



Hub State Spotlight: Texas Prenatal to Three Collaborative

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The NCIT Newsletter offers Spotlights, a regular monthly feature that provides an ongoing opportunity to share the work happening at the state or community level, and foster connections among grantees. This document highlights the work of the Texas Prenatal to Three Collaborative, the state grantee for Texas.

Texas Prenatal to Three Collaborative Prenatal-to-Three Goals

The Texas PN-3 Collaborative is co-led by three statewide children's advocacy organizations, TexProtects, Children at Risk, and Texans Care for Children. With support from the Alliance for Early Success (and funding from the Pritzker Children's Initiative), these three organizations had been working together to build a statewide Prenatal-to-Three Collaborative. The Collaborative then received the PCI planning grant to develop a statewide agenda. We conducted extensive outreach to collaborative partners and to early childhood stakeholders to engage them in this process of narrowing down and prioritizing goals for early childhood. We worked with them to figure out what was important, what was feasible, what would have significant impact, what would enhance equity, and where we had the credibility to lead. At the end of the process, we had a list of goals that fell under three broad categories. Our overarching goal is to implement a policy agenda that will ensure over 300,000 more young Texas children, ages birth-3, and their families, benefit from effective and well-funded programs that promote healthy beginnings, supported families, and quality early care and learning experiences by 2026.

The policy agenda is focused on three areas (below) and is intended to build on and align with existing efforts and initiatives.

- 1. Healthy Beginnings: Increase the quality of and access to prenatal and postpartum health services for low-income mothers and health services for low-income infants and toddlers by:**
 - Enhancing maternal health by extending Medicaid to 12 months postpartum.
 - Connecting infants and toddlers to health care through continuous, 12-month coverage in Children's Medicaid.
 - Strengthening outreach and enrollment efforts to increase the number of infants and toddlers enrolled in Children's Medicaid and Children's Health Insurance Program (CHIP).
 - Increasing the number of mothers delivering infants in hospitals equipped with Alliance for Innovation on Maternal Health (AIM) maternal health and safety bundles that provide training and equipment to hospitals to address maternal health complications.
 - Increasing the number of new mothers receiving behavioral health services in the postpartum year through the Healthy Texas Women program.
 - Increasing the number of mothers, infants, and toddlers served through team-based models for prenatal care and pediatric health, such as CenteringPregnancy and CenteringParenting.

2. **Supported Families: Increase the number of low-income infants, toddlers, and families who are screened and successfully connected to necessary services by:**
 - Developing regionally based centralized intake and referral systems and enhancing statewide intake and referral systems to connect families to an array of early childhood resources and supports.
 - Increasing parent and provider understanding of healthy child development and support services available for families with young children.
 - Increasing detection and intervention efforts and connecting medical providers to grid of resources for families.
 - Increasing the capacity of home-based support services and other resources for families including: home visiting, Early Childhood Intervention, and community-based programs.

3. **Quality Early Childhood Education and Care Goal: Increase access to high quality child care programs serving low-income infants and toddlers by:**
 - Increasing access to high-quality child care for low-income children with working parents by enhancing Texas Rising Star (TRS), the state's quality rating and improvement system, and promoting strategies including shared services, school readiness partnerships, Early Head Start, and engaging home-based child-care providers.
 - Strengthening the Early Childhood Education (ECE) workforce through additional professional development, scholarships, apprenticeships, professional networks, and other strategies.

Challenges to Achieving Our Goals

COVID is certainly a challenge. We're navigating a new normal, we're figuring out a lot of things. COVID-19 has shown how important a lot of these systems are and made clear to everyone what advocates had been saying for a long time—these systems need to be much stronger and coordinated to better support families with infants and toddlers. In Texas, we found that COVID was accelerating our work and pushing our policy areas to the forefront. For example, we have been working on strengthening child care and increasing access, but COVID has really put child care in the spotlight as an essential service that is critical for economic recovery.

Similarly, preventative health and population healthcare have received more attention, as have programs like 211 that connect families to resources. Again, we felt like we had developed these policy goals and strategies in a pre-COVID world, but found that in a COVID world, they were just as important, if not more so. Our challenge will be to help policymakers see the connections between our policy agenda and COVID. They've been very much focused on what's immediately related to COVID and are starting to think about the new normal, so our task is to show this is all related to COVID and the recovery.

Another challenge relates to funding. Many of these programs were already being funded below the levels advocates have called for. Now, with budget cuts looming, it's on us to make a strong case for these investments on why they're important and how they tie into building a post-COVID recovery that is building back better. In our context, as a state with conservative leadership, it's important to highlight how our policy agenda ties into values about strengthening families, strengthening the workforce, and supporting employers, or reducing inefficiencies and getting a return on investment.

Our Stakeholders

Through our planning process, we reached out to early childhood stakeholders across the state, from all sectors. We wanted to make sure we were getting diverse voices and building a big tent where we could unite on a prenatal-to-three agenda. These are our collaborative partners; they helped narrow down the priorities to develop our policy agenda, and they will support the agenda's implementation. We have over 110 organizations across the state that are collaborative partners, as well as seven cities and three counties.

Our Collaborative is led by a steering committee made up of fourteen people. The three lead organizations each have two representatives on the Steering Committee, since they are leading the agenda's implementation. We also have a senior advisor who has spent her career in early childhood at the local, state, and national levels; representatives from two communities that has received PCI funding for their local communities to ensure we were aligning the state and local PN-3 work; a direct service provider who had previous experience in state government; the head of our United Ways who has been so helpful in thinking about our community engagement; a business leader who has become very involved in early childhood and can speak to both business and early childhood stakeholders; the head of our infant-early childhood mental health association, which provides a lot of trainings to providers; and our interagency deputy director for early childhood, who works with the five state agencies that impact early childhood, as well as our Head Start State Collaboration Office. We are mindful that the five state agencies and the Head Start State Collaboration Office need to maintain independence from advocacy, but they've been really wonderful partners in sharing their vision, providing information and context about these issue areas, and communicating about the work.

We want to make sure our Steering Committee represents the diversity of our state and are thinking through how we can better integrate family and parent voice. We would love to learn from other states about how they are doing this.

Supporting Families of Infants and Toddlers and Pregnant Women Who Face Significant Barriers to Supports and Services

Equity is one of the guiding principles of our collaborative. When we were defining our strategies, we had a policy rubric, which had us look at each policy and assess its feasibility, its relevance to the PN-3 population, its research base, etc. Equity and impact on equity was one of the items on the policy rubric. It was critical to make sure that the strategies we picked had an equity component or could be implemented with an equity lens.

In our health care work, we have several ways we're focusing on equity. For example, our work on maternal health and safety bundles promotes the hypertension bundle because it's an issue that significantly impacts African American women, who are already disproportionately impacted by maternal mortality and morbidity. Similarly, African American and Hispanic infants and toddlers are less likely to have insurance coverage than their white peers, so outreach to increase enrollment will focus on equitable outcomes in coverage. Our work in supported families is around building systems that can connect all families to resources in their community, since we know that many of the families who most need resources are the most disconnected. In our outreach to families and early childhood providers in education, health, and home visiting, we will need to make sure families get this information in their home language and be sure that we are reaching all families. As we analyze the data from these systems to look at community needs, resource use, and gaps in services, we will rely on disaggregated data so we can better understand who is using resources and who is being left out, so we can address these disparities. In early education and care, for example, we're collecting data on higher educational attainment by race/ethnicity and geographic location to look at how

these trainings and education are provided so we can address inequities. In the shared services work, two of the three hubs being established are in child care settings that primarily serve children of color. Having disaggregated data will be critical to making sure we are moving in the right direction. We are having a lot of conversations about how we can ensure that our work is moving the needle on equity and would love to learn more from other states about how they are doing this.

Collaboration Across State Partners

Our context is complex—we're a big state that's very diverse. Early childhood is spread out through a lot of state agencies, and we have lots of coalitions, advocacy groups, and providers working on these issues. All of them are bringing together really fantastic people who are very dedicated and passionate about supporting our families. I've been so excited to see us come together around this policy agenda and this focus on the prenatal-to-three population; organizations that focus on children or children's issues are making sure to include this PN-3 focus. We're doing so much to coordinate our work and ensure that we're in alignment so we can really push this work forward, so it's really an exciting time! We're thrilled to be a part of this work and of this nationwide PN-3 community, and we look forward to connecting with and learning from others in the NCIT Capacity-Building Hub.