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Title V Programs Focused on Early Identification and Services for Intellectual & Developmental Disabilities



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Agenda

- Title V Block Grant Overview
- Selected Title V Needs Assessment Data
- Child Health
 - Help Me Grow Texas
 - Healthy Child Care Texas
- Children with Special Health Care Needs System Development Group
- Safe Riders Education and Training Program



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Title V History

- As part of the Social Security Act of 1935, Title V is nation's longest running public health program
- Title V is partnership between federal government and states/territories, where funding is used to implement programs to improve health and well-being of mothers, children, and families
- Work is driven by state and national performance measures
- Through extensive needs assessment process, Texas developed state priority needs that guided selection of performance measures
- By ensuring that programming is data driven and uses evidence-based strategies, Texas has ability to measure impact and move the needle in MCH outcomes in each population health domain



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Title V Requirements

- Funding
 - Spend 30% on preventive and primary care services for children and adolescents
 - Spend 30% on children and youth with special health care needs
 - Spend no more than 10% on administration
- Annual application/report to be submitted by July 15 each year
- Every five years, submit needs assessment (last submitted in July 2020)



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Title V Accountability

- A three-tiered performance measure framework was introduced in 2015 to enable states to demonstrate the impact of Title V on selected health outcomes
- States apply new framework to develop five-year state action plan to address identified MCH priority needs
- Measures:
 - National Outcome Measures
 - National Performance Measures
 - Evidence-based Strategy Measures



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Title V Needs Assessment

- What is needed to improve maternal and child health in Texas?

Needs assessment

- Scientific analysis informs state priority needs
- Community outreach surveys
- Focus groups
- Every 5 years

Stakeholder polling and feedback

- Webinars
- Public comments

On-going Needs Assessment

- Annually



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Title V Texas Priority Needs

1. Implement health equity strategies across all maternal and child health populations.
2. Improve nutrition across the life course.
3. Improve the cognitive, behavioral, physical, and mental health and development of all maternal and child health populations.
4. Increase family support and ensure integration of family engagement across all maternal and child health programming.
5. Support health education and resources for families and providers.
6. Promote safe, stable, nurturing environments to reduce violence and the risk of injury.
7. Improve transition planning and support services for children, adolescents, and young adults, including those with special health care needs.
8. Support comprehensive, family-centered, coordinated care within a medical home model for all maternal and child health populations.
9. Improve maternal and infant health outcomes through enhanced health and safety efforts.



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Selected Title Assessment

Needs

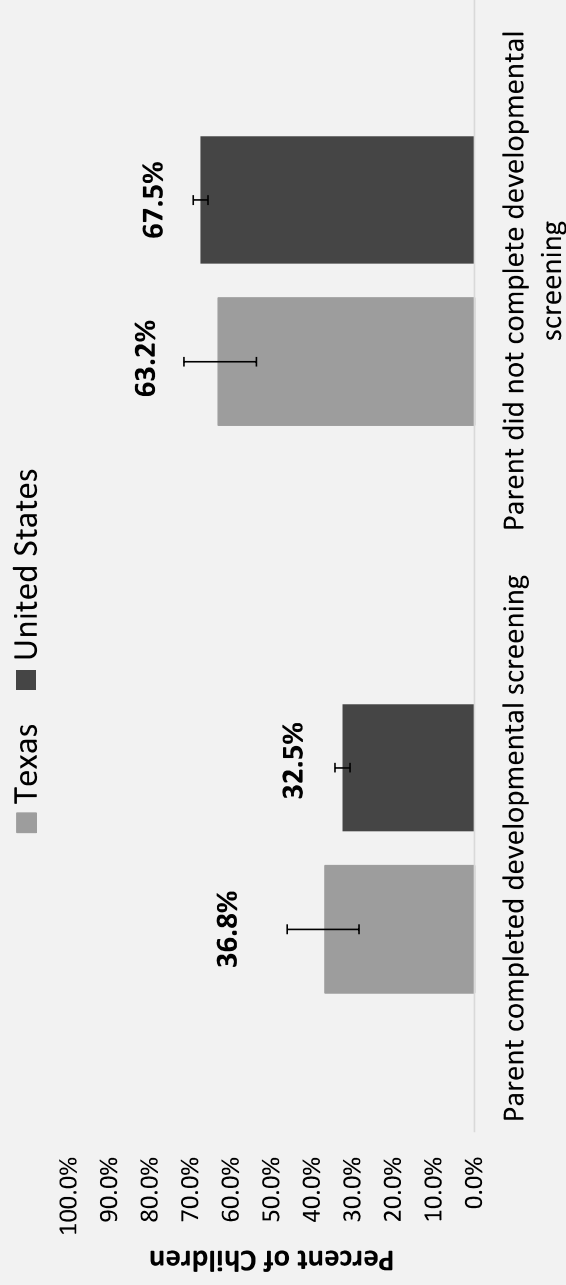


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Increase Developmental Screenings

Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year Texas vs. US



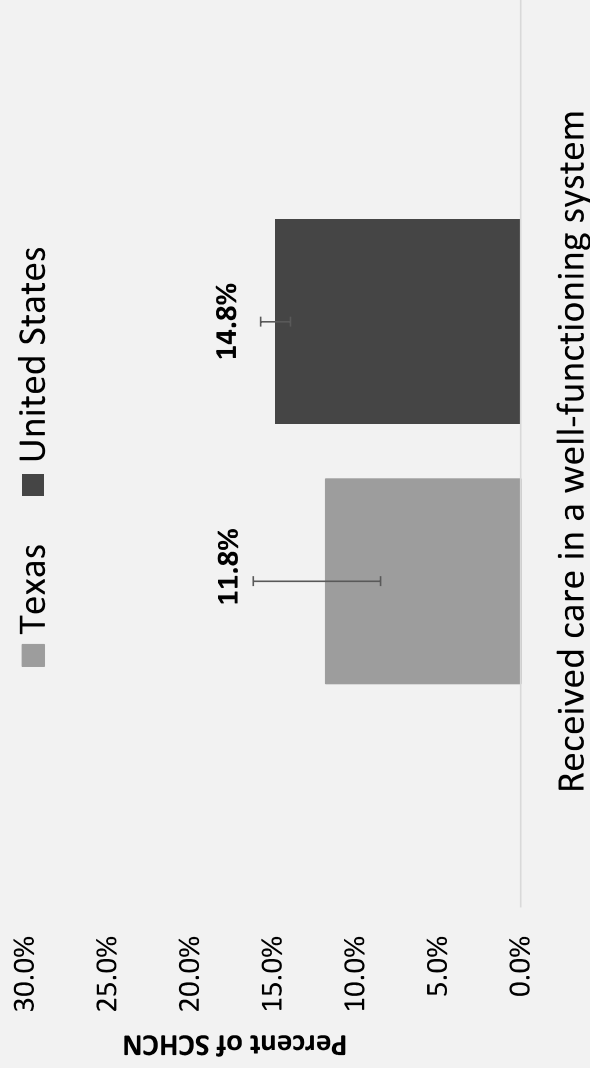
Source: NSCH 2016-2018
Prepared by: MCH Epi, Jan 2020



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Medical Home

**Percent of CSHCN Who Receive Care in a Well-Functioning System, Texas vs. US
(ages 0-17) NSCH 2016-2018**



Source: National Survey of Children's Health
Prepared by: Maternal and Child Health Epidemiology Unit, Maternal and Child Health Section, DSHS, Jan 2020

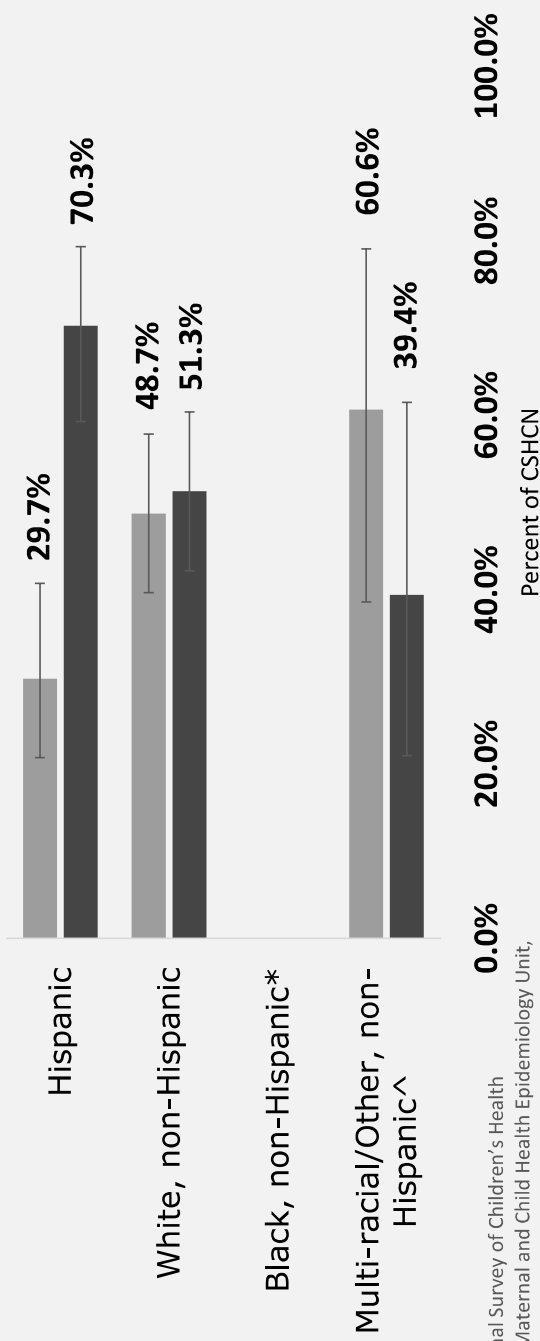


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Medical Home

Percent of CSHCN Who Have a Medical Home in Texas by Race/Ethnicity (ages 0-17) NSCH 2016-2018

■ Care MEETS medical home criteria ■ Care does NOT meet medical home criteria



Source: National Survey of Children's Health
Prepared by: Maternal and Child Health Epidemiology Unit,
Maternal and Child Health Section, DSHS, Jan 2020

Note: ^ Results are suppressed due to sample size less than 30. Please interpret results with caution: estimate has a 95% confidence interval width exceeding 20 percentage points and may not be reliable.

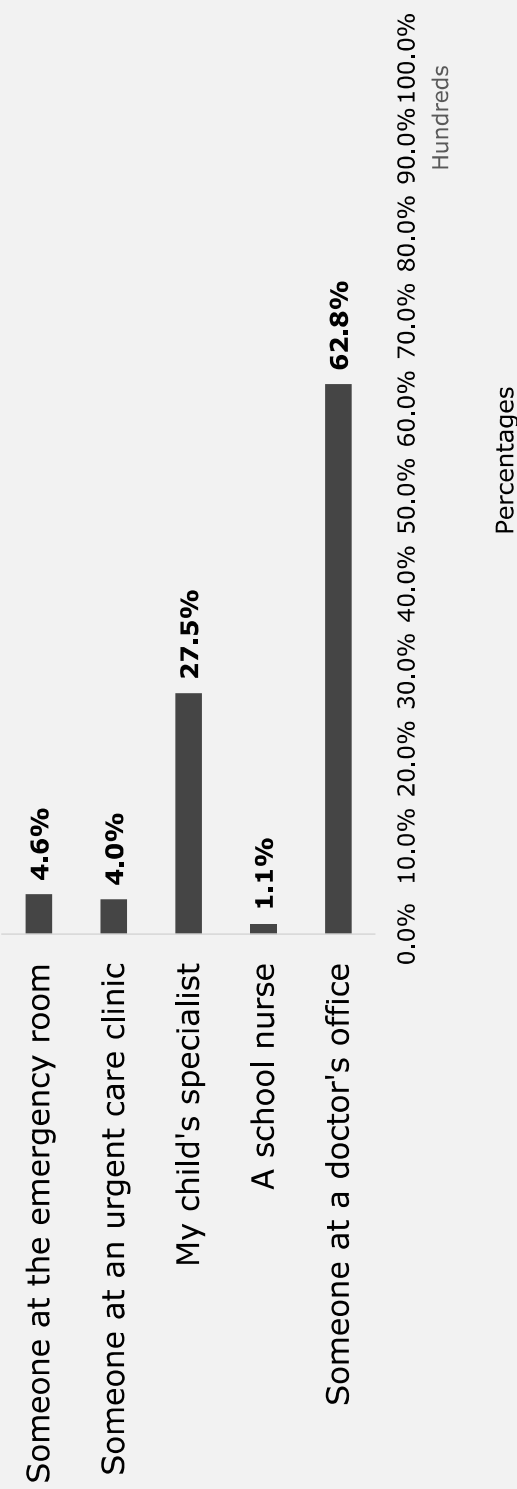


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Medical Home: Care Coordination

Care Coordination

What kind of health professional does your child most often see when sick?



Source: MCH Epi Title V CYSHCN Outreach Survey, 2019

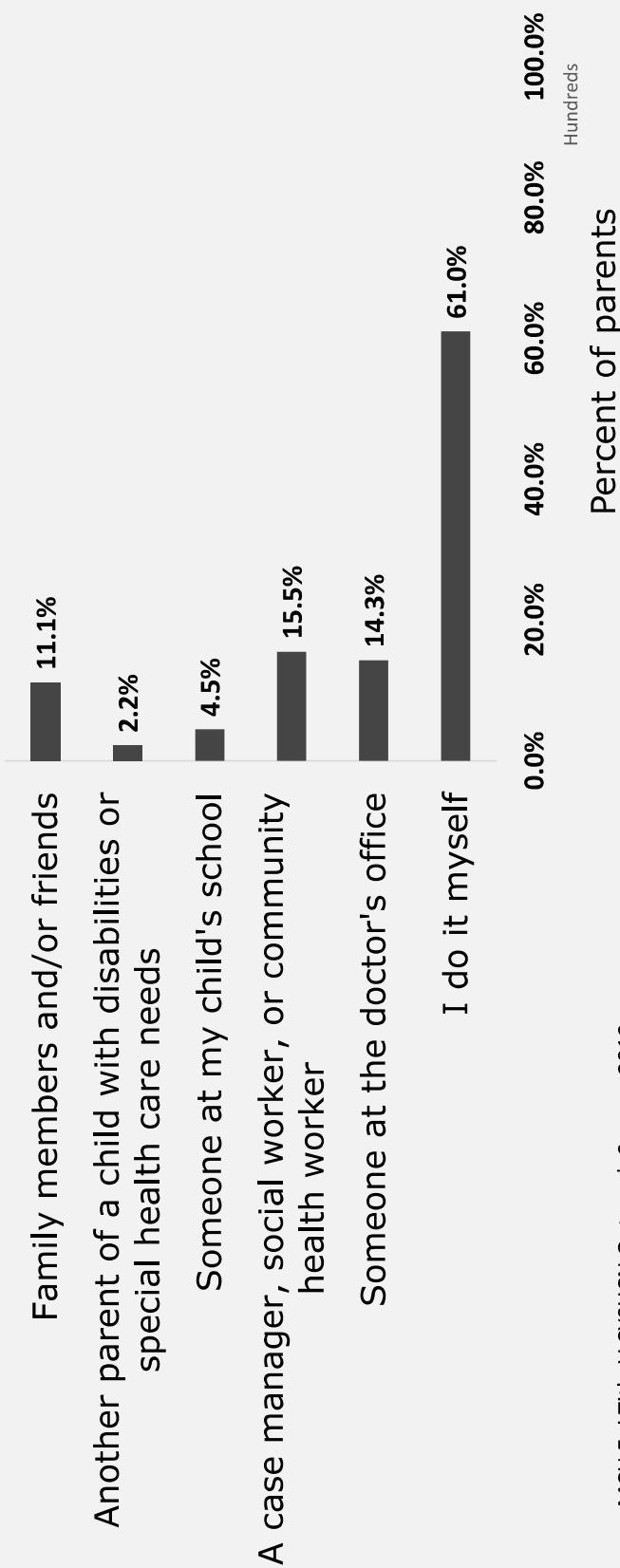
Prepared by: Maternal and Child Health Epidemiology Unit, Maternal and Child Health Section, DSHS, Jan 2020



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Medical Home: Care Coordination

Who helps you make sure that your child receives all of the care that they need?



Source: MCH Epi Title V CYSHCN Outreach Survey, 2019

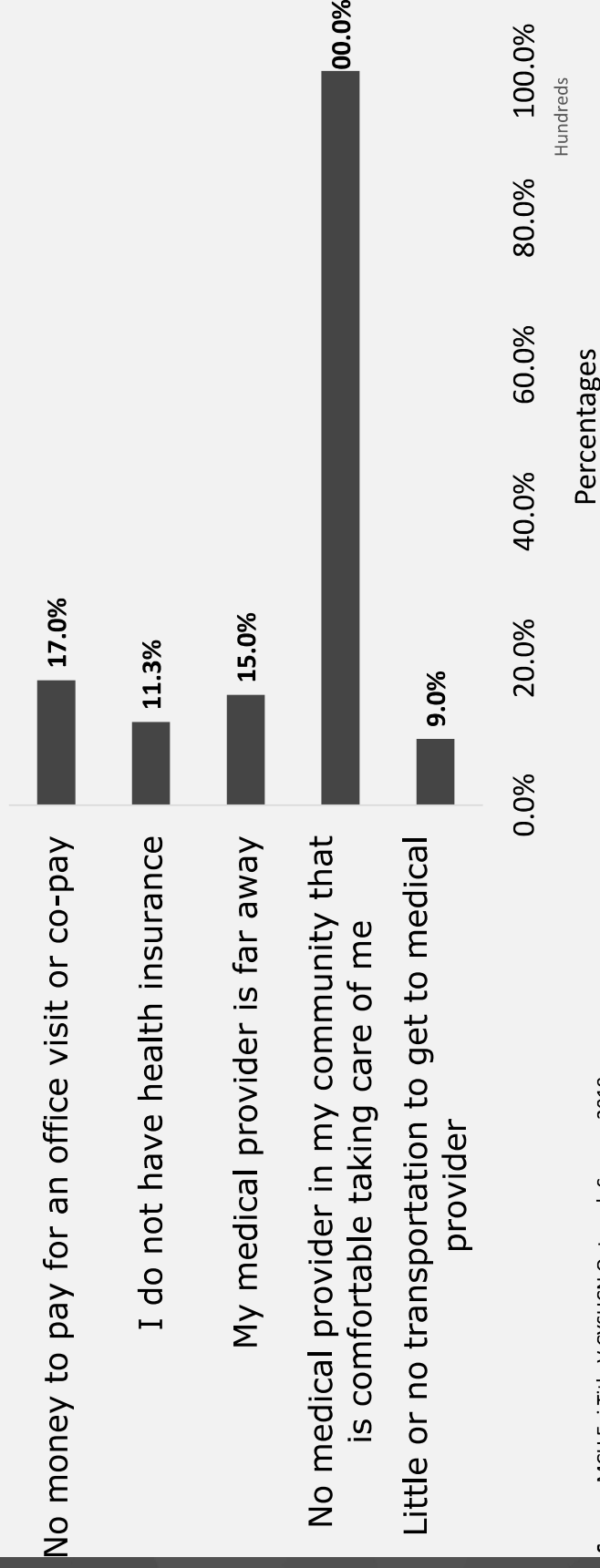
Prepared by: Maternal and Child Health Epidemiology Unit, Maternal and Child Health Section, DSHS, Jan 2020



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Medical Home: Care Coordination

Do any of the following keep you from being able to seek help for your child when sick?



Source: MCH Epi Title V CYSHCN Outreach Survey, 2019
Prepared by: Maternal and Child Health Epidemiology Unit, Maternal and Child Health Section, DSHS, Jan 2020



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Title V Child

Health Initiatives



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Child Health

- Child Health domain focuses on ages 1-12
- Children will go through a lot of changes. At a very young age, there are periods of quick physical growth. Then they will develop cognitive, social, and life skills. They also begin to build habits and behaviors that impact their future health.
- Child health programming focuses on supporting Texas families as their children grow.



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Title V Child Health Performance Measures

- **Developmental Screenings:** Percent of children, age 9 through 35 months, receiving a developmental screen using a parent-completed screening tool
- **Injury Prevention:** Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
- **Secondhand Smoke:** Percent of children, ages 0 through 17, who live in households where someone smokes
- **Weight status:** Percent of overweight and obesity in Texas children ages 2-21



Help Me Grow

Texas



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Help Me Grow Texas Overview



Help Me Grow Texas, based on the national Help Me Grow System Model, is a statewide network of partners working together to build strong, connected communities and healthy, resilient families.

Help Me Grow Texas promotes early identification concerns, then links children and families to community-based services at no cost



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Why Help Me Grow Matters

The impact on a child's long-term success is greatest when developmental concerns are discovered and addressed as early as possible.

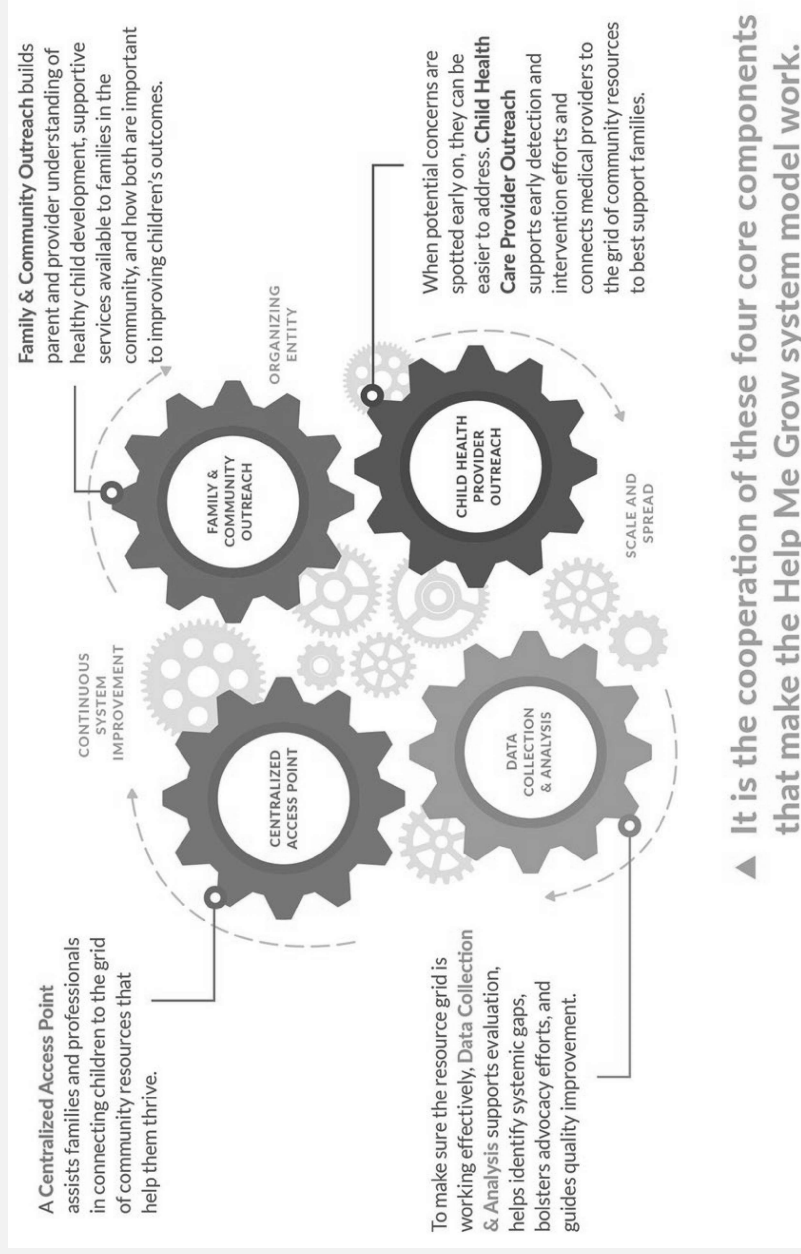
But too often, children don't get connected to services they need at an early age, when the benefit of those services is greatest.

Many initiatives provide services to young children, but families and providers don't always know these programs exist or how to connect with them.



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Help Me Grow System Model



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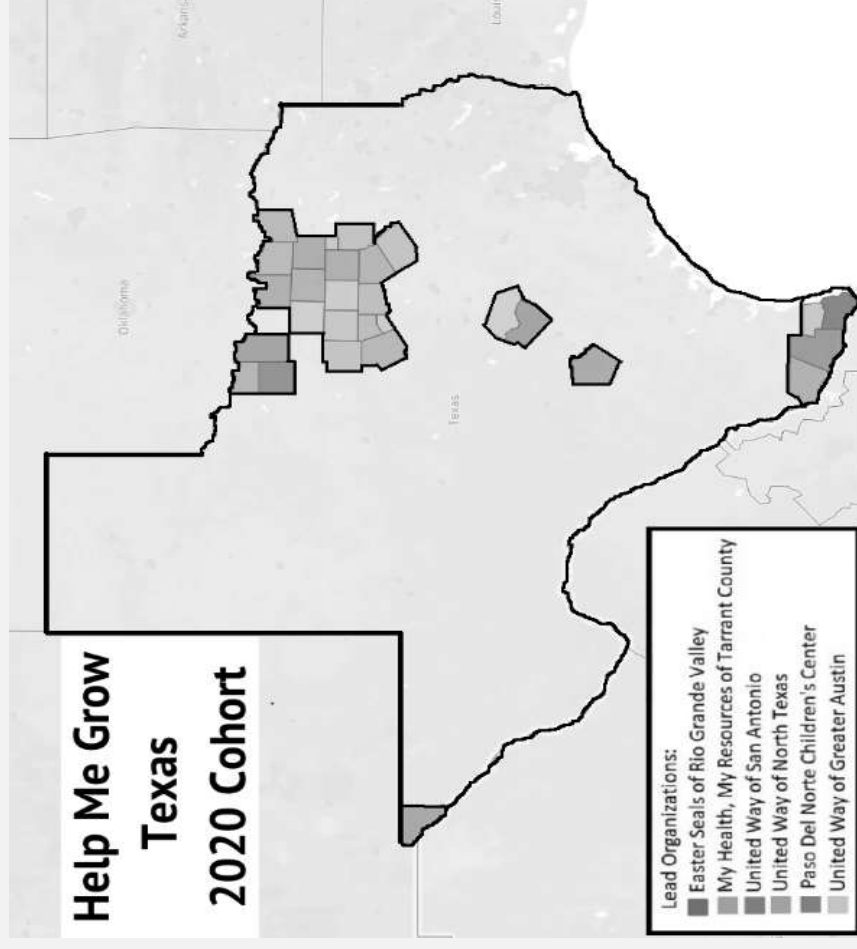
Help Me Grow Affiliate Network



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Help Me Grow Texas

- Help Me Grow El Paso
- Help Me Grow North Texas
- Help Me Grow Rio Grande Valley
- Help Me Grow Wichita Falls
- United Way for Greater Austin
- United Way of San Antonio & Bexar County



HMG Texas and COVID-19

The Help Me Grow model is a mechanism to support families through the pandemic. The core components are used to meet the needs of families impacted by crisis.

- Well-child visits
- Virtual programming and services
- Resource directories
- Family navigation



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To learn more about Help Me Grow Texas, reach us at:



<https://www.dshs.texas.gov/mch/hmgtx.shtm>



HMGTexas@dshs.texas.gov



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Healthy Children

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Healthy Child Care Texas Overview

Healthy Child Care Texas promotes optimal health, safety, nutrition, and development for children in out-of-home childcare programs using Child Care Health Consultants

- Child Care Health Consultant Program
- Healthy Child Care Texas – Social Emotional Development Project



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Child Care Health Consultant Program

Early Childhood Professionals who are certified to provide training to improve child safety and quality of care in early learning programs.

Trained in developmental screening administration



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Healthy Child Care Texas – Social Emotional Development Project

HCCT-SED Project is a grant to support early learning programs to implement developmental screenings for the children enrolled in their programs.

50 licensed childcare centers are selected to have a Child Care Health Consultant assist them in developmental screening at their sites.



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HCCT and COVID-19

- Childcare center closures and limited visitor access
- Shift from in-person to virtual consultation and screening administration
- Promotion of developmental milestone awareness



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To learn more about Healthy Child Care Texas:



http://www.texasaeyc.org/programs/healthy_child_care_texas



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Title V CSHQ

Initiatives



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Who are Children and Youth with Special Health Care (CYSHCN) Needs?

“Those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”

McPherson et al (1998) Pediatrics 102/1.



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Title V CSHCN Performance Measures

- **Transition:** Percent of adolescents with and without special health care needs who received the services necessary to make transitions to adult health care
- **Medical Home:** Percent of children with and without special health care needs having a medical home
- **Community Inclusion:** Percent of children and youth with special health care needs and their families who received supports and services necessary to be included in their communities



Medical Home Learning Collaborative

- The Medical Home Learning Collaborative (MHLC) meets quarterly via webinar for members to share knowledge, implementation strategies, and best practices on the philosophy and effectiveness of medical homes.
- Providers, youth and young adults, parents, caregivers, as well as representatives from health care plans, hospital and university systems, and local community organizations are invited to participate.
- The MHLC also receives a monthly newsletter with upcoming events and resources.



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Words Matter

- The way you speak to and about people with disabilities matters.
- DSHS developed the “Communicating with and about People with Disabilities” handout to share with stakeholders.
- To order copies, visit:

<https://www.dshs.state.tx.us/mch/CSHCN.aspx>



The way you speak to and about people with disabilities matters. This handout provides guidelines for using language that is accurate, neutral, and objective.

1. Emphasize abilities, not limitations
Choose language that focuses on what people can do instead of what they can't do: *Person who uses a wheelchair*, not *wheelchair-bound*.

2. In general, refer to the person first and the disability second
People with disabilities are, first and foremost, people. A person is not a disability, condition, or diagnosis. A person has a disability, condition, or diagnosis. This is called Person-First Language.

3. But, always respect an individual's language preferences
People have different preferences when referring to their disability. Some people see their disability as an essential part of who they are and prefer to identify their disability first. This is Identity-First Language.

The CSHCN Systems Development Group works to improve care for children and youth with special health care needs. We partner with community-based organizations across Texas to provide support for families of CSHCN. For more information, visit: www.dshs.texas.gov/mch/CSHCN.aspx



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CSHCN Community-Based Contractors

- CAHB funds 16 community-based contractors throughout the state to provide case management and family supports and resources (FSCR) to CSHCN families.

Case Management Activities

- Family Resources
- Referrals
- Health Insurance Assistance
- Mental Health/Medical Assistance
- Medical Home Supports
- Basic needs assistance
- Education assistance
- Emergency Preparedness Planning

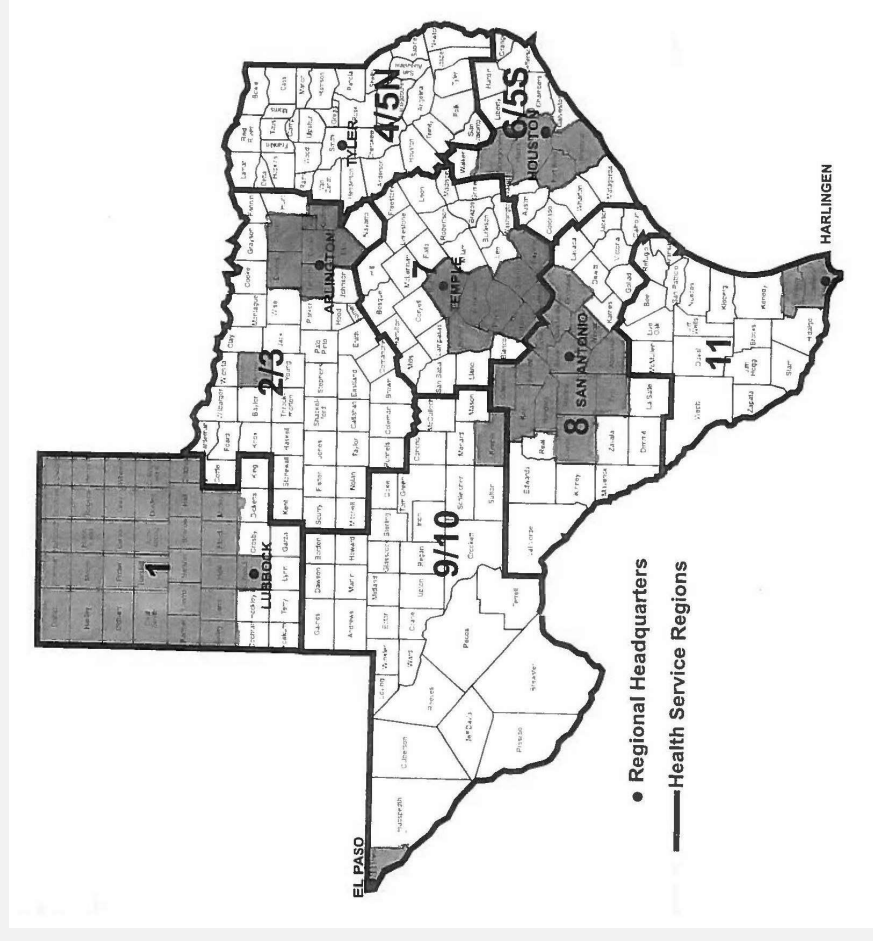
FSCR Activities

- Respite Services
- Family Support Groups
- Mental Health Screening
- Counseling
- Nebulizer Loaner Program
- Emergency Preparedness Planning
- Holiday Activities & Summer Camps
- SibShops/Sibshop Training
- Sensory Friendly Activities



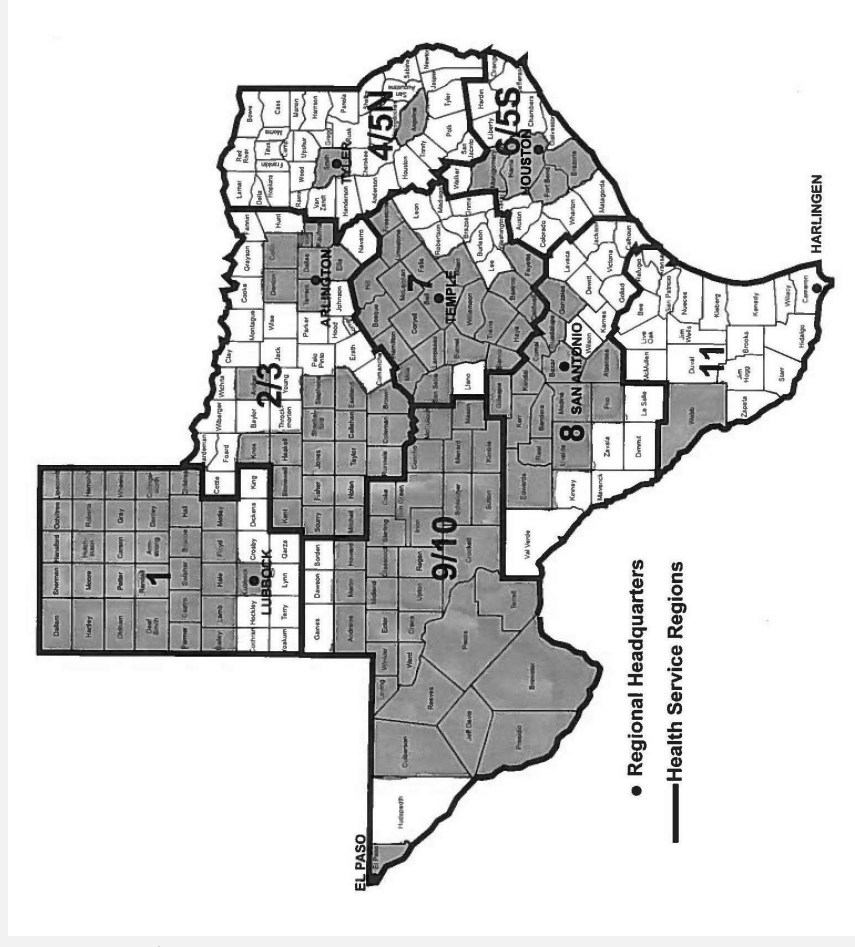
Case Management Contractors

- Any Baby Can of Austin
- Any Baby Can of San Antonio
- Cameron County Department of Health & Human Services
- Coalition of Health Services
- Open Arms(dba Bryans House)
- Paso del Norte Children's Development Center
- The Arc of San Antonio
- University of Texas Health Science Center - Houston



Family Supports and Community Resources Contractors

- Any Baby Can of Austin
- Any Baby Can of San Antonio
- Coalition of Health Services
- Heart of Central Texas
- Open Arms (dba Bryans House)
- Paso del Norte Children's Development Center
- Sharing Hands - A Respite Experience
- Texas Parent to Parent
- University of Houston
- University of Texas Health Science Center – Houston
- West Texas Rehabilitation Center
- North East Texas Public Health District
- City of Laredo Health Department
- Angelina City and Counties Health District



CSHCN Contractors during COVID-19

- Due to COVID-19 in person meetings/conferences canceled
- Many of the meetings converted to virtual platforms
- Funds from canceled events converted to Emergency

Funding for:

- Food
- Rent
- Medications
- Medical supplies
- transportation



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Safe Riders Education Training Program

Education and



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Safe Riders Program Overview

Problem

- Unintentional Injuries are the leading cause of death for children >1 year of age.¹
- Motor vehicle collisions are leading cause of death for children 1-15 yrs.²
- Child safety seat misuse is at 46%.³

Background

- Established over 30 years ago (1985)
- Funded by the Texas Department of Transportation (TxDOT)
- State-wide program with 60 distribution partner sites in Texas.



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1. Centers for Disease Control and Prevention. CDC Childhood Injury Report. Accessed https://www.cdc.gov/safekid/child_injury_data.html on 7/24/2020.
2. Centers for Disease Control and Prevention. Leading Causes of Death and Injury. Accessed https://www.cdc.gov/injury/wisqars/LeadingCauses_images.html on 07/24/20.
3. Greenwell, N. K. (2015, May). Results of the national child restraint use special study. (Report No. DOT HS 812 142). Washington, DC: National Highway Traffic Safety Administration.

Safe Rider Goal

Goal:

To reduce the number and severity of motor vehicle crash (MVC) injuries and fatalities to children in Texas.

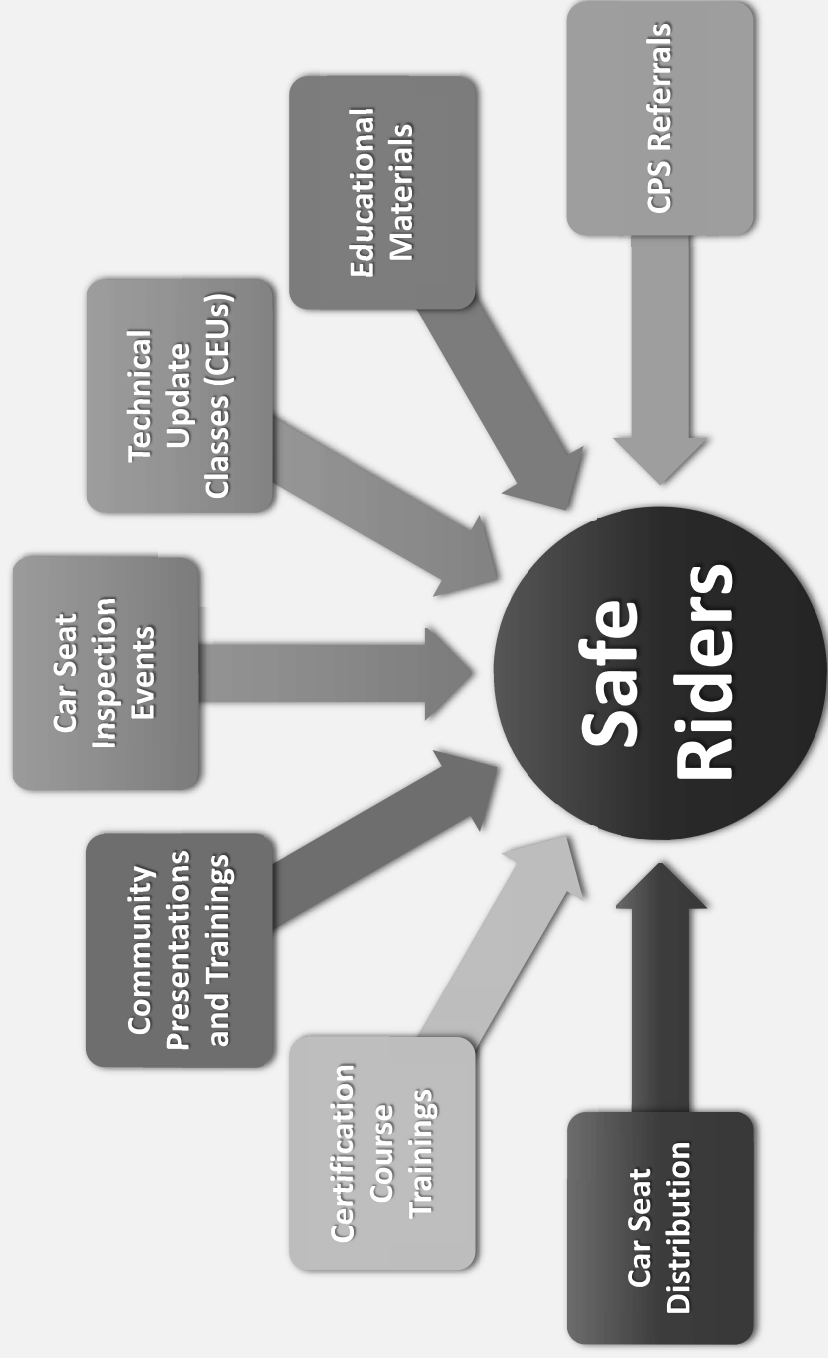
Strategy:

- Maintain seat distribution programs for low-income families.
- Increase proper child safety seat use and reduce misuse.
- Increase training opportunities and retention strategies for child passenger safety technicians.



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Safe Riders Program Components



Safe Riders Program

- In 2019, Safe Riders:
 - Distributed over 5,500 seats to families in need.
 - Conducted four National Child Passenger Safety Certification Training Courses.
 - Trained over 40 child passenger safety technicians.
 - Coordinated over 12 child safety events



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Referrals

Refer families or caregivers and/or organizations for:

- **Tailored Education or presentations** about child passenger safety.
 - Stages of car seat use based on age, height, weight and medical condition.
 - Texas laws and safety recommendations
- **Car seats** and connect them to a child passenger safety technician in an area near the family.



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Safe Riders

Child Passenger Safety Education and Training Program

Safe Riders Contact Information

Message Line: 800-252-8255

Website: www.dshs.texas.gov/saferiders

E-Mail: saferiders@dshs.texas.gov



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Wrap Up



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Thank you!

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