



The University of Texas at Austin LBJ School of Public Affairs Child & Family Research Partnership

November 30, 2021: State Bar of Texas -

Creating an Effective and Equitable Early Childhood System of Support

PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

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Our Earliest Experiences Shape Our Lives

- All children deserve to be born healthy and raised in nurturing environments, with limited exposure to adversity
- Nurturing relationships in the earliest years lead to healthier brains and bodies, which influence health and wellbeing over the life course
- Chronic adversity harms children's neurological, biological, and social development, and can have lifelong consequences
- Millions of children lack the opportunities to a healthy start they deserve
- Children of color are most likely to face adversity and least likely to have the opportunities all children deserve



State Policy Choices Shape Opportunities

- State policy choices can empower parents and support children's healthy development
- We must care for the caregivers so that they can care for the children
- Systems of support require a combination of broad based economic and family supports and targeted interventions
- Variation in state policy choices leads to a patchwork of supports for families, depending on where they live

Eight Prenatal-to-3 Policy Goals



Healthy and

Equitable

Births

Families have access to necessary services through expanded eligibility, reduced administrative burden and fewer barriers to services, and identification of needs and connection to services.

Parents have the skills and incentives for employment and the resources they need to balance working and parenting.

Parents have the financial and material resources they need to provide for their families.

Children are born healthy to healthy parents, and pregnancy experiences and birth outcomes are equitable.



Parents are mentally and physically healthy, with particular attention paid to the perinatal period.



Children experience warm, nurturing, stimulating interactions with their parents that promote healthy development.



When children are not with their parents, they are in high-quality, nurturing, and safe environments.



Children's emotional, physical, and cognitive development is on track, and delays are identified and addressed early.

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	Policy Goal	Outcome Measure	Worst State	Best State	Rank
		% Low-Income Women Uninsured	47.8% 47.8%	3.8%	51
	Access to Needed	% Births to Women Not Receiving Adequate Prenatal Care	24.9% 20.8%	• 5.1%	48
TEXAS	Services	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% 19.8%	● 2.0%	48
		% Children < 3 Not Receiving Developmental Screening	73.5% • 53.	• 40.0%	11
	Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0% • 26.7% TX	• 14.8%	34
State Prenatal-to-3 Dutcome		% Children < 3 in Poverty	33.1% 21.6% TX	• 8.6%	40
Veasures	Sufficient Household Resources	% Children < 3 Living in Crowded Households	35.8% • 24.7% TX	8.6%	46
		% Households Reporting Child Food Insecurity	12.1% • 5.2% TX	1.2%	20
	Healthy and	% Babies Born Preterm (< 37 Weeks)	14.6% 11.0% TX	8.2%	41
	Equitable Births	# of Infant Deaths per 1,000 Births	9.1 • 5.5 TX	3 .1	22

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	Policy Goal	Outcome Measure	Worst State	Best State	Rank
	Parental Health and	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	10.9% • 3.9% TX	1.0%	18
	Emotional Wellbeing	% Children < 3 Whose Parent Lacks Parenting Support	24.0% 21.7%	• 6.4%	47
TEXAS		% Children < 3 Not Read to Daily	75.9% TX	• 45.4%	51
	Nurturing and Responsive Child- Parent Relationships	% Children < 3 Not Nurtured Daily	52.7% 50.4%	• 28.1%	48
		% Children < 3 Whose Parent Reports Not Coping Very Well	46.1% • •	24.7% TX 20.1%	5
State Prenatal-to-3 Dutcome	Nurturing and	% Providers Not in QRIS	Updated Data Not Available		
leasures	Responsive Child Care in Safe Settings	% Children Without Access to EHS	96.2% ^{95.5%}	• 69.0%	50
		% Children Whose Mother Reported Never Breastfeeding	33.0% • 13.1% TX	• 7.5%	19
	Optimal Child Health and Development	% Children < 3 Not Up to Date on Immunizations	38.4% 30.9% TX	• 15.6%	44
		Maltreatment Rate per 1,000 Children < 3	39.5 • 19.3 TX	• 2.1	29
					(

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Prenatal-to-3 State Policy Roadmap

Core Principles

- · Grounded in the science of the developing child
- Committed to promoting equity
- · Guided by the most rigorous evidence, to date

Purpose

• A guide for state policy leaders to develop and implement the most effective investments that states can make to empower parents and ensure all children thrive from the start

Approach

- Identified 5 effective policies and 6 effective strategies that positively impact PN-3 outcomes
- Tracking annual state progress toward policy adoption and implementation of the 11 solutions
- Monitoring the wellbeing of infants and toddlers in each state, and progress toward reducing disparities in opportunities and outcomes



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Summary

POLICIES

Expanded Income Eligibility for Health Insurance

Reduced Administrative Burden for SNAP

Paid Family Leave

State Minimum Wage

State Earned Income Tax Credit

STRATEGIES

Comprehensive Screening and Connection Programs

Child Care Subsidies

Group Prenatal Care

Evidence-Based Home Visiting Programs

Early Head Start

Early Intervention Services

DATA

Outcomes

Demographic Characteristics

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Prenatzi-to-3 State Policy Roadmap 2021

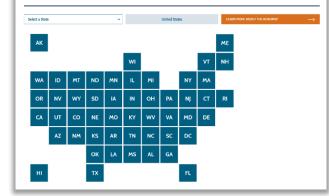
2021 Prenatal-to-3 State Policy Roadmap

The Perstall-to-3 State Pelcy Reducing provides guidance to state leaders on the most effective livestments states cannote to ensure all claims and leaders may be depositioned with the state Gourden In the states of the developing child and based on competentive reviews of the most regross evidence available, the Roadmap provides detailed information on the effective policies and util effective targings the lates the number genvicements informs and toddem need and that reduce longstanding departies in opportunities and autoremess among social and entry, genvalue all concernment tables.

The Prenatal-to-3 State Policy Roadmap is an annual guide for each state to:

- Implement the most effective state-level policies and strategies to date that foster nurturing environments and promote equity.
- Monitor the state's progress toward adopting and fully implementing these effective solutions, and
 Measure the wellbeing of infants and toddlers in each state.

To choose a State Policy Roadmap click on the map or select from the dropdown below



2021 Prenatal-to-3 State Policy Roadmap

pn3policy.org/roadmap



2021 Prenatalto-3 State Policy Roadmap: State Summary for Texas

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Prenatal-to-3 State Policy Roadmap 2021		
Select a State 🗸 🗸	SUMMARY	
	The Prenatal-to-3 S	ystem of Care in Texas
Texas PRENATAL-TO-3 STATE POLICY ROADMAP Summary	EFFECTIVE POLICIES Expanded income Eligibility for Health Insurance Beduced Administrative Burden for SNAP Paid Family Leave State Finnimum Wage State Earned Income Tax Credit	EFFECTIVE STRATEGIES Comprehensive Screening and Connection Programs Child Care Subardies Group Presental Care Evidence-Based Home Visiting Programs Early Head Start Early Head Start
POLICIES Expanded Income Eligibility for Health Insurance	State has adopted and fully implemented the policy	State is a leader on the strategy
Reduced Administrative Burden for SNAP Paid Family Leave State Earned Income Tax Credit STRATEGIES Comprehensive Screening and Connection Programs	health and wellbeing. All children deserve the opportunity to be b	STATE'S PRENATAL-TO-3 SYSTEM OF re period of development, and it sets the foundation for long-term som heality and naised in nutrating, stimulating, statulating, statulating, and heave

To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This Prenatal-to-3 State Policy Roadmap identifies the evidence-based investments that states can make to foster equitable opportunities for infants and todders.

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- The Prenatal-to-3 State Policy Roadmap Is a Guide for Each State To:
- · Implement the most effective state-level policies and strategies to date that foster nurturing environments and promote equity;
- Monitor the state's progress toward adopting and fully implementing these effective solutions; and
- Measure the wellbeing of infants and toddlers in each state.

Child Care Subsidies Group Prenatal Care

Programs

ΠΔΤΔ

Outcomes

Early Head Start

Evidence-Based Home Visiting

Early Intervention Services

Demographic Characteristics

The science of the developing child points to eight PN-3 policy goals that all states should strive to achieve to ensure that infants and toddles get off to a healthy start and thrive. Five state-level policies and six strategies positively impact at least one of these PN-3 policy goals, based on comprehensive reviews of rigorous research. When combined, the policies and strategies create a system of care that provides broad-based economic and family supports, as well as targeted interventions to address identified needs.

This Roadmap helps each state monitor its progress on all 11 effective solutions and on 20 child and family outcome measures that illustrate the health, resources, and wellbeing of infants, toddiers, and their parents in each state. The Roadmap also measures the progress states are making to reduce racial and ethnic dispurities in opportunities and outcomes. The framework below illustrates the alignment between the eight policy goals and the 11 evidence-based policies and strategies that impact each goal.

Visit the Prenatal-to-3 Policy Clearinghouse for more on the science behind each policy goal.

GOALS To achieve a science-driven PN-3 goal:	Access to Needed Services	Parents' Ability to Work	Sufficient Household Resources	Healthy and Equitable Births	Parental Health and Emotional Wellbeing	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Child Care in Safe Settings	Optimal Child Health and Development
POLICIES	Adopt ar	nd fully impleme	nt the effective	policies aligned	with the goal			
Expanded Income Eligibility for Health Insurance								
Reduced Administrative Burden for SNAP								
Paid Family Leave								
State Minimum Wage								
State Earned Income Tax Credit								
OUTCOMES Measure progress toward achieving the PN-3 goal.	Health Insurance Adequate Prenatal Care Access to SNAP Developmental Screenings	Parental Employment	Child Poverty Crowded Housing Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Child Care Providers Participating in QRIS Access to EHS	Breastfeeding Immunizations Child Maltreatment



GOALS To achieve a science-driven PN-3 goal:	Access to Needed Services	Parents' Ability to Work	Sufficient Household Resources	Healthy and Equitable Births	Parental Health and Emotional Wellbeing	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Child Care in Safe Settings	Optimal Child Health and Development
STRATEGIES	Make sub	bstantial progres	s relative to othe	er states toward	implementing th	e effective strate	egies aligned wit	h the goal
Comprehensive Screening and Connection Programs								
Child Care Subsidies								
Group Prenatal Care								
Evidence-Based Home Visiting Programs								
Early Head Start								
Early Intervention Services								
OUTCOMES Measure progress toward achieving the PN-3 goal.	Health Insurance Adequate Prenatal Care Access to SNAP Developmental Screenings	Parental Employment	Child Poverty Crowded Housing Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Child Care Providers Participating in ORIS Access to EHS	Breastfeeding Immunizations Child Maltreatment



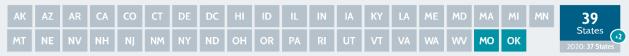
Texas Has Not Adopted and Fully Implemented Any Policies





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Expanded Income Eligibility for Health Insurance



5 Additional States Fully Implemented a Roadmap Policy This Past Year (MO implemented 2!)

Reduced Administrative Burden for SNAP

AL	AZ	AR	CA	СТ	DE	DC	IN	KS	LA	ME	MA	мо	20
мт	NI	NIM		OK	OP	DI	<u>en</u>	VT	1/4	WA	WA/	VA/I	States
<i>P</i> 11	NJ	IN/M	Un	UK	OR	RI	50	V I	VA	VVA	***	VVI	

Paid Family Leave



State Minimum Wage

22	MD	ME	IL	н	DC	СТ	со	CA	AR	AZ	AK
States +3 2020: 19 States	NM	мо	FL	WA	VT	RI	OR	NY	NJ	MN	MA

State Earned Income Tax Credit

CA	со	СТ	DC	IL	IA	KS	ME	MD	18 States
MA	MN	NE	NJ	NM	NY	OR	RI	VT	2020: 18 States

Note: Due to additional evidence on how states can effectively reduce administrative burden for SNAP, 2021 is a new baseline year, and we do not show changes in the past year.

State has newly adopted and fully implemented the policy since October 1, 2020



Summary of State Policy Progress in 2021

Effective policies impact PN-3 goals, and research provides clear legislative or regulatory action.					
Expanded Income Eligibility for Health Insurance	- Missouri and Oklahoma expanded Medicaid for the first time this past year - 11 of 12 nonexpansion states considered expanding the program				
Reducing Administrative Burden for SNAP	- Minnesota enacted and Texas considered legislation to extend the recertification interval to 12 months				
Paid Family Leave (of at least 6 weeks)	 Massachusetts became the 6th state to fully implement a PFL program of at least 6 weeks 23 states considered legislation to adopt a PFL program of at least 6 weeks 4 more states will fully implement their program by 2024 (CO, CT, OR, RI) 				
State Minimum Wage (of at least \$10)	- Florida, Missouri, and New Mexico offered a \$10 min wage or higher for the first time this past year - 3 additional states will have at least a \$10 min wage next year (DE, NV, VA) - 11 states will have a \$15 min wage by 2026				
State Earned Income Tax Credit (of at least 10% refundable)	 - 2 states will have a refundable 10% credit for the first time next year (IN and WA) - 9 other states expanded their state EITCs 				



Summary of State Progress on Strategies in 2021

Effective strategies impact PN-3 goals, but the research	Effective strategies impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.						
Comprehensive Screening and Connection Programs	- New Jersey and Connecticut joined Oregon in passing laws to implement Family Connects statewide						
Child Care Subsidies	- Oregon, Rhode Island, Vermont, and Washington reduced family copayment levels - Washington and New Mexico increased base reimbursement rates - New Mexico increased income eligibility						
Group Prenatal Care	- 3 states invested substantially in group prenatal care services (MD, IL, OH)						
Evidence-Based Home Visiting Programs	- 3 states increased accountability and oversight of home visiting programs (CT, DE, IL)						
Early Head Start	- 3 states expanded access to EHS (ME, OR, WA)						
Early Intervention Services	- 4 states expanded access to EI (DE, IL, CO, CT)						



State Action

The Prenatal-to-3 System of Care in Texas

POLICIES

Effective policie	es impact PN-3 goals and research provides clear	state le	egislative or regulatory action.				
	Policy Definition		State Implementation				
Expanded Income Eligibility for Health Insurance	State has adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level.		Texas has not expanded Medicaid eligibility under the Affordable Care Act. In the last year, Texas legislators proposed nearly 25 bills to expand Medicaid, but all bills failed.				
Reduced Administrative Burden for SNAP	State assigns 12-month recertification and simplified reporting to all eligible families with children, and offers online services, including at minimum, an online application.		Texas only assigns 6-month recertification intervals, although legislators introduced bills this past year to extend the interval to 12 months for most families, but the bills did not pass. Texas assigns simplified reporting to all eligible families with children, and the state has all three online services (initial application, change reporting, and renewal).				
Paid Family Leave	State has adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.		Texas does not have a paid family leave program. Legislators proposed one bill in the last year to enact a paid family leave program with up to 12 weeks of benefits and one bill to provide tax credits to taxable entities that offer paid family leave benefits to employees, but both bills died in committee.				
State Minimum Wage	State has adopted and fully implemented a minimum wage of \$10 or greater.		The current state minimum wage in Texas is \$7.25. In the last year, legislators proposed seven bills to increase the state minimum wage, with future values ranging from \$12.00 to \$15.00, but all of the bills failed.				
State Earned Income Tax Credit	State has adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for all eligible families with any children under age 3.		Texas does not have a state EITC, and legislators took no initiative to adopt one through legislation in the last year.				





State Action

The Prenatal-to-3 System of Care in Texas

STRATEGIES

Effective strategi	es impact PN-3 goals, but the research does not yet provid	e preci	se guidance for state legislative or regulatory action.
	Characteristics of Leading States		State Implementation
Comprehensive Screening and Connection Programs	Leading states have a high percentage of families who access the programs, enact legislation to reach families across the state, and invest deeply in evidence-based programs.		Families in Texas have access to two of the three evidence-based comprehensive screening and connection programs, Family Connects and HealthySteps, but not DULCE.
Child Care Subsidies	Leading states provide high reimbursement rates that meet the providers' true cost of care, require low family copays, and have a low family share of the total cost of child care.		In Texas, low-income families with a child care subsidy may pay up to 52.6% of the total market rate price of care, and the state's base reimbursement rates cover only 56.0% of the true cost of providing base-quality care.
Group Prenatal Care	Leading states provide financial support for group prenatal care, provide enhanced reimbursement rates for group prenatal care through Medicaid, and serve a substantial percentage of pregnant people.		In Texas, 1.9% of the state's pregnant people participated in group prenatal care through the CenteringPregnancy model in 2019. Texas has a state billing model within Medicaid that reimburses providers for group prenatal care at a slightly higher rate than traditional individual prenatal care.
Evidence- Based Home Visiting Programs	Leading states serve a substantial percentage of low- income families with young children and use state dollars or Medicaid to support home visiting services.		Texas is among the five states that serve the lowest percentage of low- income children under age 3 in the state's home visiting programs.
Early Head Start	Leading states have a state-specific program, provide state financial support for EHS, and serve a substantial percentage of low-income children.		Texas does not contribute to its Early Head Start programs by supplementing federal funding at the state level. Approximately 4.5% of eligible infants and toddlers in Texas have access to EHS.
Early Intervention Services	Leading states serve a substantial percentage of children under age 3, increase eligibility for children, and maximize the use of Medicaid to pay for EI services.		Texas serves 5.3% of its O-to-3 population in EI over the course of a year, ranking 42nd among all states on this indicator. Part C staff aim to better leverage Medicaid funding to pay for services in future years and to increase Texas' ability to serve more children in need.



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TEXAS

POLICY: Medicaid Expansion





states have adopted and fully implemented the Medicaid expansion under the Affordable Care Act that includes coverage for most adults with incomes up to 138% of the federal poverty level.



×

Texas

Texas has not expanded Medicaid eligibility under the Affordable Care Act. In the last year, Texas legislators proposed nearly 25 bills to expand Medicaid, but all bills failed.

2020: 37 states

State has newly adopted and implemented the policy since October 1, 2020

2020 Status: 🗴



How Does Medicaid Expansion Impact PN-3 Outcomes?



- An increase of 0.9 months of Medicaid coverage postpartum (I)
- An increase in receiving adequate prenatal care by 3.6 percentage points for Hispanic women and 2.6 percentage points for non-Hispanic women (EE)

Sufficient Household Resources

Access

to Needed

Services

- A 4.7 percentage point decrease in the likelihood of experiencing a catastrophic financial burden (KK)
- A decrease in financial difficulty and care avoidance because of cost (C, K, & II)
- A reduction in the poverty rate (Supplemental Poverty Measure) of up to 1.4 percentage points, corresponding to lifting more than 690,000 people out of poverty (CC)

Healthy and Equitable Births

- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- 16.3 fewer Black maternal deaths per 100,000 live births (7.01 per 100,000 live births in the overall population) (J)

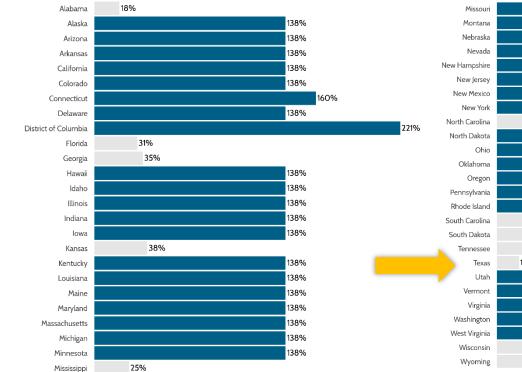
TEXAS

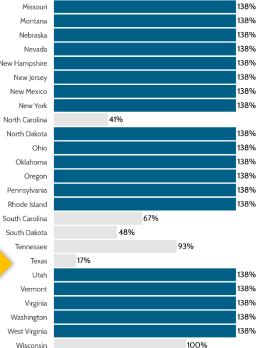
POLICY:

Medicaid

Expansion

Variation Across States in Parents' Medicaid Income Eligibility Limits as a Percentage of the Federal Poverty Level





52%

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POLICY: Medicaid Expansion

District of Columbia	3.8%
Vermont	4.8%
Massachusetts	6.4%
	7.3%
lowa	
Rhode Island	7.3%
West Virginia	8.8%
Hawaii	10.9%
New York	11.0%
Michigan	11.3%
Montana	12.6%
Pennsylvania	13.0%
Ohio	13.1%
Kentucky	13.2%
Minnesota	13.3%
Delaware	13.7%
New Hampshire	14.0%
Connecticut	14.1%
North Dakota	14.1%*
Oregon	14.3%
Washington	15.6%
Wisconsin	15.6%
Louisiana	16.0%
Alaska	16.1%
New Mexico	16.2%
California	16.5%
Maryland	16.7%

Illinois	17.3%
Colorado	19.3%
Maine	20.3%
Indiana	20.5%
Virginia	20.9%
Arkansas	21.0%
Arizona	23.4%
Tennessee	24.0%
Utah	25.7%
Nebraska	26.3%
South Carolina	26.3%
South Dakota	26.7%*
New Jersey	27.4%
Nevada	27.6%
Alabama	28.2%
Idaho	28.8%
Wyoming	29.7%*
Kansas	30.8%
North Carolina	31.1%
Missouri	31.3%
Mississippi	32.7%
Florida	32.9%
Georgia	37.3%
Oklahoma	39.4%
Texas	47.8%

Low income = <= 138% Federal Poverty Level

2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).



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Reduced administrative burden for SNAP is an effective state policy to impact:



POLICY: Reduced Administrative Burden for SNAP



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Sufficient Household Resources



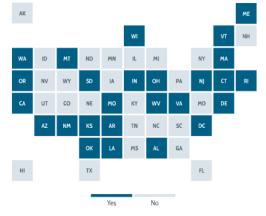
Nurturing and Responsive Child-Parent Relationships

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Nurturing and Responsive Child Care in Safe Settings

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states assign 12-month recertification and simplified reporting to all eligible families with children, and offer online services, including at minimum, an online application.



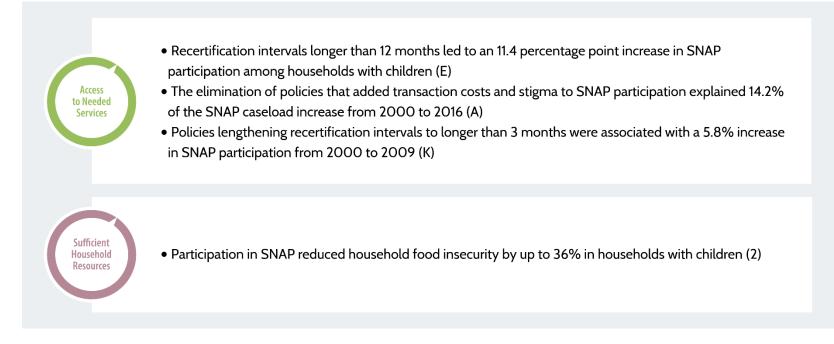
Texas

Texas only assigns 6-month recertification intervals, although legislators introduced bills this past year to extend the interval to 12 months for most families, but the bills did not pass. Texas assigns simplified reporting to all eligible families with children, and the state has all three online services (initial application, change reporting, and renewal).

online servic



How Does Reduced Administrative Burden for SNAP Impact PN-3 Outcomes?





POLICY: Reduced Administrative **Burden for** SNAP

% Eligible Families With Children Under Age 18 Not Receiving SNAP

Individual7.6%Louisiana2.9%Montana7.6%Alabama3.0%New York8.1%Missouri3.2%Illinois8.2%Michigan3.9%Utah8.7%West Virginia3.9%Utah8.7%Mississippi4.7%Washington8.7%Mississippi4.7%North Dakota9.1%Ohio4.7%North Dakota9.1%Ohio4.7%Idaho9.4%South Dakota5.0%North Carolina9.5%Oklahoma5.2%Vermoti9.8%Virginia5.3%Maryland11.2%Kentucky5.6%New Hampshire11.5%Nebraska5.6%Connecticut11.7%Rhode Island6.0%Wyoming11.7%South Carolina6.6%Massachusetts3.0%Arkansa6.6%Menseota13.1%South Carolina6.6%Delaware14.3%Wisconsin6.7%Hawaii14.3%New Mexico6.8%Colorado7.1%Oregon7.1%Texas19.8%Maine7.3%Newada20.5%Alaska7.4%New Jersey21.2%	Tennessee	2.0%	District of Columbia	7.5%	
Lobisaria2.7%Alabama3.0%New York8.1%Missouri3.2%Illinois8.2%Michigan3.9%Florida8.7%West Virginia3.9%Utah8.7%Indiana4.7%Washington8.7%Mississippi4.7%North Dakota9.1%Ohio4.7%North Dakota9.4%South Dakota5.0%North Carolina9.5%Oklahoma5.2%Vermont9.8%Virginia5.2%Kansas10.9%Virginia5.3%Maryland11.2%Kentucky5.6%New Hampshire11.5%Nebraska5.6%Arizona11.6%Georgia5.9%Connecticut11.7%Ibawa6.5%Massachusetts13.0%South Carolina6.6%Delaware14.3%New Mexico6.8%Colorado17.1%Mise Mexico6.8%Colorado7.1%Arkansas6.6%Newaita14.3%New Mexico6.8%Colorado7.1%Oregon7.1%Texas19.8%Maine7.3%Newada20.5%Maine7.4%New Jersey21.2%					
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Missiuri3.2%Florida8.7%Michigan3.9%Utah8.7%West Virginia3.9%Utah8.7%Indiana4.7%Washington8.7%Mississippi4.7%North Dakota9.1%Ohio4.7%North Dakota9.4%South Dakota5.0%North Carolina9.5%Oklahoma5.2%Vermont9.8%Pennsylvania5.2%Kansas10.9%Virginia5.3%Maryland11.2%Nebraska5.6%New Hampshire11.5%Rhode Island6.0%Myoning11.7%Iowa6.5%Massachusetts3.0%Arkansas6.6%Massachusetts3.1%South Carolina6.6%Colorado11.4%Wisconsin6.7%Hawai14.3%New Mexico6.8%Colorado7.1%Oregon7.1%Texas10.8%Alaska7.4%New Jersey21.2%					
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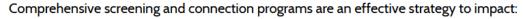


TEXAS

STRATEGY: Comprehensive

Screenings and

Connection Programs





COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

use screening tools to identify the needs of children and families and connect them to targeted programs and services.

State leaders in this strategy have a high percentage of families who access the programs, enact legislation to reach families across the state, and invest deeply in evidence-based programs.



Families in Texas have access to two of the three evidence-based comprehensive screening and connection programs, Family Connects and HealthySteps, but not DULCE.



How Do Comprehensive Screenings and Connection Programs Impact PN-3 Outcomes?

Access to Needed Services

- DULCE families received an average of 0.5 more community resources at the 6 and 12 month follow up (J)
- Family Connects families accessed between 0.7 (D) and 0.9 (B) more community resources
- HealthySteps families had 3.5 times higher odds of being informed about community resources (F)

Nurturing and Responsive Child Care in Safe Settings

• Among those parents in Family Connects using nonparental care, out-of-home care quality was rated higher (0.66 points on a 5 point scale) compared to control families (B)



Number of Sites and Percent of Children/Families Served through the Family Connects Program

State	Number of Program Sites	% of Children/Families Served
Arkansas	1	0.2%
California	1	0.2%
Illinois	3	0.6%
lowa	2	2.8%
Maryland	1	0.5%
Minnesota	1	0.2%
New York	1	O.1%
North Carolina	5	5.9%
Oklahoma	1	2.0%
Oregon	1	0.2%
Texas	5	0.3%
Wisconsin	1	0.8%

As of 2019. Family Connects International, Duke University's Center for Child and Family Policy.



TEXAS

STRATEGY: Group Prenatal Care

Group prenatal care is an effective state strategy to impact:



GROUP PRENATAL CARE

provides education, support, and obstetric care to pregnant people with similar gestational age in a group format.

State leaders in this strategy provide financial support for group prenatal care, provide enhanced reimbursement rates for group prenatal care through Medicaid, and serve a substantial percentage of pregnant people.



In Texas, 1.9% of the state's pregnant people participated in group prenatal care through the CenteringPregnancy model in 2019. Texas has a state billing model within Medicaid that reimburses providers for group prenatal care at a slightly higher rate than traditional individual prenatal care.



How Does Group Prenatal Care Impact PN-3 Outcomes?

A 6.4 percentage point decrease in the likelihood of receiving inadequate prenatal care (C)

• Approximately 2 more prenatal visits among participating Black women with high-risk pregnancies (H)

Parental Health and Emotional Wellbeing

to Needed

Services

- Cases of probable depression decreased by 31% for women in group prenatal care compared to 15% for women in individual prenatal care from the second trimester to 1 year postpartum (A)
- High-stress women in group prenatal care were more likely to experience a decrease in depressive symptoms postpartum (D)

Optimal Child Health and Development

• The rate of breastfeeding initiation increased by approximately 12 percentage points (C)



STRATEGY: Group Prenatal Care

Estimated % of Births to Pee	ple Participating in	CenteringPregnancy
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District of Columbia		14.2%	Colorado	2.3%
Maine	ç	.6%	Illinois	2.3%
Vermont	9.04	%	Maryland	2.1%
Hawaii	8.6%		New Mexico	2.1%
South Carolina	7.3%		Wisconsin	2.0%
Alaska	6.6%		Texas	1.9%
Ohio	5.5%		Mississippi	1.8%
	5.4%		West Virginia	1.8%
New Hampshire			North Dakota	1.5%
North Carolina	5.0%		Alabama	1.4% 1.4%
Oregon	5.0%		Georgia	1.4%
Washington	4.9%		Nevada Minnesota	1.4%
Montana	4.4%		Louisiana	1.1%
Missouri	4.2%		Florida	0.9%
South Dakota	4.2%		Kansas	0.9%
New York	3.6%		Kentucky	0.9%
Pennsylvania	3.5%		Arizona	0.8%
Massachusetts	3.3%		Idaho	0.7%
Nebraska	3.3%		Oklahoma	0.7%
Indiana	3.2%		Arkansas	0.4%
New Jersey	3.1%		Tennessee	0.4%
lowa	2.6%		Connecticut	0.0%
			Delaware	0.0%
Virginia	2.6%		Rhode Island	0.0%
California	2.4%		Utah	0.0%
Michigan	2.4%		Wyoming	0.0%





STRATEGY: Evidence-Based Home Visiting Programs Evidence-based home visiting programs are an effective state strategy to impact:



EVIDENCE-BASED HOME VISITING PROGRAMS

provide support and education to parents in the home through a trained professional or paraprofessional.

State leaders in this strategy serve a substantial percentage of low-income families with young children and use state dollars or Medicaid to support home visiting services.

State leaders: IL IA KS ME NY

Texas is among the five states that serve the lowest percentage of low-income children under age 3 in the state's home visiting programs.



How Do Evidence-Based Home Visiting Programs Impact Parenting Outcomes?

Nurturing and Responsive Child-Parent Relationships

- Home visiting led to small but significant effects for improving parenting behaviors (overall effect sizes on parenting outcomes from meta-analyses range from 0.09 to 0.37) (A, C, D, E)
- Significant effects emerge within the context of many more null findings (B, E)





STRATEGY: Evidence-Based Home Visiting Programs

Estimated % of Eligible Children Under Age 3 Served in Evidence-Based Home Visiting Programs

Kansa23.8%West Virgina7.9%Maine23.8%New Hampshire7.2%Rhode Island2.7%Washington7.2%Michiga21.4%Massachuszts6.7%Indiana9.5%New York6.6%Origina3.3%Alaya6.1%Colorado12.8%Nort Cacolina6.1%Origina13.2%Alaya5.9%Origina1.6%Nort Cacolina6.9%Minesota1.7%Nort Cacolina6.9%Minesota1.6%Nort Cacolina5.9%Origina1.6%Nort Cacolina5.9%Origina1.0%Nort Cacolina5.9%Origina1.0%South Dakita5.5%Nort Dakita9.5%South Dakita5.9%Nort Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%Oklahoma8.2%California2.9%North Dakita8.9%California2.9%Oklahoma8.2%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9%North Dakita8.9%California2.9% </th <th>lowa</th> <th>35.1%</th> <th>Florida</th> <th>7.9%</th>	lowa	35.1%	Florida	7.9%
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Oregon11.7%5.8%Minnesota1.6%New Mexico5.7%Kentucky1.2%South Dakota5.5%Connecticut10.7%Nebrasa4.7%Illinois10.1%South Carolina4.6%Delaware9.5%Louisiana3.9%New Jersey9.1%California2.9%North Dakota8.8%Z.5%2.5%Ohio8.6%Z.2%Z.2%Oklahoma8.2%Georgia1.7%Alkaka8.1%Mississippi1.2%Yakaka1.5%South Carolina2.9%Oklahoma8.1%South Carolina2.2%Oklahoma8.1%South Carolina2.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%South Carolina9.1%South Carolina1.2%Oklahoma8.1%South Carolina1.2%South Carolina9.1%South Carolina1.2%South Carolina9.1%South Carolina1.2%South Carolina9.1%South Carolina1.2%South Carolina9.1%South Carolina1.2%South Carolina9.1%South Carol	Colorado	12.8%	North Carolina	6.1%
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North Dakota8.9%Arkansas2.5%Arizona8.8%Tennessee2.5%Ohio8.6%Alabama2.2%Wisconsin8.6%Texas2.2%Oklahoma8.2%Georgia1.7%Alakaka8.1%Mississippi1.2%Ktrict of Columbia7.9%Nevada0.8%	Delaware	9.5%	Louisiana	3.9%
Arizona8.8%Tennessee2.5%Ohio8.6%Alabama2.2%Wisconsin8.6%Texas2.2%Oklahoma8.2%Georgia1.7%Alabaka8.1%Mississippi1.2%Kritct of Columbia7.9%Nevada0.8%	New Jersey	9.1%	California	2.9%
Ohio 8.6% Alabama 2.2% Wisconsin 8.6% Texas 2.2% Oklahoma 8.2% Georgia 1.7% Alaska 8.1% Mississippi 1.2% tritct of Columbia 7.9% Nevada 0.8%	North Dakota	8.9%	Arkansas	2.5%
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Oklahoma8.2%Georgia1.7%Alaska8.1%Mississippi1.2%trict of Columbia7.9%Nevada0.8%	Ohio	8.6%	Alabama	2.2%
Alaska8.1%Mississippi1.2%trict of Columbia7.9%0.8%	Wisconsin	8.6%	Texas	2.2%
trict of Columbia 7.9% Nevada 0.8%	Oklahoma	8.2%	Georgia	1.7%
	Alaska	8.1%	Mississippi	1.2%
Vermont NR	strict of Columbia	7.9%	Nevada	0.8%
			Vermont	NR





STRATEGY: Early Head Start

Early Head Start is an effective state strategy to impact:



EARLY HEAD START

serves low-income pregnant women, infants, toddlers, and their families through comprehensive child development and family services delivered in a variety of formats.

State leaders in this strategy have a state-specific program, provide state financial support for EHS, and serve a substantial percentage of low-income children.

Texas does not contribute to its Early Head Start programs by supplementing federal funding at the state level. Approximately 4.5% of eligible infants and toddlers in Texas have access to EHS.





How Does Early Head Start Impact PN-3 Outcomes?

• Parents participating in EHS reported lower distress associated with parenting as compared to the control group at child age 2 (I, S: effect size -0.11)

Nurturing and Responsive Child-Parent Relationships

arental Health

and Emotional

Wellbeing

- EHS participation led to more supportive home environments for language and literacy (I, S: effect size 0.12), particularly for Black families (N: effect size 0.19) and families with moderate-level risk factors (N: effect size 0.18)
- Fewer parents participating in EHS reported spanking their child at age 3 (J, S: effect size -0.13)
- Black parents participating in EHS were more involved in school at grade 5 (T: effect size 0.37)



ptimal Child

Health and

Development

- The share of children participating in good-quality center-based care was 3 times greater among children in EHS at age 2 (K)
- In center-based care, caregiver-child interactions were better among EHS participants than among nonparticipants (K)
- Children in EHS were more engaged with a parent during play at age 3 (J, S: effect size 0.18)
- Children in EHS had higher developmental functioning assessment scores at age 2 (I, S: effect size 0.14), particularly Black children in EHS (N: effect size 0.23)
- Children in EHS had higher vocabulary skills at ages 2 and 3 (I, J and S: effect sizes 0.11)



STRATEGY: Early Head Start

Estimated % of Income-Eligible Children With Access to Early Head Start

District of Columbia	31.0%			Hawaii	9.1%
Alaska	26.0%			New Mexico	
Vermont	24.6%			Delaware	٤
Wyoming	18.2%			Arkansas	8
North Dakota	16.8%			Connecticut	i
Maine	15.8%			West Virginia	
Montana	15.8%			Utah	
Nebraska	15.7%			Colorado	
South Dakota	15.4%			Massachusetts	
Rhode Island	14.1%			New York	
Maryland	13.5%			Idaho	
	12.5%			New Jersey	
Illinois	11.6%			Arizona	
Kansas	11.5%			Louisiana	
	11.5%			North Carolina	
Minnesota	11.2%			Virginia	
Oklahoma	10.9%			Ohio	
	10.9%			Florida	
0	10.8%			Alabama	
Missouri	10.5%			Kentucky	
California	10.4%			Georgia	
	9.9%			Indiana	
				South Carolina	
			_	Nevada	
Mississippi				Texas	
Pennsylvania	9.5%			Tennessee	

2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 & 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).







Early Intervention services are an effective state strategy to impact:



EARLY INTERVENTION SERVICES:

are child- and family-centered services and therapies to support the healthy development of infants and toddlers with disabilities, developmental delays, or who are at risk for delays.

State leaders in this strategy serve a substantial percentage of children under age 3, increase eligibility for children, and maximize the use of Medicaid to pay for EI services.

State leaders:	со	ст	IL.	MA	MN	NM	RI	
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Texas serves 5.3% of its O-to-3 population in EI over the course of a year, ranking 42nd among all states on this indicator. Part C staff aim to better leverage Medicaid funding to pay for services in future years and to increase Texas' ability to serve more children in need.



How Do Early Intervention Services Impact PN-3 Outcomes?

Parental Health and Emotional Wellbeing

• Mothers of low birthweight, premature infants who received EI services scored significantly higher on scales of maternal self-confidence (B, D) and maternal role satisfaction than control groups (D)

Optimal Child Health and Development

- A meta-analysis of 31 studies found that EI services had an average effect size of 0.62 on children's cognitive skills and 0.43 on motor skills (F)
- Low birthweight, premature infants who were assigned to EI services saw better cognitive (C, D) and behavioral outcomes (C) at age 3 than infants in control groups
- EI services improved toddlers' receptive language skills relative to a control group (0.35 effect size) (E)



STRATEGY: Early Intervention Services

Cumulative % Children Under Age 3 Receiving El Services

New Mexico	21.9%		South Carolina	6.9%	
Massachusetts	20.1%		Utah	6.9%	
Rhode Island	14.6%		Wisconsin	6.7%	
West Virginia	13.8%		Tennessee	6.6%	
New Hampshire	12.9%		California	6.5%	
Vermont	12.5%		Maine	6.5%	
Pennsylvania	10.9%		Minnesota	6.5%	
Connecticut	10.7%		Idaho	6.4%	
Indiana	10.7%		Nevada	6.3%	
New Jersey	10.2%		South Dakota		
Wyoming			Alaska		
Illinois				5.9%	
Kansas	9.9%		Louisiana		
North Dakota			Missouri		
New York			North Carolina		
Delaware				5.7%	
Maryland		_	Florida		
Hawaii				5.3%	
District of Columbia			Georgia		
Washington			Arizona		
Kentucky			Nebraska Alabama		
Oregon			Mississippi		
Colorado			Montana		
Michigan			Oklahoma		
			Arkansas		
Virginia	7.070		AIKANSAS	2.170	

As of 2019-2020. US Department of Education, EDFacts Metadata and Process System (EMAPS) and US Census Population Estimates.





STRATEGY:

Child Care

Subsidies

Child care subsidies are an effective state strategy to impact:



@pn3policy #pn3policy

CHILD CARE SUBSIDIES

provide financial assistance to help make child care more affordable for low-income families with parents who are working or enrolled in education or training programs.

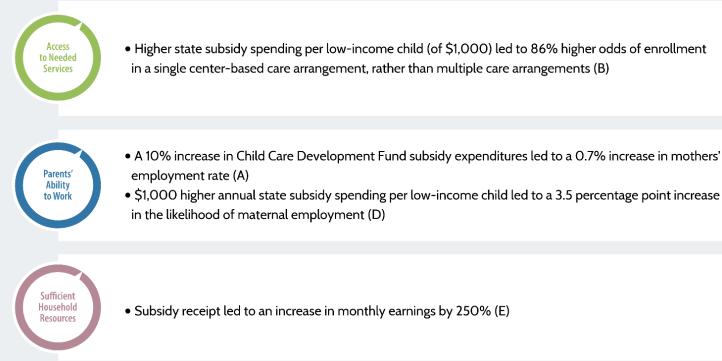
State leaders in this strategy provide high reimbursement rates that meet the providers' true cost of care, require low family copays, and have a low family share of the total cost of child care.



In Texas, low-income families with a child care subsidy may pay up to 52.6% of the total market rate price of care, and the state's base reimbursement rates cover only 56.0% of the true cost of providing base-quality care.

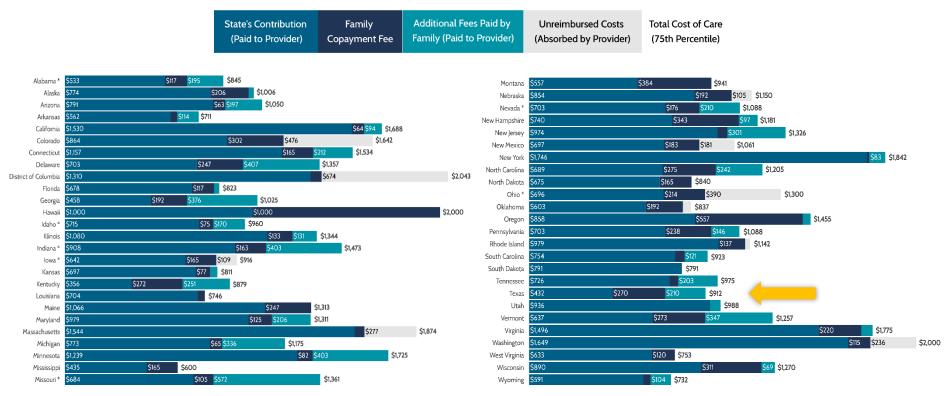


How Do Child Care Subsidies Impact PN-3 Outcomes?





Variation Across States in the Distribution of the Total Cost of Child Care



As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys.



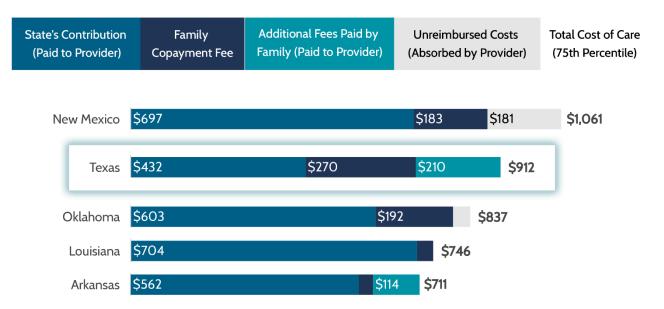
The University of Texas at Austin LBJ School of Public Affairs Child & Family Research Partnership

TEXAS

STRATEGY: Child Care Subsidies

Variation Across Region in the Distribution of the Total Cost of Child Care

@pn3policy #pn3policy



As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys.



STRATEGY: Child Care Subsidies

Monthly Copayment as a Percentage	• Of Income for a Family of 3 at 150% FPL*
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South Dakota	0.0%		(00)			
	0.0%	Alaska	6.0%			
	0.5%	Connecticut	6.0%			
New York		Mississippi	6.0%			
Arkansas	1.3%	North Dakota	6.0%			
Wyoming	1.3%	lowa				
Louisiana	1.5%	New Mexico				
Tennessee	1.6%	Georgia	7.0%			
South Carolina	1.7%	Indiana	7.0%*			
Massachusetts	1.9%	Nebraska 🗖				
New Jersey	1.9%	Oklahoma 🗖				
District of Columbia	2.1%	Nevada	7.4%*			
Arizona	2.3%	Virginia	8.0%			
California	2.3%	Pennsylvania	8.7%			
Michigan	2.4%	Delaware	9.0%			
Kansas	2.8%	Maine 🗖				
Minnesota	3.0%	Ohio 🗖		<u> </u>		
Idaho	3.2%*	Texas	9.8%			
	4.1%*	Kentucky	9.9%			
Missouri		Vermont	9.9%			
Washington		North Carolina	10.0%			
Florida	4.3%	Colorado 🗖	11.0	0%		
West Virginia		Wisconsin	11	.3%		
Maryland	4.6%	New Hampshire		12.5%		
Illinois	4.8%	Montana		14.0%		
Alabama	4.9%*	Oregon			20.3%	
Rhode Island	5.0%	Hawaii				31.7%

As of July 1, 2021. State children and families department websites and state CCDF plans.

State does <u>not</u> allow providers to charge parents the difference

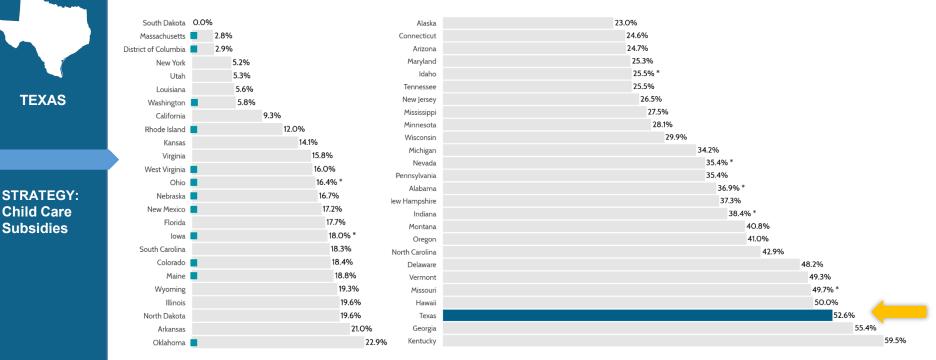
between the reimbursement rate and provider rate

TEXAS

Child Care

Subsidies

Family Share of Child Care Costs for an Infant in Center-Based Care Paid by a Family of 3 at 150% FPL*



As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys.

State does not allow providers to charge parents the difference

between the reimbursement rate and provider rate





STRATEGY: Child Care Subsidies

Base Reimbursement Rates for Infants in Center-Based Care as a Percentage of the Estimated True Cost of Base-Quality Care

Hawaii	118.3%	North Dakota	73.7%	
Virginia	108.5%	South Carolina	70.4%	
Washington	103.1%	New Jersey		
Illinois	102.6%	Rhode Island		
South Dakota	97.6%		68.0%	
New Hampshire	94.2%		67.8%	
New York	94.0%	Delaware		
Oregon	89.6%	rict of Columbia		
Louisiana	89.4%	Arizona		
California	89.3%	Pennsylvania		
Montana	87.6%	Georgia Alabama		
Nebraska	87.4%	Oklahoma		
Wisconsin	86.7%		59.7%	
Ohio	85.8%		58.8%	
North Carolina	83.4%		58.3%	
New Mexico	82.9%		56.0%	-
Indiana	81.6%	Tennessee		1
Maine	80.9%	West Virginia	55.0%	
Colorado	80.6%	Mississippi	54.6%	
Minnesota	79.7%	Missouri	54.4%	
Massachusetts	79.6%	Maryland	54.2%	
Nevada	79.2%	Kentucky	52.8%	
Idaho	78.8%	Vermont	52.2%	
Connecticut	77.2%	Arkansas	52.0%	
Michigan	73.9%	Wyoming	50.3%	

As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; and the Center for American Progress.



How do the effective policies interact to determine the level of household resources families have available to provide for their children?

- Assumptions for the simulation
 - Single mother family, with an infant and toddler
 - She works full time, full year at the state's minimum wage
 - She leaves her children in center-based child care, that charges the 75th percentile of the market rate



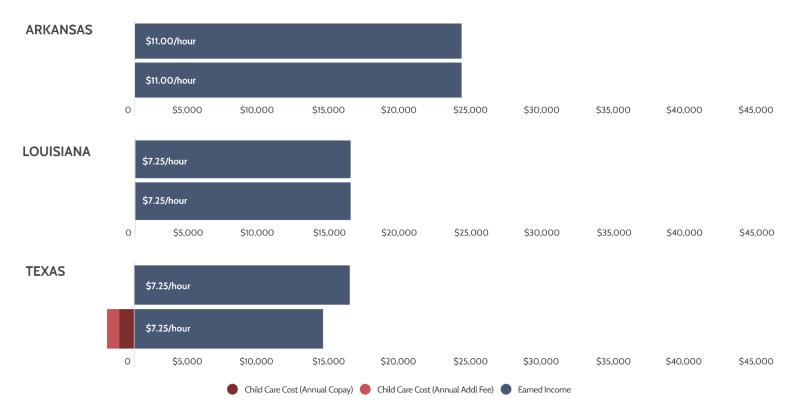
Minimum Wage Earnings



As of October 1, 2021. State labor statutes; US Department of Health and Human Services; US Department of Housing and Urban Development; Kaiser Family Foundation; Urban Institute; National Women's Law Center; USDA Food and Nutrition Service; Center on Budget and Policy Priorities; Internal Revenue Service; State income tax statutes and websites; Tax Credits for Workers and Families; Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys. Federal benefits do not include the temporary federal Child Tax Credit or Child and Dependent Care Tax Credit.



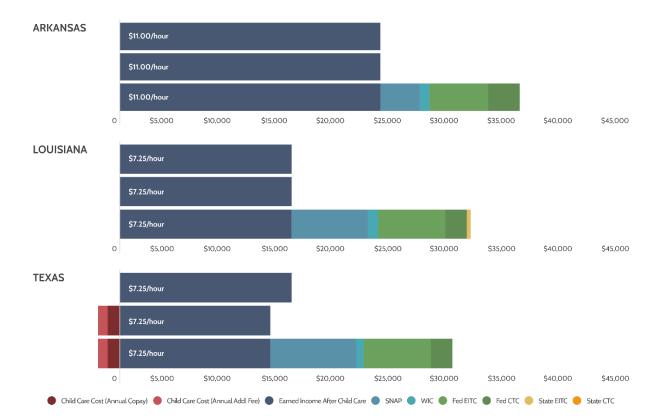
Minimum Wage Earnings (Less Out of Pocket Child Care Expenses)



49

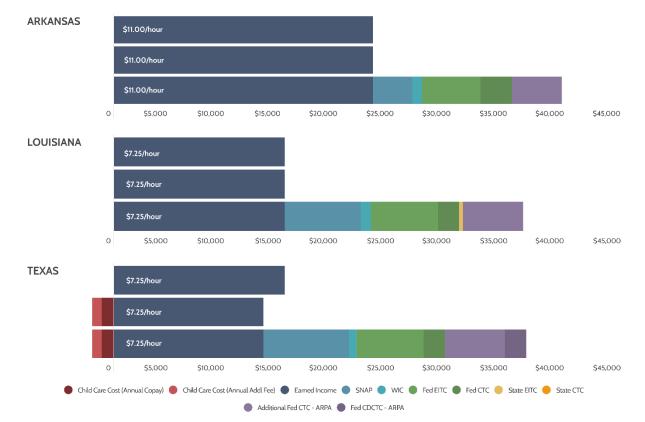


Minimum Wage Earnings (Less Out of Pocket Child Care Expenses) Plus Federal and State Benefits





Minimum Wage Earnings (Less Out of Pocket Child Care Expenses) Plus Federal and State Benefits



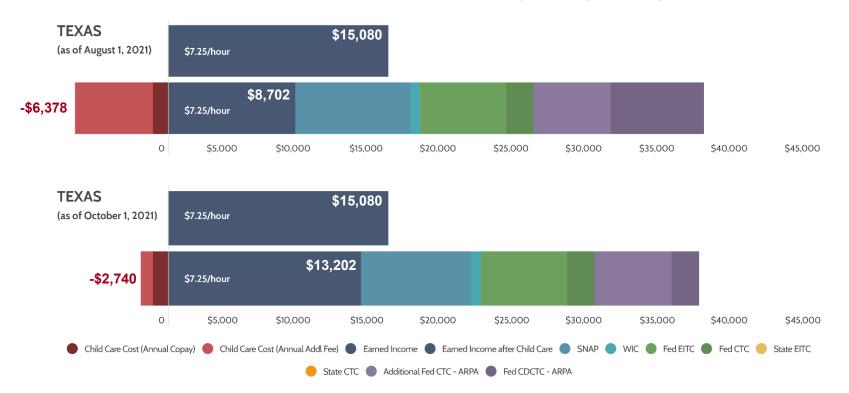


Recent Changes to Reimbursement Rates in Texas

- Minimum threshold for base reimbursement rates was set at the 30th percentile of most recent Market Rate Survey (Texas Rising Star has separate, higher minimum thresholds)
- Effective October 1, 2021:
 - Minimum threshold for base rates:
 - 60th percentile for infants
 - 55th percentile for toddlers
 - 50th percentile for preschool and school-age children
 - Minimum threshold for Texas Rising Star rates:
 - Benchmarking to the 85th percentile for 4-star providers (infants)
 - Benchmarking to the 80th percentile for 4-star providers (toddlers)
 - Benchmarking to the 75th percentile for 4-star providers (preschool and school-age children)



Minimum Wage Earnings (Less Out of Pocket Child Care Expenses) Plus Federal and State Benefits Before and after child care subsidy policy changes





Total Available Resources for a Family of 3 Across States Annual earned income and benefits (less out-of-pocket child care expenses) for a family with two children and one adult working a full-time job at the state's minimum wage

	A		634 F00
rict of Columbia		West Virginia	
Massachusetts			\$30,830
Washington	\$39,237		\$30,807
California	\$39,075		\$30,768
New York	\$38,920		\$30,731
Colorado	\$37,766		
Rhode Island	\$37,564	Wisconsin	
Maine	\$37,146	Oklahoma	
Alaska	\$36,714	North Dakota	
Connecticut			\$29,892
	\$35,965		
Oregon			\$29,388
New Mexico		South Carolina	
Arkansas		Wyoming	
	\$34,895	Pennsylvania	
		New Hampshire	
Maryland			\$27,809
New Jersey			\$26,614
Nebraska			
South Dakota			
	\$33,752		\$25,031
Arizona	\$33,660	Kentucky	
Virginia	\$33,581		\$22,798
Ohio	\$33,245		\$22,498
Vermont	\$33,074		\$22,134
Montana	\$32,662	North Carolina	\$21,478

Notes: The federal poverty level for a family of three in 2021 is \$21,960 (in the 48 contiguous states and DC), \$27,450 (in AK), and \$25,260 (in HI).

Sources: As of July 1, 2021. State labor statutes; US Department of Health and Human Services; US Department of Housing and Urban Development; Kaiser Family Foundation; Urban Institute; National Women's Law Center, USDA Food and Nutrition Service; Center on Budget and Policy Priorities; Internal Revenue Service; State income tax statutes and websites; Tax Credits for Workers and Families; Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF Jans; and the State Market Rate Surveys.



Total Available Resources for a Family of 3 Across States Annual earned income and benefits (less out-of-pocket child care expenses) for a family with two children and one full-time state minimum wage earning adult

West Virginia \$31,529 District of Columbia \$42.225 lowa \$30,830 \$40,753 Massachusetts \$30,807 Washington \$39,237 Nevada \$30,768 Hawaii \$39,169 Louisiana Kansas \$30,731 California \$39,075 Minnesota \$30,628 \$38,920 New York \$30,468 South Carolina Oregon \$38,515 Wisconsin \$30.247 \$37.766 Colorado North Dakota \$30,217 Rhode Island \$37,564 New Hampshire \$30.017 \$37.340 Maine \$29,997 Oklahoma \$36.891 Alaska \$29,892 Utah \$36,857 Arizona \$29,719 \$36.255 Mississippi Connecticut As of October 1, 2021 \$29,388 New Mexico \$35.312 Michigan Texas \$29,185 \$35,152 Arkansas Wyoming \$28.640 Illinois \$34,895 \$28,319 Maryland \$34,542 Pennsylvania \$27,809 Alabama New Jersey \$34,347 \$27,788 Tennessee Nebraska \$34,004 Idaho \$26,614 \$33,910 South Dakota \$25,083 Delaware \$33.752 Florida Kentucky \$24,920 \$33,581 Virginia \$22,798 Indiana \$33,245 Ohio Georgia \$22,498 \$33.074 Vermont \$22.134 Missouri Montana \$32,662 North Carolina \$21,478

Notes: The federal poverty level for a family of three in 2021 is \$21,960 (in the 48 contiguous states and DC), \$27,450 (in AK), and \$25,260 (in HI).

Sources: As of October 1, 2021. State labor statutes; US Department of Health and Human Services; US Department of Housing and Urban Development; Kaiser Family Foundation; Urban Institute; National Women's Law Center; USDA Food and Nutrition Service; Center on Budget and Policy Priorities; Internal Revenue Service; State income tax statutes and websites; Tax Credits for Workers and Families; Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF Plans; and the State Market Rate Surveys.



Moving Forward

- Offering ourselves as a resource to state policy leaders
- Identifying innovative practices in states to share widely
- Building the evidence base to identify additional effective policies
- Measuring progress toward policy implementation
- Monitoring changes in outcomes (difficult with COVID)
- Analyzing cost, funding, and return on investment of policies
- Determining whether the policy is equitable and closes gaps in outcomes





The University of Texas at Austin LBJ School of Public Affairs Child & Family Research Partnership

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