



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

CYNTHIA OSBORNE, PH.D.

The University of Texas at Austin
Associate Dean, LBJ School of Public Affairs
Director, Prenatal-to-3 Policy Impact Center





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

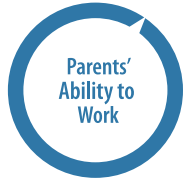
- State policy choices can empower parents and support children's healthy development
- We must care for the caregivers so that they can care for the children
- Systems of support require a combination of broad based economic and family supports and targeted interventions
- Variation in state policy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

Eight Prenatal-to-3 Policy Goals



Access to
Needed
Services

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'
Ability to
Work

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



Sufficient
Household
Resources

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



Healthy and
Equitable
Births

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



Parental Health
and Emotional
Wellbeing

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



Nurturing and
Responsive
Child-Parent
Relationships

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



Nurturing and
Responsive Child
Care in Safe
Settings

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



Optimal Child
Health and
Development

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



TEXAS

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	Best State	Rank	
Access to Needed Services	% Low-Income Women Uninsured	47.8% TX	3.8%	51	
	% Births to Women Not Receiving Adequate Prenatal Care	24.9% TX	5.1%	48	
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% TX	2.0%	48	
	% Children < 3 Not Receiving Developmental Screening	73.5%	53.3% TX	40.0%	11
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0%	26.7% TX	14.8%	34
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	21.6% TX	8.6%	40
	% Children < 3 Living in Crowded Households	35.8% TX	24.7%	8.6%	46
	% Households Reporting Child Food Insecurity	12.1%	5.2% TX	1.2%	20
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.6%	11.0% TX	8.2%	41
	# of Infant Deaths per 1,000 Births	9.1	5.5 TX	3.1	22



TEXAS

State Prenatal-to-3 Outcome Measures

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



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

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

The screenshot shows the website interface for the 2021 Prenatal-to-3 State Policy Roadmap. At the top, there is a navigation bar with links for News, Events, Contact, and social media icons. Below the navigation is a header image of a baby. The main content area features the title "2021 Prenatal-to-3 State Policy Roadmap" and a brief introduction. A "Previous Roadmaps" section is visible on the right. Below the text is a "Select a State" dropdown menu and a "United States" button. The bottom part of the screenshot shows a map of the United States with state abbreviations in blue boxes.

2021 Prenatal-to-3 State Policy Roadmap

pn3policy.org/roadmap



2021 Prenatal-to-3 State Policy Roadmap: State Summary for Texas

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Select a State

Texas
PRENATAL-TO-3 STATE POLICY ROADMAP

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
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- Early Head Start
- Early Intervention Services

DATA

- Outcomes
- Demographic Characteristics

SUMMARY

The Prenatal-to-3 System of Care in Texas

EFFECTIVE POLICIES	EFFECTIVE STRATEGIES
<ul style="list-style-type: none"> Expanded Income Eligibility for Health Insurance Reduced Administrative Burden for SNAP Paid Family Leave State Minimum Wage State Earned Income Tax Credit 	<ul style="list-style-type: none"> Comprehensive Screening and Connection Programs Child Care Subsidies Group Prenatal Care Evidence-Based Home Visiting Programs Early Head Start Early Intervention Services

State has adopted and fully implemented the policy

State is a leader on the strategy

A ROADMAP TO STRENGTHEN YOUR STATE'S PRENATAL-TO-3 SYSTEM OF CARE

The prenatal to age 3 (PN-3) period is the most rapid and sensitive period of development, and it sets the foundation for long-term health and wellbeing. All children deserve the opportunity to be born healthy and raised in nurturing, stimulating, stable, and secure care environments with limited exposure to adversity. Unfortunately, many children lack the opportunities they deserve, and these disparities are often influenced by state policy choices.

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 toddlers.

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.

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 toddlers 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, toddlers, and their parents in each state. The Roadmap also measures the progress states are making to reduce racial and ethnic disparities 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:



POLICIES

Adopt and fully implement 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	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
Measure progress toward achieving the PN-3 goal.								

GOALS

To achieve a science-driven PN-3 goal:



STRATEGIES

Make substantial progress relative to other states toward implementing the **effective** strategies aligned with the goal

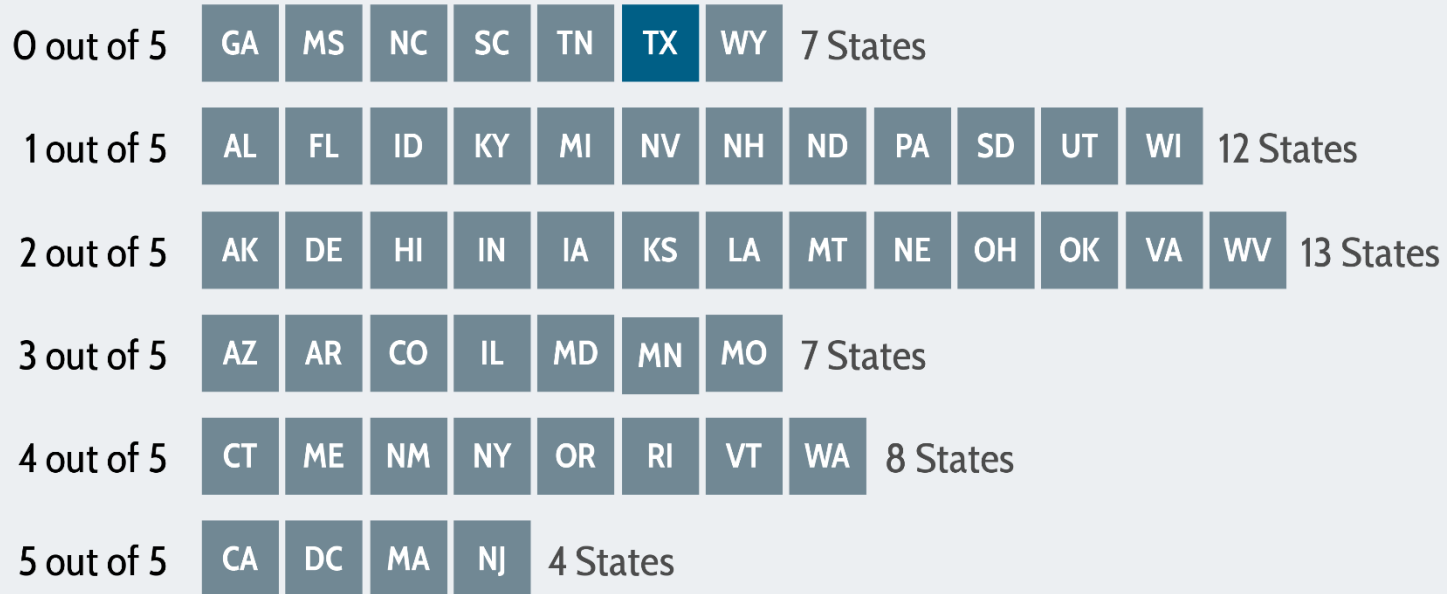
Comprehensive Screening and Connection Programs	●						●	
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Evidence-Based Home Visiting Programs						●		
Early Head Start					●	●	●	●
Early Intervention Services					●			●

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 QRIS Access to EHS	Breastfeeding Immunizations Child Maltreatment
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Texas Has Not Adopted and Fully Implemented Any Policies



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

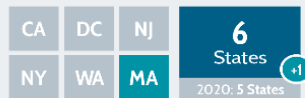
Expanded Income Eligibility for Health Insurance



Reduced Administrative Burden for SNAP



Paid Family Leave



State Minimum Wage



State Earned Income Tax Credit



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

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.

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 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)



TEXAS

State
Action

The Prenatal-to-3 System of Care in Texas

POLICIES

Effective policies impact PN-3 goals and research provides clear state legislative 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.



TEXAS

State
Action

The Prenatal-to-3 System of Care in Texas

STRATEGIES

Effective strategies impact PN-3 goals, but the research does not yet provide precise 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 0-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.





TEXAS

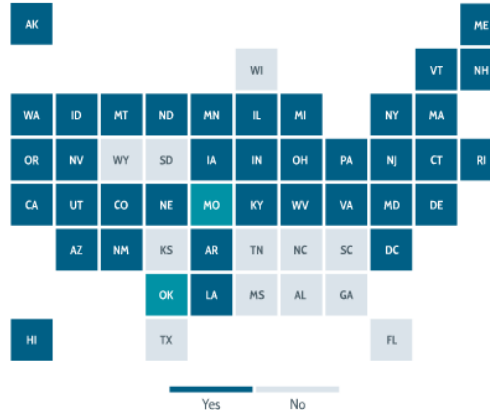
POLICY:
Medicaid
Expansion

Expanded income eligibility for health insurance is an effective state policy to impact:



39

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.



2020: 37 states

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



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 Status: X

How Does Medicaid Expansion Impact PN-3 Outcomes?



- An 8.6 percentage point increase in preconception Medicaid coverage (B)
- 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)



- 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)



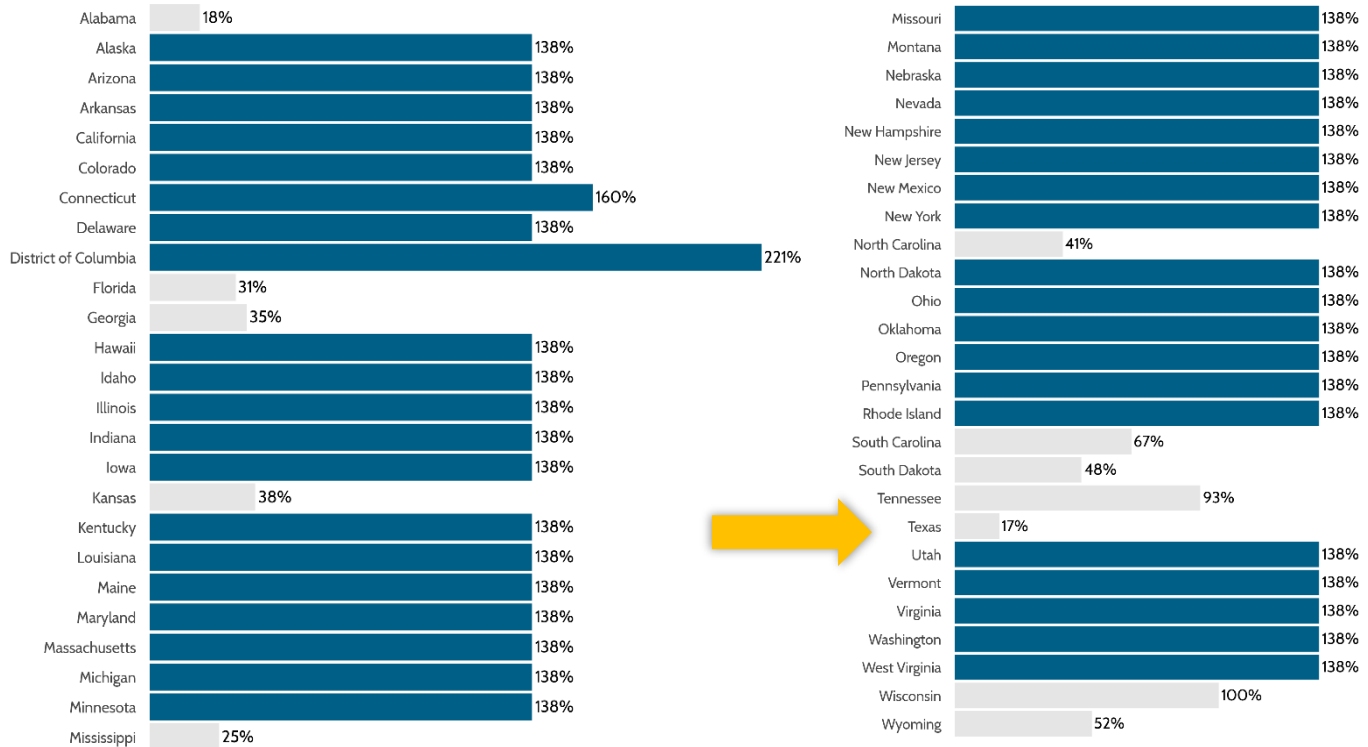
- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- 16.3 fewer Black maternal deaths per 100,000 live births (7.01 per 100,000 live births in the overall population) (J)

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



TEXAS

POLICY:
Medicaid
Expansion



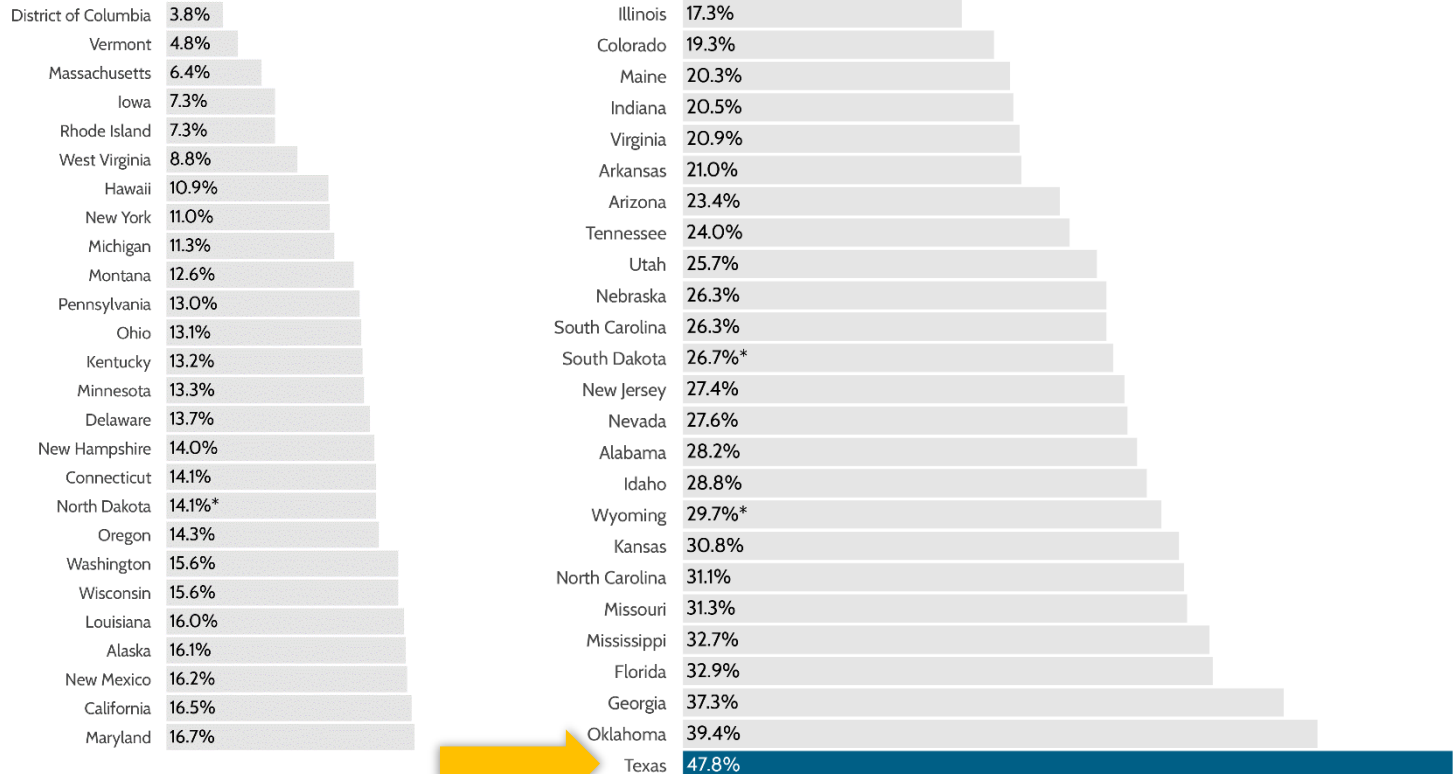
As of January 1, 2021. Kaiser Family Foundation and Medicaid state plan amendments (SPAs). Blue bar indicates that the state has expanded Medicaid.

% Low-Income Women of Childbearing Age Without Health Insurance



TEXAS

POLICY:
Medicaid
Expansion



Low income = <= 138% Federal Poverty Level
2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

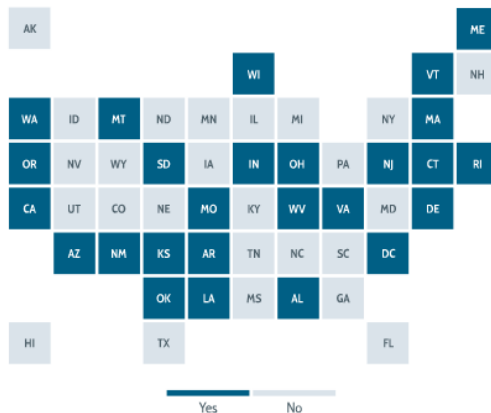


TEXAS

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



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



Note. 2020 data are N/A. 2021 is the first year to track the number of states with a "Yes" for SNAP using updated methodology.



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).

POLICY:
Reduced Administrative Burden for SNAP

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



Access
to Needed
Services

- Recertification intervals longer than 12 months led to an 11.4 percentage point increase in SNAP participation among households with children (E)
- The elimination of policies that added transaction costs and stigma to SNAP participation explained 14.2% of the SNAP caseload increase from 2000 to 2016 (A)
- Policies lengthening recertification intervals to longer than 3 months were associated with a 5.8% increase in SNAP participation from 2000 to 2009 (K)



Sufficient
Household
Resources

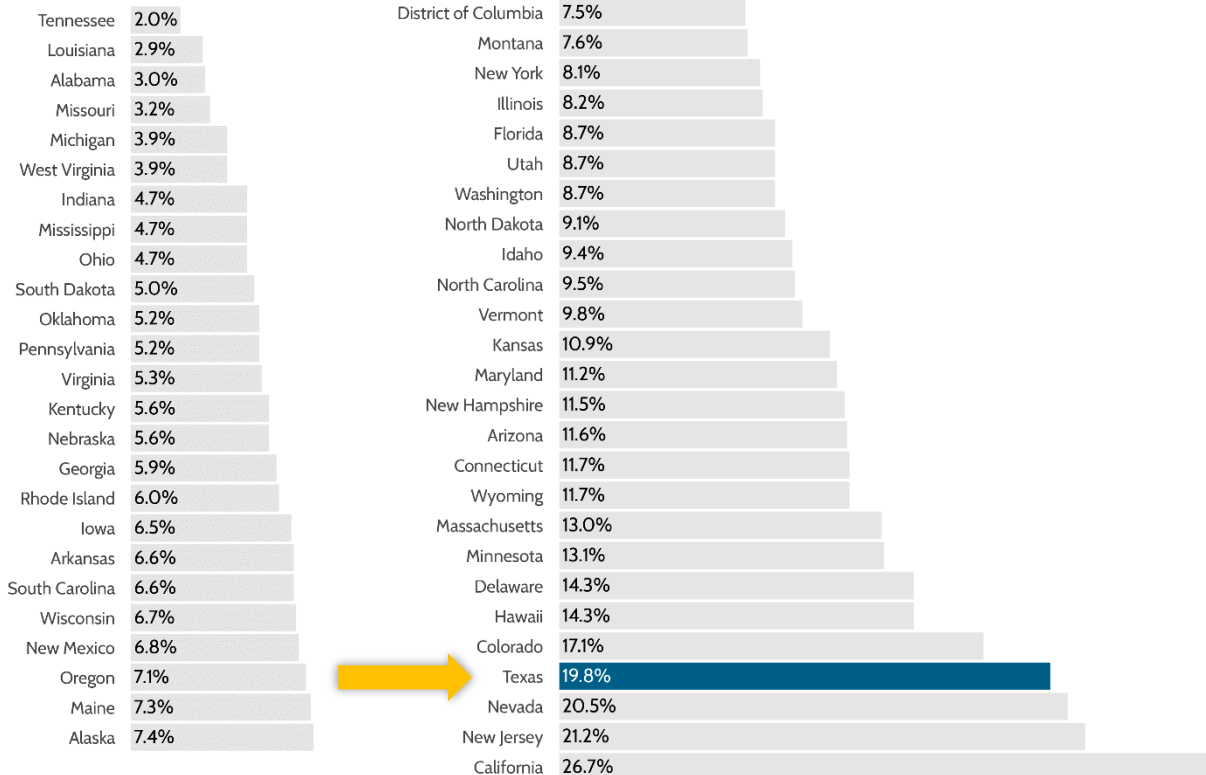
- Participation in SNAP reduced household food insecurity by up to 36% in households with children (2)

% Eligible Families With Children Under Age 18 Not Receiving SNAP



TEXAS

POLICY:
Reduced
Administrative
Burden for
SNAP





TEXAS

STRATEGY:

Comprehensive Screenings and Connection Programs

Comprehensive screening and connection programs are an effective strategy to impact:



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.

State leaders: **CT** **MA** **NJ** **NC** **OR**

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?



- 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)



- 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%
Iowa	2	2.8%
Maryland	1	0.5%
Minnesota	1	0.2%
New York	1	0.1%
North Carolina	5	5.9%
Oklahoma	1	2.0%
Oregon	1	0.2%
Texas	5	0.3%
Wisconsin	1	0.8%

Group prenatal care is an effective state strategy to impact:



TEXAS

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.

State leaders: MD MT NJ OH SC

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.

STRATEGY:
Group
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)



- 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)

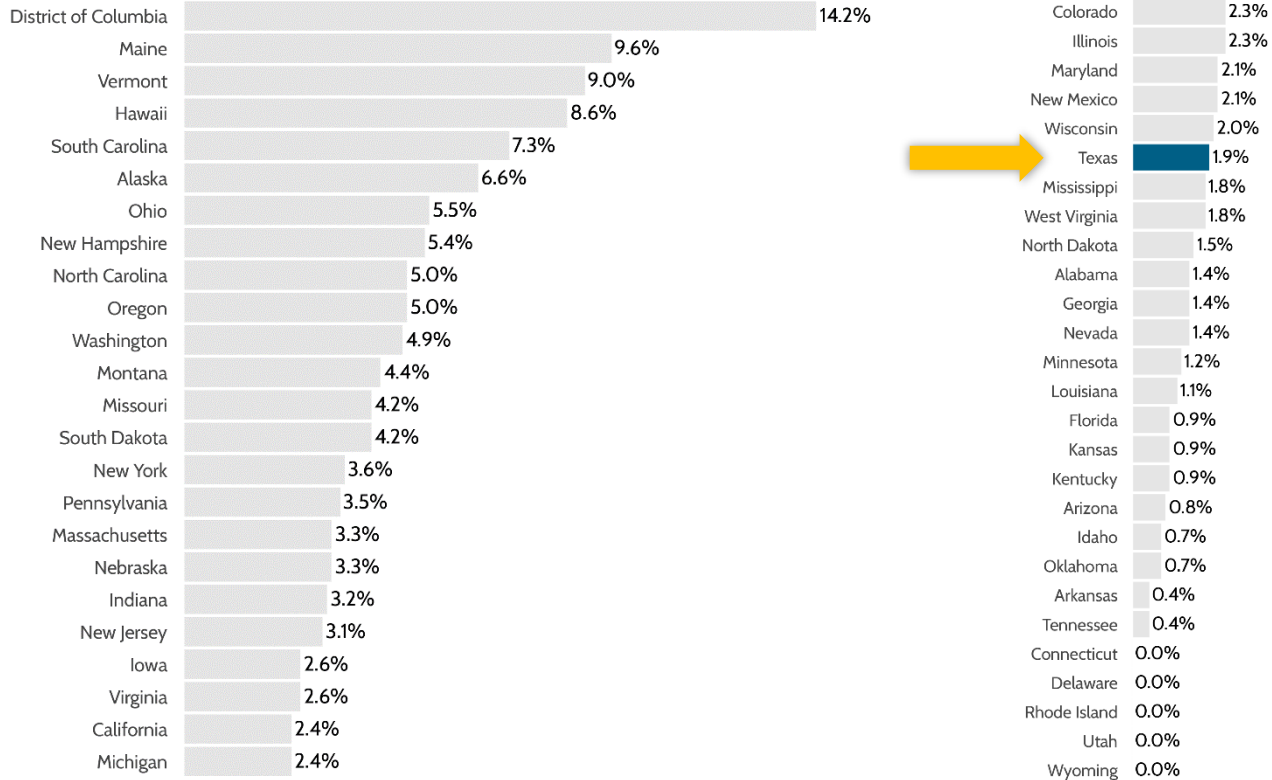


- The rate of breastfeeding initiation increased by approximately 12 percentage points (C)

Estimated % of Births to People Participating in CenteringPregnancy



TEXAS



STRATEGY:
Group
Prenatal
Care



TEXAS

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?



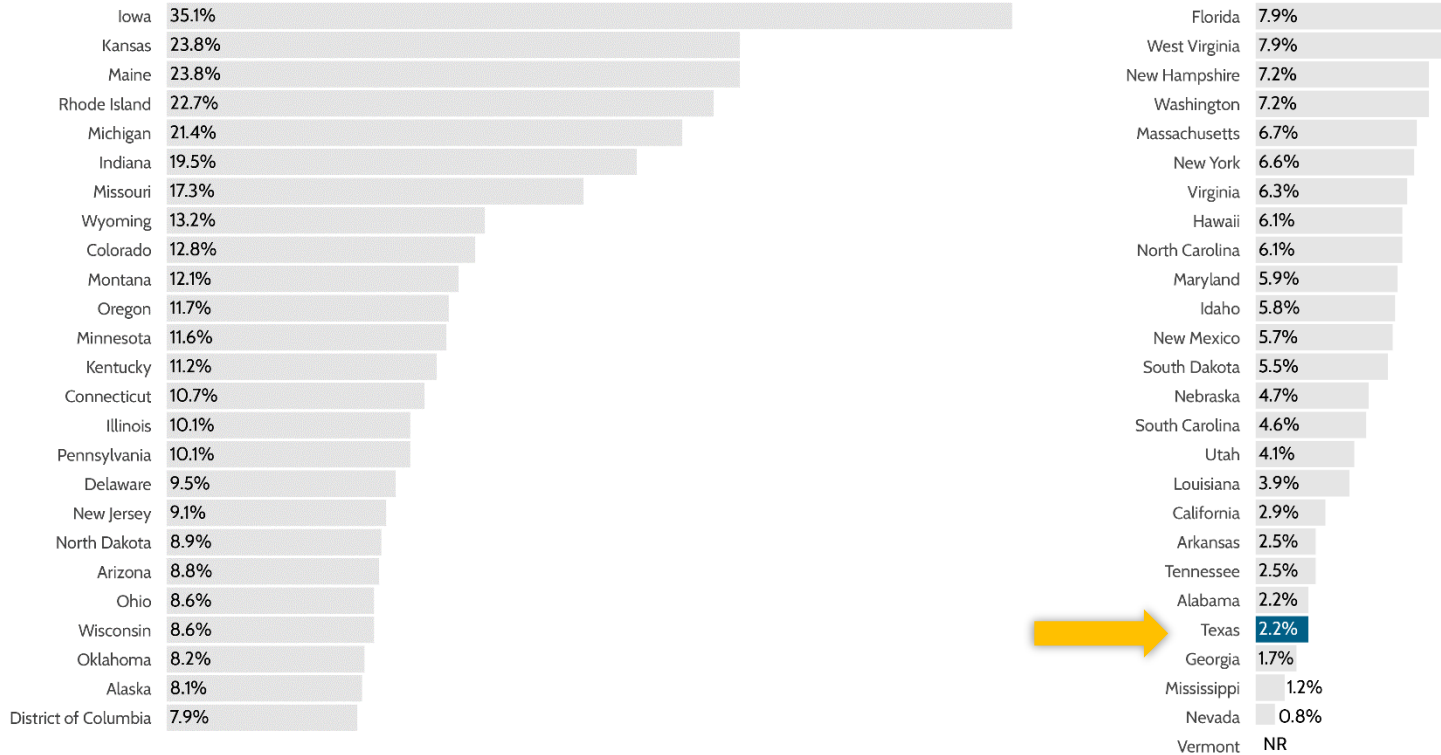
- Home visiting led to small but significant effects for improving parenting behaviors (overall effect sizes on parenting outcomes from meta-analyses range from 0.09 to 0.37) (A, C, D, E)
- Significant effects emerge within the context of many more null findings (B, E)



TEXAS

STRATEGY:
Evidence-Based
Home
Visiting
Programs

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





TEXAS

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.

State leaders:

AK

DC

IL

ME

NE

OR

WA

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?



Parental Health
and Emotional
Wellbeing

- 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

- 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)



Nurturing
and Responsive
Child Care in Safe
Settings

- 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)



Optimal Child
Health and
Development

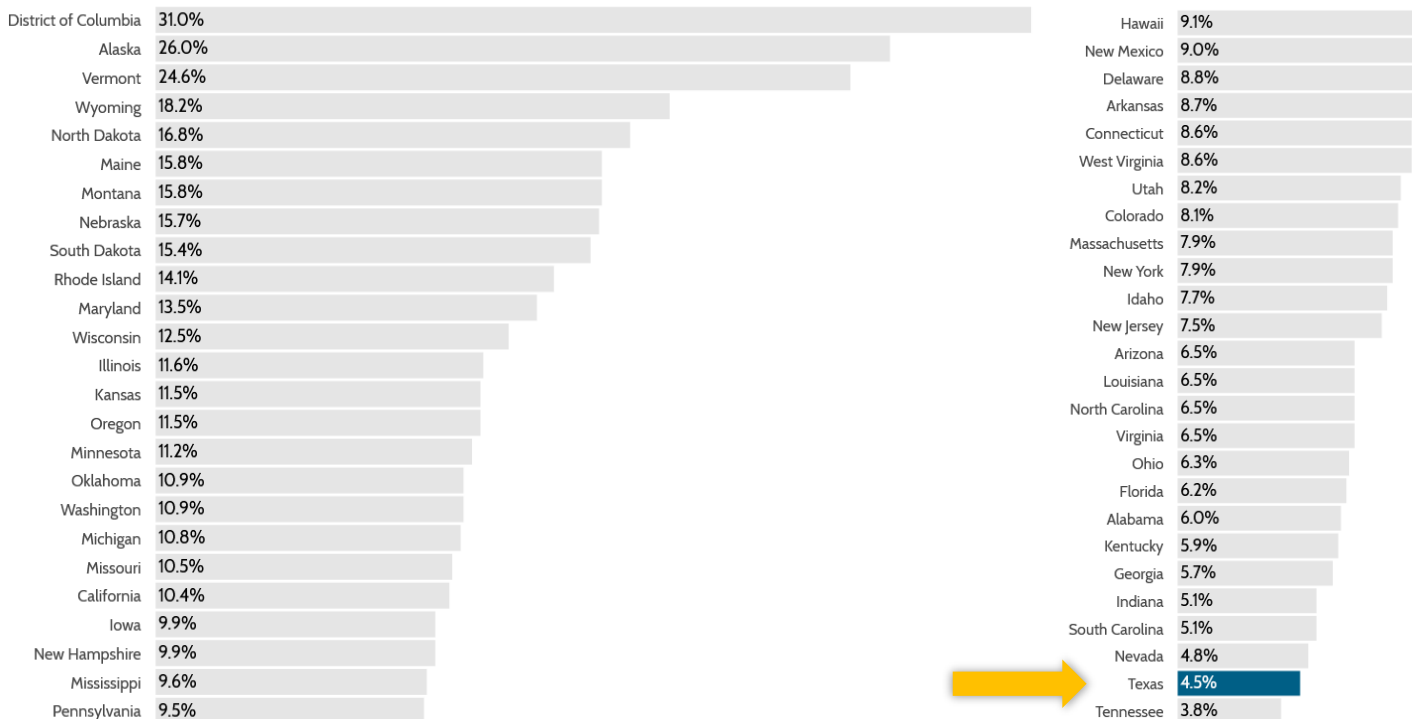
- Children in EHS were more engaged with a parent during play at age 3 (J, S: effect size 0.18)
- Children in EHS had higher developmental functioning assessment scores at age 2 (I, S: effect size 0.14), particularly Black children in EHS (N: effect size 0.23)
- Children in EHS had higher vocabulary skills at ages 2 and 3 (I, J and S: effect sizes 0.11)



TEXAS

STRATEGY:
Early Head Start

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





TEXAS

STRATEGY:
Early
Intervention
Services

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:

CO	CT	IL	MA	MN	NM	RI
----	----	----	----	----	----	----

Texas serves 5.3% of its 0-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

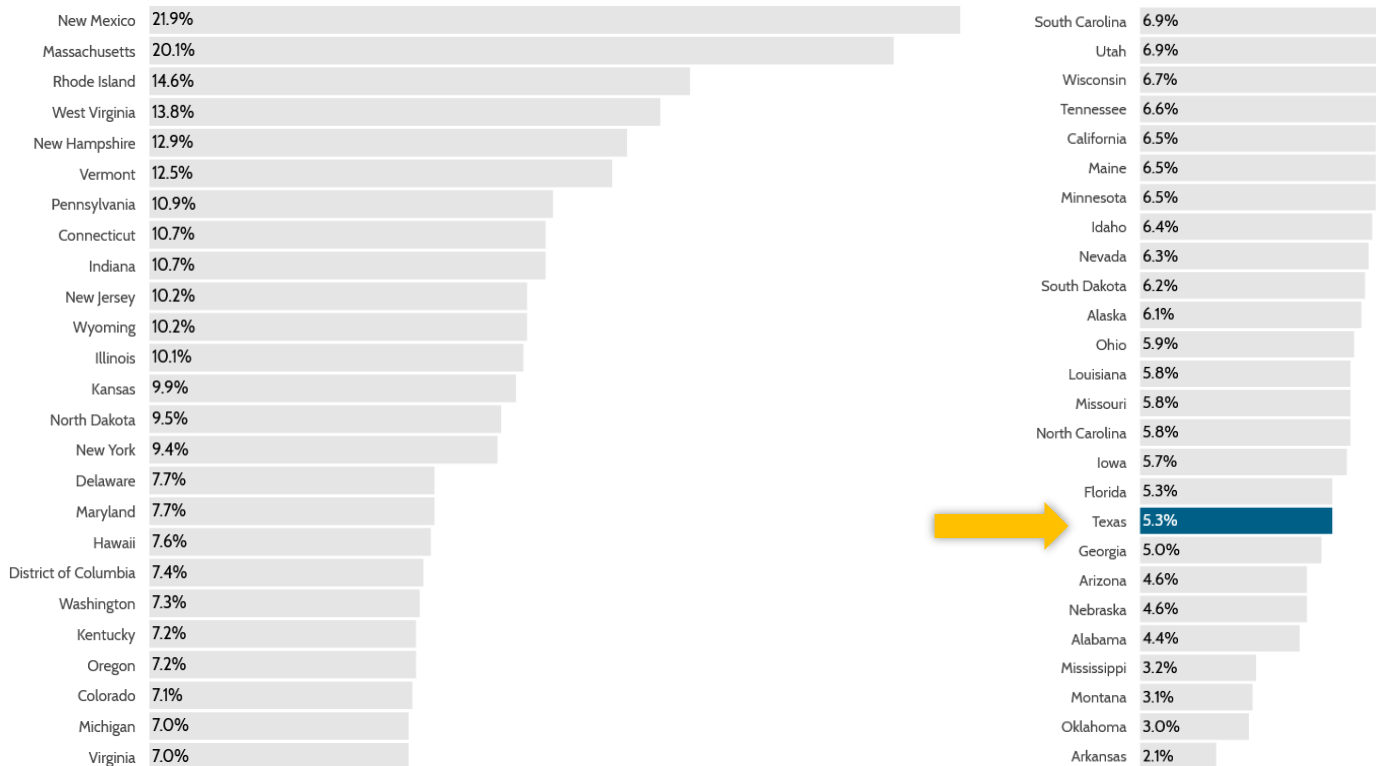
- A meta-analysis of 31 studies found that EI services had an average effect size of 0.62 on children's cognitive skills and 0.43 on motor skills (F)
- Low birthweight, premature infants who were assigned to EI services saw better cognitive (C, D) and behavioral outcomes (C) at age 3 than infants in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

Cumulative % Children Under Age 3 Receiving EI Services



TEXAS

STRATEGY:
Early
Intervention
Services





TEXAS

STRATEGY:
Child Care
Subsidies

Child care subsidies are an effective state strategy to impact:



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.

State leaders:

CA

DC

LA

NM

NY

SD

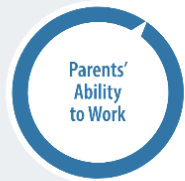
WA

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?



- Higher state subsidy spending per low-income child (of \$1,000) led to 86% higher odds of enrollment in a single center-based care arrangement, rather than multiple care arrangements (B)

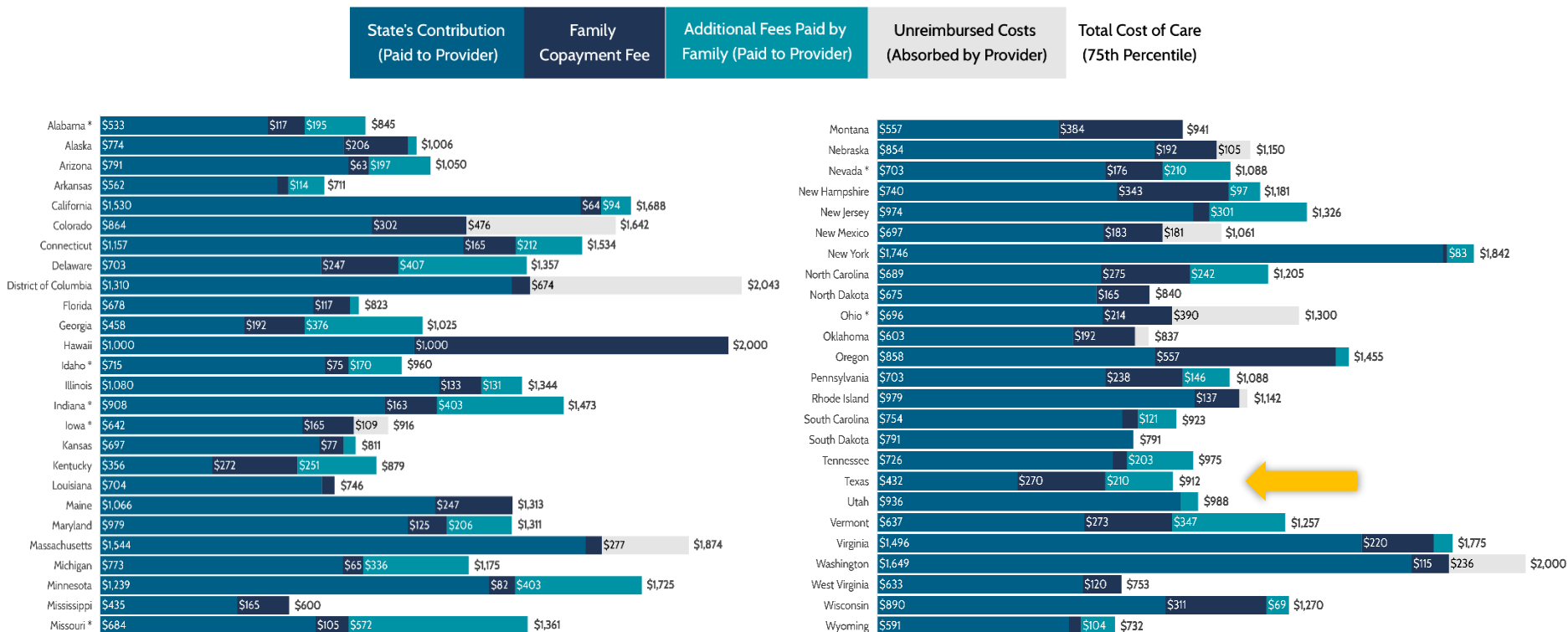


- A 10% increase in Child Care Development Fund subsidy expenditures led to a 0.7% increase in mothers' employment rate (A)
- \$1,000 higher annual state subsidy spending per low-income child led to a 3.5 percentage point increase in the likelihood of maternal employment (D)



- Subsidy receipt led to an increase in monthly earnings by 250% (E)

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

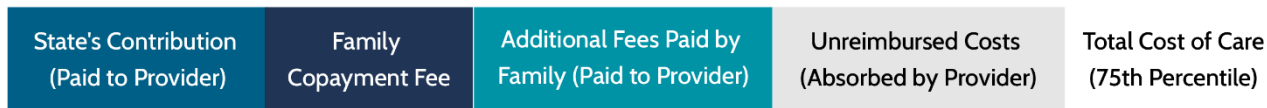


As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys.



TEXAS

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



STRATEGY:
Child Care
Subsidies

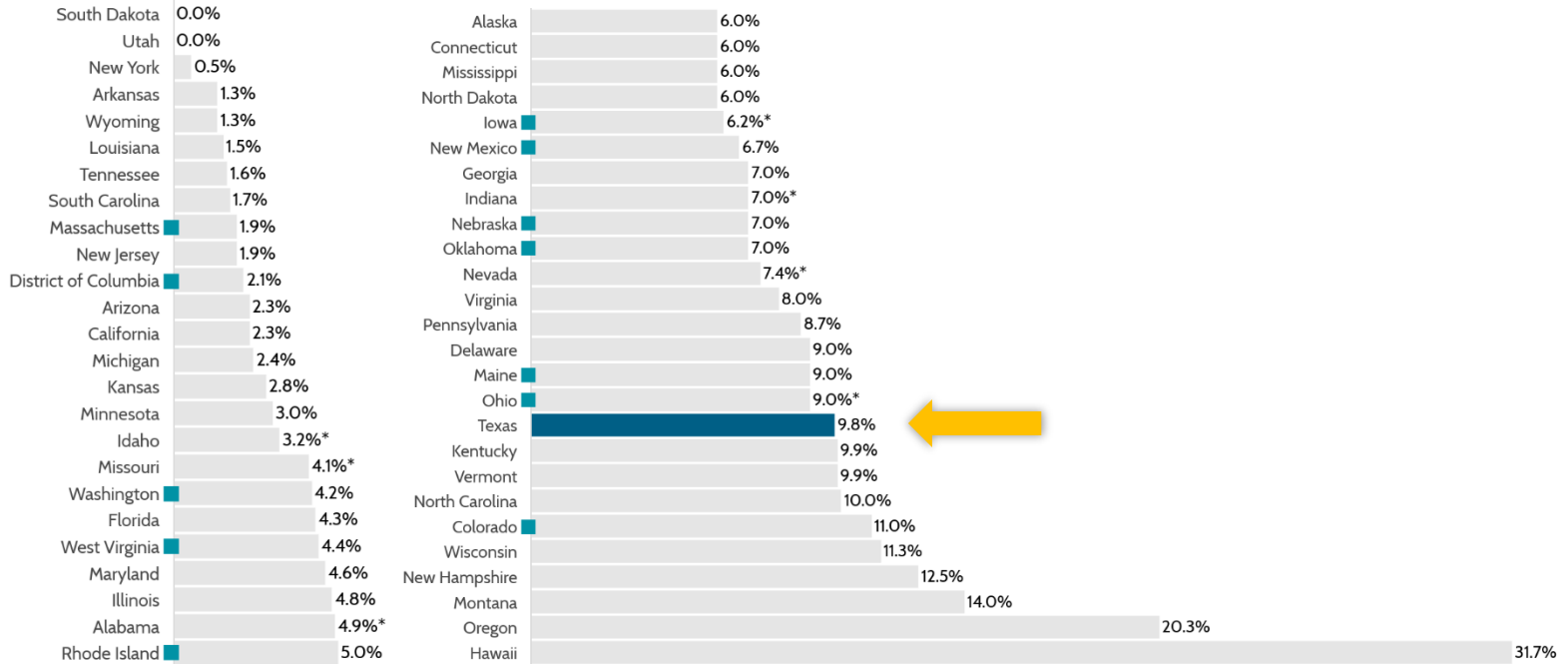
As of July 1, 2021. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; State children and families department websites; state CCDF plans; and the State Market Rate Surveys.



TEXAS

STRATEGY:
Child Care
Subsidies

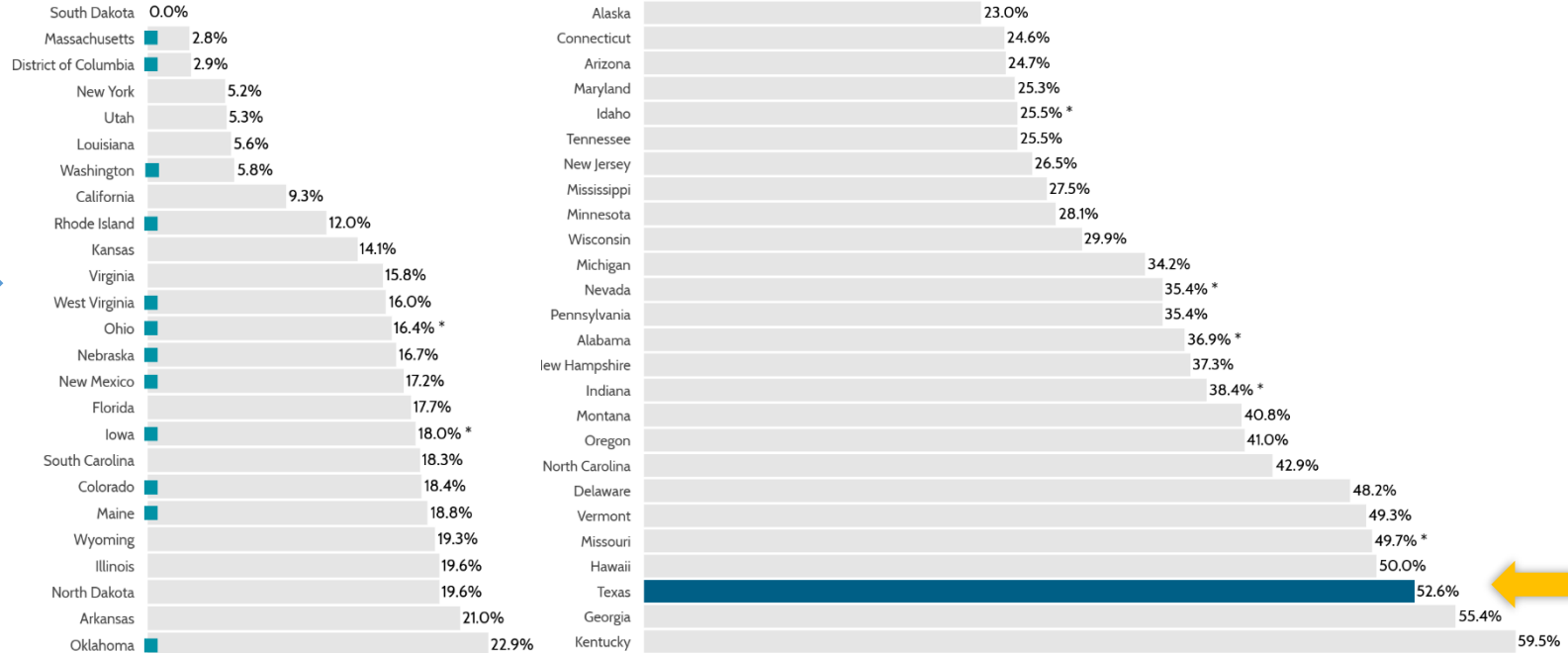
Monthly Copayment as a Percentage of Income for a Family of 3 at 150% FPL*



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

State does not allow providers to charge parents the difference between the reimbursement rate and provider rate

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



TEXAS

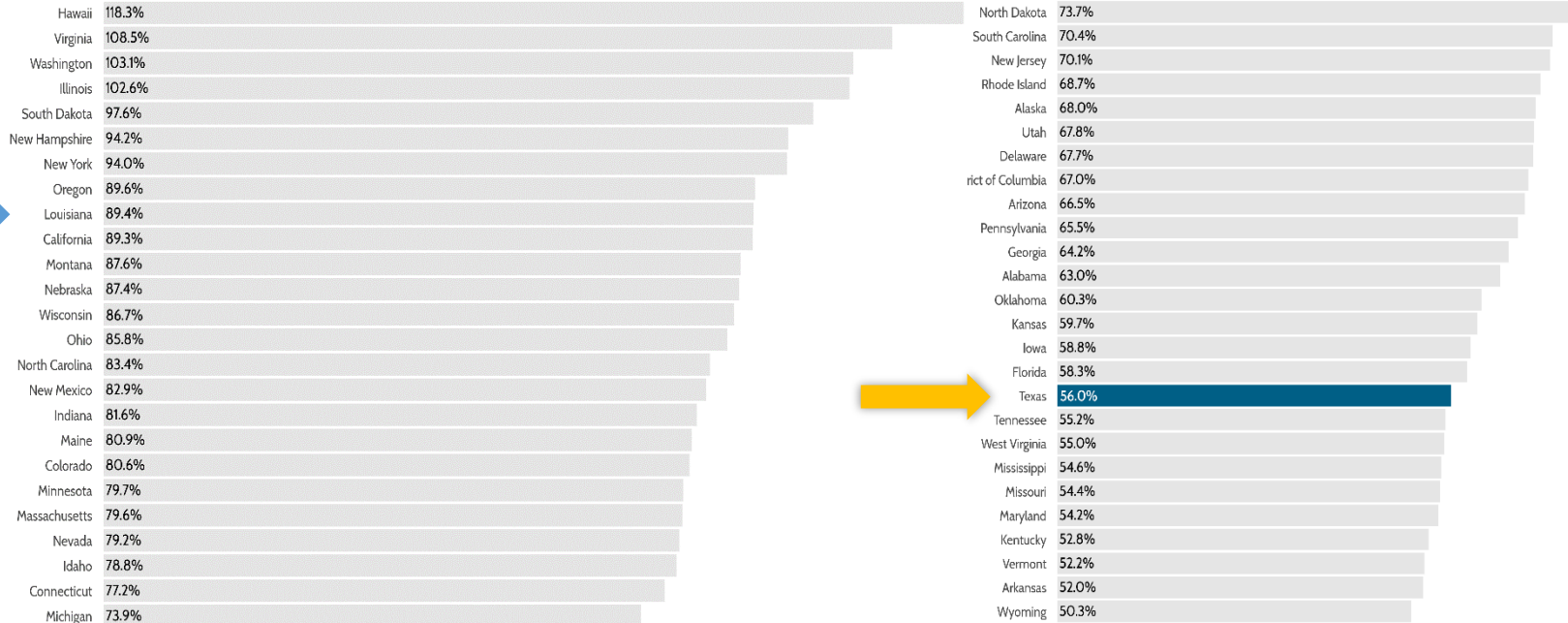
STRATEGY:
Child Care
Subsidies



TEXAS

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



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

Total Resources Based on State Policy Choices

Minimum Wage Earnings

ARKANSAS



LOUISIANA



TEXAS

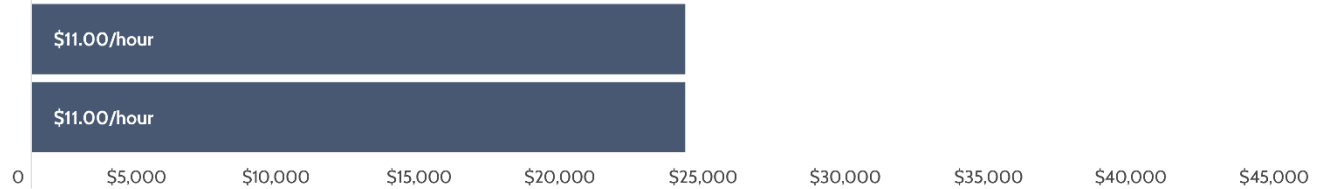


● Earned Income

Total Resources Based on State Policy Choices

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

ARKANSAS



LOUISIANA



TEXAS



● Child Care Cost (Annual Copay) ● Child Care Cost (Annual Addl Fee) ● Earned Income

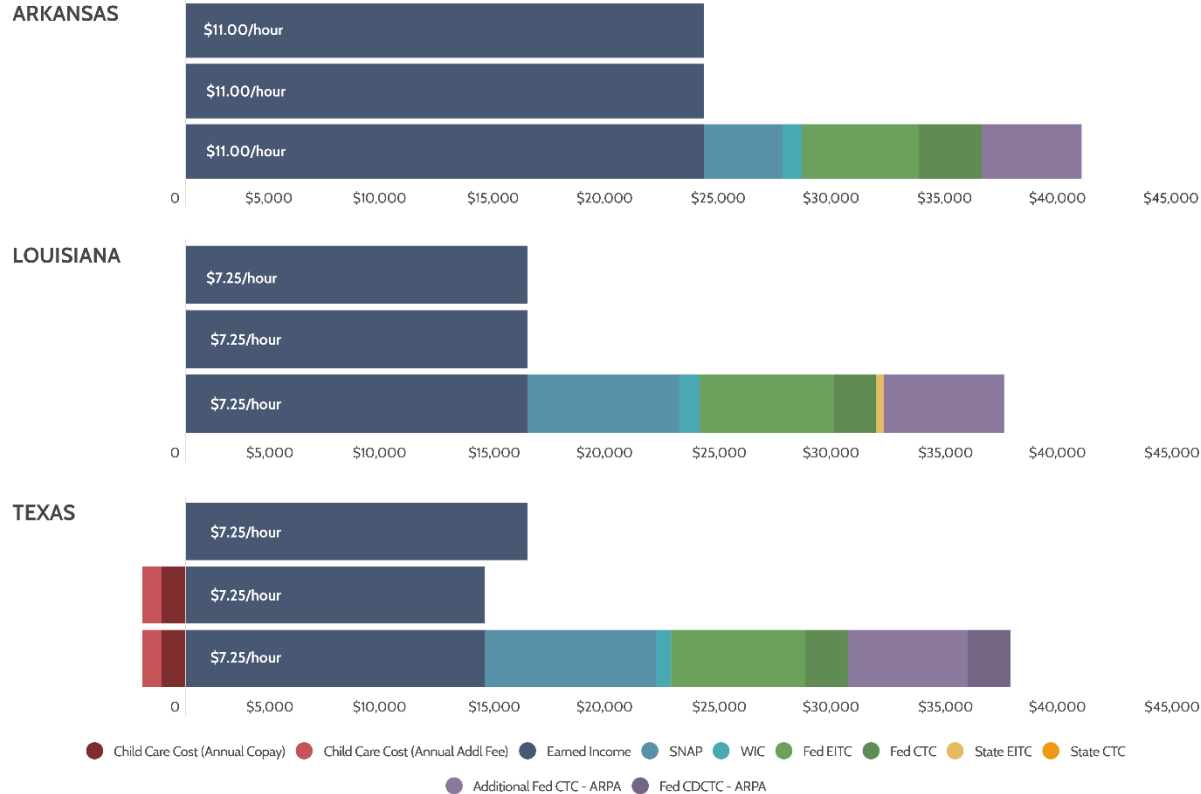
Total Resources Based on State Policy Choices

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



Total Resources Based on State Policy Choices

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

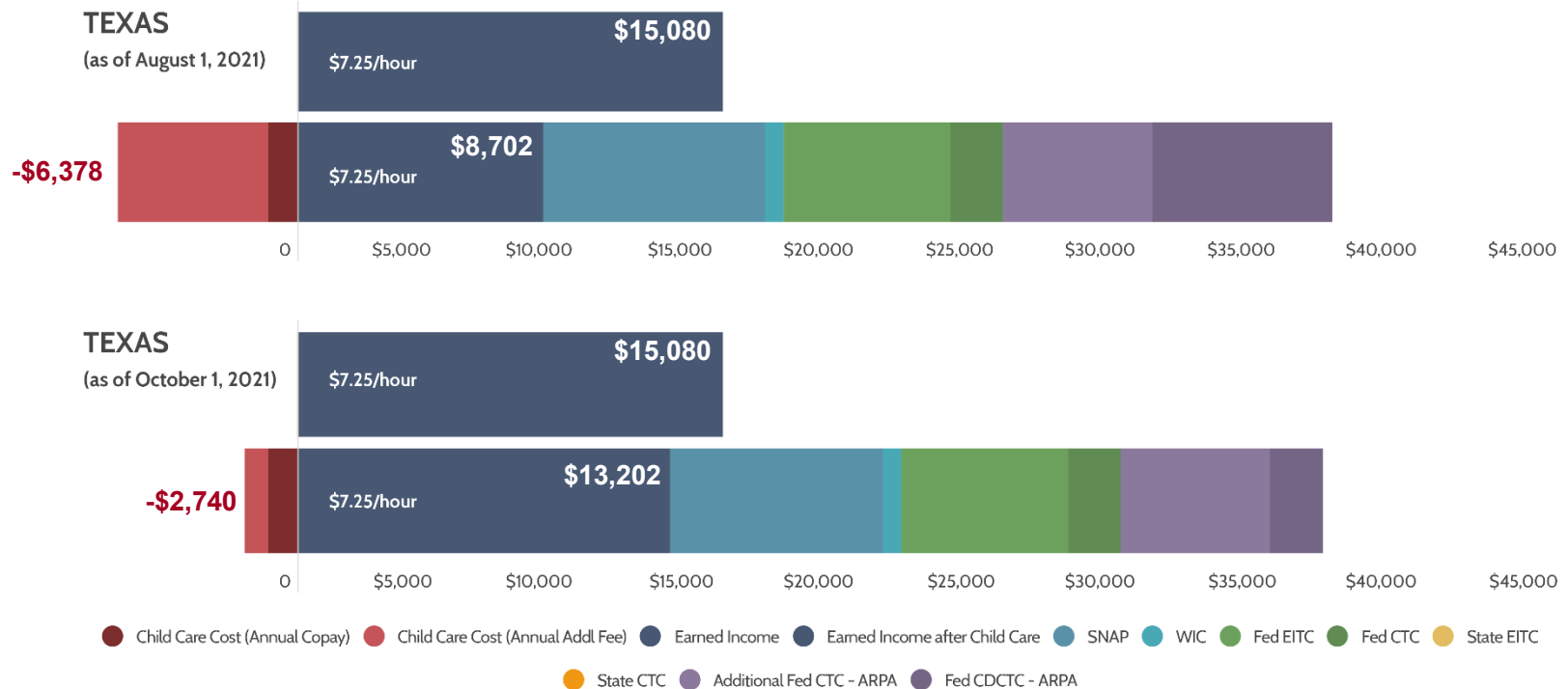


Recent Changes to Reimbursement Rates in Texas

- 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)

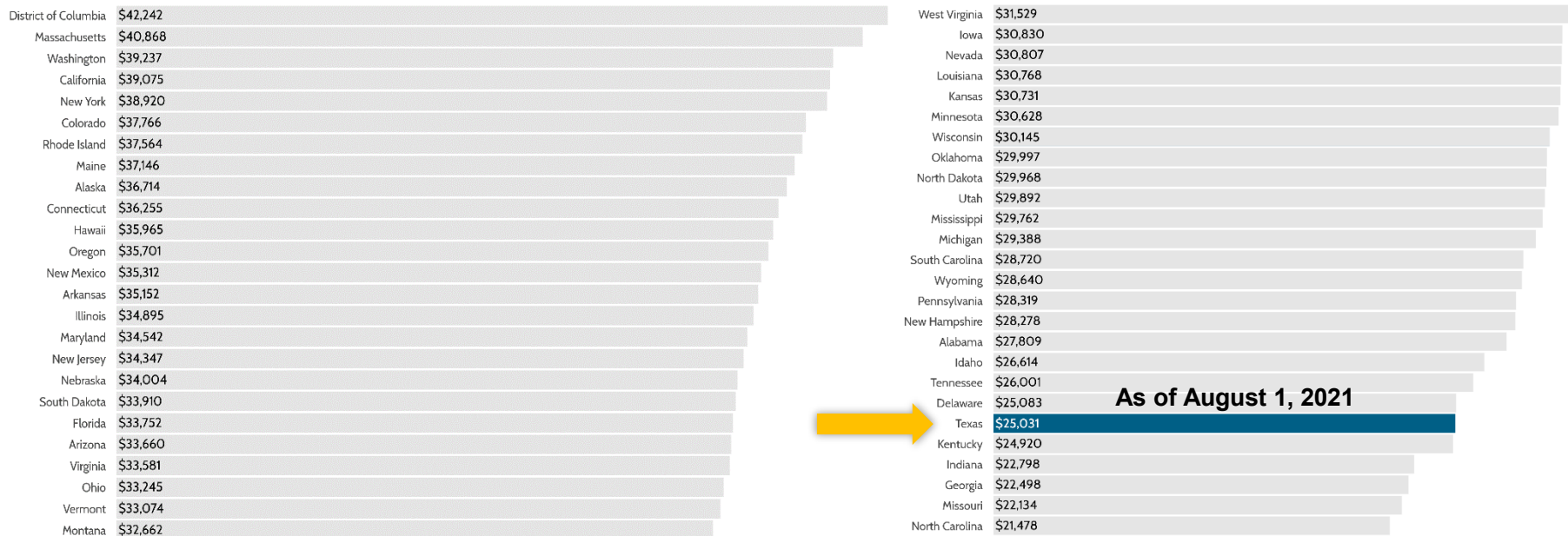
Total Resources Based on State Policy Choices

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



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 plans; 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



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).

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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

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