almost half of children in Texas (49%) who have health insurance are covered by a type of public health insurance.

3. **THE COVID-19 PANDEMIC IMPACTED EARLY CHILDHOOD PROGRAM SPENDING.** The majority of early childhood programs saw an increase in need and spending in fiscal year 2020, including children's public health insurance, early childhood education, Early Childhood Intervention, and Title V programs. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) maintained spending the first year of the pandemic. Child Care Regulation and home visiting programs saw a decrease in spending, largely due to these services being place-based and health precautions required isolation. Texas home visiting programs leveraged the pandemic as a means to build virtual capacities in programs. More investigation into the after effects of the COVID-19 pandemic is needed.

4. **IN TEXAS, STATEWIDE COLLABORATION OF EARLY CHILDHOOD PROGRAMS FACES CHALLENGES.** Texas statewide early childhood programs are spread across multiple state agencies, which historically face difficulties in interagency program coordination and maximizing state investments

in early childhood. Texas state agencies have increased collaboration between early childhood programs, and build some capacity to facilitate collaboration and coordination between programs. However, the challenge of Texas' large size and population is great. More interagency infrastructure and capacity would help support statewide efforts.

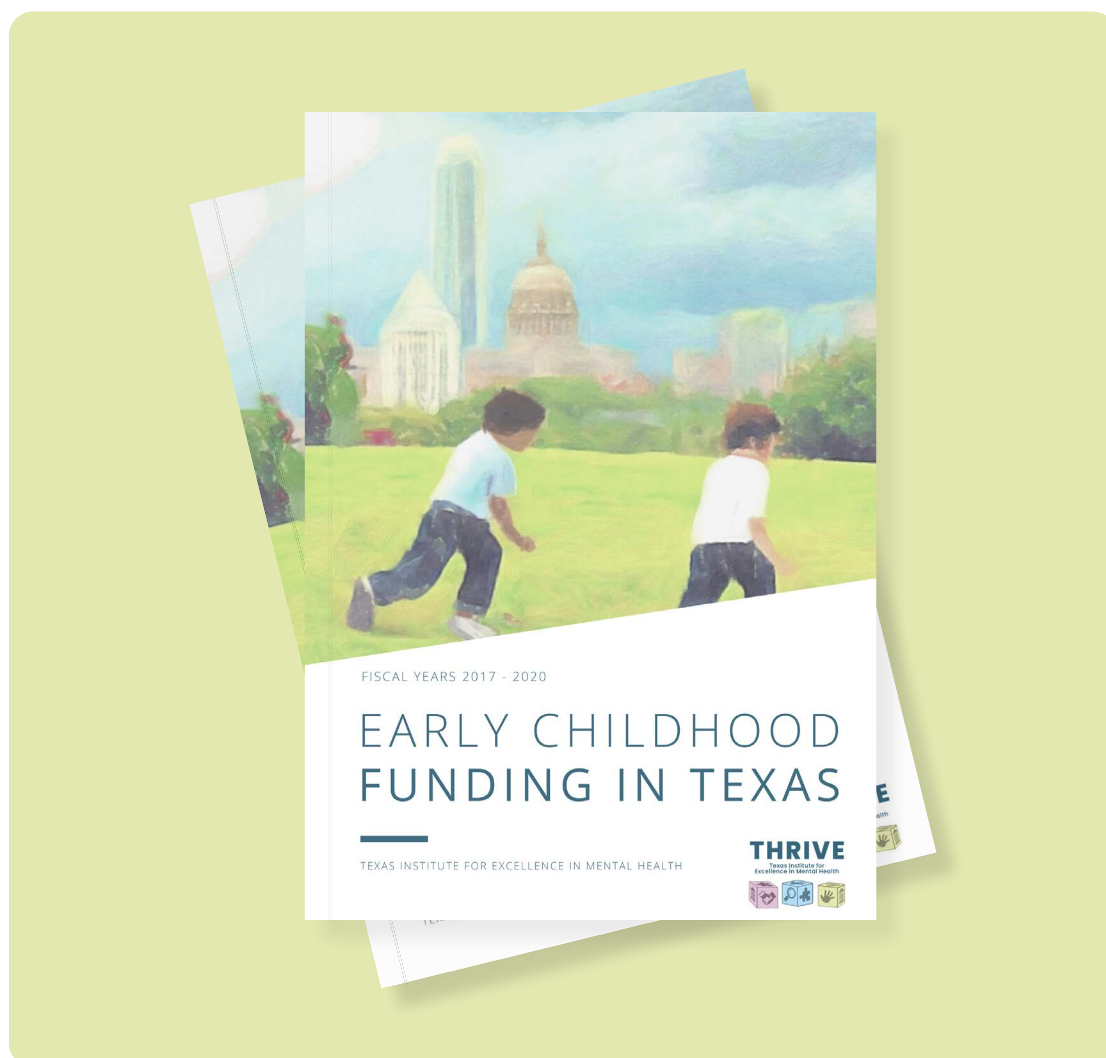
5. **EARLY CHILDHOOD PROGRAM IMPLEMENTATION BEST PRACTICES REQUIRE AN INVESTMENT OF FUNDS AND EFFORT.** Program implementers should utilize program models that are evidence-based or research-informed. Adopt a trauma-informed model, and be sure to train all staff on trauma-informed care. Prioritize data collection and evaluation. Make sure program decisions are data-driven. Invest in staffing and technology that support data collection. Include family voice in program design and modification. Examine data to ensure comparable access, quality and outcomes of services for family members with different backgrounds and life experiences and address any differences. Support the workforce who are providing the services with fair salaries and benefits that support a work-life balance.

6. **EARLY CHILDHOOD COMMUNITY COALITIONS COORDINATE SERVICES, BUILD SUSTAINABILITY, AND MAXIMIZE COMMUNITY INVESTMENT IN EARLY CHILDHOOD.** Coalitions are a mechanism to improve community support networks. Best practices for community coalition design include: using the collective impact framework; ensuring that all coalition work is data-driven; including family voice; and utilizing a backbone organization with dedicated capacity to lead coalition activities.

7. **FAMILY VOICE SHOULD BE WOVEN THROUGHOUT ALL WORK DESIGNED FOR FAMILIES.** If the program is going to serve families, it needs to be driven by input from families. At its best, family input is a vital part of all elements of the programs/coalitions/systems that serve families - program design, implementation, evaluation, and quality improvement.

09

Appendix



» Appendix A: Thrive Fiscal Map

Thrive created a fiscal map of Texas early childhood programs. The objective of this tool is to provide information to early childhood leaders to assist in efforts to increase efficiency, leverage early childhood funding and optimize program coordination.

» The Thrive fiscal map is available at the following link: https://sites.utexas.edu/mental-health-institute/early-childhood/

» Appendix B: Early Childhood in Texas Infographic

Thrive created this visual to represent the landscape of early childhood in Texas.

» This infographic is a free resource available at the following link: https://sites.utexas.edu/mental-health-institute/early-childhood.

» Appendix C: Tools for Early Childhood Program Implementation

- ***The Adolescent Brain Infographic*** from the Research Triangle Institute International illustrates the development of the adolescent brain from birth to age 25, including how it experiences novelty and risk taking. Understanding adolescence helps educators and facilitators connect with the youth experience and prepare impactful programs.

  » Link to resource: **https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/Adolescent_Brain_Infographic.pdf.**

- The Child Welfare Information Gateway, of the Children's Bureau in the Administration for Children and Families, has a web page, **Adverse Childhood Experiences (ACEs)**, that includes resources to help providers better understand ACEs and their impact on children.

  » For more information, follow this link: **https://www.childwelfare.gov/topics/preventing/overview/framework/aces.**

- The ***American Community Survey*** presents state- and county-level data designed to inform local leaders on changes in their community. New data is released annually.

  » For more information, follow this link: **https://www.census.gov/programs-surveys/acs.**

- The Alliance for the Advancement of Infant Mental Health published an online guide to reflective supervision, the ***Best Practice Guidelines for Reflective Supervision/Consultation.***

  » Link to guide: **https://www.allianceaimh.org/reflective-supervisionconsultation.**

- The **Center of Excellence for Infant and Early Childhood Mental Health Consultation** (CoE IECMHC) provides tools and guiding information on the implementation of mental health consultation for early childhood professionals and the families they serve.

  » For more information, follow this link: https://www.iecmhc.org.

  » To download the ***Center of Excellence for Infant and Early Childhood Mental Health Consultation's Consultation Competencies,*** see: https://www.iecmhc.org/documents/IECMHC-competencies.pdf.

- The Casey Family Programs **Community Opportunity Map** is an interactive tool that highlights the aspects of communities that are associated with safe children and strong families. This interactive, research-based framework is composed of select community indicators and is available for any community in the nation to use.

  » For more information, follow this link: https://www.casey.org/community-opportunity-map/

- The ***CQI Training Academy Handbook*** is an online guide on to build your understanding of CQI and to learn how to implement CQI practices within your program and organization.

  » Link to guide: https://capacity.childwelfare.gov/states/resources/cqi-training-implement-change-handbook

- The ***Crosswalk of Evidence-Based Programs,*** developed by FRIENDS National Center, provides a simple summary of the key distinctions between seven commonly used clearinghouses/registries for evidence-based programs.

  » Link to crosswalk: https://friendsnrc.org/evaluation/evidence-based-practice/ebp-crosswalk/.

- The ***A Data-Driven Approach to Service Array Guide,*** created by the Children's Bureau of the Administration for Children and Families, includes guidance regarding data collection, collective data collection, data-driven decision making, and strategies to improve a service array.

  » Link to guide: **https://capacity.childwelfare.gov/sites/default/files/media_pdf/data-driven-approach-cp-00016.pdf**

- The **Early Childhood Texas website** provides information about Texas state agency programs and resources for families. Information is available in English, Spanish, and Vietnamese.

  » For more information, follow this link: **https://earlychildhood.texas.gov.**

- The Center for the Study of Social Policy created the ***Early Childhood System Performance Assessment Toolkit,*** which includes guidance and tools to use to assess how well a local early childhood system is working to improve the reach of early childhood services, promote coordination among those services, increase the community's commitment to early childhood, and advance parent engagement.

  » To download the toolkit, follow this link: **https://cssp.org/resource/early-childhood-system-performance-assessment-toolkit.**

- The **Father's Playbook app** is for first-time dads who are interested in learning pregnancy and what to expect after the baby comes. It was developed by the Center for Health Communication at the University of Texas at Austin, Texas Safe Babies at the University of Texas Health Science Center Tyler, and the SAGA Lab at the University of Texas at Austin.

  » To get the app: **https://fathersplaybook.org.**

- The **Fatherhood Resource Hub** is supported by Prenatal-to-3 Policy Impact Center at Vanderbilt University and provides resources for Texas providers seeking to support fathers.

  » For more information, follow this link: https://fatherhoodresourcehub.org/.

- This guide, ***How Dashboards Can Help Cities Improve Early Childhood Development,*** was created by the Open Data Institute and Oxford Insights and describes how programs and systems can use dashboards to track and use data.

  » For more information, follow this link: https://files.eric.ed.gov/fulltext/ED582025.pdf.

- The Integrated Measurement, Program Assessment, and Collaboration Tools ***(IMPACT) Measures Tool*** is a online mechanism to search, compare, and assess measures scored on four categories – usability, cost, cultural relevance, and technical merit.

  » For more information, follow this link: https://ecmeasures.instituteforchildsuccess.org.

- The National Child Welfare Workforce Institute created the ***Learning and Living Leadership Tool Kit*** to promote the well-being of the workforce while facilitating better outcomes for children and families.

  » For more information, follow this link: https://ncwwi.org/leadership-toolkit/

- The **National Responsible Fatherhood Clearinghouse** includes resources, tips, and a toolkit on working with fathers.

  » For more information, follow this link: https://www.fatherhood.gov.

- The **Prenatal-to-3 Policy Clearinghouse** provides information on evidence-based state policies and is overseen by the Prenatal-to-3 Policy Impact Center out of Vanderbilt University.

  » For more information, follow this link: https://pn3policy.org/pn-3-state-policy-clearinghouse.

- The **Prenatal-to-3 State Policy Roadmap** is another product of the Prenatal-to-3 Policy Impact Center out of Vanderbilt University. This roadmap provides guidance to state leaders on effective investments to help children thrive.

  » To see the latest roadmap, follow: https://pn3policy.org/pn-3-state-policy-roadmap-2022.

- The Child Welfare Information Gateway, of the Children's Bureau in the Administration for Children and Families, created the **Protective Factors Toolkit.** This community-based toolkit includes information on how to identify protective factors, tip sheets, and child development and activity calendars to share with families.

  » For more information, follow this link: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/protective-factors-toolkit.

- The ***SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*** introduces a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector. The manual provides a definition of trauma and a trauma-informed approach, and offers 6 key principles and 10 implementation domains.

  » For more information, follow this link: https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

- The Prevention Technology Transfer Center Network, funded by the Substance Abuse and Mental Health Services Administration, created ***The Six Elements of Effective Coalitions,*** a guide to establishing an efficient and impactful community coalitions.

  » For more information, follow this link: **https://pttcnetwork.org/centers/northwest-pttc/product/six-elements-effective-coalitions.**

- The National Family Support Network (NFSN) is a national system of state networks delivering family-based programs according to the NFSN **Standards of Quality for Family Strengthening and Support**. The standards are based on the research-informed and evidenced-based models, the Principles of Family Support Practice and the Strengthening Families Framework and Approach 5 Protective Factors.

  » For more information, follow this link: **https://www.nationalfamilysupportnetwork.org/standards-of-quality.**

- DFPS-PEI contracted with the University of Texas Health Science Center at Tyler to develop a series of maps, the **Texas Child Maltreatment Risk Maps,** that demonstrate the community level of risk for child maltreatment. These maps are interactive and searchable at the ZIP Code and county level. These maps can be used to inform strategic planning, needs assessments, and resource alignment to support families before they are in crisis.

  » Link to resource: **https://www.maltreatment-risk.txsafebabies.org/**

- The **Texas School Readiness Dashboard** is a project by Texas Care for Children that presents data on how Texas is doing to prepare young children for school. The considers data regarding sufficient household resources; positive adult-child interactions; good health and development; and enriching early learning experiences.

  » For more information, follow this link: **https://txreadykids.org.**

- Texas System of Care created the ***Texas System of Care Toolkit*** to assist communities in building effective local systems of care, whether local leaders are just beginning to explore the system of care concept or have been striving to enhance and sustain their community system of care.

  » For more information, follow this link: **https://toolkit.txsystemofcare.org.**

Appendix D: Quick Facts - Early Childhood in Texas

The following are demographic facts about young children in Texas based on the United States Census Bureau's 2021 American Community Survey (United States Census Bureau, 2022).

POPULATION	
#Children, Ages 0 to 5	1,942,749
#Children, Ages 0 to 4	1,891,627
#Black or African American Children, Ages 0 to 4	231,622
#American Indian & Alaska Native Children, Ages 0 to 4	11,457
#White Children, Ages 0 to 4	773,477
#Asian Children, Ages 0 to 4	88,197
#Native Hawaiian and Other Pacific Islander Children, Ages 0 to 4	804
#Some Other Race Children, Ages 0 to 4	216,721
#Two or More Races Children, Ages 0 to 4	569,349
#White, Not Hispanic or Latino, Children, Ages 0 to 4	473,230
#Hispanic or Latino Children, Ages 0 to 4	937,185
#Male Children, Ages 0 to 4	967,416
#Female Children, Ages 0 to 4	924,211
#Living in same house as 1 year ago, Children, Ages 0 to 4	1,262,273
#Grandchildren living with a grandparent Children, Ages 0 to 5	252,774

Source: *(United States Census Bureau, 2022)*

INCOME AND POVERTY	
%Children Living at or Below 100% FPL in Past 12 month, Ages 0 to 5	20.41%
%Children Living at or Below 185% FPL in Past 12 month, Ages 0 to 5	39.95%
%Children Living at or Below 200% FPL in Past 12 month, Ages 0 to 5	43.28%
Median Income in Past 12 Months (All Texans)	$34,395.00
Median Family Income in Past 12 Months	$80,304.00
Median Family Income in Past 12 Months for Families with Grandparent(s) in the Household and No Parent Present	$44,091.00
%Households with Two or More Earners, with Children Ages 0 to 18	52.88%

Source: *(United States Census Bureau, 2022)*

EARLY CHILDHOOD CARE AND EDUCATION	
#Enrolled in Preschool	372,208
#Enrolled in Kindergarten	412,630
#Pre-K Enrollments that are Public	231,760
#Pre-K Enrollments that are Private	140,448
#Enrolled in Preschool, White	172,291
#Enrolled in Preschool, Black or African American	40,072
#Enrolled in Preschool, American Indian and Alaska Native	1,734
#Enrolled in Preschool, Asian	16,093
#Enrolled in Preschool, Some other race	36,141
#Enrolled in Preschool, Two or more races	105,378
#Enrolled in Preschool, white, not Hispanic or Latino	135,535
#Enrolled in Preschool, Hispanic or Latino	159,703

Source: *(United States Census Bureau, 2022)*

HEALTH INSURANCE COVERAGE	
#Children with Health Insurance, Black or African American, Ages 0 to 5	261,436
#Children with Health Insurance, American Indian and Alaska Native, Ages 0 to 5	12,516
#Children with Health Insurance, Asian, Ages 0 to 5	100,616
#Children with Health Insurance, Native Hawaiian and other Pacific Islander, Ages 0 to 5	1,099
#Children with Health Insurance, Some Other Race, Ages 0 to 5	222,139
#Children with Health Insurance, Two or More Races, Ages 0 to 5	628,937
#Children with Health Insurance, White, not Hispanic or Latino, Ages 0 to 5	626,204
#Children with Health Insurance, Hispanic or Latino, Ages 0 to 5	1,012,456
#Children with Private Health Insurance, Ages 0 to 5	1,144,768
#Children with Public Health Insurance, Ages 0 to 5	1,031,915
#Children Enrolled in Medicaid, Ages 0 to 5	1,020,090
#Children Enrolled in Tricare/Military Coverage, Ages 0 to 5	32,844
#Children Enrolled in Medicare, Ages 0 to 5	12,108
#Children with Employer-Based Health Insurance, Ages 0 to 5	999,595
#Children with Direct-Purchase Health Insurance, Ages 0 to 5	118,027

Source: *(United States Census Bureau, 2022)*

CHILD SAFETY	
#Children who received services from Children's Protective Service, under 6	32,034
#Children removed from the home due to safety, under 6	9,375

Source: *(Texas Department of Family and Protective Services, 2021)*

Appendix E: Definitions of Terms

Accessibility
An organization providing disabled persons the same access to information and programs as is available to nondisabled persons (Digital.gov, 2023).

Adverse Childhood Experiences (ACEs)
Traumatic events that occur before a child reaches the age of 18. Negative experiences affect a child's brain and health as they grow into adults. ACEs can lead to mental health or chronic health conditions (Cleveland Clinic, 2023).

Belonging
A psychological need that embodies as feelings of being accepted, respected, and valued in a social setting, such as work, school, and social service programs, to name a few (Allen K., 2021).

Early Childhood Coalition
A group of stakeholders from multiple sectors, who collaborate for the shared goal to improve outcomes for children (National Institute for Children's Health Quality, 2023).

Collective Impact
A framework that brings together a network of community members and organizations and includes 5 conditions: 1) it starts with a common agenda; 2) it establishes shared measurement; 3) it fosters mutually re-enforcing activities; 4) it encourages continuous communication; and 5) it has a backbone team dedicated to aligning and coordinating the work of the group (Collaborative Impact Forum, 2023).

Continuous Quality Improvement
A process to ensure programs are systematically and intentionally improving services and increasing positive outcomes for the families they serve (FRIENDS National Center, 2023).

Early Childhood
A pivotal period of child development that begins before birth through age 8. This is a period of rapid brain and body development. The experiences and opportunities offered in early childhood lay the foundation for how children grow, learn, build relationships, and prepare for school (American Academy of Pediatrics, 2023).

Early Childhood Education
The goal of early childhood education is to improve academic and social behavioral outcomes for children from birth through third grade (US Department of Education, 2023).

Diversity
The practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of the American people, including underserved communities (US Department of Urban Planning and Development, 2023).

Family
A group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family (Health Resources and Services Administration, 2023).

Family Advisory Committee
For the purpose of this implementation guide, a family includes at least one adult and one child who are related biologically, emotionally, or legally (National Family Support Network, 2022).

Family Resource Center
These are welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, typically provided at no or low cost to participants, are developed to reflect and be responsive to the specific needs, cultures, and interests of the communities and populations served (National Family Resource Center, 2023).

Family Voice
Family perspectives are intentionally solicited and prioritized throughout all phases of service implementation (National Federation of Families, 2022).

Federal Poverty Level
The original version of the federal poverty measure that is updated annually by the Census Bureau (US Department of Health and Human Services, 2023).

Federal Poverty Guidelines
A version of the federal poverty measure that is issued annually by the US Department of Health and Human Services. They are a simplification of poverty thresholds for administrative use, such as determining financial eligibility for certain federal programs (US Department of Health and Human Services, 2023).

Fidelity
The services provided are faithful to the core components of a curriculum or program as specified by the model developer(s) (FRIENDS National Center, 2023).

Home Visiting
A program design in which early childhood and health professionals regularly visit the homes of pregnant women and families with young children (Texas Department of Family and Protective Services, 2023).

Inclusion
The actions taken to understand, embrace, and leverage the unique identities and perspectives of all individuals so that all feel welcomed, valued, and supported (Centers for Medicare & Medicaid Services, 2023).

Infant Early Childhood Mental Health Consultation
IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention, and their home (Center of Exellence for Infant and Early Childhood Mental Health Consultation, 2023). It is not therapy.

Logic Model
A program map that is a simple, logical illustration of what the program does, why the program does it, and how observers will know if the program is successful. Most have the same vital components, including the anticipated outcomes of the program and the services provided to achieve the outcomes (FRIENDS National Center, 2023).

Reflective Supervision
A form of supervision that supports early childhood program implementation quality by helping providers develop critical competencies (Office of Planning, Research, and Evaluation, 2023).

Plain Language
Language that can be understood the first time it is read or heard (Plain Language Action and Information Network, 2023).

Protective Factors
Conditions that when present strengthen families and help to prevent ACEs in the lives of children. The 5 protective factors include: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children (Center for the Study of Social Policy, 2023).

Sector
A type of service within an early childhood system, such as early care and education, health care, home visiting, child welfare, a government agency, or a funder (Center for the Study of Social Policy, 2021).

Shared Leadership
A leadership approach that allows team members to share leadership roles, responsibilities, and functions (Wu & Cormican, 2021).

Social Determinants of Health
Conditions in the environments where people live that affect a range of health and quality-of-life outcomes, and fall into the domains of economic stability; education and access; healthcare access and quality; neighborhood and built environment; and social and community context (US Department of Health and Human Services, 2023).

Social-Emotional Learning
Evidence-based skill building that allows children and adults to acquire and effectively apply the knowledge and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (US Department of Edcuation, 2023).

System of Care
A framework and philosophy for the transformation of child-serving systems to build more accessible, responsive, and effective arrays of services and supports (Texas System of Care, 2023).

Trauma-Informed Care
A framework that seeks to consider lived experiences of trauma in the approach to care, and includes the six trauma principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (Substance Abuse and Mental Health Administration, 2014).

Two-Generation (2-Gen)
This approach focuses on building parental capacity and protective factors within families, often with the explicit goal of interrupting generational cycles of poverty (Child Welfare Information Gateway, 2023).

Universal Program
A program that seeks to broaden impact to a larger portion of the general population, versus selectively targeting families with a proven need (Laenen & Gugushvili, 2020).

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