BASTROP EARLY CHILDHOOD COALITION

EARLY CHILDHOOD ROADMAP
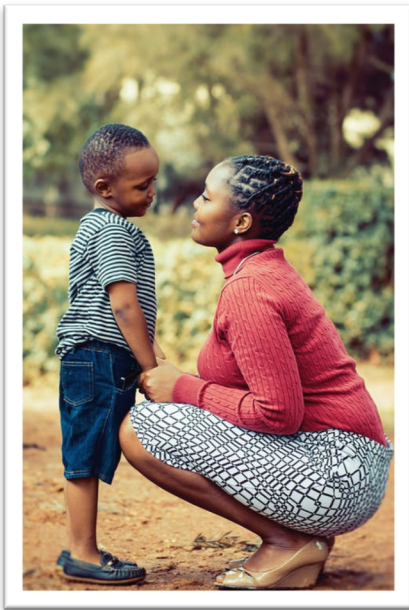
AUGUST 2020

Bastrop County
Early Childhood Roadmap

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Introduction

Bastrop County parents have beautiful dreams of what their young children will achieve and the kinds of people they will become:

> *very educated, bright, open-minded child eager to learn more and more.*

> *To overcome their past and be successful in life.*

> *[To have] love, courage, prayer, faith, support, strength, family, [and be] financially stable.*

Service providers and community leaders share a vision of children leading happy full lives, contributing to communities across the county. Yet, many young children are not on track to achieve these dreams. Many (31%- 68%) enter Kindergarten without the crucial skills needed to learn. Thousands of children under 6 live at or near poverty. Only 9.6% receive evidence-based early learning supports they need to start school on level with peers. COVID-19 has only increased the number of children who are hungry, unsafe, and missing out on essential learning to build their brains during the most crucial period of brain development.

This is like a movie we already know the ending to. Some children lucky enough to be born into families with resources thrive, while others -who lack critical supports -struggle, often never catching up. It doesn't have to end this way. The Bastrop County Early Childhood Coalition is a dedicated group of leaders and service providers with a mission to support all families to connect to their community and provide a safe, healthy and school-ready environment for their children.

The Coalition contracted with Paradigm Shift to create this Early Childhood Roadmap. Between October 2019 and July 2020, a large amount of information was collected, synthesized, and shared with the Coalition to create this Roadmap. The Roadmap guides the Coalition to take actions that will improve the health, safety, and school readiness of young children in Bastrop County. By strategically advancing a select set of strategies, obtaining regular feedback from parents, and measuring progress, this Coalition will change the future for young children in Bastrop.

Sections
This Roadmap document is made up of 8 sections, each described below.

Parent & Caregiver Voice Summary is a compilation of what parents said they want and need to raise healthy, safe, school ready kids.

Service Provider Voice Summary is a summary of what service providers see as the strengths, gaps, and needs of programs that contribute to young children's safety, health, and readiness.

Continuum of Programs & Services paints a picture of how well Bastrop County programs are able to meet the needs of young children and where more is needed to ensure all are happy, healthy, school ready and safe. This continuum outlines services for families and children ages 0-6.

Programs & Supports that Improve Child Outcomes describes programs and supports that strengthen the safety, health, and school readiness of young children. A list of existing programs that could be expanded is included first, followed by a directory with information on over 40 new research-based supports. This tool is intended to help Bastrop County leaders identify which types of programs and supports to expand and add to improve child outcomes.

Quantitative Data Summary presents a collection of quantitative data on Bastrop County in the following areas: population, poverty, household characteristics, birth outcomes, health & access to health services, safety, and school readiness.

Performance Indicators section lists the indicators that will be used to measure the Coalition's progress toward improving child outcomes.

Messaging Guide offers recommendations on how to effectively communicate about early childhood needs.

Final Recommendations section outlines recommended strategies the Bastrop Early Childhood Coalition can use to significantly improve the health, safety, and readiness of young children. It includes the top 10 recommended strategies and a directory of 30 recommended strategies customized to reflect Bastrop County's strengths, challenges, wants, and needs.

Paradigm Shift
Pdshift.net
Paradigm Shift supports nonprofit and school leaders to identify and provoke the tipping point to change. For two decades, CEO and founder Cathy Doggett has worked with leaders to improve outcomes for young children and families. Paradigm Shift offers action planning, support with implementation, and long term advising to create transformational change.

Acknowledgements

Thanks goes to a host of dedicated partners who made this Roadmap come to life:

- Parents and caregivers who shared their thoughts and experiences in focus groups and surveys
- Service providers who shared insights, opinions, data, and programmatic information
- Early Childhood Coalition members who remained dedicated to the Coalition throughout this learning process
- Cen-Tex Head Start that hosted parent focus groups

Special thanks goes to:

the Early Childhood Coalition Leadership team- Kathleen Moore, Dr. Sue Iha, Molly McClure, and Debbie Bressette.

Dan Kleiner, Bastrop County Cares Director of Finance and Operations and a crucial resource

Donna Nichols, a crucial partner in collection of quantitative data and facilitation of parent focus groups

Janet Jones, who collected a great deal of the quantitative data.

Marcos Marquez, Clear Impact consultant, who helped align the Roadmap with the Results-based Accountability framework

Parent & Caregiver Voice Summary

Overview

Community resources and programs do not always align with what parents and caregivers want and need. The designers of this Road map deliberately went to parents directly to hear about their dreams for their young children and the roadblocks that get in the way. This summary is a compilation of what they said.

Bastrop County Cares facilitated 2 face-to-face focus groups as well as two online surveys to learn what parents want and need to raise healthy, safe, school ready children. Focus groups were planned in In February and March 2020, in 4 areas throughout the County, but two had to be cancelled due to the Covid-19 pandemic.

While originally not planned, online surveys-sent to parents via early childhood programs as well as informal Bastrop parent networks-allowed for the collection of additional data. The first set of survey data did not include voices of parents who were Black, under age 24, or residents of Smithville or McDade, prompting a second survey which garnered a more diverse response from 120 parents. Even though these efforts were limited in scope, several substantive themes surfaced to guide future planning. Select data from a recent survey conducted by the nonprofit African American Harvest Fund is also included in this report.

Major Themes

- **Dreams:** In the future parents envision themselves and their young children to be healthy, well-educated and good community members. They have a strong desire to raise children that are happy, healthy, safe, and ready for school.

- **Wants/Needs:** In order to raise healthy children, parents want more and better childcare, job training/pathway to higher paying jobs, housing, medical care, financial products(loans and savings accounts), and extracurricular & family friendly activities. Parents also want more time.

- **Barriers:** Parents do not participate in programs that could help due to lack of time or awareness, and restrictive eligibility requirements

- **Parenting Information:** Parents prefer to receive information to help them in the parenting role via text. Some prefer info via trusted professionals, print, or Facebook groups.

- **Service gap:** Parents need support to build children's oral language before age 3**.**

Note: Parents with the following characteristics were under-represented, limiting the generalizability of these findings: male, teens, and those residing in several zip codes (see next page.)

Findings

Parents and Caregivers Who Participated

While participating parents represented some of the diversity of Bastrop County, several groups were underrepresented. The data below outlines key demographics of our participants and describes unheard voices.

Method of Participation
- 16 parents participated in person; 136 parents completed the online survey

Age
- Focus group participants spanned age ranges with participation of most age brackets except those under 18.
- Participants reported having infants and toddlers (ages 0-3) and preschoolers (4-6.) Some parents of older children participated in the online survey.*
- Six were guardians or foster parents; Three of those were Grandparents
- The grand majority of participants identified as women; 11 men participated.

Race
- Respondents to the online survey were 42% white, 37% Latino, and 12.5% Black.
- All but three focus group participants were Latino; More than half were Spanish dominant.

Zip Code
- Face to face participants lived in Elgin or Bastrop. Most online survey participants resided in zip codes including Smithville, Bastrop or Elgin.

78957	32.50%	41	Smithville
78602	25.00%	37	Bastrop
78621	23.33%	33	Elgin
78612	4.17%	6	Cedar Creek
78659	2.50%	3	Paige, LBA/ Camp Swift
78662	2.50%	4	Red Rock
78953	2.50%	3	Rosanky
78650	0.00%	0	McDade
Other*	7.50%	9	

Income level
- Parents who attended the focus groups qualified for Head Start (met poverty guidelines), while online survey respondents likely had a range of income levels.

* Data from online respondents with children older than 6 who lived outside of Bastrop County was removed from the analysis of parents wants and needs.

70% of the respondents to the African American Harvest Fund survey were African American.

Wants and Needs of Parents

To raise happy, healthy, safe kids, parents want more and better childcare, job training/ pathway to higher paying jobs, housing, time, medical care, financial products, and extracurricular & family friendly activities.

Childcare

Parents need more affordable high-quality childcare, particularly in Elgin. This was a major need expressed across all surveys and focus groups. One parent mentioned that her child missed a year of Head Start until a spot opened up.

> *There are no day cares anywhere close. They have a year-long wait list. -Elgin Mom*

> *(A barrier is) being able to work without worrying how I'm going to be able to afford childcare- Online survey respondent*

Respondents to the African American Harvest Fund survey identified childcare affordability and quality as two of the biggest stressors. Over 50% of respondents listed family as the childcare providers for their young children.

Housing & Pathways to higher paying jobs

Many parents listed *a better job and a home* as the ingredients needed to help their child grow and prosper over the next 5 years. Parents seek better housing than they own. Several parents described dreams of owning their own land or moving into bigger houses.

Parents want to make more money. They need support to complete their education which would lead to greater economic stability.

[I need to] find a job that pays enough to make it worth it -babysitting and gas to go to Austin takes half my paycheck. -Lost Pines Mom

I wish to see myself doing college courses so I can better mine and my kids' life. I push my kids to do better in life because I know education will always help them when they get older. I wish it was easier for a mom that has 4 kids and a full-time job to go back to school.
-Online survey respondent

Medical care & Insurance

Parents want higher quality medical care that is culturally friendly to Spanish speaking families and includes specialty medical care and mental health support. Families also want access to health insurance.

Several parents have felt unfairly treated by staff and report that staff won't speak Spanish, even those who are bilingual. One mom shared a harrowing experience with her OBGYN. During her pregnancy, she experienced significant bleeding and was told not worry about it. She went to the hospital anyway and had a traumatic birth. Her baby ended up in the NICU for

2 months in Austin. Other moms in the same group reported negative experiences with this same physician. Ideally Bastrop County would have its own birthing hospital.

Parents want affordable mental health resources for parents of new babies.
Postpartum is really hard and no joke and I feel it gets overlooked a lot. This includes for fathers as well because they do suffer from it just as bad as mothers can.
-Online survey respondent

Financial products
Parents need access to secure saving accounts and loans to build financial security.

Extracurricular & family friendly activities, More Time
Parents want more activities to do and places to go with their young children in Bastrop County. These include parks, recreation centers, library programs in Spanish, family friendly events, and affordable extra-curricular activities- particularly sports. Parents report that they have to go to Austin for family friendly events, activities, and gathering places like the Thinkery. They shared that sports teams in Bastrop are more costly than alternatives in Austin.

When asked "What is something that was getting in the way of you supporting your child to be healthy, safe, and ready for school", 19% of online survey participants selected a lack of ideas & resources to help my child at home. 52.5% also reported lack of time, so any potential resources would need to be useable within the confines of a busy schedule.

Other needs
Other needs included transportation, a social support network, access to healthy food, access to internet, alternative learning options for children, safety, and becoming a citizen

Parents do not participate in programs that could help due to
1. Lack of time

2. Lack of awareness about availability and eligibility.
    It's hard to find different resources in Bastrop County.
    - Elgin Mom

3. Affordability -Eligibility/cost
I am above most income levels to qualify for programs, just barely...and so still struggle financially.
    – Online survey respondent

They say that I make too much to get benefits for my children... I do not understand -I can barely afford to buy clothes and shoes for my kids…
    – Online survey respondent

Parents prefer to receive information to help them in the parenting role via trusted professionals and text.

Parents who answered the online survey strongly prefer to receive information via text (89%) followed by a trusted professional (36%), print-brochure, flyer (29%), and Facebook group (23%.) Very few parents selected *face to face group with other parents* as a preferred method (10%.)

Focus group parents were more open to home visits and parenting groups. One parent mentioned that she got so much out of Parents as Teachers (PAT) that she wished her visitor came weekly.

Parents noted the positive difference in their kids after enrolling in Head Start/Early Head Start. Children were more verbal, independent, self- regulated, and potty trained.

> *My first two were behind in their speech. After one month in HS, we realized they don't need it [speech services.]*   *- Elgin Parent*

Two fathers in the group revealed the challenges of supporting dads in the parenting role. One shared that as a truck driver, he has extremely long hours away from home and is simply unable to be at home and help his kids learn. Another Dad expressed strong discontent with the discipline strategies used by his Mother-in-Law. She is the caretaker of his children, believing she would be more effective if she used corporal punishment. Later in the focus group, he shared that he attends all parent groups (offered by Head Start), but doesn't find any of them useful.

Almost all respondents of the African American Harvest Fund survey were aware of WIC (95%) and had used WIC (84%.) WIC could be an outlet through which parents receive information about parenting and things to do with your child at home.

Parents need support to build children's oral language before age 3

Multiple focus group parents shared that upon entering Head Start at age 3, their children spoke very little - suggesting language delays that might have been alleviated if support were provided during the 0-2 age span. The children of several parents were receiving speech services due to diagnosed language delays.

Dreams

In the future, parents envision themselves and their young children to be healthy, well-educated and good citizens. They very much want to raise children that are happy, healthy, safe, and ready for school. They shared these dreams of what they hoped for themselves and their children 5 years from now. *Quotes below include text translated from Spanish.

A very educated, bright, open-minded child eager to learn more and more.

For niece and nephew a mom has temporarily custody of: *For them to be able to overcome their past and be successful in life.*

Love, courage, prayer, faith, support, strength, family, financially stable.

Fulfill their goals and dreams and realize they are better off than I am; lead a healthier life; finish building our house.

I wish for my children to graduate; each one with their career.

To [be able to] help them with their homework; to explain it. My children know much and to have a car to take them to school.

Have my land paid for so that we can live more peacefully and spend time with them.

Overall a well-educated child with good values; academically that my child is on target for his/her age or better; practices a sport.

He can speak well, correctly the 2 languages and to be able to receive the education that sometimes as a parent we don't have the time for due to work

That we even have a recreational space for the children because we need to de-stress and for the children too because I think that the children need to play

In 5 years, I hope my children are good people that have good manners, can have a good job in accessible areas, can buy a house for themselves, that they are good examples for the community, that they make creative places, etc.

APPENDIX A: Focus Group & Online Survey Questions

Focus Group Questions

1. What supports you to be the best parent you can be? When thinking about your response consider resources like people in your life, online resources, programs in the community like the one you are in, and any others that come to mind.

    Probe: How did you find out about (Head Start, Parents as Teachers) and other programs and resources you use?

    Probe: For organizations or individuals that would like to provide services or programs to new parents, what advice would you give them?

2. What's something right now, that's getting in the way of parenting your child? In other words, are you living the life you have always wanted for yourself and your children? If not, why not?

3. Beyond those difficulties you mentioned, what are your community's (Elgin, Smithville, Stoney Point, Bastrop) specific needs that aren't being adequately addressed and which would improve your child's health and well-being and assist you with their care?
    o   *Comment to Facilitator: Look for other social impacts that you can explore with participants such as access to transportation, jobs, income, education, housing.*
    o   *Probe: You mentioned that you need access to certain services like access to transportation that can take you to your job or places like the grocery store or doctor's office. Can you tell us more and why this is a barrier for you or others in your community?*

4. Please take a moment now to think about where you see yourself and your children five years from now? What would make it easier to help you to get to that place, to reach your goals? Please records your thoughts on this paper before responding (display "gingerbread cookie cut out" handout.)

5. (Optional)You probably noticed that all the parents in this group are women; how would you engage fathers in a group like this?

6.   Is there anything else you would like to add that I didn't ask about? Or anything that you think we missed that you would like to say?

Online Survey Questions

1. **As a parent, how do you like to receive info to help your child?**

Text
Print -brochure, flyer
Google
Various websites
Facebook group
Face to face group with other parents
From friends/family
From trusted professional
Other- please describe

2. **Think back to the beginning of this year, what was something that was getting in the way of you supporting your child to be healthy, safe, and ready for school? (we could let them pick the top 3)**

Childcare
Housing
Transportation
Health insurance
Quality healthcare
Mental health supports
Ideas & resources to help my child at home
Lack of parks/ things to do with young kids
Access to healthy food
Help improving my financial situation- access to safe loans, savings accounts
Job training/pathway to higher paying job
Racism or discrimination
My relationship with the child's other parent
Time
A social support network
Other- please specify

3. **What keeps you and/or your friends and family from accessing programs and services that could benefit your children? Feel free to share a personal story. Consider programs like reduced cost childcare, parenting education, health insurance, food benefits, etc.**

4. Please take a moment now to think about where you would like to see yourself and your children five years from now. What would make it easier to help you get to that place, to reach your goals?

5. What is your relationship to the children you care for?

Parent
Caregiver/Foster Parent
Grandparent

6. Age of my young child/children

0-3
4-6
7 or older

7. My age falls into this age range.

Under 18
18-24
25-30
30-40
40 or older

NOTE: This question was only included in the second online survey

8. I identify as:

White
Black
Latino
Asian
Native American
Other

9. I identify as:

Female, Male, Other or prefer not to answer

10. My zip code is

78602, 78612, 78621, 78650, 78659, 78662, 78953, 78957

11. My email address -This is needed in case you win gift card!

Appendix B: Online Survey Responses

1. **As a parent, how do you like to receive info to help your child?**

Answer Choices	Responses	
Text	89.17%	118
From trusted professional	35.83%	54
Print -brochure, flyer	29.17%	42
Facebook group	23.33%	30
From friends/family	15.00%	18
Google	10.83%	17
Face to face group with other parents	10.00%	12
Other (please specify)		2
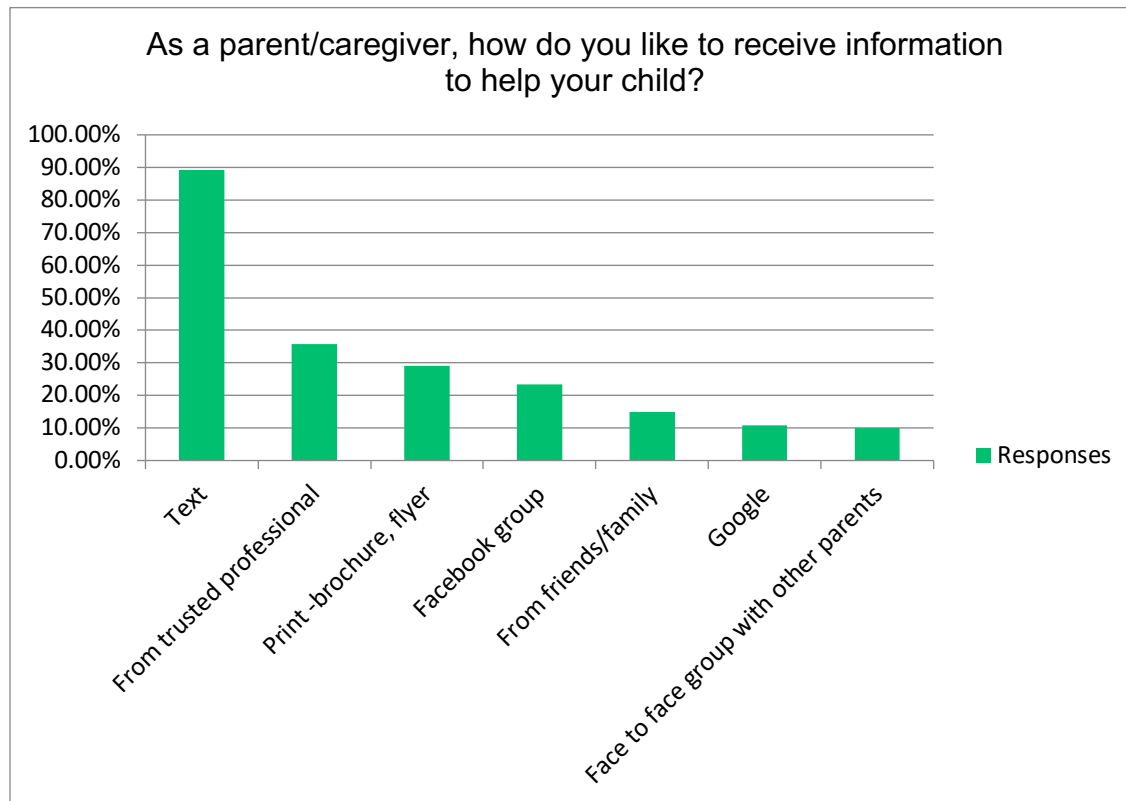
As a parent/caregiver, how do you like to receive information to help your child?

2. **Think back to the beginning of this year, what was something that was getting in the way of you supporting your child to be healthy, safe, and ready for school? (we could let them pick the top 3)**

Answer Choices	Responses	
Time	52.50%	73
Ideas & resources to help my child at home	31.67%	45
Help improving my financial situation- access to safe loans, savings accounts	22.50%	30
Childcare	19.17%	26
Lack of parks/ things to do with young kids	19.17%	28
Job training/pathway to higher paying job	17.50%	22
Transportation	15.00%	20
A social support network	14.17%	19
Housing	10.83%	13
My relationship with the child's other parent	10.83%	15
Health insurance	10.00%	13
Access to healthy food	8.33%	12
Quality healthcare	4.17%	7
Mental health supports	4.17%	9
Racism or discrimination	0.83%	1
Other (please specify)		8
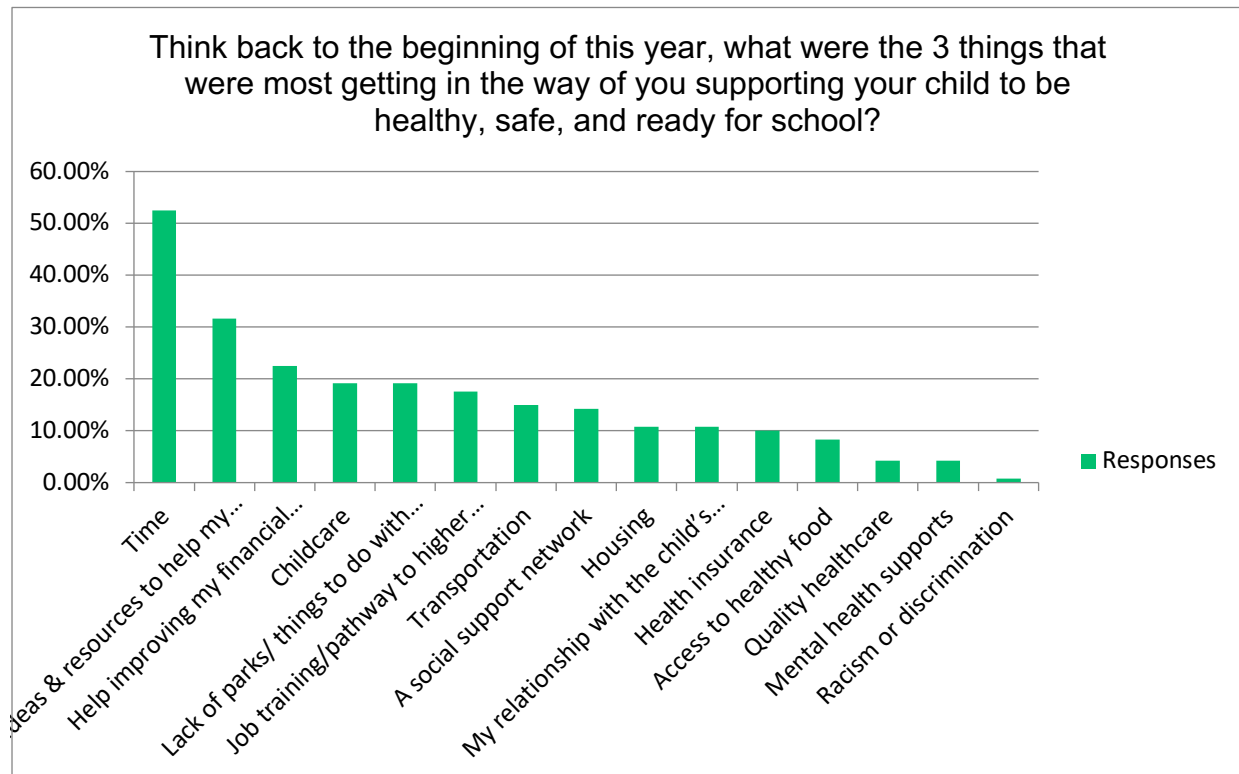
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3. **What keeps you and/or your friends and family from accessing programs and services that could benefit your children? Feel free to share a personal story. Consider programs like reduced cost childcare, parenting education, health insurance, food benefits, etc.**

- Lack of time (15 mentions)
- Access/not knowing what is available or what we'd be eligible for- (14 mentions)
- Affordability -Eligibility/cost - "I am above most income levels to qualify for programs, just barely...and so still struggle financially." (11 mentions)
- Other items (not inclusive): programs like sports, Affordable mental health resources for parents of new babies. "Postpartum is really hard and no joke and i feel it gets looked over a lot. This includes for fathers as well. because they do suffer from it just as bad as mothers can."; and lack of quality healthcare and birthing centers in Bastrop County

4. **Please take a moment now to think about where you would like to see yourself and your children five years from now. What would make it easier to help you get to that place, to reach your goals?**

- More income, Financial stability- savings, debt free (12 mentions)
- children participating in sports & extra curricular activities (5 mentions)
- Housing including owning my own home, better housing. (22 mentions)
- Affordable quality childcare including afterschool care (16 mentions)
- Better job (12 mentions)
- More time (15 mentions)
- Health including health insurance (6 mentions)
- Educational options for parents to further their education (4 mentions) "I wish to see myself doing college course for I can better mine and my kids life. I push my kids to do better in life because I know education will always help them when they get older. I wish it was easier for a mom that has 4 kids and a full time job to go back to school because like myself I don't learn by just reading, I learn better with hands on and face to face contact."
- Transportation (4 mentions)
- Other mentions(not inclusive of all): internet, alternative learning options for chidren, safety, becoming a citizen, more community, convenient school and work schedule, high quality childcare, High-quality healthy and organic foods, better job market in Bastrop

5. **What is your relationship to the children you care for?**

Answer Choices	Responses	
Parent	97.50%	132
Caregiver/Foster Parent	0.00%	1
Grandparent	2.50%	3

6. Age of my young child/children

Answer Choices	Responses	
0-3	61.67%	82
4-6	70.00%	94
7 or older	24.17%	34

Age of my young child/children
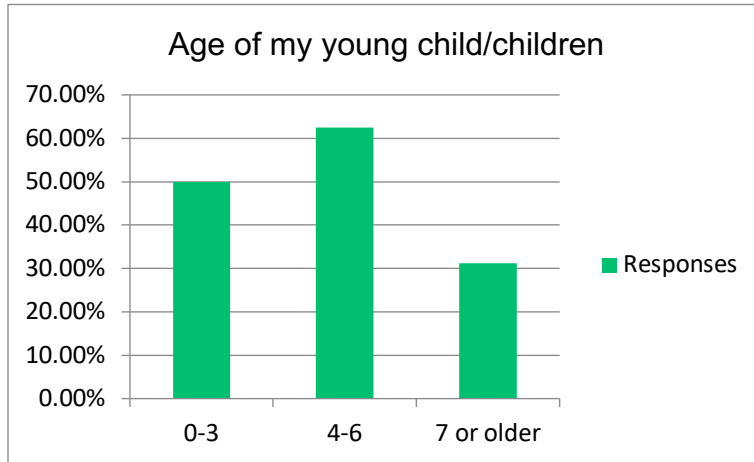
7. My age falls into this age range.

Answer Choices	Responses	
Under 18	2.50%	3
18-24	19.17%	23
25-30	25.00%	30
30-40	45.00%	54
40 or older	8.33%	10

My age falls into this age range.

16
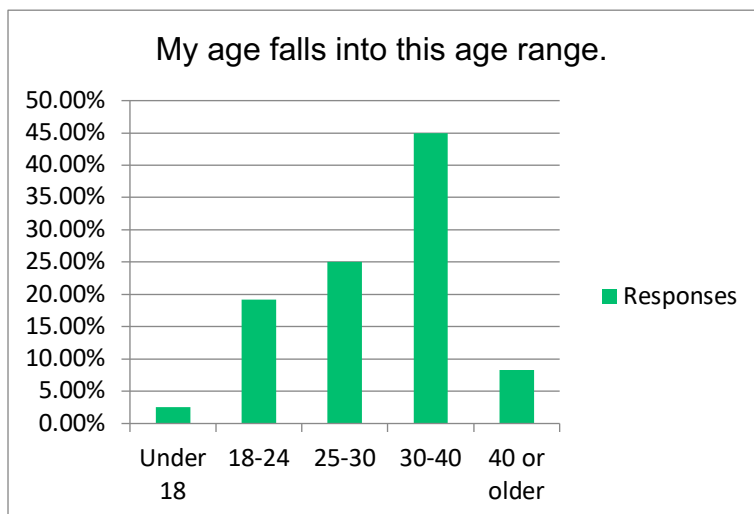
8. I identify as:

White	41.67%	62
Black	12.50%	17
Latino	36.67%	45
Asian	0.83%	1
Native American	3.33%	4
Other	5.00%	7
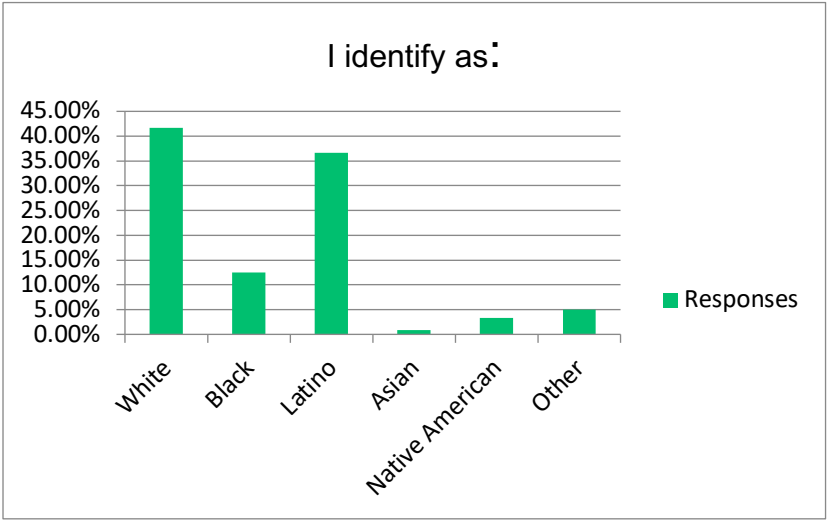
9. I identify as:

Female	92.50%	126
Male	6.67%	9
Other or prefer not to answer	0.83%	1
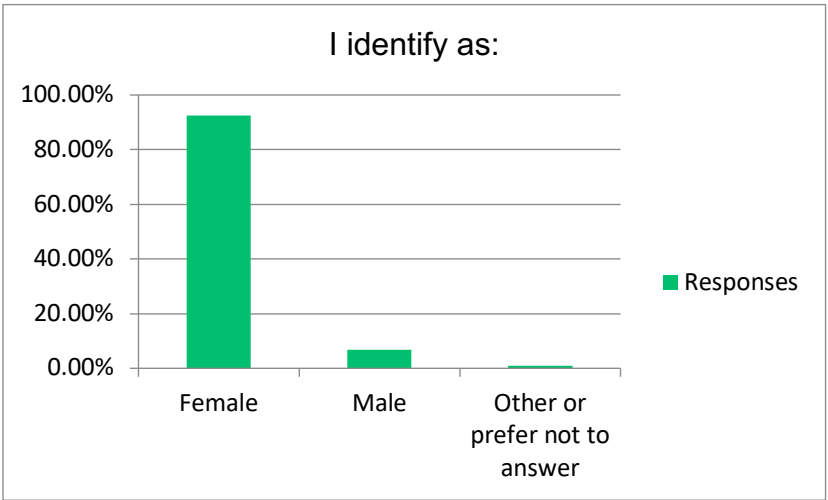
10. My zip code is

78957	32.50%	41
78602	25.00%	37
78621	23.33%	33
78612	4.17%	6
78659	2.50%	3
78662	2.50%	4
78953	2.50%	3
78650	0.00%	0
other	7.50%	9
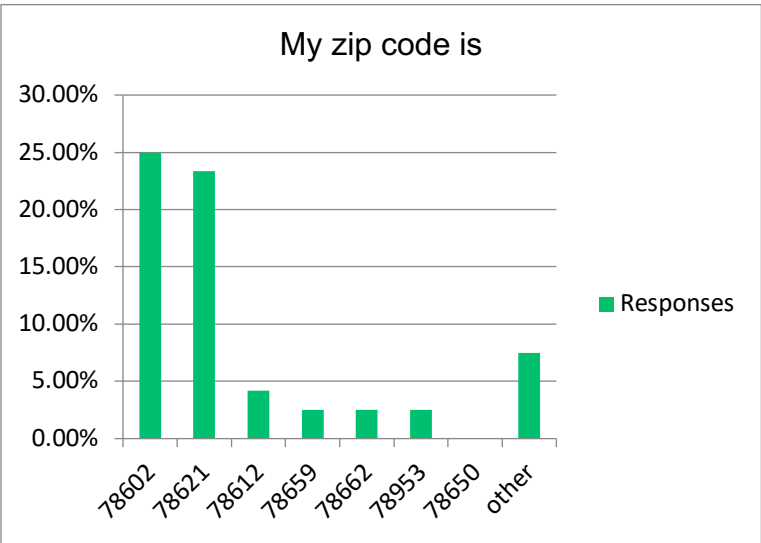
11. My email address -This is needed in case you win gift card!

Information withheld to protect privacy of respondents

Service Provider Voice Summary

Overview

Service providers are the "boots on the ground" who interact with young children and families on a daily basis and collectively have decades of experience and expertise. Roadmap Designers collected insights from providers from a diverse array of organizations. They shared the strengths, gaps, and needs of programs that contribute to young children's safety, health, and readiness. This section is a summary of what service providers shared. Data was collected in an online survey in May 2020.

Major Themes

Service providers identified many programs and actions already happening in Bastrop County that we need more of to improve the health, safety, and readiness of young children. They also generated a list of specific underserved neighborhoods and highlighted that families without documentation struggle to get the supports they need.

A wide list of needs to improve health, safety, and educational outcomes of young children was generated. The following were the most often mentioned:

- Childcare
- Parent supports via parent education, support groups, home visiting, tele health, and technology
- Stronger schools
- Mental healthcare
- Safer drug free neighborhoods
- Transportation
- Stronger outreach to increase awareness of existing resources & more coordinated support to connect families to the resources they need
- Affordable extra-curricular activities
- Things to do with young children
- Housing
- Job training/pathways to higher paying jobs

Providers also shared how the lack of supports for children ages 0-3 results in gaps in readiness and health.

Organizational Needs

Providers listed the biggest challenges for their organizations. The most cited needs were lack of resources to refer families to; outreach/recruitment/referrals; Families commitment to the program/service; and insufficient staff who speak Spanish

Findings

Data Collection Method

61 service providers responded to an online survey sent to the entire Early Childhood Coalition member list. The list included professionals in multiple sectors- safety, health, education, family support, etc. Recipients were encouraged to forward the survey on to colleagues who serve young children and their families in Bastrop County. The survey was open for a ten-day period in May 2020. A gift card raffle incentivized participation.

Bright Spots, Gaps, Needs, Potential Solutions

Direct quotes from service providers are included throughout in italics.

Bright Spots

Service providers identified many programs and actions already happening in Bastrop County that we need more of to improve the health, safety, and readiness of young children.

- Parents as Teachers
- Family Connects
- free telehealth counseling
- affordable afterschool programs and summer camps
- Stars after school care program
- full day pre K
- Early Head Start and Head Start Centers
- The YMCA, parks, Dinosaur park!
- free library programs for young children
- food banks/pantries
- teacher trainings
- clothes closet and food pantry at Bastrop High School
- Homeless/Unaccompanied minor liaison at Bastrop ISD
- Lone Star Circle of Care pediatrics and behavioral health
- parent education
- Women Infants & Children -WIC (need to enroll more families)
- SNAP

Survey respondents also highlighted the value of Bastrop County Cares and the Early Childhood Coalition:

Bastrop County Cares is our Bright Spot!!!!

Bastrop County Cares has done an amazing job identifying problems and needs and then bringing the community together through coalitions to work toward addressing needs.

The Early Childhood Coalition is a huge bright spot in our community that has led to new and strengthened collaborative relationships among organizations.

Geographic & Other Group-specific Gaps

The following specific neighborhoods were called out as underserved.

- Cedar Creek
- Wyldwood
- Stoney Point
- Lake Bastrop Acres
- Red Rock
- Shiloh
- Paige

Respondents noted specific challenges for families related to documentation and language.

> *Undocumented families are afraid to travel to necessary resources because they fear being stopped by police and detained.*

Additionally, service providers highlighted the need for all agencies and businesses who serve young children to have bilingual staff, particularly mental health providers.

Gaps in Supports for Infants and Toddlers

Providers shared stories to illustrate the consequence of not providing supports to children in the first three years of life (prior to when many larger programs like Pre-K begin.)

> *When these children enter PreK or Kinder they have a really hard time adjusting to a schedule and often need intense social emotional support to adjust to the school environment...Early interventions would help these students be school ready and ensure they are up to date with medical and dental services.*

> *We've had many young children with obesity and other health issues that could have been improved/eliminated if caught and treated earlier.*

Needs

Providers shared a wide list of needs to improve health, safety, and educational outcomes of young children. The following were the most often mentioned:

- Childcare
- Parent supports via parent education, support groups, home visiting, tele health, and technology
- Stronger schools
- Mental healthcare
- Safer drug free neighborhoods
- Transportation
- Stronger outreach to increase awareness of existing resources & more coordinated support to connect families to the resources they need
- Affordable extra-curricular activities
- Things to do with young children

Service Providers were also asked to name the top needs of the families they serve. The top needs mirror the list above.

- Housing
- Childcare
- Affordable extra-curricular activities
- Things to do with young children
- Mental health services for young children
- Job training/pathways to higher paying jobs

The following chart shows how respondents prioritized the greatest needs of families. It should be noted that the two resources ranked lowest were also those service providers knew the least about. So, essentially, we do not know how great of a need the following are: homeless shelters and access to safe loans and savings accounts.

Top Family Needs as Identified by Providers

Resources/Supports	Not a need		Somewhat of a need		Very high need		don't know	
	%	#	%	#	%	#	%	#
Affordable safe housing	0.00%	0	10.00%	6	85.00%	51	5.00%	3
Affordable quality childcare and early learning options like Head Start and PreK	1.64%	1	14.75%	9	81.97%	50	1.64%	1
Affordable extra-curricular activities- particularly sports- for young children	3.28%	2	14.75%	9	77.05%	47	4.92%	3
Available mental health services for children 6 and under	3.28%	2	14.75%	9	75.41%	46	6.56%	4
Things to do with young children in the community- parks, recreation centers, library programs, family friendly events	1.64%	1	22.95%	14	75.41%	46	0.00%	0
Job training/pathways to higher paying jobs	1.64%	1	13.11%	8	72.13%	44	13.11%	8
Quality primary medical care including Obstetrics/gynecology	1.64%	1	22.95%	14	68.85%	42	6.56%	4
Quality specialty medical care	1.64%	1	19.67%	12	67.21%	41	11.48%	7
Transportation	1.72%	1	24.14%	14	67.24%	39	6.90%	4

Resources/Supports	Not a need		Somewhat of a need		Very high need		don't know	
	%	#	%	#	%	#	%	#
Resources to support busy parents to help their children at home	1.64%	1	26.23%	16	63.93%	39	8.20%	5
Food/utility assistance	0.00%	0	27.87%	17	63.93%	39	8.20%	5
Substance use recovery programs	1.67%	1	21.67%	13	63.33%	38	13.33%	8
Other (see below)								
Neighborhood safety	3.33%	2	31.67%	19	53.33%	32	11.67%	7
Opportunities to build social support networks among parents	1.64%	1	34.43%	21	57.38%	35	6.56%	4
Domestic violence shelter	3.28%	2	27.87%	17	57.38%	35	11.48%	7
Homeless shelter	4.92%	3	22.95%	14	52.46%	32	19.67%	12
Access to safe loans and savings accounts	3.28%	2	32.79%	20	31.15%	19	**32.79%**	20

Responding to open-ended questions, providers shared helpful details about a range of needs.
Childcare
The need most often highlighted throughout the entire survey was for more affordable, high quality childcare.

> *Affordable high-quality childcare not being available has left many families/parents feeling stressed, overwhelmed, and guilty about having to utilize less than desired childcare.*

Specific childcare needs include:
- Quality childcare for infants – currently it is almost impossible to secure
- Policy change to allow parents to access childcare subsidies while looking for work- currently parents must be employed or enrolled in school to qualify. Parents say they need childcare in order to conduct a job search.
- Wider hours of care provided by Head Start to support working families
- Transportation for children attending Head Start
- More consistent high-quality childcare across centers and family childcare homes
- Require all providers participate the Texas Rising Star Quality Rating System
- Affordable childcare for all regardless of income; free childcare for those who need it
- After-school programs for all ages
- More training and resources to support childcare staff help children with developmental or behavioral needs
- Hold childcare providers to high standards and pay them well; consider incentive pay

Parent Supports

Universally, providers highlighted the fact that <u>parents need more and more varied support.</u> Parents need access to a wide variety of options to get the information and help they need to raise young children.

> [We need] *parenting opportunities for all caregivers for 0-3 by multiple means- texting, fun play centers, more visiting nurses for all newborns…, birthing hospitals that can share info to moms about resources and how to contact Bastrop County Cares or the Early Childhood Coalition for any need, more books in the homes.*

<u>Education and/or support groups</u>

Many respondents highlighted the need for parent education and/or support groups. Specific suggestions included:

- Prenatal education
- Information about discipline, healthy food choices, limiting screen time, and the importance of parents actively engaging with their children
- Start a Bastrop County AVANCE program
- Support groups, particularly for parents of children with special needs
- Play groups to benefit children and create connections among parents, address isolation
  As a rural area a lot of parents feel isolated.

> *Isolation is an issue at any time but during COVID it is extremely challenging.*

Some providers felt so strongly about the need for parent education, that they suggested all new parents be required to attend a parenting class before the birth of their child.

<u>Home visiting & Tele health</u>

Providers highlighted the value of providing parenting support in the home either in person or virtually.

> *Working for CPS, … It would be great if there were more case managers going into the home to support families with young children; teaching them parenting skills, addressing any other identified safety concerns in the home.*

> *When offering telehealth counseling to a 4-year-old, the mother was burping her 4 month old who started looking at the screen and enjoyed hearing the story I was reading…He was reacting to vocal tones and pictures with full focus and smiling!!*

Other supports and suggestions included:

- Provide parent education via technology including apps and texting
- Support parents to choose educational technology for their young children
- Offer technology options that support self-care, stress management, curiosity, & creativity
- Breastfeeding support
- Family resource center to offer wrap around support
- Provide access regardless of documentation status

Stronger schools

Providers listed a several changes needed to strengthen schools.

- *Decrease class sizes*
- *Serve healthy, good quality, organic food*
- *More diversity trainings teaching the teachers and principal how to deal with minorities.*

Mental healthcare

Providers highlighted the following three key needs within mental healthcare.

- Mental healthcare for <u>adults</u>
  The mental health of parents is greatly impacting the health and development of children... Often, the support needed is for the parent's mental health, so the parents can engage their children in healthy responsive ways.

  Often the children have Medicaid and can get counseling, but the parents have no insurance … and can't afford out of pocket costs for counseling.

- Mental healthcare providers who serve young children and <u>speak Spanish</u>
  Our families have to go to Austin to get help, and many families can't get help due to transportation issues.

- <u>More psychiatrists</u> and mental health providers serving young children with a low income
  [There is a] GREAT need for psychiatrist & more therapists in Bastrop. Lone Star & Bluebonnet specialist are already booked to the max with a long wait.

Safer drug free neighborhoods

Providers articulated a connection between drugs, human trafficking, child abuse and lack of safety that impacts child outcomes. They called for a coordinated law enforcement effort.

Increase law enforcement staffing to get a grip on meth use and drug use that is rampant, law enforcement can't possibly begin to eradicate with their current staffing.

I lived in Bastrop County. I have 4 children. The schools were unsafe due to the trauma these children experience at home. … A majority of the children come from homes that have parents who are abusive, involved in drugs, and sex/human trafficking. Hwy. 71 is one of the Texas corridors that provides easy access to sex/human trafficking. We moved away to protect our children from the violence from students attending the schools

Transportation

Providers articulated the need for more and better public transportation, financially safe opportunities for families with a low income to secure a car, and requiring all children to wear bike helmets.

Stronger outreach to increase awareness of existing resources & more coordinated support to connect families to the resources they need

Providers emphasized that many families who might be interested in the supports they offer do not know they exist. Ideally, they want parents to know what support is available so that they reach out help when needed.

They suggested strategies to make it easier for families to get customized support to connect to needed resources.

- A central number and/or website families could call/text/access to get warm referrals to programs and resources
- More social workers in medical clinics who can individually target each patients/families' needs & help them access available services.
- Supporting families with children evaluated by ECI, who fall below the eligibility criteria, but still need help, access other programs such as PAT.
- Strengthen referral networks between agencies including healthcare
  As an early childhood provider (birth -3 population) I find that the referrals are not being made as frequently by pediatricians and/or parents are not accepting the evaluation/services as much as we would like.

Several providers mentioned the challenges of securing support from school districts for children over 3 years of age with behavioral or developmental needs.
> *I have experienced more of a GAP for kids who missed getting ECI assistance because the delay was not noted until they were almost 3 or over 36 months; Parents can't navigate getting assistance within the school districts. They end up waiting until Pre-K or kinder and the child is so far behind.*

Affordable Extra-curricular Activities

Providers echoed a need parents articulated (see the Parent Voice Summary) for more affordable extra-curricular activities for young children including:

- Youth sports
- YMCA
- More recreation center activities for young children

Things to do with young children

Providers also highlighted the need for more family friendly things to do with young children including:

- Library story time
- Movies in the park
- Longer trail along river
- A children's museum
- A central recreation center
- A pool

- Parks
- Splash pads
- More restaurants with play structures.

Other needs mentioned

A variety of other needs were mentioned including:

- Involving parents in designing and overseeing programs for children and families
- More pediatric care
- More clinics to serve the uninsured
- More accessible speech services
- Greater access to health education and healthy foods
- Substance abuse recovery programs that allow teens to continue their education and receive support without impacting their criminal record
- Tobacco cessation programs
- More foster homes
- Shelter for the homeless
- More affordable housing, without 1-2 year waiting lists
- Education and job training leading to higher paying jobs

Creative Solutions

The following is a sample of some of the creative solutions put forth by providers.

- A shift in mindset: *Encourage each child's strengths rather than focusing on only the needs. If children focus on their strengths, they become positive contributors to the family and community.*
- *Community gardens that can mail boxes of fresh fruit and veggies [to families who can pay] with food stamps.*
- *Safe bike routes to the center of town from communities within 5 mile radius at the minimal, free Uber like transportation offered for qualified participants, mobile libraries??*
- *Start a Center for Special Needs children where they can be assessed, parents get education on the issues, and children can get treatment, I'd love to be a part of this endeavor!!*
- *More free legal aid maybe offered at HEB or Walmart*
- *Schools open their playgrounds to the public when school is not in session*

Ultimately, providers expressed a vision for all children to be **safe, nurtured, loved, and free from abuse and neglect**

> *I would give every child a safe, loving, responsive environment at home and a learning center where they are supported to grow, explore, play and discover themselves and our wonderful Bastrop community.*

Organizational Needs

Providers were also asked about the biggest challenges for their organizations.

Top barriers were:
- Lack of resources to refer families to
- Outreach/recruitment/referrals
- Families commitment to the program/service
- Sufficient staff who speak Spanish
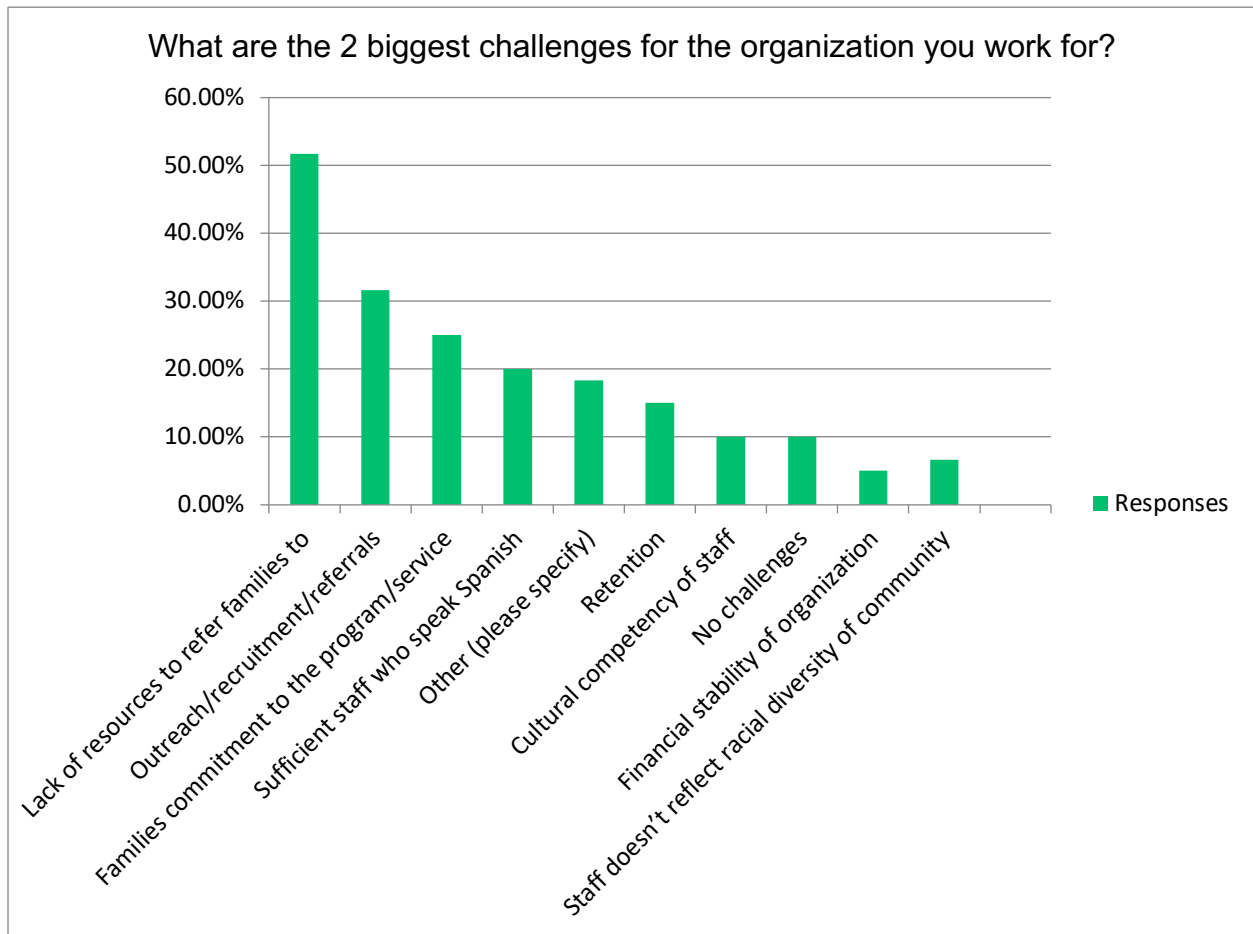
Challenges in addition to the ones listed above included:
- *families have limited time*
- *networking with the various agencies can be problematic.*
- *lack of flexibility to meet the needs .... there is a need to go outside the walls of the clinic*
- *transportation for clients to access our services*

APPENDIX A: Online Survey Questions

Greeting

Bastrop County Cares has contracted with my company Paradigm Shift to conduct an early childhood needs assessment and identify changes that could improve outcomes for young children. We want to learn from your experience and expertise working with families and/or young children. **Please complete this survey by May 20. The first 20 respondents will be entered into a drawing to receive a $50 Visa gift card.**

Note: You may serve families from multiple counties. We appreciate you responding to this survey with Bastrop County children and families in mind. Also, since the information you provide will inform our plan for the next few years, we ask that as much as possible you extend your thinking beyond what is needed in the current COVID-19 crisis.
Thank you!

Feel free to forward this to others who work with families of children 0-6. The survey ends May 21.

1. **For each of the following, please share how great a need it is for the families you serve: (scale of 1-5 next to each item "don't know")**
- Affordable quality childcare and early learning options like Head Start and PreK
- Things to do with young children in the community- parks, recreation centers, library programs, family friendly events
- Affordable extra-curricular activities- particularly sports- for young children
- Resources to support parents to help their children at home, including parents with limited time
- Affordable safe housing
- Food/utility assistance
- Transportation
- Job training/pathways to higher paying jobs
- Access to safe loans and savings accounts
- Quality primary medical care
- Quality specialty medical care
- Quality OBGYN care
- Available mental health services for children 6 and under
- Opportunities to build social support networks among parents
- Neighborhood safety
- Substance use recovery programs
- Domestic violence shelter
- Homeless shelter
- Other

2. **Please share an example of something we're already doing in Bastrop County that <u>we need to do more of</u> to improve the health, safety, and/or readiness of young children? This could be a particular program, system, way of working together …**

3. **Children ages 0-3 appear to be a particularly underserved group. In many cases, support is not reaching families until children enter school. Please share any experiences you've had with families in which earlier interventions and supports would have improved health, safety, or school readiness child outcomes.**

4. **If you had a magic wand and could make Bastrop County the best place to raise children, what would you do?**

5. **What is your organizations' 2 biggest challenges in serving families?**
- Outreach/recruitment/referrals
- Retention
- Lack of resources to refer families to
- Financial stability of organization
- Families commitment to the program/service
- No challenges
- Staff doesn't reflect racial diversity of community
- Sufficient staff who speak Spanish
- Cultural competency of staff
- Other

6. **Please share anything else you think we need to know about current needs, bright spots, and barriers to improving outcomes for children 0-6 in Bastrop County. Feel free to share the names of any under-served neighborhoods.**

Continuum of Early Childhood Programs and Services in Bastrop County

Overview

The following section paints a picture of how well Bastrop County programs are able to meet the needs of young children and where more is needed to ensure all are happy, healthy, school ready and safe. This continuum outlines services for families and children ages 0-6. While *many* organizations serve families and young children, the Continuum highlights the main programs that directly affect the health, safety, and/or school readiness of children 0-6 and have contact with families and children over a sustained period of time.

Services are grouped into the following sections:
- Early Learning for 0-3 year-olds
- Early Learning for 3-5 year-olds
- Health, Mental Health & Special Needs Supports for Children 0-5
- Other Educational Supports for Families and Children 0-5
- Parks & Recreation
- Substance Use & Recovery
- Domestic Violence Services

The information in this continuum was gathered via e-survey, email, and phone calls with program leaders in January-March 2020.

The Continuum attempts to answer key questions:
- What capacity do we have in health, safety and school readiness programs that serve families of young children?
- In regards to current services:
  - Where are the bright spots?
  - Where are the needs & opportunities including programs where capacity is far below need/want?
- Are there any underutilized services that need to be better publicized or retired?

The Continuum: Big Picture

The first continuum graphic below provides a rough depiction of Bastrop County program capacity for children 0-6. **While most children receive supports at ages 4 and 5, far fewer 0-3-year-olds receive what they need.**

Programmatic data indicate that **early childhood education and parenting programs reach less than 21% of 0-3-year-olds who could benefit from them.** Children in licensed subsidized childcare account for more than half of those in early childhood education programs, however- childcare quality varies greatly with much of it being low quality. If childcare slots are removed from the calculation, **only 175 or 9.6% of 0-3-year-olds receive evidence based early learning programs prior to Pre-K.**

Existing Continuum of Early Childhood Services & Supports
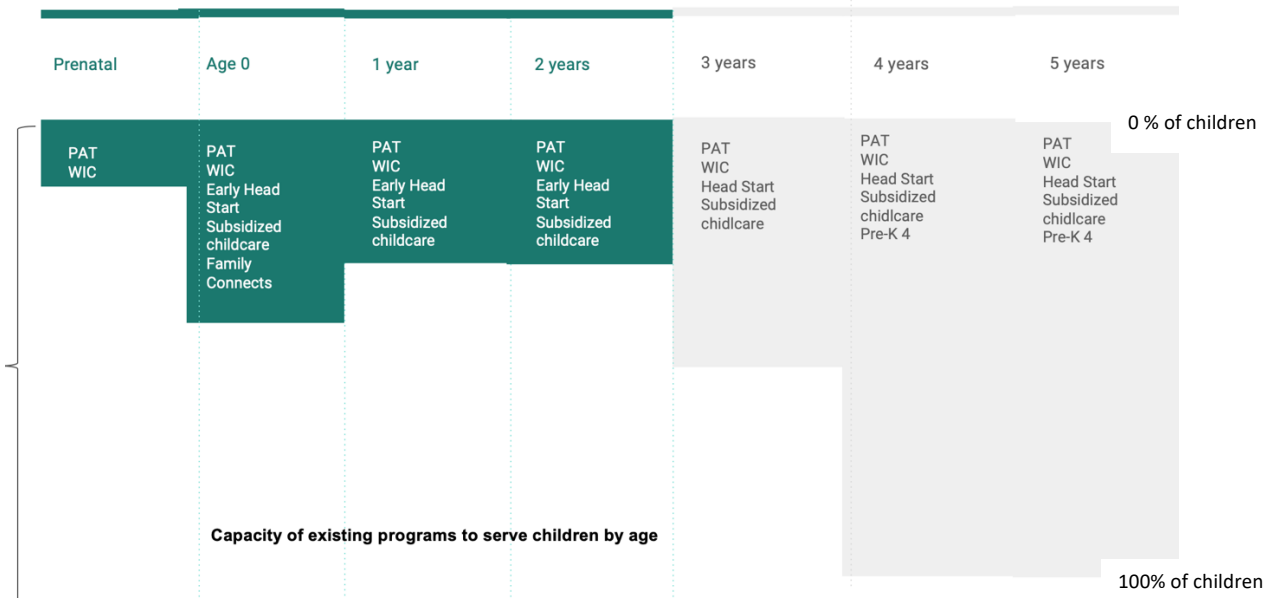
Programs listed on the continuum graphic above are not inclusive of every program for children 0-6.

The second continuum graphic shows a projection of how capacity could grow with specific program expansions and additions. The next section of the Roadmap -*Programs & Supports that Improve Child Outcomes* -offers many more specific programs & supports that could be implemented to increase the number of young children 0-6 who are healthy, school ready and safe.

Possible Continuum of Services
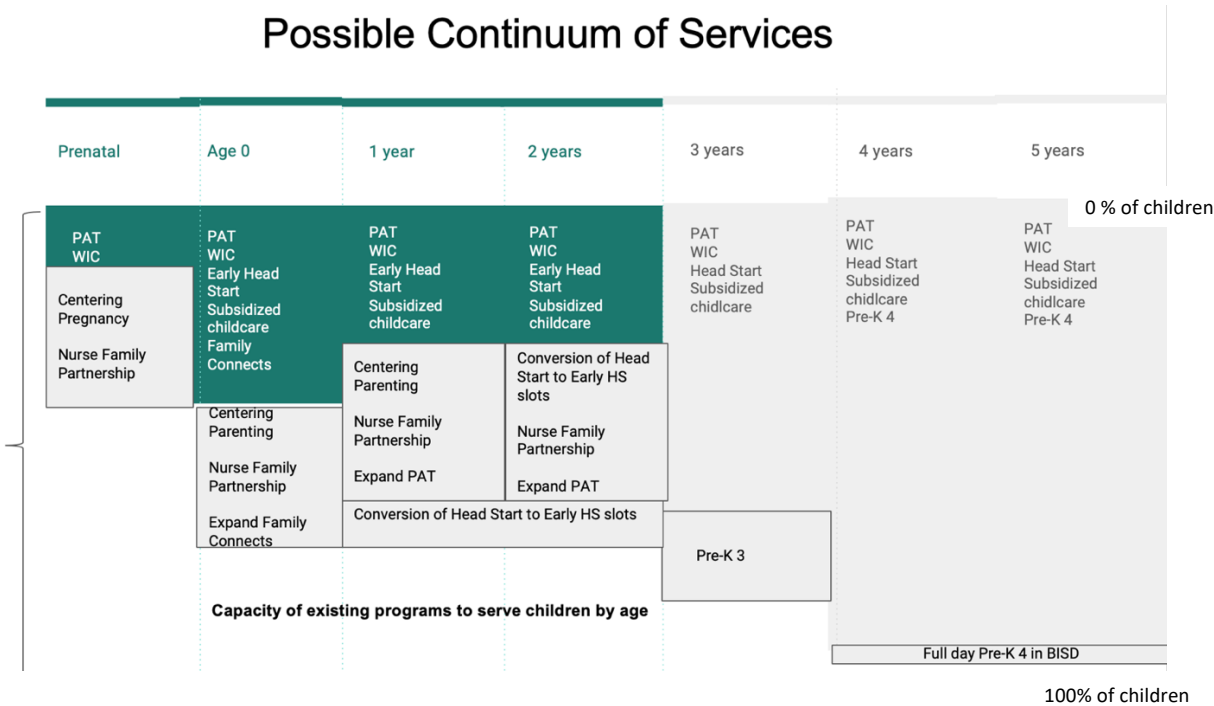
Early Learning for 0-3-Year-Olds

While their focus is early learning, many programs in this section also address health, safety, and the readiness of children under 3.

1. Early Head Start and Childcare Enrollment & Quality

Bright Spots
- Cen-Tex Head Start provides high quality early childhood education to 140 0-3 year-olds in Bastrop County. The program is able to serve families prenatally until the child turns 3.
- Seven childcare centers that serve families with a low income (accept childcare subsidies) participate in the Texas Rising Star (TRS) quality improvement system
- Rural Capital Area Workforce Solutions employs 6 mentors who could help up to 90 childcare centers (across a multi-county area) become and maintain TRS status.

Opportunities
- A. 16 childcare centers that serve families with a low income (accept childcare subsidies) do NOT participate in TRS and are likely not high quality; Current mentors could serve them if they enrolled
- B. Cen-Tex Head Start reported 214 0-2 year-olds and 194 3-5 year-olds on their waitlist. The families of these kids need to be referred to other childcare options.
- C. 2165 children 0-13 are on the Rural Capital Area Workforce Solutions waitlist for childcare subsidies. Though this number represents a nine-county region, even 1/9th of the list - 240 children- is a substantial number that need of care.
- D. Convert existing Head Start 4-year-old slots to Early Head Start slots to increase the quantity of high-quality early education for 0-3 year-olds.

2. Intensive Home Visiting & Parenting Education Classes

Bright Spots
- Parents as Teachers (PAT) serves 45 children ages 0-5; More than half of them (23) are ages 0-3
- Nurse Family Partnership (NFP) serves 5 families prenatally until their child turns age 2- these are all families who resided in Travis or Williamson County when they enrolled in the program.
- Family Crisis Center offers the evidence-based parenting curriculum-Nurturing Parenting Program- to 10 families/year
- Cen-Tex Head Start offers a 6 session research-based parenting curricula *Positive Solutions for Parents* from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Opportunities
- A. Demand exceeds capacity for PAT with 28 families on the waitlist.
- B. NFP does not currently enroll families who live in Bastrop County
- C. Few evidence-based or promising practice parenting education options are available - more could be offered, incentives could increase attendance

> D. Shift any current parenting classes to use only evidence-based curricula. The National Head Start offers a helpful list of options online.
> E. Consider expanding parenting education using the Centering Parenting model funded by Medicaid- see *Health, Mental Health & Special Needs Supports* Section

How well are we serving children before they enter Pre-kindergarten?

The good news is that most 4-year-olds who are eligible for Pre-Kindergarten attend. The bad news is that many start Pre-K with substantial gaps in development that cannot be remediated in a single year, so they do not enter Kindergarten school ready. A range of supports for families with children 0-3 could greatly increase the number of children who enter Pre-K and later Kindergarten ready to learn. Not all supports are shown to effect school readiness. The table below captures the capacity of current impactful services and supports for children 0-3.

Program	# of slots for child. 0-3	# of child. enrolled 0-3	# of children on waitlist
Parents As Teachers (Bluebonnet Trails)	PAT does not allocate a certain # of slots for 0-3 year olds	23 (out of 45 total served)	28
Nurse Family Partnership (Any Baby Can)	NA	5	NA
Nurturing Parenting Program (Family Crisis Ctr)	NA	4	6
Early Head Start (Center based)	140	140 (will increase to 156 in 2020-21)	214 (many do not meet income eligib. require.)
Licensed subsidized childcare slots (excluding afterschool care)	NA	211	2165 children 0-13 over 9-county region
Pre-K 3 at Bastrop ISD	0	0	NA
Pre-K 3 at Elgin ISD	0	0	NA
Pre-K 3 at McDade ISD	0	0	NA
Pre- 3 at Smithville ISD	3	3	0
Total # of children 0-3 living below 185% of the poverty level	1814		
TOTAL # 0-3-year-olds living below 185% of the poverty level in any type of early learning program	386, 21%		
TOTAL # 0-3-year-olds living below 185% of the poverty level in evidence-based early learning programs	**175, 9.6%**		
Children 0-3 living below 185% of the poverty level who do NOT participate in evidence-based early learning programs	**1639, 91.4%**		

Table Notes:

- The children of teen parents in Bastrop ISD and Elgin ISD may attend district childcare centers. These children are likely funded by childcare subsidies and so are included in the count of licensed childcare- subsidy slots.
- Cen-Tex currently offers about 21 Early Head Start Home-Based slots in Bastrop County, but this number will be reduced to 10 slots across a 4-county area in school year 2020-21, so this info was not included in the chart above. The home-based program is being reduced because it is under capacity. Home-based slots will be converted into Early Head Start center-based slots to benefit Smithville families.
- The exact number of children 0-3 living in Bastrop County is unavailable. The numbers used above are projections based on the most recent available data; assuming 2/3 of all children 0-5 are ages 0-3.

Group	#	%	Source
All Children 0-5	6550	100%	Kidscount, 2017
Children 0-5 living below 185% of the poverty level	2721	43%	U.S. Census Age by Ratio of Income to Poverty Line Table ID B17024

Group	Estimated #
All Children 0-3 (2/3 of 6550)	4367
Children 0-3 living below 185% of the poverty level (2/3 of 2721)	1814

Early Learning for 3-5 year-olds

1. Pre-K 4 Enrollment
Bright Spots
- Most eligible children are enrolled in Prekindergarten – 86 %   - McDade ISD, Smithville ISD, & Elgin ISD serve some ineligible students, who may fall just outside eligibility criteria, but still greatly benefit from Pre-K   - Bastrop ISD, Smithville ISD, & Elgin ISD partner with Head Start to co-enroll students
Opportunities
Bastrop County (BC) is not accessing all available state Pre-K funding. A. Most BISD pre-kindergarteners are in half day Pre-K; likely the reason that BISD has the lowest eligible PK student enrollment (83%.) Providing full day Pre-K for all campuses would maximize enrollment B. Coordinate a shared enrollment campaign across the 4 districts to streamline messaging to families C. Ensure all medical providers in BC use Prescriptions for Pre-K to refer families to Pre-K D. Cen-Tex Head Start serves 154 Pre-K eligible students who are not enrolled in Pre-K. This means BC is not drawing down available state money for them. Note: some of these 154 kids are 3-years-old. BC can maximize early childhood funding and services by co-enrolling all Head Start students in Pre-K.

1. Pre-K 4 Enrollment
E. 58 four-year-olds were Pre-K eligible, but only attended childcare using a childcare subsidy. Explore use of Childcare partnerships to offer Pre-K in TX Rising Star childcare centers. Co-enroll all eligible 4-year olds attending childcare in Pre-K.
F. Consider offering universal Pre-K for all children in BC, not just those who meet state eligibility requirements.

2. Pre-K 4 Quality
Bright Spots
• All pre-kindergarten classes have at least 2 adults (good adult-child ratio)   • All districts utilize high quality curriculum   • All districts provide some level of instructional coaching to Pre-K teachers
Opportunities
A. BISD's biggest Pre-K class is 32 children. Set class size limit to 22 or fewer maintaining 1:11 ratio
B. Utilize a common observational tool linked to child outcomes (such as the Classroom Assessment Scoring System- CLASS) to ensure all classes are high quality
C. Provide regular coaching aligned to a research-based observational tool to support teacher growth
D. Strengthen collaboration between early education providers (home visiting, childcare, Head Start) and school districts to build a common understanding of what school readiness looks like and how all programs can support kids to smoothly transition into Pre-K and/or Kindergarten.

3. Pre-K 3 Enrollment
Bright Spots
• SISD serves some 3-year-olds   • 3 districts already collaborate with Head Start, that serves 3-year-olds
Opportunities
A. Only 3 of approximately 919 eligible 3-year-olds are served in Pre-K. Begin exploring how to offer half day Pre-K 3 on campus or full day Pre-K 3 with Head Start or childcare partners; School districts can access existing state funding to pay for this.

| 4. Head Start and Childcare Enrollment & Quality |
|---|
| **Bright Spots** |
| • Cen-Tex Head Start provides high quality early childhood education to 240 3-5-year-olds across eight centers in Bastrop County; 80 are co-enrolled in Pre-K |

Opportunities
- Head Start offers care during "school day" hours, ending at 2:45 PM. Expand partnerships between Cen-Tex and childcare to offer full day care to parents who need it
- See opportunity D under *Pre-K Enrollment*
- See all opportunities listed under *Early Head Start and Childcare Enrollment & Quality*

Bastrop County does not have enough quality childcare to meet the needs of families.
The E3 Alliance chart below indicates that current childcare centers only have capacity for roughly half of young children in Bastrop County, less than Travis and Williamson counties.
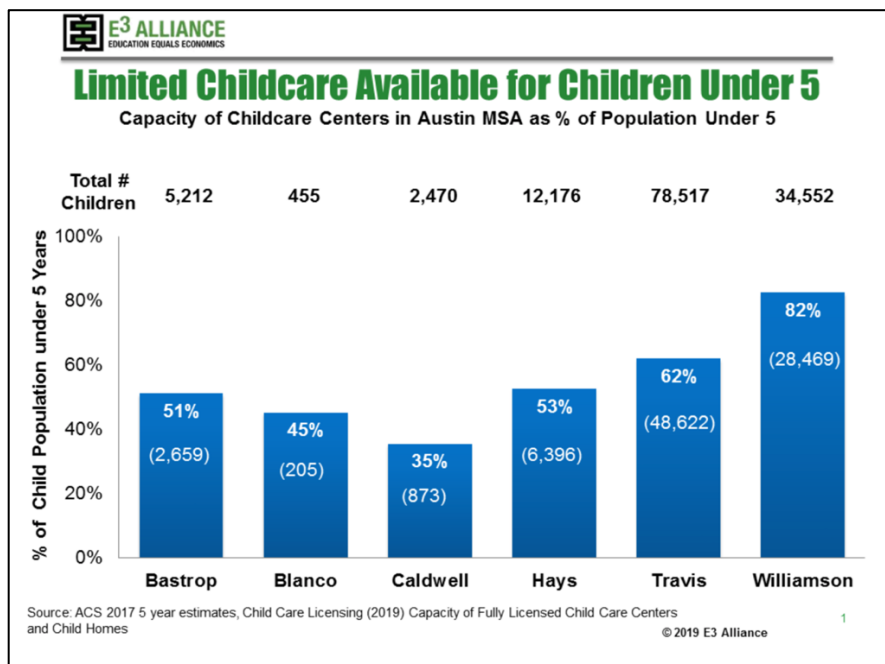
The next table indicates a shortage in the availability of high-quality childcare. Only seven (30%) of the 23 childcare centers in Bastrop County that serve children with a low income are quality.

Childcare Center Participation in the Texas Rising Star Quality System	#
Total # of registered homes/family childcare that accept subsidies	3
Total # of licensed centers that accept subsidies	**23**
Total # of 2* centers in Texas Rising Star	1
Total # of 3* centers in Texas Rising Star	2
Total # of 4* centers in Texas Rising Star	4
Total # of centers in Texas Rising Star ☺	**7**
Total # of centers NOT in TRS ☹	**16**

Children at Risk provides Childcare Desert maps to indicate "areas where there is a significant population of children too young for public school and a lack of childcare providers to meet the demand." While not all areas of Bastrop County are childcare desserts, many areas are desserts with little to no high quality childcare. The table below highlights deserts by zip code.

Zip Code	Area	Childcare desert	Subsidized childcare desert	Texas Rising Star (TRS) quality childcare desert	Texas Rising Star (TRS) 4 high quality childcare desert
78602	Bastrop	not a desert	not a desert	not a desert	not a desert
78612		not a desert	not a desert	15-25 per hundred	5-15 per hundred
78621	Elgin	not a desert	15-25 per hundred	15-25 per hundred	0-5 per hundred
78650		not a desert	not a desert	not a desert	not a desert
78659	Paige	5-15 per hundred	5-15 per hundred	15-25 per hundred	15-25 per hundred
78662		not a desert	not a desert	not a desert	not a desert
78953		not a desert	not a desert	not a desert	not a desert
78957	Smithville	not a desert	not a desert	0-5 per hundred	0-5 per hundred

Health, Mental Health & Special Needs Supports for Children 0-5

1. **Short Term Post-Natal Home Visiting, Nutrition, and Early Childhood Intervention Services**
Bright Spots • Family Connects serves 186 new moms each year providing preventative health services, education, and individualized direct referrals to supportive resources • WIC offers food supplements and education to 1455 families with children prenatal-4-years old in various offices and will soon offer mobile services • Early Childhood Intervention (ECI) serves 182 children with special needs
Opportunities • Ensure all eligible families know about and access WIC. • Neither Centering Pregnancy, nor Centering Parenting, are offered. These two programs provide prenatal and parenting education, respectively. Parents build social networks and gain valuable information in the doctor's office, while waiting for prenatal or well-child checks. These programs are funded by Medicare. • Family Connects only serves 18% of the 1048 Bastrop County moms who give birth each year (2015, http://healthdata.dshs.texas.gov/VitalStatistics/Birth). At scale, 60% of families participate (Family Connects)

2. Healthcare Providers

A variety of healthcare providers serve Bastrop families.

Healthcare Options at a Glance:

- 2 OBGYNs (who accept Medicaid) serve pregnant moms*
- 3 licensed midwives
- 9 Pediatricians*
- 3 Federally Qualified Health Centers: Lone Star Circle of Care, Community Health Centers of South Central Texas, and Smithville Community Clinic
- Elgin ISD and Bastrop ISD clinics in partnership with Community Health Centers of South Central Texas
- Smithville Free Clinic
- 11 Private practices and clinics
  *information gathered via Google search April 2020; does not include Family Practice doctors

Bright Spots include:

- Collaboration between healthcare providers and the relatively new Family Connects program
- Representation of healthcare providers on the BC Early Childhood Coalition
- Bastrop Community Health Center recently added a Pediatric Nurse Practitioner to it's staff and plans to bring on an addition Pediatrician in August 2020.
- Austin Regional Clinic considering expansion to BC

Expanding the supply of quality primary and specialty care are two key **opportunities.** The number of healthcare providers in Bastrop County does not meet the current need. A plethora of Urgent Cares have cropped up and too often serve as primary care for young children. The County lacks a birthing hospital, so moms travel to Austin to have their babies.

Primary Care was identified as a top need in the 2016 St. David's Medical Center Community Needs Assessment. According to Ascension Seton's 2019 Community Health Needs Assessment, Bastrop County has a critical shortage of primary care -27.3 physicians per 100,000 people versus. 59.9 state average.

3. Mental Health Providers
Bright Spots
A trauma-informed approach can change how we identify and respond to challenging behavior in children. School districts are prioritizing the effective strategy of training all counselors and educators to use a trauma-informed approach with young children.

District	% of trained counselors	% of trained educators
Bastrop ISD	100%	100%
Elgin ISD	100%	Will be 100% by Sep 2020
McDade ISD	100%	100%
Smithville ISD	60% will be 100% by Sep 2020	Will be 100% by Sep 2020

Opportunities

<u>Trauma Informed care training</u>

Elgin ISD has recently experienced <u>violence at all school levels</u>, including a first grader shooting a classmate with an airsoft gun at school. Trauma-informed care training as well as intentional social emotional learning lessons could proactively prevent future violence.

Eight of 30 identified BC mental health providers responded to a survey assessing the capacity to serve children ages 6 and under. Key findings:
- o Five provide counseling to children 6 and under who live in Bastrop or surrounding counties
- o Some only serve children 4 years-old and older
- o Together they can serve more than 75 children at any one time
- o None had a waiting list
- o All accept Medicaid
- o <u>All are located in Bastrop</u>

<u>Increase use of existing mental health services in Bastrop</u>

While there appears to be ample early childhood mental health resources in Bastrop, service providers report that young children still don't get the help they need. Barriers may include location, hours, the stigma of mental illness, and families not making it from the referral source to the counselor.

The following ideas may help:
- o Create more robust referral network between mental health providers and those who interact regularly with families and young children such as Head Start and Pre-K teachers and parent specialists, childcare providers, pediatricians, and home visitors. Begin "closed loop referrals" in which the agency referring the family obtains permission to follow up with the mental health provider (post referral) to determine whether or not family received needed services.
- o Offer more community-based therapy. Could mental health providers offer therapy 1X week in a school or Head Start Center?
- o Offer tele health and/or therapy at unconventional hours to meet needs of busy parents
- o De-stigmatize it- community leaders could be key with this

<u>Increase supply on mental health and primary care providers</u>

According to Ascension Seton's 2019 Community Health Needs Assessment, Bastrop County has far fewer mental health providers than needed- At 45.3 providers per 100,000 residents, *the East Region is less than half the state average of 98.8 providers per 100,000 and eight times worse than the national rate of 370.4 per 100,000 residents.* Elgin and Smithville, in particular, could benefit from local mental health services for young children, who could likely be most successful working in partnership with primary care providers.

Other Educational Supports for Families and Children 0-5

1.   Texting, Library, Adult Education, and Other Programs

Bright Spots

- 220 Bastrop County parents receive parenting messages via **Bright by Text**. According to the Bright by Three website, "messages are comprised of research-based content from Bright by Three and partners such as PBS, Vroom, and Sesame Street." The program is administered by United Way for Greater Austin.
- **Bastrop Public Library** serves 25-30 families in their twice weekly preschool "story time." The experience includes read alouds, songs, and a "toy time" when parents and children play with age appropriate toys. About 6 families with children 18 months and younger attend a separate "Babies & Books" weekly program. Children benefit from bouncing and rhythm activities, songs and, books.
- Advocacy Outreach provides English as a Second Language classes for parents and childcare for young children several hours per week.
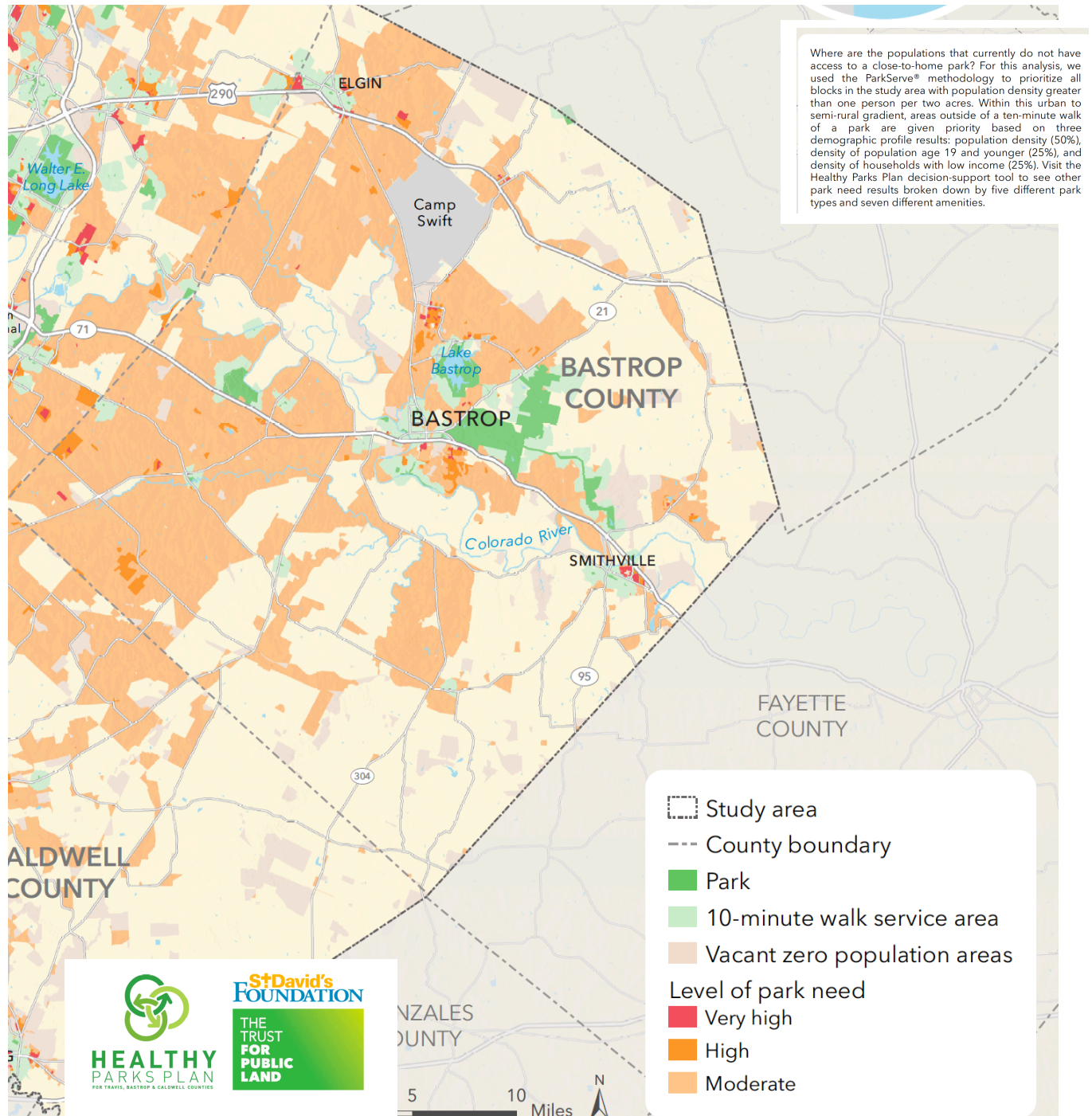
Opportunities

- Library programs in Spanish delivered at the right location and time, with a format and publicity to attract Spanish speaking families
- Library programs for families of young children in ALL Bastrop County libraries including Smithville and Elgin.
- Reach Out and Read, Book Spring, and/or other book distribution programs

Parks & Recreation
Bright Spots include the many existing parks including the latest build in the StoneyPoint community.

Opportunities
According to the Healthy Parks Map created by St. David's Foundation and The Trust for Public Land, there are several areas scattered around the county with high or very high need for public parkland.

Where are the populations that currently do not have access to a close-to-home park? For this analysis, we used the ParkServe® methodology to prioritize all blocks in the study area with population density greater than one person per two acres. Within this urban to semi-rural gradient, areas outside of a ten-minute walk of a park are given priority based on three demographic profile results: population density (50%), density of population age 19 and younger (25%), and density of households with low income (25%). Visit the Healthy Parks Plan decision-support tool to see other park need results broken down by five different park types and seven different amenities.

Legend

- Study area
- County boundary
- Park
- 10-minute walk service area
- Vacant zero population areas

Level of park need
- Very high
- High
- Moderate

Note: The methodology used to determine these areas considers population density so areas that have a very, very low density but are nowhere near a park will show up as being adequately served.

As of March 2020, Bastrop County is engaged in a long-range planning process to identify priority areas in which to build new parks. Preliminary results point to the following as

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roughly some of the priority areas in the unincorporated part of the county in need of additional parks (Julia Cleary *Planner, Bastrop County*):

- · Camp Swift/ Lake Bastrop Acres
- · McDade
- · Paige
- · High View Ranch area
- · Thousand Oaks area
- · SH 21/ 812 Corridors west of 672 (Dale and Del Valle) -high growth; no City amenities or services
- · Red Rock area
- · East of Elgin, north of the Camp Swift military base -new growth, no parks accessible by foot

Substance Use & Recovery

Parent's substance use negatively affects their children's outcomes. Ideally BC Leaders would know the total number of slots in substance abuse programs that accept Medicaid to get a sense of the capacity of existing programs to serve parents with a low income. The following programs were identified and surveyed, but only Serenity Star responded.

- OSAR Bluebonnet Trails Community Services
- Renewal Lodge by Burning Tree
- Last Resort Recovery Center
- Serenity Star Recovery
- Willow Springs Drug & Rehabilitation

Serenity Star, a 24-7 recovery program, offers 60 slots for single adults and parents, who are allowed to have their children on site. About 30 of their slots are used by residents of Bastrop County. The program does not accept Medicaid.

Domestic Violence & Homeless Services

Experiences with domestic violence affect children's outcomes in all areas. Some estimates are that 40% of families in home visiting programs experience domestic violence. Insufficient domestic violence programs to refer families to, can becomes a barrier to home visiting delivery.

The Family Crisis Center's Emergency Shelter Project was the only domestic violence shelter identified in the County. Capacity: 32 individuals per night; 183 adults and 155 children per year

Homelessness affects all parts of a child's development. Two shelters -Hand's Up Ministry and Ruth's House (Smithville)- serve a few dozen people experiencing homelessness or domestic violence.

Opportunities

There are no youth shelters in Bastrop County; the closest ones are in New Braunfels and Austin. Service providers identify this as a high need for teen parents.

The capacity of domestic violence, homeless, and youth shelters appears to be far below what is needed in a county of 87,826 people.

Conclusion

Bastrop County is rich with bright spots and opportunities. Of the services described above, most are at capacity and many have waitlists. The County can better serve young children and families by expanding existing programs, adding new programs, and adjusting policies and systems.

Programs & Supports that Improve Early Childhood Outcomes

Overview
The following section profiles programs and supports that strengthen the safety, health, and school readiness of young children. A list of existing programs that could expand is included first, followed by a directory with information on over 40 new research-based supports. This tool is intended to help Bastrop County leaders identify which types of programs and supports to expand and add to improve child outcomes. It should be used in companion with the Early Childhood Continuum and other portions of the RoadMap which highlight the gaps not fully addressed by existing systems and service delivery.

Existing Programs
Expanding or adjusting existing programs can improve outcomes in health, safety, and readiness. While new programs may be enticing, established programs that work should be strongly considered before adding new services. The following shifts in existing programs should be considered:

Prenatal- age 3
- Expand Family Connects
- Add library programs for parents and young children in Spanish
- Convert Head Start (3-5 year olds) slots to Early Head Start slots (0-2 year olds)
- Strengthen referrals between Early Head Start (EHS) and PAT (particularly to benefit children on EHS the waitlist)

3-6 years of age
- Expand Pre-kindergarten for 3-year-olds
- Provide full day Pre-K to all children who are age eligible
- Continue strengthening the quality of Pre-K through coaching, limiting class size, etc.

Prenatal- age 6
- Training for medical staff, particularly those who have the most interaction with families- increase trust and supportive relationship between providers and family (BISD offered a similar training to their front office staff)
- Expand Parents as Teachers
- Expand the Nurturing Parenting Program
- Expand two-generation programs like Advocacy Outreach that provide educational opportunities to both parents and young children
- Add parks to under resourced areas
- Increase use of existing mental health services in Bastrop
- Increase the supply of mental health care for children 6 and under
- Increase the number of OBGYNs and pediatricians
- Increase domestic violence services
- Strengthen referrals between Head Start, subsidized childcare, and district pre-k

A Combination Approach

Communities that succeed in changing outcomes for young children provide a "combination approach." There is no silver bullet intervention. Programs and supports are offered throughout the early childhood life span prenatally to age 6, offering multiple "entry points." Support is packaged in options of varying intensity from low touch technology to high touch daily programming, to meet the needs and wants of diverse families. Some programs are universal, benefiting all families. Other supports are targeted specifically to the highest need families.

Knox Promise Neighborhood provides an example of a rural community using a "combination approach." Supports include these options from low to high intensity:

- Dolly Parton's Imagination Library (free books)
- Developmental screeners sent to all families with completion incentives
- Play groups
- Save the Children home visiting
- Instructional coaching for early childhood educators

A combination approach allows community leaders to reach more parents and young children. Low cost, low intensity universal supports like a parent texting service and free books can support a critical mass of families. More costly and intense programs can be utilized by a much smaller number of families who need and want regular support. As Bastrop considers which programs to expand, adjust, and add, it's important to realize that:

$\Rightarrow$ Less expensive programs tend to be of lower intensity and lower impact.
$\Rightarrow$ More expensive programs tend to be of higher intensity and higher impact

Interventions by Intensity & Cost

Technology (texting)

low

Parenting Classes

Intensive Home Visiting

Quality Pre-K
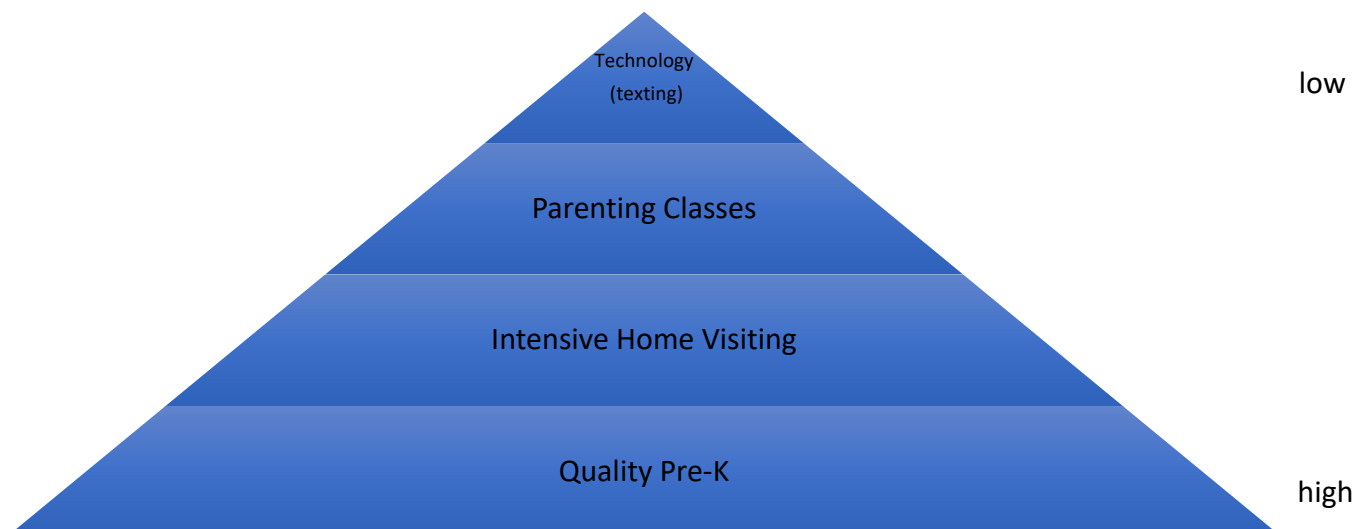
System and Policy Change
In addition to programmatic change, the Bastrop County Early Childhood Coalition can work with other advocates to create policy change that will benefit young children in BC. The National Center for Children in Poverty offers a list of state policies favorable to the well-being of children and their families and indicates which are in place or missing in Texas (*Early Childhood Profile*.)

In the meantime, change within the following locally controlled systems can be considered.
- o Workforce Solutions Rural Capital Area
- o School districts
- o Federally qualified health clinics
- o Medicaid
- o Child welfare
- o Child support
- o Social services- WIC, subsidized housing, SNAP, TANF

Change may be increasing use of existing systems and supports, e.g., increasing the number of eligible children enrolled in Medicaid. Alternatively, it could require changing local policy. Local Workforce Boards have some control over policies that affect the quantity and quality of Bastrop County childcare supply.

Directory of New Programs and Supports
Information in the following directory was gathered via web search and review of relevant literature including the list below. Program names include hyperlinks to program websites that provide additional information.

When reviewing the directory, readers may consider how Bastrop County could add new programs with limited financial resources. Could trained Bastrop County community volunteers take the lead in implementing any new programs? Which under-utilized community resources might support in our effort- HEB, Walmart, churches?

Resources Reviewed
- National Association of Counties website
- Child Poverty Action Lab papers
- Expanding Early Childhood Education in Rural America: A spotlight on how rural communities are meeting the needs of their youngest children and families by the New America Foundation
- THINKING UPSTREAM: Mapping a Pathway to End Child Maltreatment- Dell Children's Medical Center Report
- Evidence of effects of various Fatherhood programs by Child and Family Research.org
- Early Childhood Profile and Availability of Brain-Building Services in Three Texas Regions developed by Texans Care for Children
- Opportunities to Integrate Early Childhood Brain-Building Models into Texas Health Centers and Pediatric Practices

- ASCEND Institute Implementation of the Federal Rural IMPACT Demonstration
- Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence
- Fostering Social and Emotional Health through Pediatric Primary Care: Common Threads to Transform Everyday Practice and Systems by Center for the Study of Social Policy
- Additional websites for individual programs listed in the directory.

Special Considerations for Programs and Supports that Improve Child Safety
Programs that strengthen a child's safety may do so by impacting variables we do not directly associate with safety. It may be helpful to consider how well a support decreases the risk factors and increases protective factors that correlate with child maltreatment. The following list from Dell Medical School is a helpful resource.

	Risk Factors	Protective Factors
Child level	premature birth, low birth weight, exposure to toxins in utero, disability (physical, cognitive, emotional), child aggression, behavioral issues, attention deficits, and age	good health and development, positive peer relationships, positive activities and interests, personality factors such as easy temperament, positive self-esteem, good social skills, internal locus of control, and active coping style
Family level	parental history of child abuse, domestic violence, young parental age, substance abuse, poor impulse control, depression/anxiety, social isolation, separation/divorce, single parent with lack of support (high number of children in household), lack of knowledge and expectations about child development, and high general stress level	supportive family environment, secure parent/child attachment, household rules/structure, extended family support and involvement, parental coping skills, parental self-esteem, high parental education, and family expectations of pro-social behavior
Community level	poverty and concentrated poverty, community violence, household crowding, unemployment, homelessness, social isolation, poor schools, exposure to racism/discrimination; lack of access to medical care, health insurance, adequate child care, and social services	affordable and secure housing, access to healthcare and social services, good schools, consistent parental employment, socioeconomic stability, and active community participation

Taken directly from THINKING_UPSTREAM: Mapping a Pathway to End Child Maltreatment- Dell Children's Medical Center Report

Additionally, some efforts to improve the health and readiness of young children are also proven to reduce Adverse Childhood Experiences (ACES.) The following strategies are listed in <u>Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence</u>

- early childhood home visitation
- high-quality childcare
- preschool enrichment with family engagement
- social-emotional learning
- parenting skills and family relationship approaches

Directory of New Programs Supports that Improve Child Outcomes
Bastrop Early Childhood Roadmap created with the support of Paradigm Shift

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Public Awareness & Resource Programs									
The Basics	0-3	Parents	X	X	X	limited	low	A framework and toolkit that "saturates the social ecology around each family", so that everyone in the community knows and supports five evidence-based parenting and caregiving principles; The basics are *Maximize Love, Manage Stress; Talk, Sing, and Point; Count, Group, and Compare; Explore Through Movement and Play; and Read and Discuss Stories*	low
Sesame Street in Communities	0-6	Parents	X	X	X	limited	low	Provides free monthly toolkits of books, activities, and local resources to families of young children; 8 kits are distributed from a variety of locations -libraries, parks , childcare centers, schools, etc. Implemented in rural North Carolina	low
Best Beginnings Alaska	0-5	Parents	X	X	X	some	low- high	A collection of online resources and activities parents can make and do at home with their young children birth- 5 and public messaging materials; used in rural areas	low
Community Texting & App Programs									
Bright by Text	0-8	Parents	X	X	X	limited	low	Provides developmental tips based on the due date or age of a child up to eight via text; Curated content from partners such as PBS, Vroom, and Sesame Street in Communities	low
Ready4K (texting)	0-8	Parents	X	X	X	some	low	Evidence-based family engagement curriculum delivered via text messages; easy tips on how to promote their children's development by building on existing family routines – like pointing out letters on the cereal box	low

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Stay Play Grow app	0-5	Parents	X	X	X	limited	free	Free app to ensure parents and caregivers of children ages 0-5 have quality and easy-to-access resources when they need them most. In English and Spanish.	low
Book Distribution Programs									
Read out and Read	0-5	Parents			X	some	low	Offers free books and "prescriptions for reading" to children 0-5 and their parents during well-child doctor visits	low
Bookspring	0-6+	Parents			X	limited	low	Partners with medical clinics, schools, and other non-profits to distribute books to young children- A version similar to Reach out and Read can be done with Bookspring's support	low
HEB Read3	0-5	Parents			X	limited	low	Donates books to local communities	low
Dolly Parton's Imagination Library	0-5	Child			X	limited	low	Mails high quality children books to children monthly until they turn 5 years old. Local affiliate would enroll children and pay $2.10/month per child	low
Mother & Baby's Health									
Centering Pregnancy	prenatal	Parents	X	X		high	low-medium	A trained facilitator leads a group of 8-10 women with similar due dates in facilitated support groups held in conjunction with their prenatal visits. Topics may include nutrition, stress management, labor and delivery, breastfeeding, and infant care. Members of the group form lasting friendships and are connected in ways not possible in traditional care. Can be funded by Medicaid	medium
Nurse Family Partnership								see Home Visiting section below for full program details	high

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Family Friendly Substance Use programs	pre & post natal	Parents	X	X		some	high	Family-centered treatment approach for substance use addresses substance misuse by parents and the needs of their children with ACE exposure. Addresses parents' difficulty regulating stress, processing emotions, and fulfilling many childrearing tasks essential for children's healthy social and emotional develop. Integrated program models combine evidence-based treatments for substance use disorders (e.g., medication-assisted treatment for opioid use disorder) with preventive services (e.g., mental health, parenting ed., medical services, ed. and employ. assistance, childcare). Residential or outpatient settings. Access to such programs may increase # of moms who get prenatal care since moms abusing substances are less likely to get the prenatal care.	high
Mothers & Babies Program	pre & post natal	Parents	X	X		some	low-medium	An evidence-based program that can be used by home visitors to help prevent postpartum depression	medium
Mental health Outreach for Mothers (MOMS) Partnership	prenatal - age 6	Parents	X	X		some	medium	Offers stress management courses co-facilitated by a licensed mental health clinician and community mental health ambassador (CMHA). Courses use cognitive behavioral therapy to help mothers identify stress, anxiety, and depression, and how these factors affect different aspects of their relationships with their children and in their community and employment. Builds skills that help mothers recognize feelings, redirect unhelpful thoughts, elevate mood, and practice self-care and mindfulness. The DC MOMS model is being initiated through the office that administers the federal Temporary Assistance for Needy Families (TANF) program. Shown to decrease depressive symptoms	medium

Directory of New Programs Supports that Improve Child Outcomes
Bastrop Early Childhood Roadmap created with the support of Paradigm Shift

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
WOLOMI	Prenatal - age 1	mom	X			limited	low	Digital community that offers online courses, group gatherings, and one-on-one support to women of color to improve maternal health outcomes. It was founded by a registered nurse & maternal health expert focused on guiding and supporting aspiring moms and moms-to-be to enjoy their pregnancy journey. Set to release app ($5.99 per month) that offers access to nurse-led group coaching and posts by healthcare experts. A monthly price of $15.99 would include more perks such as a monthly pregnancy circle that would offer enhanced moral support.	low
Strategies to increase use of WIC	prenatal - age 5	Parents	X			some	low	Dallas Poverty Action Lab convinced Walmart to better label WIC items which significantly increased usage of WIC benefits	medium
Pediatric focused Interventions									
Healthy Steps (Zero to Three)	0-3	Parents	X	X		some	medium	Medical clinic employs a Child Development Specialist who ensures universal developmental screening for young children and provides interventions, referrals, and follow-up to the whole family. Specialists address common and complex concerns, including feeding, behavior, sleep, attachment, depression, adapting to life with a baby or young child, and other social service needs. The population-based, risk-stratified model includes three tiers of intervention intensity. Tier 2 and Tier 3 include clinical mental health support. Tarrant Cty is using HOPES funds to implement Healthy Steps	low-high
Read out and Read								See Book Distribution Programs section for full details	

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Video Interaction Project (VIP) In the Video Interaction Project	0-5	Parents	X	X	X	some	medium	Families meet with a bachelor's degree level parent coach for 25-30 minute sessions before or after every pediatric well-child visit from birth to five years old. The coach helps parents reflect on their interactions with their child, provides developmental education, gives a toy and/or book, and helps parents to set goals for interacting with their child. The coach takes a video of the parent and child playing for 3-5 minutes and then reviews the video with the parent in real time, pointing out and reinforcing strengths in their interactions	medium
Promoting First Relationships® in Pediatric Primary Care (PFR-PPC)	0-3	Healthcare providers and parents	X	X	X	some	low-medium	Framework for providing strengths-based, relational care in well-visits. The 5 steps build on one another and encourage the provider and parent to reflect and join with each other and the child. 1. Joining with the parents and child by considering their experiences, needs, and feelings 2. Doing reflective observations of parent-child interactions 3. Providing verbal feedback to the parents that is always positive, and sometimes instructive 4. Supporting parents' reflective capacity about their feelings and their child's feelings by asking reflective questions and making comments 5. Sharing information on social and emotional development	low

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
TMW Well-Baby Intervention	0-6 months	Parents	X	X	X	some	low-medium	Uses downtime as the parent waits for the provider in the exam room to show parents video modules at each well-child visit from birth to 6 months old. The content from the videos is designed to be reinforced by the provider in the visit. With the goal of centering parents as their child's most influential teacher and promoting responsive parenting and parent-child attachment, the videos stress the importance of parent-child talk, interactions, and relationships, while reinforcing and scaffolding lessons on brain development.	low

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Developmental Understanding and Legal Collaboration for Everyone (DULCE)	0-6 months	Healthcare and other service providers	X	X	X	some	medium	Integrates new roles to create an interdisciplinary care team that supports infant development through the Touchpoints® approach and screens families for eight social determinants of health (food insecurity, financial/employment, housing instability, housing conditions, utilities, parenting supports, maternal depression and intimate partner violence). The team—which includes a Family Specialist, pediatric provider, mental health specialist, legal partner and early childhood system rep.— conducts weekly case review to engage multiple professional perspectives in discussing family strengths and jointly problem-solves to address families' needs holistically.	high
Home Visiting									
Healthy Families America	prenatal-age 5	Parents and child			X	high	high	Offers intensive program with hour-long home visits at least weekly until children are 6 months old, with the possibility of less frequent visits thereafter until child is at least 3 years old. Enrolls families prenatally or within 3 months of the child's birth. Designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence. Goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness.	high

Directory of New Programs Supports that Improve Child Outcomes
Bastrop Early Childhood Roadmap created with the support of Paradigm Shift

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Nurse Family Partnership	prenatal - age 2	Moms and children	X	X	X	high	high	Offers biweekly and monthly home visits by a trained registered professional nurse. Only for first-time, low-income, high risk mothers, with program enrollment no later than the 28th week of gestation, and lasting until the child turns 2 years old. Designed to improve (1) prenatal and maternal health and birth outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.	high
Parent Child+ (Parent Child Home)	2 to 3	Parents and child			X	some	high	Offers model that can be used with parents and family child care providers; Twice weekly visits (92 total) for 46 weeks. Designed for families with 2- to 3-year-old children and a variety of risk factors—such as parents with low levels of education and teen mothers. Home visitors model behaviors for enhancing children's development, rather than directly instructing parents, and provide books, toys, and activities for parents to use with their children. The main program goal is promoting children's social-emotional development and cognitive competencies by increasing and enhancing the quantity and quality of caregiver-child verbal and non-verbal interaction.	high

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Home Instruction for Parents of Preschool Youngsters (HIPPY)	3 to 5	Parents and child			X	some	medium	Offers weekly, hour-long home visits for 30 weeks per year, and two-hour group meetings at least six times per year, ideally from the time a child is 3 to when they turn 5. Designed for parents who lack confidence in their ability to prepare their children for school, including parents with past negative school experiences or limited financial resources. Home Visitors are typically drawn from the same population that is served by a HIPPY site. Aims to promote preschoolers' school readiness and support parents as their children's first teacher	high
Black Mommas ATX	Prenatal - age 1	Moms and children	X			limited	unknown	Program already exists and can serve moms in Bastrop County (though does not do so as of March 2020.) Provides doula services delivered via home visiting to assist with a healthy birth and adjust to life with a baby for the first year of life. Offers monthly Sister Circle support meetings which provide prenatal education and build social networks	medium
Parenting classes, groups, apps									
Centering Parenting	0-1	Parents	X	X	X	high	low-medium	A trained facilitator leads a group of 6-8 parents with infants of the same age in regular discussion and interactive activities on topics including attachment, safe sleep, breastfeeding, nutrition, early literacy, development and safety. Groups are held in conjunction with well-child checks (at the clinic/doctor's office) and funded by Medicaid. Can be offered as a follow up to Centering Pregnancy or as a stand alone service	medium
Partners in Parenting	0-10 months	Parents and child	X	X		some	medium	Facilitated support groups for parents of infants to build understanding of infant development and create social support networks.	medium

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Avance Parent Child Education Program	0-3	Moms and children			X	high	high	Provides culturally relevant parent education, supports parents to create and use toys with young children, links families to resources, and builds social support networks over a 9 month period. Some models include home visitation. All services are in Spanish.	high
Parent and Dad Cafés	0-6+	Parents	X	X	X	unknown	medium	Structured, small groups focused on parenting; Uses questions based on the Strengthening Families Protective Factors™, a nationally recognized, research-based framework for keeping children safe and families strong; National org. provides training to local provider to facilitate "cafes"	low
Incredible Years	0-6+	Parents		X	X	medium	medium	Parenting curriculum delivered in 12-20 weekly group sessions of 2-3 hours; Curriculum could be utilized by a local organization	medium
Ready Rosie	0-6+	Parents			X	medium	medium	A face to face curriculum and a library of "modeled moment" videos demonstrating positive learning interactions between parents and children	low
Filming Interactions to Nurture Development (FIND)	0-5	Parents	X	X	X	medium	low-medium	Provides process to video and share effective parenting interactions to increase such behaviors; Could be integrated into existing therapy or home visiting program; particularly supports parents with high numbers of Adverse Childhood Experiences (ACES)	medium
Initiatives to Increase Parent Connections and Offer Enrichment for Young Children									
Mobile children's museum	0-6+	Parents & children			X	low	medium-high	Create a mobile children's museum that could visit all areas of the County to provide rich learning experiences to young children and their families. Some mobile museums offer exhibits that can be set up in a parking lot or parks.	low

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Create spaces in public schools for parents to regularly gather with young children	0-3	Parents	X	X	X	limited	free	In some areas of Bastrop County, schools are the only community spaces. A school library, open to parents and young children 1 hour per week could provide a way for isolated parents to build social networks and link to resources; Children would engage in valuable socialization. Representatives from various organizations could share resources; Book give always could incentivize attendance; Group could be coordinated by a community volunteer.	medium
Fatherhood Focused Programs									
Nurturing Fathers Program	0-6+	Fathers		X		some	unknown	A 13-week curriculum that guides participants to explore their experiences with their own fathers, and learn about their children's needs and how to meet them. The program covers developing attitudes and skills for male nurturance, healthy family relationships, and child development. Emphasis is also placed on maintaining a positive and supportive co-parenting.	medium
24/7 Dad	0-6+	Fathers		X	X	some	unknown	A 12-week flagship program of the National Fatherhood Initiative, supports the growth and development of five characteristics for fathers: fathering skills, relationship skills, parenting skills, self-awareness, and caring for self. Participation is consistently associated with increases in fathering skills and knowledge, but there is far less support for the other specific program outcomes (e.g., healthy interactions with children and the children's mother, and a decrease in the social, emotional, and physical ills of the father's children).	medium

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Turning Pages	0-6+	Fathers and children			X	limited	medium	Teaches incarcerated fathers effective read-aloud strategies and how to build vocabulary and meaningfully discuss text with their children. Reading to their children motivates many fathers to improve their own reading skills and to develop their confidence in reading aloud. Children choose five books during each visit, so that each child receives 20-25 new books by the end of the program.	medium
Childcare, Head Start & Pre-K									
Provide incentives and supports to increase # of centers who achieve Texas Rising 4 Star (TRS) status	0-6+	Family & Center-based Childcare providers and parents	X	X	X	medium	medium-high	A variety of program and systems level changes could be used to put this support in place- securing and publicizing incentives for parents and providers (e.g., discount in co-pay for parents and increase in reimbursement for providers who participate in TRS), strategically working with Workforce Solutions to outreach to providers not participating and identify barriers; and increasing funding for providers to complete child development certificates and degrees	medium
All our Kin	0-6+	Family childcare provider	X	X	X	some	medium-high	Offers educational mentorship, professional development, and leadership opportunities, to family child care providers. Early childhood consultants coach family child care providers to strengthen quality and sustainability of family childcare	high
Pie for providers or other shared services support for childcare providers	0-6+	Childcare providers	X	X	X	limited	medium	Offers "back office support" software for family childcare providers to increase efficiency of operations and reduce the administrative and regulatory burden of running a business; Workforce Solutions could offer this program or similar shared services program to childcare providers	medium

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Wonderschool	0-6+	Potential and current childcare owners	X	X	X	limited	medium	Online program that strengthens the supply and quality of childcare for licensing; A platform that helps providers start or grow their own family or center run childcare programs with 1:1 support, management tools, and mentoring; Could be used in combination with local "Start up grants" to increase supply of childcare	medium
Universal Prekindergarten	4-5 yrs	Children	X	X	X	some	high	Provides school district funded Pre-K to all children who turn four by Sep 1st (vs. only those who meet eligibility guidelines.) This allows children in families who make slightly more than eligible amount to benefit from Pre-K. Districts use local monies to fund this. Rural communities have found this be an effective way to raise K readiness across the board.	high
Misc.									
PBS-educational media	2-6+	Parents	X	X	X	limited	low	TV shows, apps, and activities developed with child development and content-area experts; tested to be both entertaining and educational before reaching young children. Ideally replaces consumption of media with no known benefits	low
Triple P	0-6+	Parents	X	X	X	high	medium-high	Multi-level approach to supporting parents from low to high intensity including messaging, parenting classes, discussion groups, and counseling; flexible delivery that may include visiting; Could be a good fit for CPS involved families	low to high

Program	Age range	Target person*	Health	Safety	School Readiness	Evidence base**	Cost***	Description****	Intensity
Skillstreaming	4-6+	Counselors			X	some	low	Offers a process to teach prosocial skills to children who display aggression, immaturity, withdrawal and other challenging behavior. Four-part training approach—modeling, role-playing, performance feedback, and generalization; Could be used in play therapy groups or individual therapy	medium
Motivational Boost	0-6+	Parents	X	X		unknown	low	Sends text messages to parents engaged in interventions (e.g., parenting classes) to increase retention and completion. Messages include the parents' goals in their own words, reminding them of their motivation to follow through with program	low
Universal Developmental Screening	0-6	Various	X		X	some	medium	Various strategies are used around the country to increase the number of young children who receive developmental screenings and are connected to services-"closed loop referral systems" between healthcare and early intervention service providers, apps, standardized work flow within clinics and training community providers to administer screeners	low
Important Notes about Information in this Directory									
*The term "parent" refers to any primary caretakers/guardians of young children									
**Evidence base is rough estimate based on limited research									
***Cost estimates are a best guess given research limitations	Low=uses existing infrastructure and staff, minimizing cost medium=requires new staff, but low cost per family high=requires multiple staff, significant cost per family								
****Description: Please note that descriptions of the programs have been taken directly from program websites when possible to increase efficiency of this project									

Bastrop County Early Childhood Roadmap
Quantitative Data Summary

Overview

The following summary presents a collection of quantitative data on Bastrop County in the following areas:

- Population
- Poverty
- Household Characteristics
- Birth Outcomes
- Health & Access to Health Services
- Safety
- School Readiness

An addendum including two maps and a reference section are located at the end of the summary. While there is a great deal of data available, researchers prioritized the collection of data that could inform planning to improve the health, safety, and school readiness of young children.

This summary highlights past and projected data trends, racial and geographic inequities, and indicators in which Bastrop County is not doing as well as the state average. This data is intended to shine a light on gaps that can be addressed by county-wide coalition work.

Overall Findings

Population & Poverty

- 6550 children ages 0-5
- 2721 children (43%) ages 0-5 live in families with limited financial means (below 185% of the poverty level)
- 1048 babies are born each year

Health

- More uninsured people and uninsured children than the state average
- Lower access to healthy food and exercise opportunities than average Texans
- 21% of children are experiencing hunger (food insecure)
- There is a critical shortage of primary care, dental and mental health providers
- 30% -315 -moms per year do not get adequate prenatal care

Women Infants and Children (WIC)

- 36% of young children who are eligible for the WIC supplemental nutrition program do not participate.
- Many more infants use WIC than children 1-4-years of age

Safety

- 286 incidences of child abuse each year, higher than the state average
- Injury death rate is significantly higher than the state average

<u>School Readiness</u>
- Overall readiness ranges from 31.7% to 69.6%
- Children who attended Pre-k generally score higher on measures of readiness

<u>Internet & Commuting</u>
- 19.5% of households lack a broadband internet subscription
- 56% of working adults report a long commute to work

Findings of Racial Inequities
- African Americans live at higher levels of poverty than other racial groups
- The rate of low birth weight is disproportionally higher in African Americans babies
- Latino/Hispanic moms have the highest teen birth rate and disproportionately higher rates of late prenatal care.
- Latino/Hispanic children are generally less school ready than (non Hispanic) White children.

Findings of Geographic Inequities

Bastrop (78602):
- Moms are more likely to smoke during pregnancy
- Significant numbers of children 0-4 living in poverty
- Above average rates of child abuse

Bastrop Cedar Creek (78612)
- Above average rates of child abuse

Elgin
- Home to the most children 0-4 living in poverty

Census Tract 9501 (parts of Elgin, McDade, Utley, and Butler)
- Significant numbers of children 0-4 living in poverty

Rosanky (78953)
- Moms are much more likely to be obese -30-39% of all pregnant moms

Parts of Elgin, Bastrop, Smithville, and the area Southeast of McDade have the highest socioeconomic vulnerability ratings. The pieces of land that bookend the county- the East (including all of Smithville and McDade) and the West have the overall poorest community health.

POPULATION

Overall Population

Bastrop County is home to 87,826 people[1], 6550 of them children ages 0-5.[2] (2017) Children as a whole make up almost a quarter of the population. [3]

The Poverty section below includes a map showing how young children are concentrated geographically across the county.

Population Growth

While the population grew from 2015-2017 (adding more than 2000 people including 480 children each year), recent data suggests more modest or negative growth. [4]
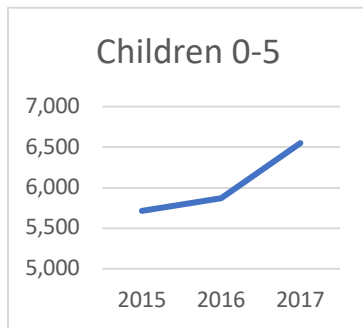
Bastrop County is expected to add several thousand people by 2025, with modest growth in the number of children.[5]

Residents by age

- 19 and under — 23%
- ages 20-64 — 62%
- 65 and over — 15%

Entire Population Growth

(2015, 2016, 2017, 2018, 2019 (estimate), 2022 (Projected), 2025 (Projected))

Children 0-5

(2015, 2016, 2017)

Children 0-17 Growth Over Time

(2015, 2016, 2017, 2022 (Projected), 2025 (Projected))
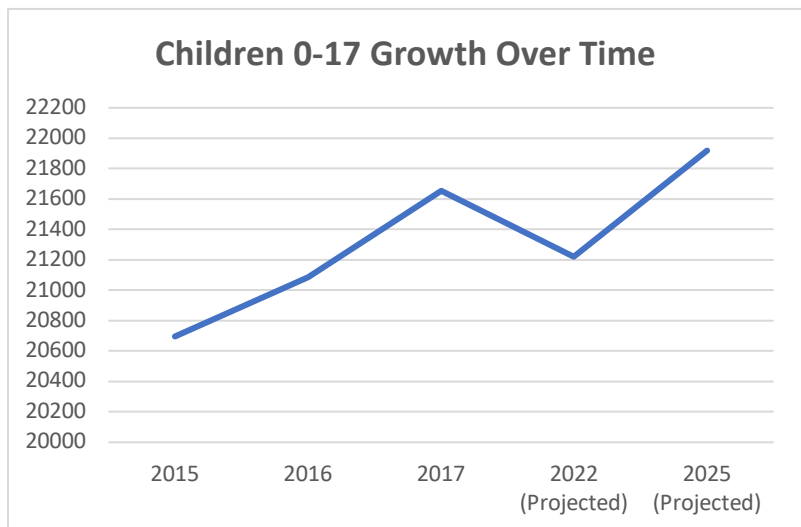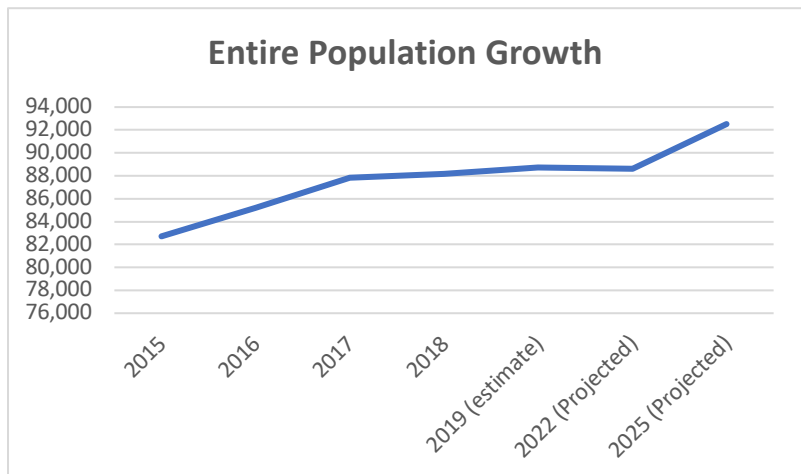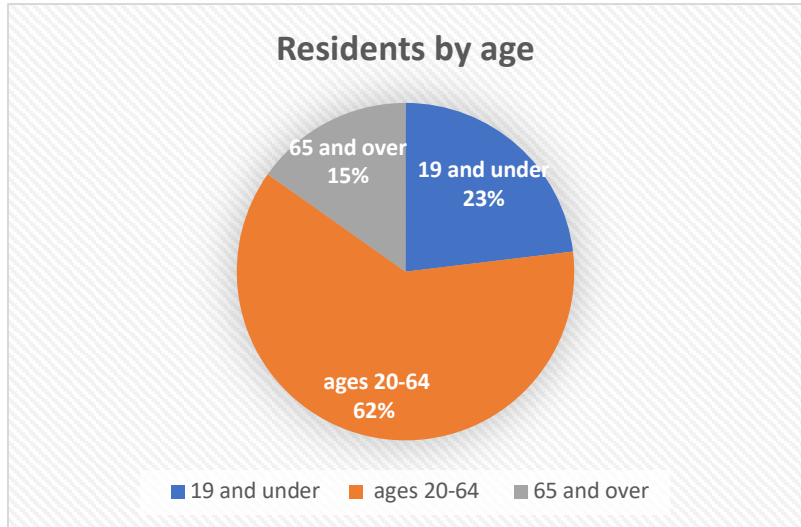
POPULATION

Geographic Growth
Real estate companies give us a taste of where future growth is likely to occur across the county.

[Cayetano Real Estate Company](), a business focused on "development of affordable single-family communities" has developments planned in between Elgin and McDade, as well as in Cedar Creek.[6] Families moving into these areas will be close to towns, but will require a car to access most, if not all services and resources such as parks, grocery stores, and medical facilities.

Racial Diversity
Bastrop is racially diverse, with approximately 53.5% White/Anglo, 36.6% Hispanic/Latino, 7.6% Black/African American, and 2.3% other races.[7] Growth in number of children by race is fairly steady. [8]

Cayetano Real Estate Company Developments
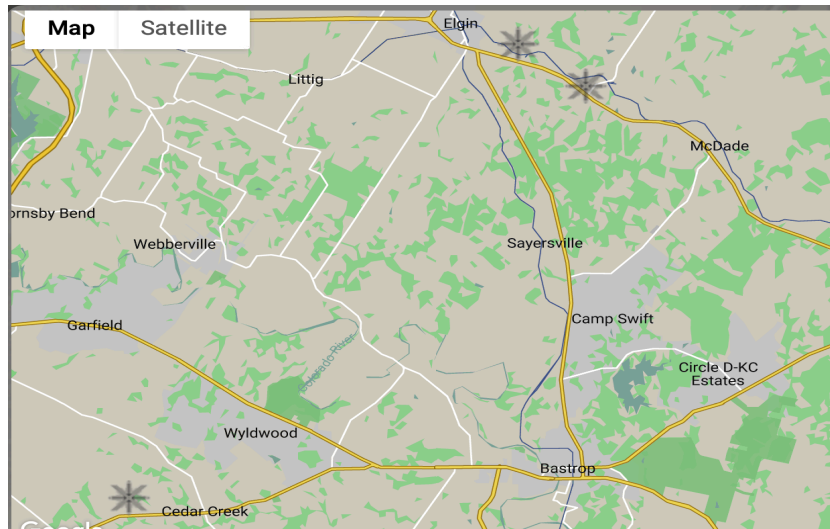
Map from [Cayetano Real Estate Company website]()

Entire BC Population By Race

■ Black/African American ■ Hispanic/Latino ■ White/Anglo ■ Other

2% 8%
37%
53%
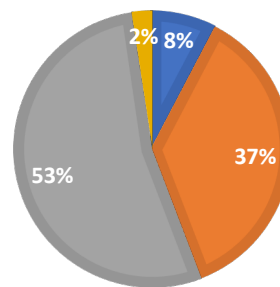
BC Children By Race

■ Black/African American ■ Hispanic/Latino ■ White/Anglo ■ Other

4% 6%
54%
36%
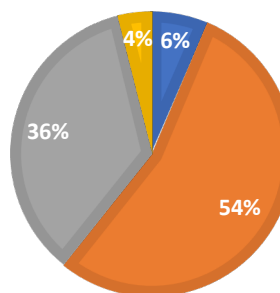
POVERTY

The Median Family Income in Bastrop County is $62,941. [9] 12.6 % of residents- 11,108 people live in poverty.[10]

An additional 9%-8074 people- are just above the poverty line and likely struggle financially.[11] 19.2% of all children live in poverty. [12] Approximately 850 children ages 0-4 live below the poverty line.[13]

Many more young children live in families with limited financial means. 43% (2721) children 0-5 live below 185% of the poverty level.[14] A family of 4 at this level makes $48,470 or less per year.[15]

It is difficult to determine year to year trends for children in poverty due to small data samples. Available data shows that many young children live in families that are not economically stable. [16]

Families by income level

Poverty levels (2017)	# of families
150 percent of the poverty level	3,419
185 percent of the poverty level	4,655
Total	8074

African Americans are inequitably affected by poverty. African Americans make up just 7.6% of the total population but live at higher levels of poverty than other racial groups. 12.9% live at less than 50% of the poverty level (deep poverty), 22% at less than 100% of poverty, and 25.5% at less than 125% of poverty. [17]

Percent of Residents by Race at Low Income Levels
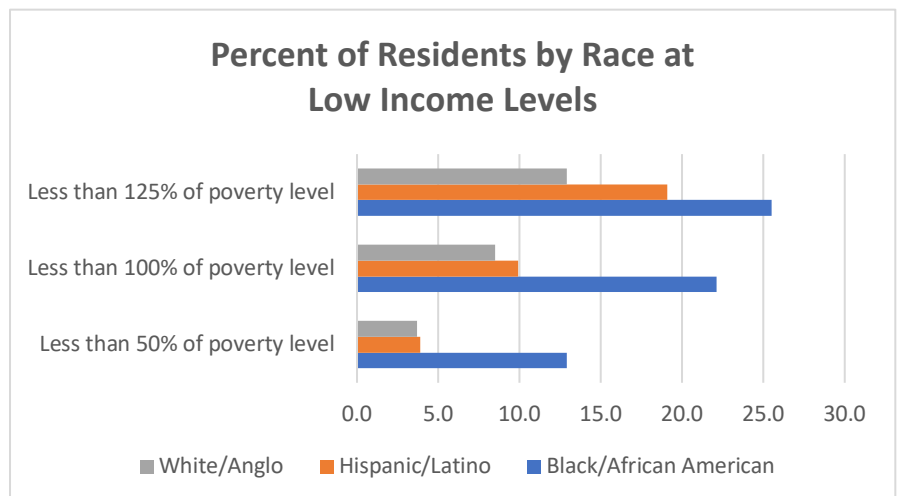
POVERTY

Geographic Poverty

The following map of median household income across the county, shows pockets of residents with lower incomes.

Median Household Income by Geography
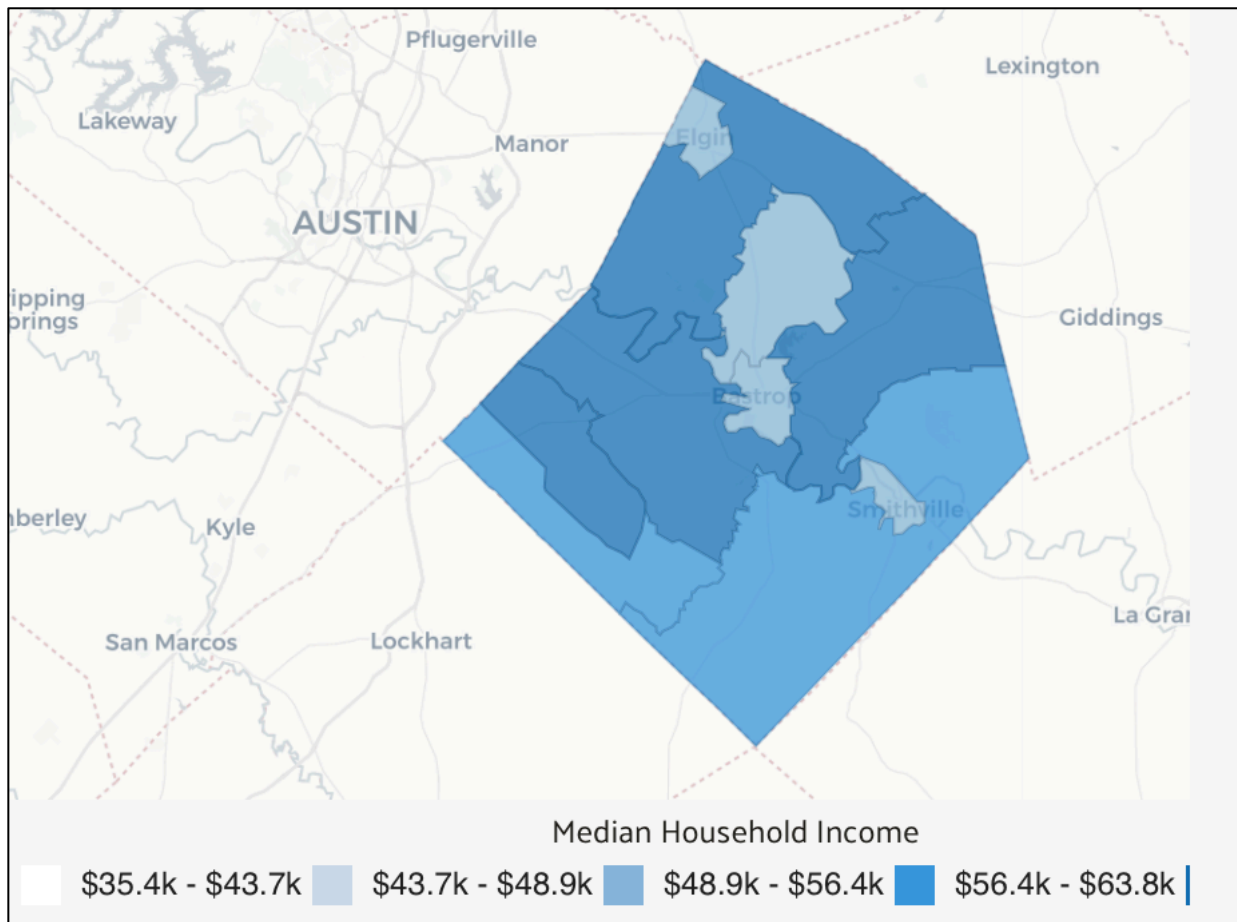
Map from Data USA[18]

POVERTY

The Census Tract maps below depict how young children are concentrated geographically across the county and which areas are home to the greatest number of young children living in poverty.
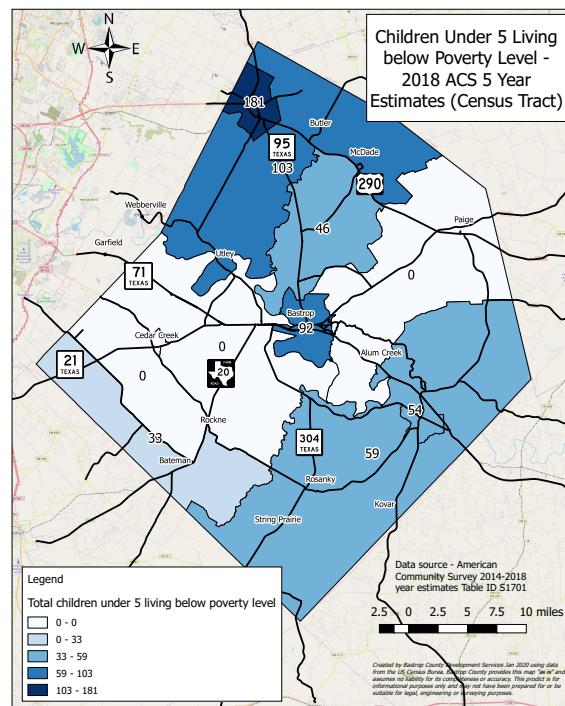
Elgin is the area with the most children 0-4 living in poverty. Bastrop and the area including parts of Elgin, McDade, Utley, and Butler also have significant numbers of children 0-4 living in poverty.

Young children by census tract   **Young children <u>living below poverty</u> by census tract**
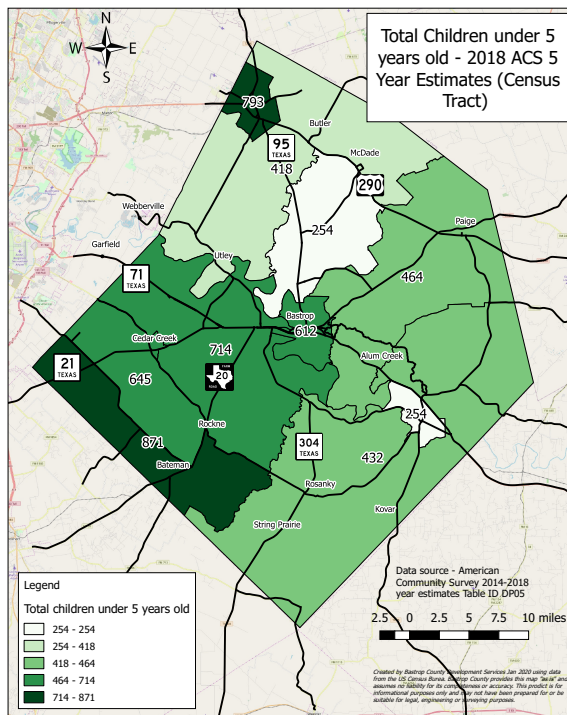
Maps from Bastrop County Development Services, 2020

70

POVERTY

The map below depicts specific areas across Bastrop County with higher socioeconomic vulnerability determined by considering eleven indicators: low income households, population with less than a high school education, people over 64 years old, children under 5 years old, people of color, linguistic isolation, disabled population, households without cars, children 19 and under, refugee population, and economically disadvantaged students.[21]

Socioeconomic Vulnerability Across Bastrop County Map
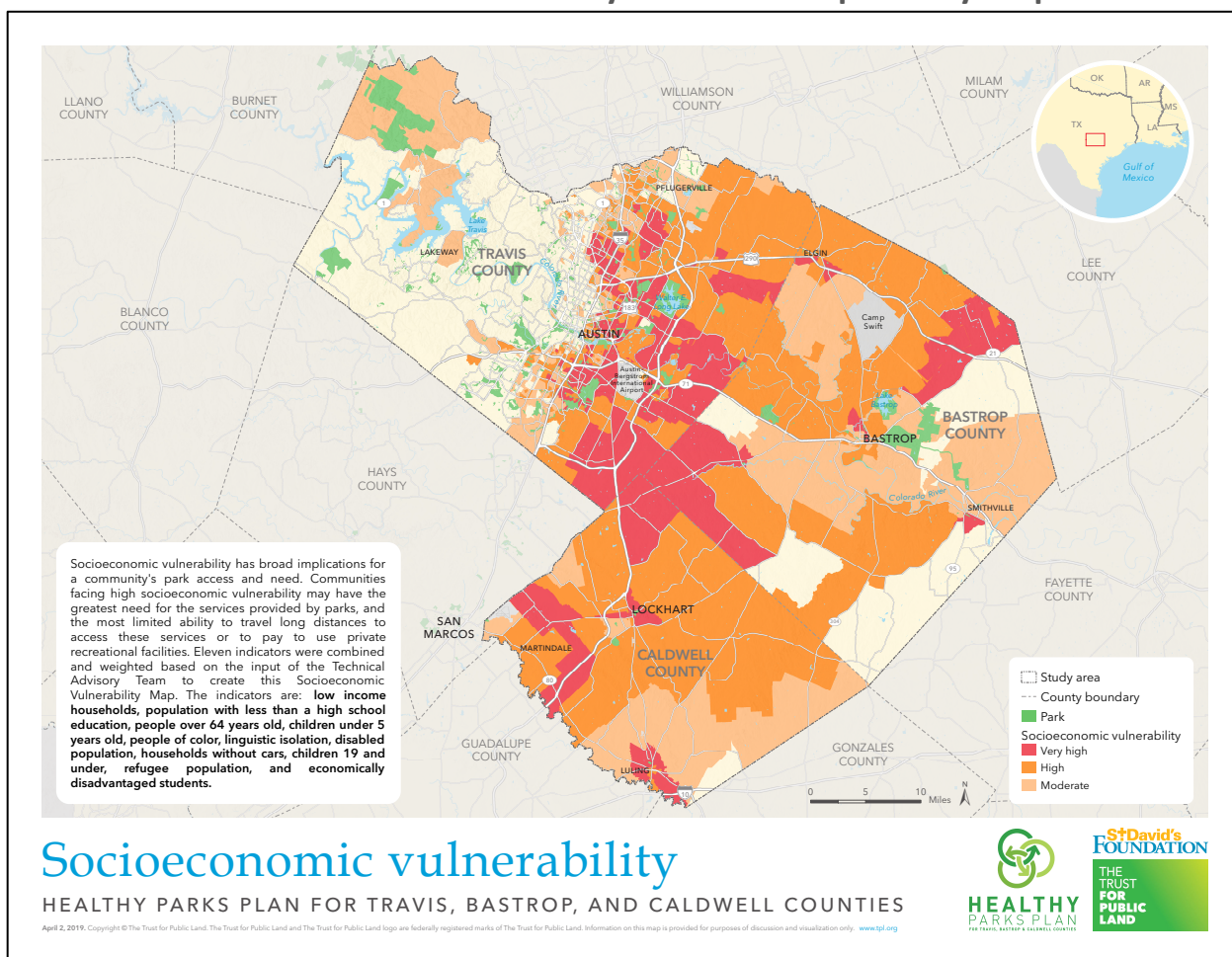
Map from St. David's Foundation Healthy Parks Plan

HOUSEHOLD CHARACTERISTICS

Bastrop County includes 25,345 households with an average size of 3.17 people. [22]

The following list describes household characteristics that impact child outcomes:
- 1074 grandparents are parenting (report that they are "responsible for their grandchildren.") [23]
- 23% of children (3784) live in single parent households. [24]
- 81% of all adults are High School Graduates.[25]
- 20.4% have achieved a bachelor's degree or higher.[26]
- 19.5% of households lack a broadband internet subscription.[27]
- 56% of working adults report a long commute to work, higher than the Texas average of 38%. A long commute is defined as more than 30 minutes. [28]

Most households are made up of married couples. 17% households are headed by single parents or consist of another type of non-married family. A quarter of residents live alone. 4% of households are non-family. [29]

Bastrop County Households

- Married couples
- Other families
- People living alone
- Other non-family households

4%

24%

55%

17%
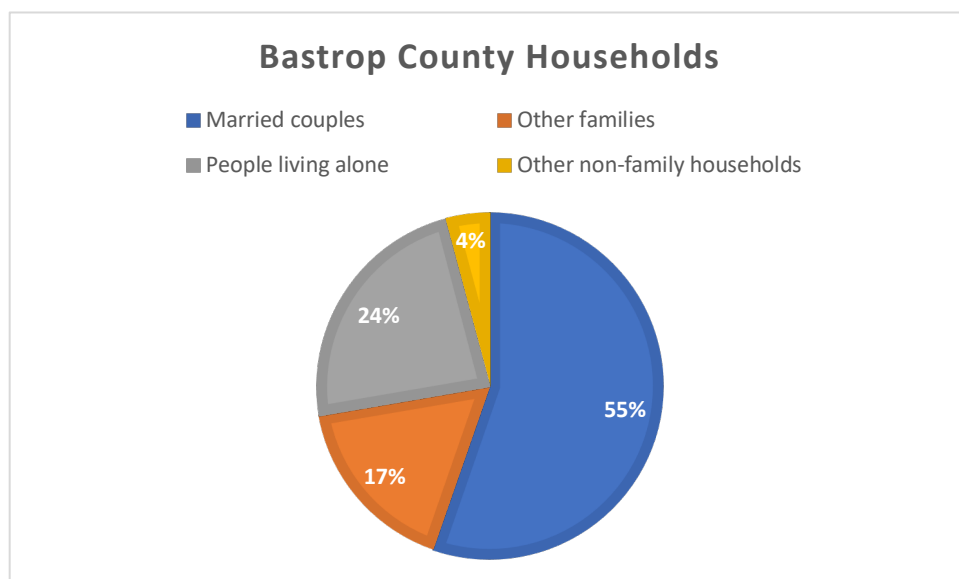
BIRTH OUTCOMES

1048 babies are born yearly.[30] The infant mortality rate is 2.9 per 1000 births.[31]
Most births are to residents who identify as Hispanic/Latino or (non Hispanic) White.[32]
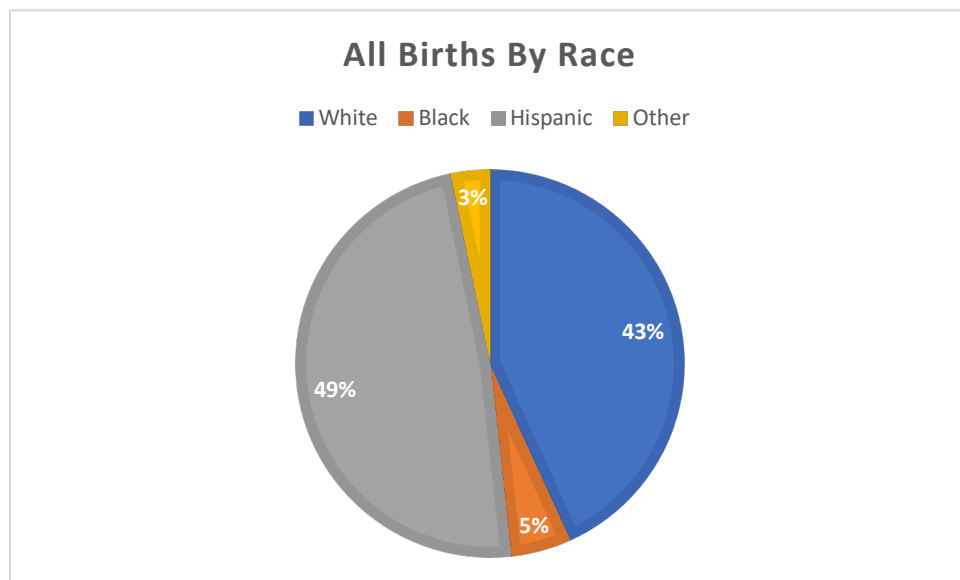
Teen Births

- 9%- 93-of all births are to teens.[33]
- Births to Hispanic teens are highest, at 47 per 1000. The county average is 36 per 1000.[34]
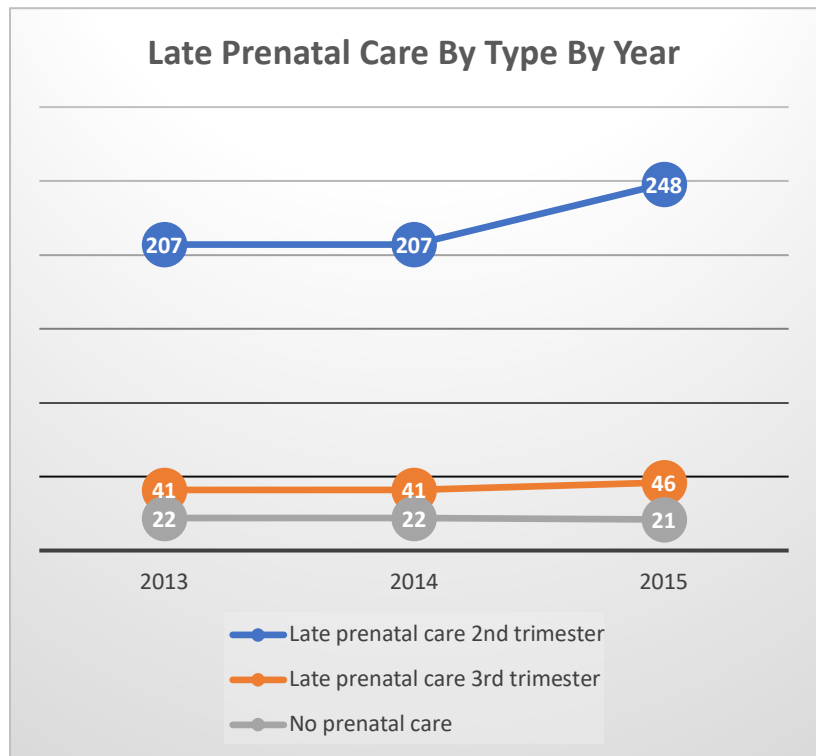- It is difficult to draw conclusions about the trend of teen births by race over the years due to small sample sizes.
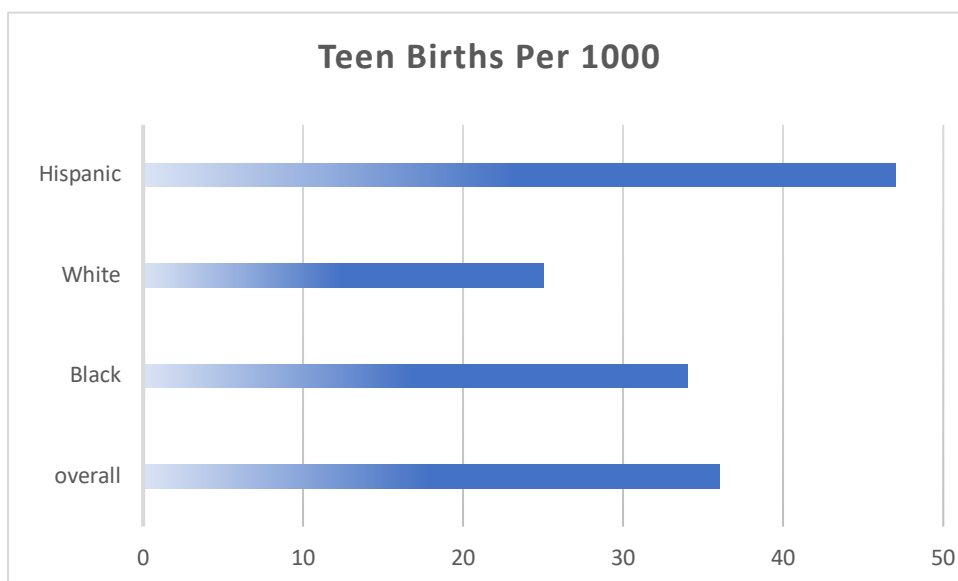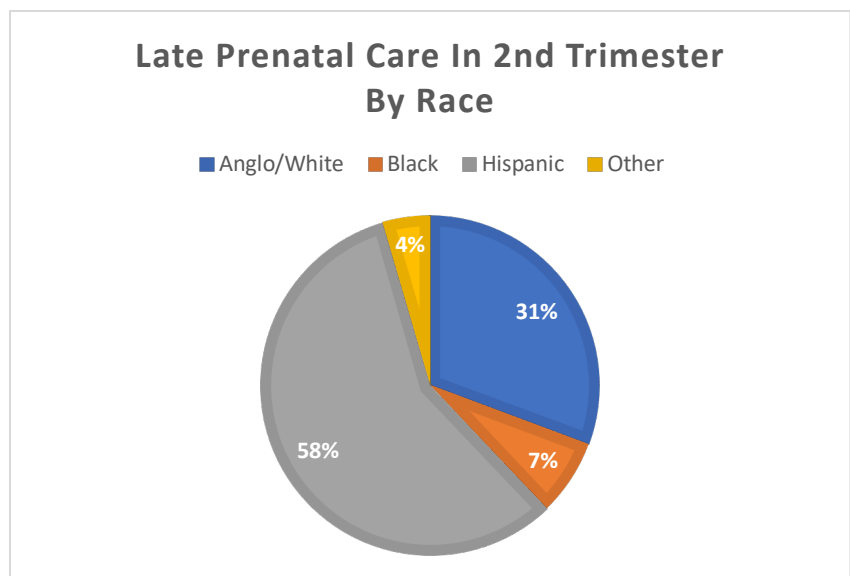
BIRTH OUTCOMES

Prenatal Care

30% -315 moms do not get adequate prenatal care each year. Most of these moms begin prenatal care in the 2nd trimester. [35]

The number of moms who didn't receive care until the 2nd trimester increased significantly in 2014 and remained high.

Late Prenatal Care By Type By Year

	2013	2014	2015
Late prenatal care 2nd trimester	207	207	248
Late prenatal care 3rd trimester	41	41	46
No prenatal care	22	22	21

Hispanic moms are disproportionately affected, having higher percentages of late prenatal care.[36]

Late Prenatal Care In 2nd Trimester By Race

- Anglo/White: 31%
- Black: 7%
- Hispanic: 58%
- Other: 4%

BIRTH OUTCOMES

Low birth weight

8% of babies in Bastrop County are born with a low birth weight.[37]

African American babies have disproportionally higher rates of low birth weight. [38]
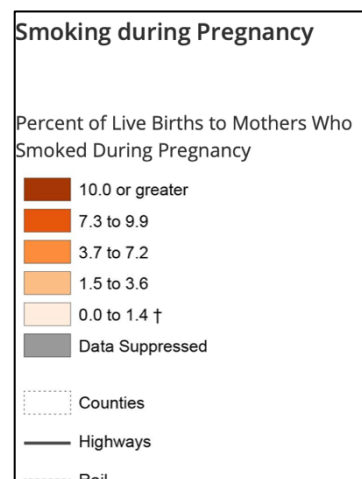
While the percentage of African American babies with a low birth weight dipped from 2017-2019, the percentage remained disproportionally high. [39]
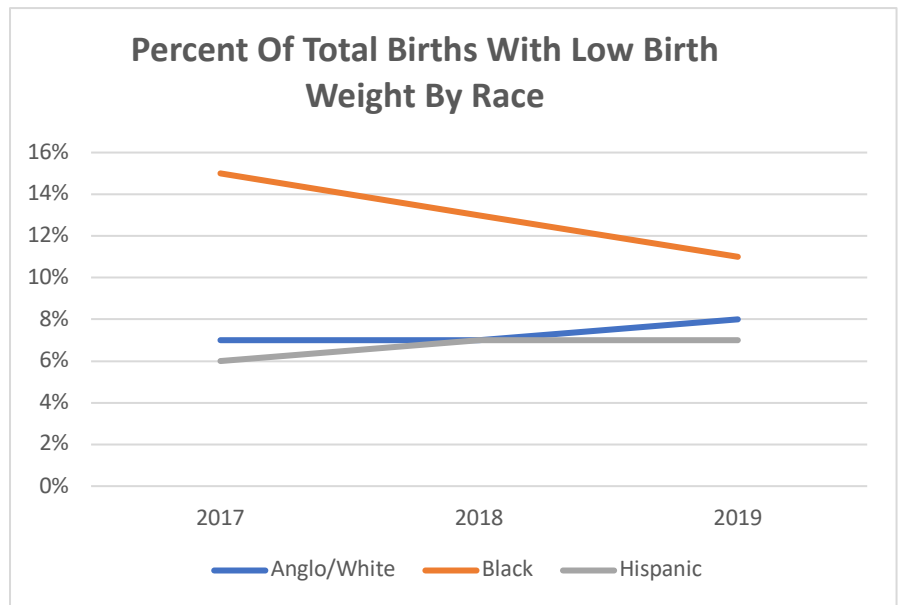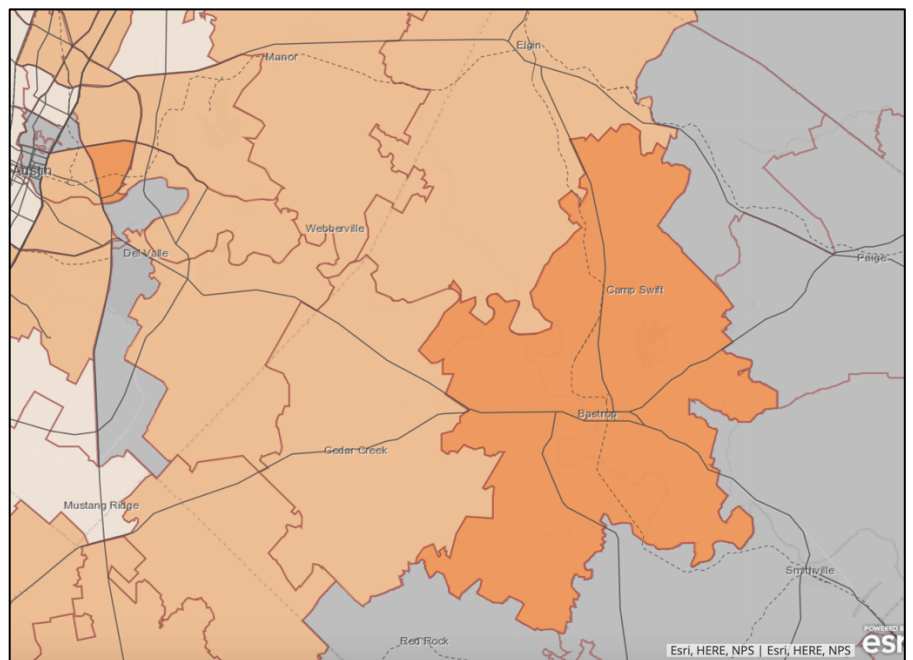
Maternal health

Pregnant moms in some areas of the county have greater health risks.

Moms in 78602 are more likely to smoke during pregnancy.[40]

Percent Of Total Births With Low Birth Weight By Race

Legend: Anglo/White, Black, Hispanic

Smoking during Pregnancy

Percent of Live Births to Mothers Who Smoked During Pregnancy

- 10.0 or greater
- 7.3 to 9.9
- 3.7 to 7.2
- 1.5 to 3.6
- 0.0 to 1.4 †
- Data Suppressed

- ··· Counties
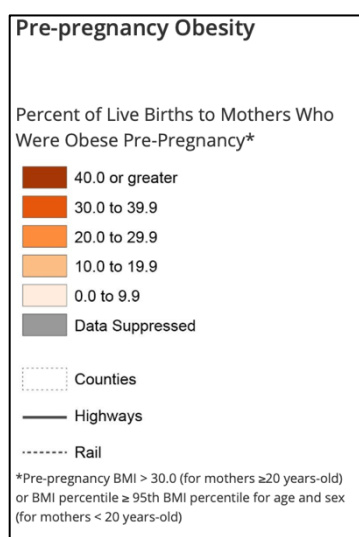- — Highways
- ---- Rail

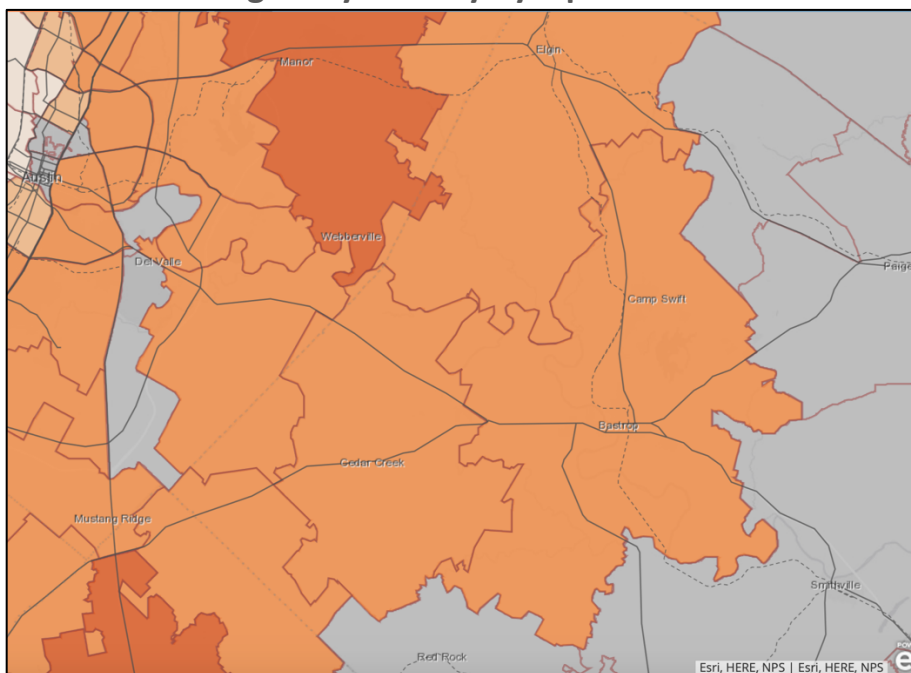## Smoking During Pregnancy by Zip Code

Map from Maternal Health Risk Factors in Communities Across Texas

75

BIRTH OUTCOMES

Moms in 78953 are much more likely to be obese, with 30-39% of pregnant moms obese. The areas of 78602 (Bastrop), 78612, and 78621 (Elgin) all have pre-pregnancy obesity rates between 20-29%.[41]

Pre-Pregnancy Obesity by Zip Code

Map from Maternal Health Risk Factors in Communities Across Texas

HEALTH & ACCESS TO HEALTH SERVICES

Access to Insurance

Bastrop County has a higher percentage of uninsured people than the state average.[42]

All Residents

Bastrop	Texas
22%	19%

More children are uninsured in BC than the state average as well.[43]

Children

Bastrop	Texas
13%	11%

This percentage of uninsured children dropped in the most recent years for which data is available, indicating that more children gained health insurance. [44] As of 2015, 44.5% -9781 children- were enrolled in Medicaid up from 37% in 2013. [45]

However, the percentage of uninsured children has grown significantly since 2016. County specific data is not yet available, but the Bastrop rates likely follow the Texas trend. From 2016 to 2018, the rate of uninsured children in Texas increased from 9.8% to 11.2%[46]

Uninsured Children in Bastrop County and Texas
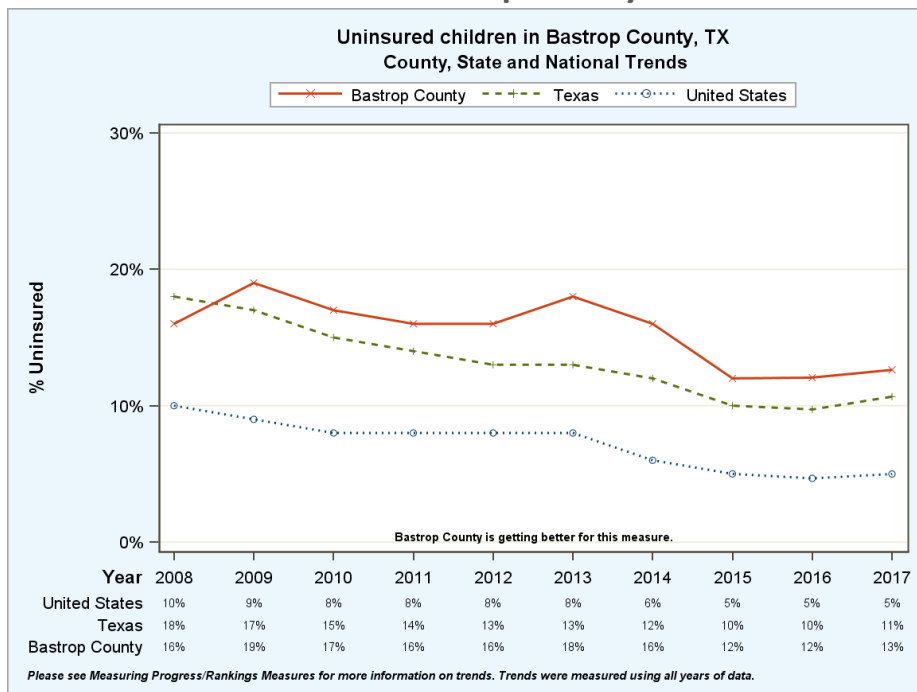
Map from County Health Rankings

77

HEALTH & ACCESS TO HEALTH SERVICES
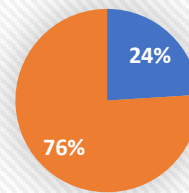
Access to WIC Nutrition Program

Many pregnant women and young children who are eligible for Women Infants and Children (WIC) supplemental nutrition program do not participate. Estimates of eligible moms and children who do NOT participate range from 36-63%.

Even the low estimate reflects a significant under use of WIC.

It is also notable that many more infants use WIC than children 1-4-years of age, indicating that families are not retained from infancy to toddlerhood.[47]
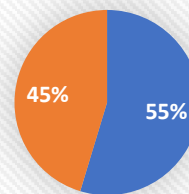
The charts to the right depict the more generous estimates of moms and children eligible for WIC. They are "over-estimates."

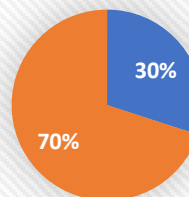### Participation Of Eligible Pregnant Moms

- 24% participating
- 76% not participating

Participation Of Eligible Infants

- 55% participating
- 45% not participating

Participation Of Eligible Children (High Estimate)

- 30% participating
- 70% not participating

<u>Why are the percentages above "over-estimates"?</u>
The Texas Health and Human Services Commission creates estimates based on pregnant women and children that would have potentially been eligible for Medicaid if Texas had accepted federal expansion funding for Medicaid. These estimates include some households that are over 185% of the poverty level, and therefore would not qualify for WIC.

HEALTH & ACCESS TO HEALTH SERVICES

Access to WIC Nutrition Program
Comparisons of the number of children 0-4 living up to 185% of the poverty line[48] to the number of children enrolled in WIC [49] yield a more conservative estimate of how many eligible children are not participating- approximately 36%.

Access to Healthy Food, & Exercise Opportunities
Bastrop residents have lower access to healthy food compared to the average Texan. 11% have limited access vs. 9%.[50]

Additionally, 21% of children are food insecure or hungry.[51]

BC residents also have much lower access to exercise opportunities. 48% have reasonable access to physical activity such as parks or recreation centers, significantly lower than the state average of 81%.[52]

Participation Of All Eligible Children 0-4 (Conservative Estimate)

36%
64%

■ participating   ■ not participating
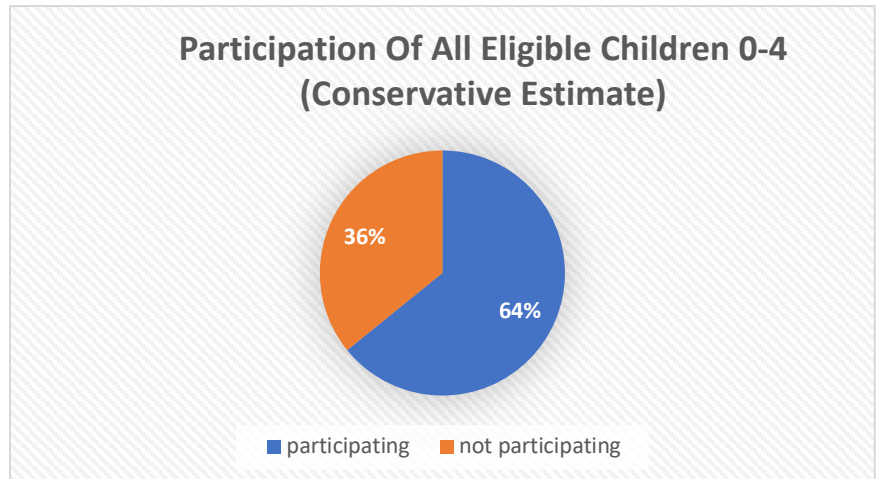
Obesity rates
38% of adults in Bastrop County are obese, significantly higher than the 30% Texas average. [53]

Additionally, adult obesity rates have grown significantly over last few years.[54]

Unfortunately, data on overall childhood obesity for Bastrop County is not available. Available data indicate that 12.85% of children with a low income ages 2-4 are obese. [55]

HEALTH & ACCESS TO HEALTH SERVICES

Access to Primary Medical Care

Bastrop County has a critical shortage of primary care, dental and mental health providers.

Provider to Resident Ratio

Type	Bastrop County	Texas
Primary Care[56]	1:3663	1:1640
Dentists[57]	1:3000	1:1730
Mental Health Providers [58]	1:1740	1:880

BC residents had 4397 preventable hospital stays/year, below the Texas average of 5011. [59]

Certain areas of the county have poorer health. The map below reflects community health as measured by childhood asthma, obesity, and poor mental health and adult asthma, cancer, COPD, diabetes, heart disease, high cholesterol, kidney disease, poor mental health, obesity, and stroke. [60]

Bastrop County Community Health Map
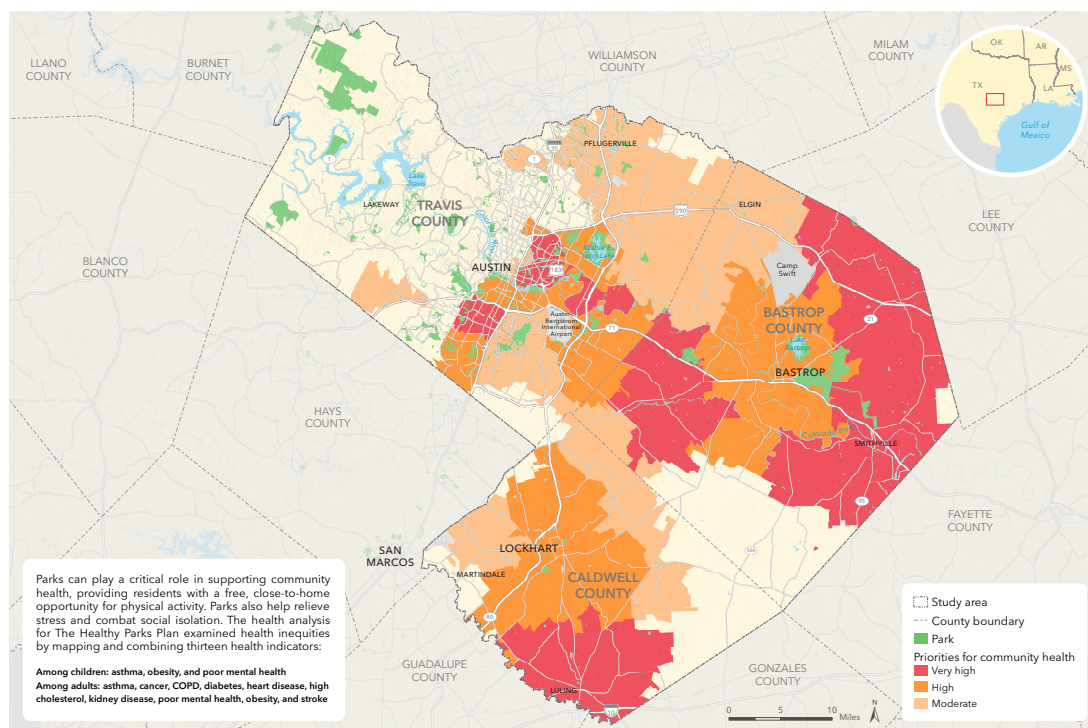
Map from St. David's Foundation Healthy Parks Plan

SAFETY

Bastrop County had 286 incidences of child abuse in 2019. [61]

Rates of abuse are higher in BC than the state average.[62]

Abuse has both increased and decreased in the last 5 years[63]

Year	Incidences of Child Abuse
2016	293
2017	210
2018	309
2019	286

Two zip codes in Bastrop County-78602 (including the city of Bastrop) and 78612- have above average rates of child abuse rates. [64] Data for several zip codes was not available due to small sample sizes.

78602 also has a very high number of children 0-4.

Bastrop has 82 injury deaths per 100,000 residents, significantly higher than the Texas average of 57. This number includes children and people of all ages. [65]

Confirmed incidences of child abuse per 1000
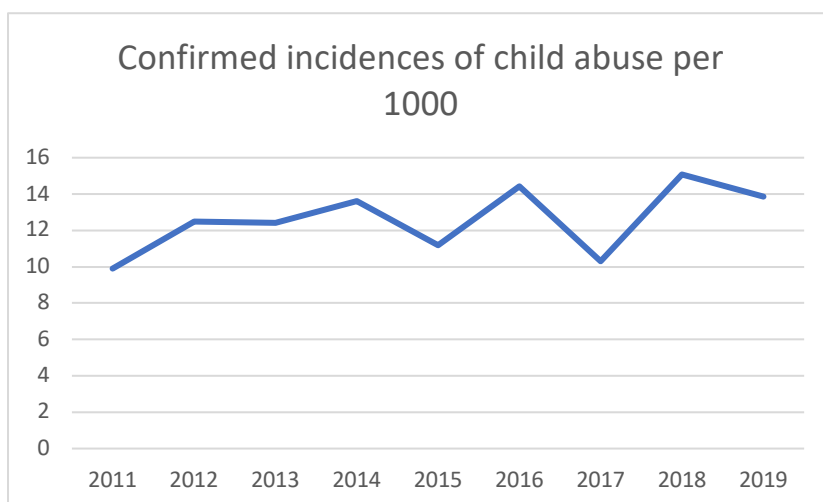
Maltreatment Risk for Infants And Children 1-4 Years Of Age By Zip Code

Zip Code	Area	# of kids 0-4 living in poverty	Infant maltreatment	maltreatment risk for 1-4 yr olds
78602	Bastrop	highest	above average	above average
78612			above average	above average
78621	Elgin	highest	average	average
78650			data suppressed	
78659	Paige		data suppressed	
78662			data suppressed	
78953			average	average
78957	Smithville		data suppressed	

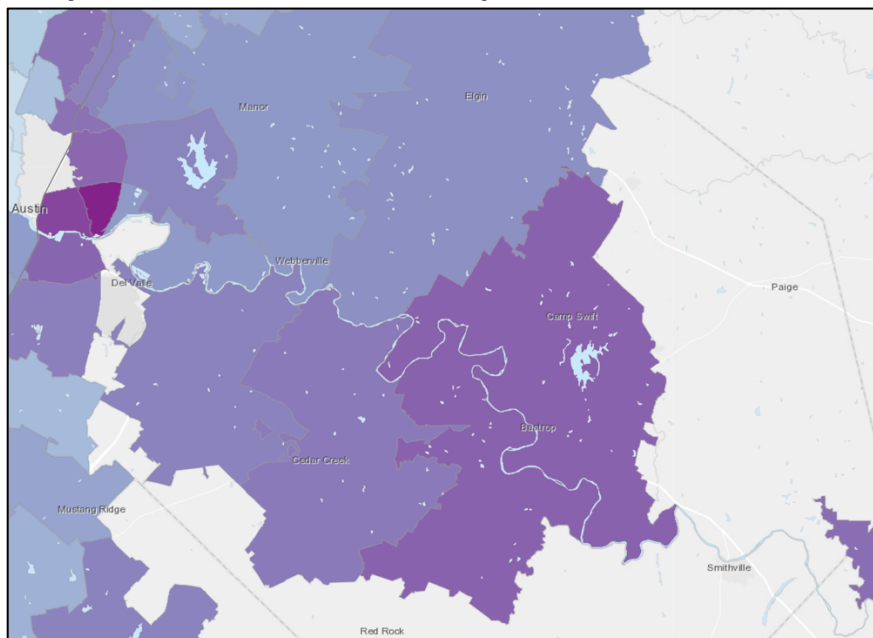Data from Maltreatment Risk in Communities 2016

SAFETY

The following heat maps show areas with greater incidences of child abuse. The darker the color, the greater the incidence.

Infant Maltreatment Map
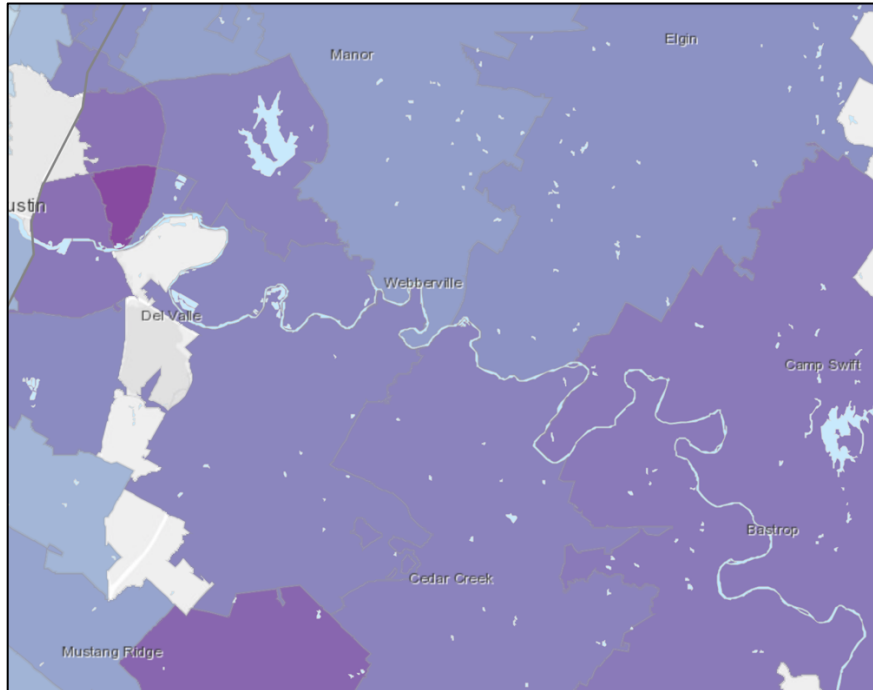
Map from Maltreatment Risk in Communities 2016

1-4-year-old Maltreatment Map

Map from Maltreatment Risk in Communities 2016

SCHOOL READINESS

Bastrop County school districts measure school readiness by administering a literacy assessment with entering Kindergarteners. School districts use different assessments, so County-wide readiness data is not available.

Current assessments show overall readiness ranges from 31.7% to 69.6% and readiness for children who attended Pre-K ranges from 33.3% to 66.7 %. Children who attended Pre-k are generally more ready for school.[66]

Districts with available multi-year data show some huge fluctuations year to year. One fluctuation in Smithville ISD data may be explained by the change in assessment instruments (from ISIP to TPRI) from the 2016-17 school year to 2017-18 school year. Causes for the other changes in data year to year are unclear.
Year to year data for Bastrop ISD and McDade ISD is unavailable.

Percent Of Children Who Are Kinder Ready
(TPRI assessment)

District	All	% assessed	Attended Pre-K
McDade ISD	69.6%	60.5%	NA
Bastrop ISD	34%*	65%	45.20%
Smithville ISD	47.8%	100%	66.7%
Average	50.74%		55.85%

Percent Of Children Who Are Kinder Ready
(ISIP assessment)

District	Overall	% assessed	Attended Pre-K
Elgin ISD	31.7%	53%	33.3%
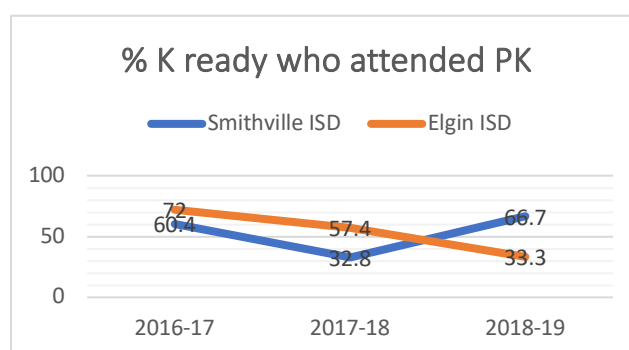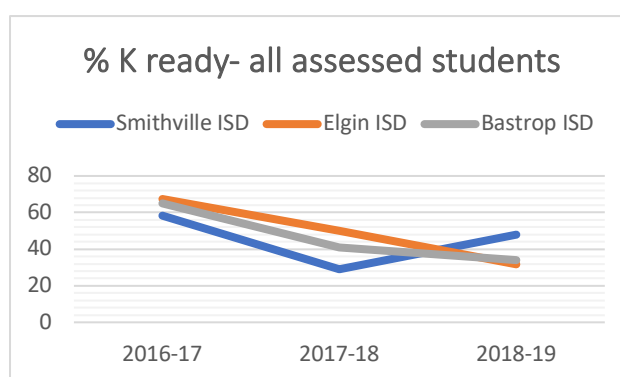
Generally, comparisons of readiness year to year are not internally valid. Readiness rates year to year can be affected by unforeseen "historical effects", such as a change in principal, more or less economically disadvantaged families enrolling in the school, implementation of a new curriculum, or uneven administration of the assessment.

Data in all charts on this page collected from Texas Education Agency Public Kindergarten Programs and Kindergarten Readiness Reports 2016-17, 2017-18, 2018-19 Pre-K specific data from Bastrop ISD and McDade ISD for 2016-17 and 2017-18 are unavailable.

SCHOOL READINESS

Please note an important factor that may explain why Bastrop ISD's Kindergarten readiness scores are lower than other districts. At the time these students would have attended Pre-K, Bastrop ISD only offered half day programming, while other districts offered full day.

It is unclear why all districts did not assess 100% of Kindergarteners

It is difficult to determine whether subpopulations by race are more or less ready than children overall because of low sample sizes.

The limited data suggest that children who identify as White are generally more ready than students who identify as Latino/ Hispanic.

Percent of Children Who Are Kinder Ready By Race

Race	% K ready overall	Sample size
Bastrop ISD		
Black	30.40%	7
Hispanic	30.50%	67
White	39.90%	71
Smithville ISD		
Black	NA	NA
Hispanic	39.30%	11
White	50.70%	38
Elgin ISD		
Black	30%	6
Hispanic	25.80%	25
White	42.90%	18
McDade ISD		
Black	NA	NA
Hispanic	NA	NA
White	NA	NA
Other	NA	NA

Data in all charts on this page collected from Texas Education Agency Public Kindergarten Programs and Kindergarten Readiness Reports 2018 19

ADDENDUM

Bastrop County Census Tract, Zip Code, & Neighborhood Alignment Chart

| Zip Code	Census Tract	Neighborhood/Community
	9508.01	Cedar Creek
	9503	Wyldwood
78612	9508.01	Thousand Oaks
		Stony Point
78617	2435	High View Ranch
78916		St. Mary's Colony
		LBA
		Camp Swift
	9505.1	City of Bastrop
78602		Tahitian
		Shiloh
		Rockne
	9501	Utley
		Bateman
		Red Rock
78662	9508.02	Waterson
78953	9506	String Prairie
78659	9505.02	Paige
	9507	Smithville
	9506	Rosanky
78957		Alum Creek
78650	9502	McDade
		Elgin
		Butler
78621	9501	Greenbriar

Note: Census tracts may include sections of multiple zip codes and zip codes may include multiple census tracts

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Bastrop County Map Zip Code Map
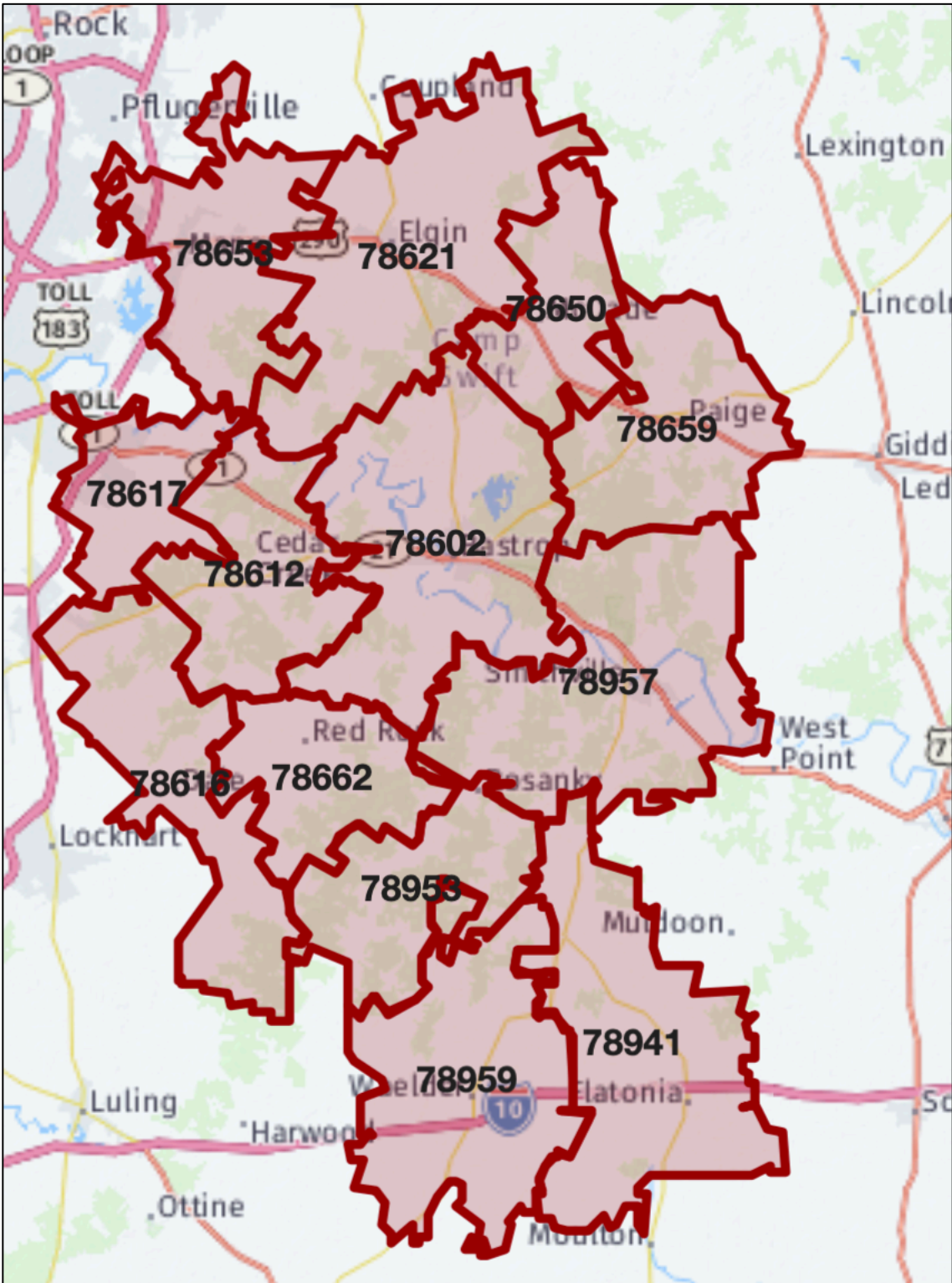
[Texas Home Town Locator](#)

Bastrop County Map

Bastrop County © Texas Almanac
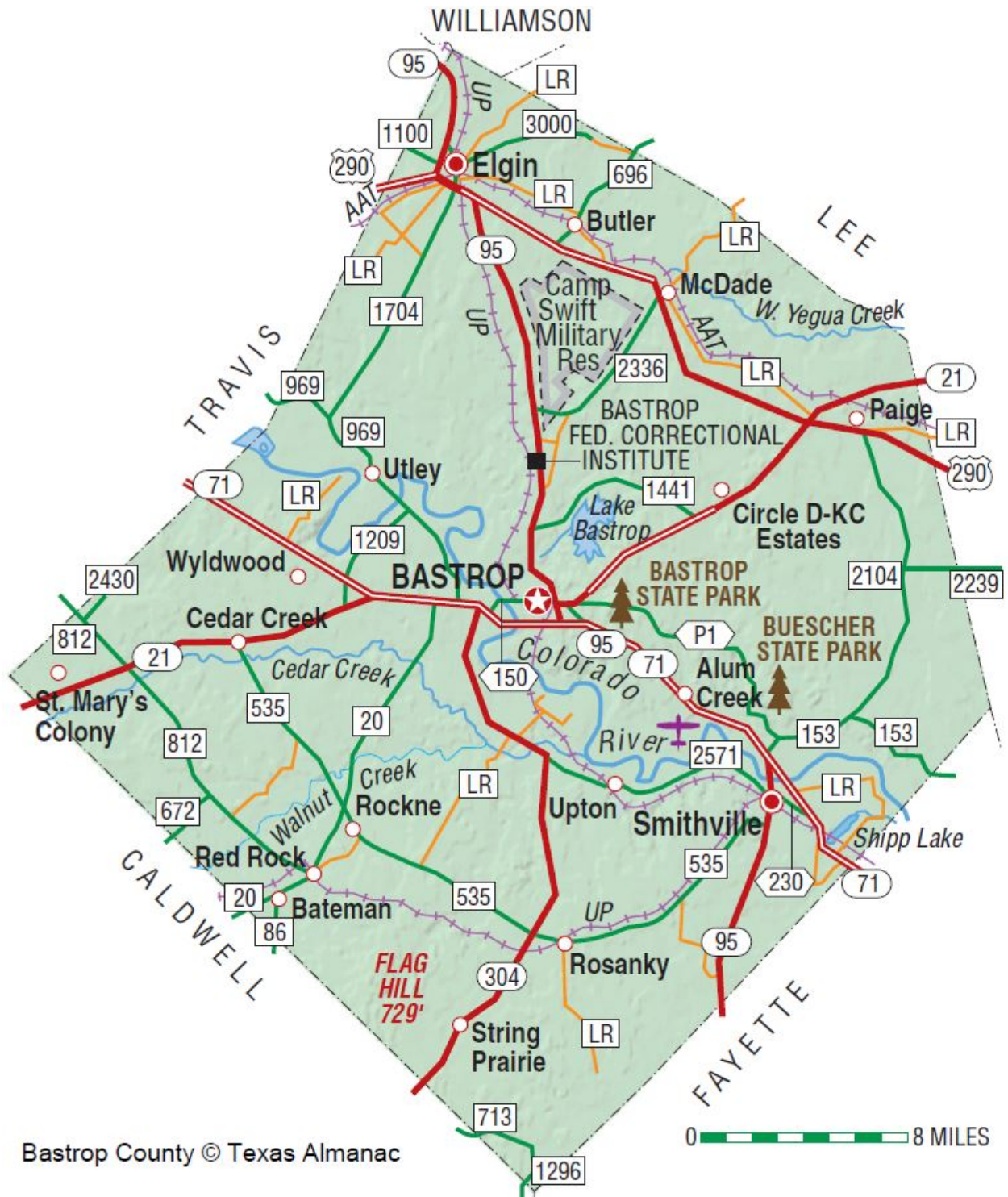
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[36] Texas Department of State Health Services Data, 2015

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[55] Pediatric Nutrition Surveillance System

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[61] Texas Department of Family and Protective Services

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[65] 2014-2018 National Center for Health Statistics - Mortality Files

[66] Texas Education Agency Public Kindergarten Programs and Kindergarten Readiness Reports 2016-17, 2017-18, 2018-19

Performance Indicators

The following is a list of Performance Indicators selected by the Bastrop County Early Childhood Council following a framework of Results-based Accountability. Indicators will be used to measure the Coalition's progress toward improving the health, safety, and school readiness of young children. Key data points from the Quantitative Data Summary and Continuum of Programs & Services are included under the column titled *Issue.* All indicators will be disaggregated by race whenever possible.

Area	Issue	Performance Indicator
Safety	286 incidences of child abuse/year – higher than state avg; highest in 78602 and 78612	# of confirmed victims of child abuse, ages 0-5
		Rate of confirmed victims of child abuse, ages 0-5 per 1000 children
Health	30% of women receive late or no prenatal care; Latino moms have disproportionately higher rates of late prenatal care; the rate of low birth weight is disproportionally higher in African Americans babies; Moms are more likely to smoke during pregnancy in 78602; Moms are much more likely to be obese in 78953 (Rosanky)	# of mothers who receive late prenatal care 2nd trimester
		# of mothers who receive late prenatal care 3rd trimester
		# of mothers who receive no prenatal care
	Only 18% of the 1048 Bastrop County moms who give birth yearly receive a Nurse Home Visit; At scale 60%+ participate	% of babies born who receive a Nurse Home Visit via Family Connects
	More uninsured people and uninsured children than the state average	% of children who are insured
Readi-ness	Evidence-based early learning programs reach less than 18% of 0-3-year-olds who could benefit from them.	# of parents with young children receiving support in the parenting role via Parents as Teachers, Early Head Start, Nurturing Parenting, or Nurse Family Partnership
	Of the 23 licensed childcare centers that accept childcare subsidies, only 7 work toward high quality status in the TX Rising Star (TRS) system; Only 4 are TRS 4*.	% of high quality licensed childcare facilities (Texas Rising Star 4 or National accreditation)
	Overall school readiness ranges from 31.7% to 69.6% across 4 districts ; Latino/Hispanic children are generally less school ready than (non Hispanic) white children	% of children school ready at Kindergarten entry

Messaging Guide

Overview

This section offers recommendations to inform Bastrop Early Childhood Coalition's communication framework. By using intentional messaging, the Coalition can garner support to implement new strategies from its diverse population including such as parents, single adults, seniors, those who identify as politically conservative and progressive.

How to talk so people will listen

How do we talk about the importance of improving young children's safety, health and school readiness so that people will listen and act to make the community better for all children?

Here are 5 general guidelines:

1. Do not assume the listener agrees with you about the importance of supporting young children and their families
2. There's no "silver bullet" effective message that speaks to all; different messages will appeal to different listeners. Some people will be persuaded by brain science; others by the compelling return on investing early, and others by connecting to their own experience parenting a young child.
3. Listen more; talk less. Seek to understand what your audience most cares about; then craft your message to address their unique needs and wants.
4. Make an emotional connection. People don't always remember what we say, but they do remember how we made them feel. Tell a story or ask the listener to recall a personal experience to leave them with a lasting feeling of the importance of early childhood.
5. Less is more. Practice sharing a concise message. Don't go on and on. The listener gets lost in long windy explanations.

What to say

Bastrop Early Childhood Coalition can borrow from other successful groups to craft messages to address local leaders, stakeholders, and families. Example messages from four organizations are included below.

Bipartisan Policy Center

A 2018 bipartisan survey found that *conservatives and liberals alike recognize that early childhood development is critical to the wellbeing of the nation as a whole and even align on some possible policy approaches*. A Webinar [recording]: Building Bipartisan Support for Early Childhood Excellence offers these messaging tips:

- o Every child deserves an equal opportunity to a quality educational foundation that will prepare them to grow, learn, and succeed.
- o Early care programs give parents more time to teach their personal values.
- o Use this format to share your message: Why… Therefore… so that..
  Example: Because we all believe that every child deserves an equal opportunity to a quality educational foundation that will prepare them to grow, learn, and succeed, we will invest in quality pre-k so that all kids are ready to learn.
- o Avoid the terms: achievement gap, struggling families, equal

Additional Bipartisan Policy Center resources that may be helpful to BC Early Childhood Coalition:

Family Child Care: A Critical Resource to Rural Communities during COVID-19

Investing in Home-based Child Care Networks Now for the Future of Child Care

National Collaborative for Infants and Toddlers
The National Collaborative website offers a 1 pager and Powerpoint slide deck highlighting these messages:

A child's brain develops faster from birth to age three than at any later period in life, building the foundation for all future learning, behavior, and health.

A healthy beginning for a child starts before birth with a healthy mother. To improve chances for a strong start in life, all expectant mothers need access to comprehensive prenatal and postnatal care, screenings and services to ensure infants are born safely and continue to thrive.

For healthy development, infants and toddlers need quality health care, stimulating learning opportunities, and nurturing, responsive relationships. A system of supports for families should be in place to reach every parent and child at or before birth with needed information, assessments and referrals that offer each child a strong start.

High-quality child care must be accessible and affordable for every family that needs it. Whether it's in a child care center or with home-based providers, stimulating learning opportunities and nurturing, responsive relationships are crucial to support healthy brain development.

Alliance for Early Success
Though it is several years old, the Alliance's Advocacy Toolkit: Promoting Quality Early Childhood Education offers practical guidance on speaking with the media, writing an op ed, and designing an effective press release. The kit also includes sample letters customized to leaders in different sectors: religion, business, and health.

Suggested messages for a conservative environment:
- *Investing in early childhood education is a fiscally responsible way to reduce deficits and create surpluses in the short- and long-term.*
- *Quality early childhood development is essential for reducing social costs. Gaping holes in early childhood development among disadvantaged children create …the growing population of unskilled workers, the increasing demand for public support, and increased government costs due to poor outcomes in education, health and personal productivity.*
- *Birth-to-five early childhood education for disadvantaged children more than pays for itself by … producing better outcomes in education, health, personal productivity and economic vitality.*
- *Early childhood education is efficient and effective. It sets the foundation for school readiness by shaping the package of cognitive and character skills children need to persist in school and to be successful in college career and life.*
- *Early childhood education produces big gains for children and taxpayers. Prioritizing funding to early childhood education will provide taxpayers with returns of 7-10% per year for every dollar invested, based on reduced costs in remedial education, health, justice system expenditures and the tax revenues generated by increase earnings.*

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Early Matters Greater Austin

This organization offers guidance on making the business case for investing in early childhood including key messages that could be applied in Bastrop:

SOCIETY AND FAMILIES HAVE AND WILL CONTINUE TO CHANGE
Fifty years ago, more than half of American children were growing up with married parents, a father employed full-time and a mother who was not in the workforce. TODAY, ONLY ONE IN FIVE CHILDREN LIVE IN SUCH A FAMILY.

[Bastrop] thrives when our children thrive because they are our future citizens, workforce, and leaders. Employers of every size and industry in every corner of our region can play an important role in assuring all children reach their full potential. Even though most employers are not directly involved in raising children, their support for family-friendly workplace practices is good for business and good for [Bastrop.]

Final Recommendations

Overview

This section outlines recommended strategies the Bastrop Early Childhood Coalition can use to significantly improve the health, safety, and readiness of young children.

Recommendations were created by reviewing each section of this Roadmap to pull out the common needs identified by service provider and parents, and gaps in the quantitative and programmatic data. The increased need for mental and physical healthcare and support for at home learning during COVID was taken into account. Recommendations were inspired by the successful work of other Coalitions in Harris, Travis, and Dallas counties.

Recommendations were also selected based on the following:
- Potential impact
- Feasibility (including work that best fits with the mission of the EC Coalition)
- Demonstrated success
- Alignment to performance indicators
- Ability to leverage or expand existing funding
- Racial and geographic disparities
- "Low hanging fruit" actions that can provide a quick win and catalyze further action
- Strategies that utilize Harvard's *Design Principles for Applying Science to Systems and Programs for Young Children & Their Families (see graphic below)*
- Strategies that address Child Abuse Protective factors (see list below)

Child Abuse Protective factors
- *Social connections*
- *Parental resilience*
- *Concrete support in times of need*
- *Knowledge of parenting & child development*
- *Social & emotional competence of children*
[Community Profile for Child Maltreatment Prevention, 2018](#)

**Design Principles for Applying Science to
Systems and Programs for Young Children & Their Families**

Center on the Developing Child 🛡 HARVARD UNIVERSITY
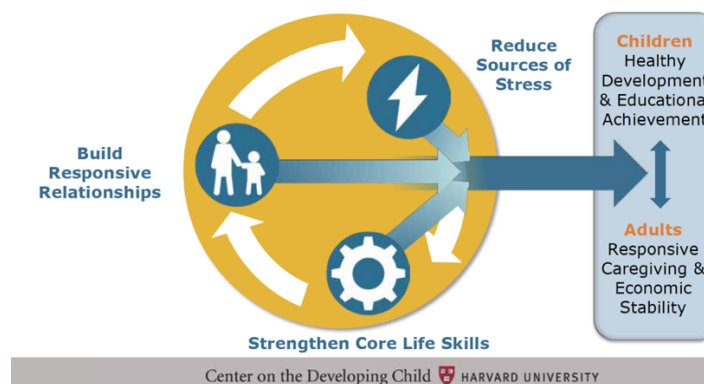
COVID-19

COVID-19 has reshuffled the needs of families around the world. While the strategies recommended here are still valid, they should be considered in light of the present moment. Many young children are experiencing toxic stress -living in families facing prolonged trauma and/or financial difficulty. This type of stress can actually cause damage to the brains of young children. Efforts that decrease parental stress should be given the highest priority. Temporary strategies to address family's basic needs for food, shelter, childcare, and health physical and mental health care need immediate attention and should be considered over longer term strategies that address gaps and needs.

Parent Leadership

As the Coalition moves closer to implementation, authentic parent leadership and engagement is essential. Parents who the Coalition wishes to reach through the Action Plan should view, edit, and approve any strategies that go forward. Ideally, parents serve on the EC Coalition itself and provide ongoing critical feedback about how to achieve the Coalition's goals.

Greatest Challenges

The greatest challenges facing Bastrop County leaders are
1. The high numbers of young children living at or near the poverty level
2. Support getting to parents and children too late- after children have already entered school.

2721 children, 43% of kids ages 0-5, live in families with limited financial means (below 185% of the poverty level.) African Americans live at higher levels of poverty than other racial groups. Most young children living in poverty reside census tracts 9502, 9501, 9504-Bastrop and Elgin, McDade, Utley, and Butler.

Supports to ameliorate the effects of poverty on children's health, safety, and readiness come too late. While recent changes have increased support to families of children ages 0-3, many still fall through the cracks. Only 9.6% of 0-3-year-olds receive evidence based early learning programs prior to Pre-K. Providers and parents shared how the lack of supports for children ages 0-3 results in unmet health, speech, and educational needs that compromise healthy child development.

While, many needs surfaced during the construction of the Roadmap, a call for more and better childcare was heard like a broken record and supported by the data. Current childcare centers only have capacity for half of BC's young children, several areas are high-quality childcare deserts, and hundreds of children sit on the waiting list for childcare subsidies. Addressing the shortage of quality affordable childcare would be a big step toward addressing racial inequities in Bastrop County. The Center for American Progress, reported the following:
   o   *A typical, median-income Black family with two young children would have to spend 56 % of its income on childcare, a larger share of total family income than that of any other group.*
   o   *Before the pandemic, Black and multiracial parents experienced childcare-related job disruptions—such as quitting a job, not taking a job, or greatly changing their job—due to problems with child care at nearly twice the rate of white parents.*
   o   *Working from home with young children is not an option for the many parents of color who are disproportionately represented in occupations that do not allow telework. Incidentally, the inability to work remotely increases these individuals risk of exposure to the coronavirus, which partially explains racial disparities in COVID-19.*

Recommended Strategies

Many levers can be pulled to shift early childhood outcomes, but time, energy, and resources are limited. The following directory outlines 30 recommended strategies customized to reflect Bastrop County's strengths, challenges, needs, and wants. Each strategy includes the following information:

- justification/background Info
- potential initial action steps
- related performance measures
- related area-health, safety, and/or school readiness
- sub area (e.g., childcare)
- age range
- timeline
- intensity

The following list was culled from the directory. It reflects the top 10 strategies that are the *most highly recommended.* These strategies are highlighted green in the full list.

Top 10

1. Increase the number of pregnant women and children who have health insurance
2. Increase use of existing mental health services for young children in Bastrop, particularly via tele-health.
3. Expand home visiting services such as Family Connects, Nurse Family Partnership (NFP) and Parents as Teachers (PAT)-specifically to children 0-3.
4. Increase quantity and quality of family childcare serving low-income children
5. Improve the quality of center-based childcare by increasing sustained participation in the Texas Rising Star (TRS) Quality Rating System
6. Increase Pre-K 3 offerings in all four school districts
7. Convert existing Head Start (HS) slots to Early Head Start (EHS) slots to stretch limited community resources to serve as many young children as possible and increase the quantity of high-quality early education for 0-3 year-olds.
8. Tighten connections between providers across the early childhood continuum to make it easier to connect families to resources, coordinate support for a family with multiple needs, and to increase utilization of existing resources.
9. Expand Bright by Text (BBT) sign ups
10. Provide culturally competent, respectful services to young children and families across the County.

Needs Best Addressed by Other Coalitions

During the construction of this Roadmap, several needs surfaced- that while important- do not fit with the mission and work of the EC Coalition. Coalition leaders can share these needs with other community groups best poised to create the needed changes.

These needs include:

- Shelter for victims of domestic violence
- Housing options for homeless families, particularly teen parents
- Affordable housing options, including opportunities to purchase a family home
- Workforce training and higher education leading to better paying jobs
- Safety and services for families without documentation
- Legal aide

- Stronger schools
- Transportation
- Safer drug free neighborhoods
- Mental healthcare for adults with no insurance
- Access to secure saving accounts and loans to build financial security

System and Policy Change

A combination of programs for families of children 0-6 will significantly improve child outcomes. However, population level change cannot occur without also shifting systems and policies. Cynthia Osborn, Director of the LBJ Child and Family Research Partnership, frequently puts it this way "We can't program our way out of complex problems." Some of the recommended strategies involve system or policy change, but more must be done.

Tex Protects has led state-wide early childhood advocates to develop the Texas Prenatal to Three (PN-3) Collaborative Policy Agenda that seeks to significantly improve the outcomes of Texas infants and toddlers with a low-income. The Agenda's goals are listed below and align well with the needs surfaced in this Roadmap. The EC Coalition can maximize its impact by working together with the Collaborative and other advocacy groups to prompt system and policy change.

1. *Increase the quality of prenatal and postpartum health services for low-income mothers and services for low-income infants & toddlers*
2. *Increase the number of low-income infants, toddlers, & families who are universally screened and successfully connected to necessary services*
3. *Increase the number of and access to high quality childcare programs serving low-income infants & toddlers*

Conclusion

Bastrop County offers families the promise of raising children with more space, a lower cost of living, and a warm small town feel. This dream remains out of reach for hundreds of families with young children who face continued barriers of institutional racism and poverty. The Early Childhood Coalition has the capacity to change this course. By strategically advancing a select set of strategies, obtaining regular feedback from parents, and measuring progress, the Coalition can change child outcomes. In 1,3, or 5 years from now, the Coalition will reflect back and see tangible ways their work supported children to become happy, healthy, safe, and not only ready for school, but ready for life.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
1	Increase quantity and quality of family childcare serving low-income children	Programs such as All our Kin offer educational mentorship, professional development, and leadership opportunities to family child care providers. Shared Services programs offer "back office support" to childcare providers to increase efficiency of operations and reduce the administrative and regulatory burden of running a business; Workforce Solutions in other regions have considered offering such programs.	Explore options such as All our Kin and Wonderschool to support, grow, and strengthen the quality of family childcare. Clarify the role Workforce Solutions and the Chamber of Commerce could play to champion this work. Provide business incentives (e.g., start up grants) to family-based childcare providers to open or expand capacity, particularly in areas with the greatest numbers of young children and the lowest supply of childcare like Elgin; Extra incentives could be offered to intentionally grow infant childcare which is most expensive and in very short supply
2	Improve the quality of center-based childcare by increasing sustained participation in the Texas Rising Star (TRS) Quality Rating System	TRS is the system the State uses to identify levels of quality in childcare. Funding is available to support centers to move from one level to the next. Of the 23 licensed childcare centers that accept childcare subsidies, only 7 are in TRS and only 4 of those are TRS 4*. Consider extra incentives to attract childcare centers in 78612, 78621, and 78659 -"high quality childcare deserts" with little to no high quality childcare. Achieving TRS 4* may require helping staff complete higher education. The Texas Prenatal to Three (PN-3) Collaborative is working to require all providers to participate in TRS.	Workforce Solutions can strategically reach out to each childcare center that is not participating to share benefits of TRS, remove barriers, etc. Workforce Solutions can begin offering co-pay discount for parents who choose TRS rated care, a strategy utilized in Fort Worth and Austin that has increased # of TRS centers. Identify any existing funding sources that can fund higher education for childcare providers (e.g., Texas AEYC's TEACH Scholarships.) Secure funding to help childcare providers complete child development certificates and degrees (funding for coursework and incentive pay.)

#	Strategy	Justification/Background Info	Possible Initial Action Steps
3	Convert existing Head Start (HS) slots to Early Head Start (EHS) slots to stretch limited community resources to serve as many young children as possible and increase the quantity of high-quality early education for 0-3 year-olds.	In 2020, 154 Pre-K eligible students were enrolled in Head Start, but not Pre-K. This means BC "left (state Pre-K) money on the table" that could have been used for early childhood education. Existing federal HS/EHS funding is capped, but can be used to fund only children 0-3 years old. Most of the funding currently pays for Head Start for 3-5 year olds, but can be converted entirely through regional governance to fund EHS for 0-3 year olds. State dollars can be used to pay for prekindergarten for 3 and 4-year-olds.	Design a multi-year plan to convert HS slots to EHS slots contingent on school districts providing full day Pre-K 4 and Pre-K 3 programming.
4	Develop a more robust system to connect families to support	Lack of awareness about availability and eligibility of services was identified by parents as a top barrier to program participation. Providers cited lack of resources to refer families to and outreach/recruitment/referrals as the biggest challenges for their organizations.	Clarify existing systems to connect families to resources: 211, Connect ATX (limited to emergency resources in BC), other?

#	Strategy	Justification/Background Info	Possible Initial Action Steps
5	Increase the number of infants & toddlers who are universally screened and successfully connected to necessary services	Various strategies are used around the country to increase the number of young children who receive developmental screenings and are connected to services- "closed loop referral systems" between healthcare and early intervention service providers, apps, standardized work flow within clinics and training community providers to administer screeners	Connect with healthcare leaders to identify potential gaps in delivery of developmental screenings.
6	Expand extra curricular offerings for young children in Bastrop County	This emerged across focus groups and surveys as a top request of parents	Clarify which providers offer extra curricular activities for children 0-6. Identify which providers have the ability to expand affordable offerings.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
7	Identify and launch more activities/places families can enjoy with their young children	Parents and providers repeatedly asked for more activities to do and places to go with their young children in Bastrop County. These include parks, recreation centers, pools, splash pads, movies in the park, children's museums, library programs in Spanish, and family friendly events. In some areas of Bastrop County, schools are the only community spaces. A school library, open to parents and young children 1 hour per week could provide a way for isolated parents to build social networks and link to resources;	Establish library program in Spanish for young children and families - work with partner organizations to identify a location, time, format and marketing approach that works for Spanish speaking families. Create spaces in public schools for parents of children 0-3 to regularly gather. Children would engage in valuable socialization and parents could build social networks. Representatives from various organizations could share resources; Book give always could incentivize attendance; Group could be coordinated by a community volunteer. Open school play grounds to the community when school is not in session. Create a mobile children's museum that could visit all areas of the County to provide rich learning experiences to young children and their families. Some mobile museums offer exhibits that can be set up in a parking lot or parks.
8	Provide culturally competent, respectful services to young children and families across the County.	Parents - particularly those who were Spanish speaking- asked for more culturally respectful medical care. According to experts "Implicit biases in our health care system can affect the quality of health care provided, decision making, and how health programs are carried out. The physical toll of ongoing stress can affect the health of mothers of all backgrounds and their pregnancies, and persistent stress related to racism adds to this "weathering effect" on Black women's health." (Texans Care for children, June 2020)	Offer trainings on equity, implicit bias, and cultural humility Conduct organizational equity audits to identify strengths and potential areas for growth.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
9	Increase the number of pregnant women who have health insurance	The percent of uninsured people in BC is higher than the state average. 30% of BC pregnant moms receive late or no prenatal care. Latino moms have disproportionately higher rates of late prenatal care; the rate of low birth weight is disproportionally higher in African Americans babies; Moms are more likely to smoke during pregnancy in 78602; Pregnant moms are much more likely to be obese in 78953	Action steps should intentionally target populations that are disproportionally affected by lack of insurance.
10	Increase the number of young children who have health insurance	The percent of uninsured children in BC is higher than the state average.	
11	Expand Family Connects	Only 18% of the 1048 Bastrop County moms who give birth yearly receive a Nurse Home Visit; At scale, the program would serve 60%+ of moms. Family Connects reduces infant emergency care use by 59% and increases positive parenting and use of quality formal care. Family Connects improves the quality of referrals to community resources so that the most expensive, intense programs are used by the highest need families who most need and want that level of support.	Secure funding to expand Family Connects.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
12	Expand home visiting services such as Parents as Teachers (PAT), specifically to target children 0-3.	Demand exceeds capacity: Program is full serving 45 families with 28 families on the waitlist Parents expressed a strong desire for ideas & resources to help their children at home. Only 18% of 0-3-year-olds receive evidence-based early learning programs prior to Pre-K. School readiness ranges from 31.7% to 69.6%	Clarify community's preference of which home visiting model to expand. Secure funding to expand home visiting
13	Expand Nurse Family Partnership (NFP) program to BC moms	30% of BC pregnant moms receive late or no prenatal care; Latino moms have disproportionately higher rates of late prenatal care; the rate of low birth weight is disproportionally higher in African Americans babies; Moms are more likely to smoke during pregnancy in 78602; Pregnant moms are much more likely to be obese in 78953 Nurse Family Partnership (NFP) supports first time moms by or before the 28th week of pregnancy to have healthy births. NFP has been shown to improve prenatal health and birth outcomes and child health and development. Support continues until the child turns 2. Though Any Baby Can's NFP program serves 5 families who moved to BC, it does not currently enroll families in BC.	Secure funding to expand NFP

#	Strategy	Justification/Background Info	Possible Initial Action Steps
14	Tighten connections between providers across the early childhood continuum to make it easier to connect families to resources, coordinate support for families with multiple needs, and to increase utilization of existing resources.	Providers cited lack of resources to refer families to and outreach/recruitment/referrals as the biggest challenges for their organizations.	Establish regular collaboration between early childhood education providers (home visiting, childcare, ECI Head Start, school districts) to:
		A greater understanding of school readiness could affect the priorities of early childhood providers. Some misconceptions or ineffective approaches might be alleviated (e.g., worksheets to prepare young children for Kindergarten.)	-Build a common understanding of what school readiness looks like and how all programs can support kids to smoothly transition into Pre-K and/or Kindergarten.
			-Set up clear referral processes to increase inter-agency referrals. Address children evaluated by Early Childhood Intervention (ECI), who fall below the eligibility criteria, but still need help- could they receive a "warm handoff/referral" to PAT, Head Start, Pre-K ?
		Families of 214 children on Early Head Start (EHS) waitlist could be referred to PAT or other programs.	-Analyze programmatic data by race to identify and address disparities
		In 2020, 58 four-year-olds who were Pre-K eligible, only attended childcare using a childcare subsidy.	-Support Pre-K registration/transition to school.
			-Explore partnerships between Head Start, which ends at 2:45 PM daily, and childcare, which could offer full day care to parents who need it
		Families and providers reported challenges for children with special needs securing needed services via school districts' Preschool Program for Children with Disabilities (PPCD.)	-Explore partnerships between school districts and childcare centers to ensure all children eligible for Pre-K are enrolled.
			-Provide space for school districts to share process for identifying and serving children with special needs and service providers to share experiences and ask questions.
		Racial disparities likely exist in provision of services by various EC programs. Texans Care for Children research found that enrollment of Black children in ECI fell by 27% from 2011 to 2015, compared to a 14% decline for Hispanic kids and 11% for White kids.	-Strengthen connections between Child Protective Services (CPS) and early childhood providers so that CPS can make appropriate referrals for families.
			-Clarify which areas of the county each organization serves to ameliorate any geographic gaps in service provision.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
15	Begin an early childhood focused book distribution program	Research has shown that the number of books a child has access to significantly affects his educational growth. Local libraries are inaccessible for many families. Providing books and other learning materials will equip parents to support learning at home. Bookspring and HEB Read3 are local sources for free books	Identify potential backbone organization for ongoing book distribution program- Bookspring? Libraries?
16	Increase use of existing mental health services for young children in Bastrop, particularly via tele-health	Current mental health providers in Bastrop have capacity to see more young children including those paid by Medicaid; There is a lack of such providers in Elgin. Providers and parents reported a need for more mental health supports. Barriers may include location, hours, lack of awareness, and the stigma of mental illness. Counseling can now be delivered in a tele-health format.	Offer mental health services via tele health with some extended hours to meet needs of busy parents across the County, including those in under-resourced areas such as Elgin. Tele health may also allow Spanish speaking families to be more easily matched with a Spanish speaking therapist. Post COVID, initiate more community-based therapy; e.g., mental health provider offering therapy 1X week in a school or Head Start Center. Create a more robust referral network between those who interact regularly with families and young children - Head Start, schools, childcare providers, pediatricians, home visitors- and mental health providers. Utilize "closed loop referrals" in which the agency referring the family obtains permission to follow up with the mental health provider post referral to determine whether or not family received needed services. Push out messages to de-stigmatize mental health via Network Weavers, community leaders, schools, and service providers; utilize existing free campaign materials from initiatives such as Okay to Say or Speak Your Mind Texas.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
17	Establish parenting support programs that target specific vulnerable and/or under-served populations	Partners in Parenting provides facilitated support groups for parents of infants to build understanding of infant development and create social support networks. This proactive program reduces isolation and could be a welcome step for families served by Family Connects who need more support, but not to the level of a home visiting program like PAT. AVANCE provides culturally relevant parent education, links families to resources, and builds social support networks over a 9 month period. Some models include home visitation. All services are in Spanish. Models like Nurturing Fathers and 24/7 Dad specifically target fathers, a population many programs find it difficult to engage.	Connect with Austin organizations (e.g., PIP, Avance) to identify capacity to expand to BC. Identify local organizations interested in adopting a father-focused parenting program.
18	Expand Bright by Text (BBT) sign ups	BBT provides developmental tips based on the due date or age of a child up to age eight via text Parents overwhelming prefer to receive information to help them in the parenting role via text. BBT is free, accessible to all, requires a minimal time commitment, and offers parents ideas & resources to help their children at home- 3 factors that directly address parent's feedback. 220 Bastrop County parents are currently enrolled in BBT	Clarify current outreach to promote BBT sign ups. Clarify available marketing materials to promote BBT. Identify new organizations, businesses, community leaders who could promote BBT sign ups.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
19	Build parks in areas of the county that lack park facilities and have significant numbers of children	Some areas in need of additional parks: Camp Swift/Lake Bastrop Acres, McDade, Paige, High View Ranch area, Thousand Oaks area, SH 21/ 812 Corridors west of 672 (Dale and Del Valle), Red Rock area, and the area east of Elgin, north of the Camp Swift military base	Advocate for Bastrop County to include parks for underserved communities in their long range plan. Utilize strategies that recently supported the successful installation of a park in Stony Point.
20	Increase Pre-K 3 offerings in all four school districts	Overall readiness ranges from 31.7% to 69.6% Children who attend two years of Pre-K increase school readiness skills. School districts can access existing state funding to pay for half-day Pre-K 3. Only 3 of approximately 919 eligible 3-year-olds in BC attend Pre-K.	Design plan to implement and grow Pre-K 3 in all four school districts -consider offering half day Pre-K 3 on school campuses and collaborating with Head Start and Childcare to offer full day Pre-K 3 in the community.
21	Set class size limit to 22 or fewer maintaining 1:11 ratio in Bastrop ISD	BISD's biggest Pre-K class was 32 children. The state recommends maintaining a 1:11 adult: child ratio	Adopt school board policy to limit class sizes and adult: child ratios in Pre-K
22	Implement 100% full day Pre-K in Bastrop ISD	Pre-K enrollment is lowest in Bastrop ISD. Enrollment increases when full day Pre-K is offered. E 3 Alliance data show that children who attend Pre-K are more likely to be school ready.	Identify space for full day Pre-K-K 4 at every Bastrop ISD elementary campus or community childcare/Head Start Adopt school board policy to offer 100% full day Pre-K.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
23	Increase supports specifically for pregnant women of color.	30% of BC pregnant moms receive late or no prenatal care. The rate of low birth weight is disproportionally higher in African Americans babies Texans Care for children found that Black infants in our state are still twice as likely to die during the first year of life compared to White and Hispanic babies. Black Mommas ATX provides prenatal education and doula services for pregnant and new moms of color and is already able to serve moms in BC. WOLOMI is a digital community of online courses, group gatherings, and one-on-one support to pregnant women of color to improve maternal health outcomes.	
24	Establish Centering Pregnancy and Centering Parenting programs	These programs offer an opportunity for parents to develop both prenatal knowledge/parenting skills and social networks with other parents, while waiting for prenatal or well-child checks. The programs are mostly funded by Medicaid. Parent education options in BC are extremely limited. Parents report lack of time as the biggest barrier to participating in a program that could help their family.	Meet with local OBGYN and pediatric care providers to explore the models. Clarify funding model. Meet with leaders of existing programs in other cities to ask questions and identify steps for getting started.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
25	Increase the number of OBGYNs and pediatricians in Bastrop County; ensure new providers accept Medicaid.	Bastrop County has less than half the primary care providers it needs, drastically fewer than the state average. Primary care physician: resident ratios State 1:1640; Bastrop County 1:3663	
26	Use well-child visits to support children's holistic development, proactively addressing social determinants of health	A list of innovative models of pediatric care is included in the *Programs & Supports* section of the Roadmap document.	Convene physicians and healthcare stakeholders to review innovative models of pediatric care and select a model or model components that would meet the needs of BC providers and families. Ensure healthcare providers are aware of current early childhood services and supports so that they can make the right referrals to PAT, HS, Pre-K, etc.

#	Strategy	Justification/Background Info	Possible Initial Action Steps
27	Conduct an early childhood public awareness campaign promoting easy ways parents and caregivers can foster learning at home.	Parents expressed a strong desire for ideas & resources to help their children at home. By realizing the importance of the early years & receiving practical ideas to support child development, parents will support all children become school ready. The campaign could utilize existing free materials such as "the Basics", a framework and toolkit that "saturates the social ecology around each family", so that everyone in the community knows and supports five evidence-based parenting and caregiving principles. Providers and parents asked for more varied support of parents including via technology. Stay Play Grow is a free app to ensure parents and caregivers of children ages 0-5 have quality and easy-to-access resources when they need them most. Bright by Text sign ups and book distribution could also be a part of the Campaign. Campaign could also promote PBS educational media- TV shows, apps, and activities developed with child development and content area experts- that ideally replace consumption of media with no known benefits	Identify backbone organization that could coordinate such a campaign Preview potential resources and gather parent and community feedback on the best fit is for BC. Share campaign resources during intake with all early childhood programs to immediately engage families, especially those that will go on program waitlists. Identify most effective ways to target where most young children living in poverty reside: census tracts 9502, 9501, 9504 (Bastrop and Elgin, McDade, Utley, and Butler)

#	Strategy	Justification/Background Info	Possible Initial Action Steps
29	Increase opportunities for social network building among parents	A significant number of parents favored receiving parenting info via Facebook groups Providers identified that social isolation has intensified during COVID	Identify current Facebook parent groups and attributes that make them effective vehicles for social connection. Identify opportunities to start or expand Facebook groups to target specific populations (e.g., fathers, new parents, parents of color)
30	Expand offerings of Family Friendly Substance Use programs	Family-centered treatment approach for substance use addresses substance misuse by parents and the needs of their children with ACE exposure. Addresses parents' difficulty regulating stress, processing emotions, and fulfilling many childrearing tasks essential for children's healthy social and emotional develop. Access to such programs may increase # of moms who get prenatal care since moms abusing substances are less likely to get the prenatal care.	Identify local partners who value family-centered treatment and have the capacity and desire to expand
31	Increase utilization of Women Infants & Children (WIC)	WIC is underutilized -36% of eligible young children do not participate; Data indicate that many children exit the program after one year of age. Dallas County leaders found that many families weren't using WIC because they had difficulty identifying items they could purchase with WIC vouchers; Labeling items in Walmart significantly increased utilization of WIC.	Review current strategies used to publicize the WIC program and identify new ways to reach eligible families (e.g., Facebook ads.) Create agreement with Walmart and Dollar General to clearly label WIC approved items. Identify why families are exiting WIC after the first year of a child's life and design a pilot initiative to retain more children through age 4.

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
1	Increase quantity and quality of family childcare serving low-income children	% of children school- ready at Kindergarten entry # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children		X		childcare	0-6	medium term	medium
2	Improve the quality of center-based childcare by increasing sustained participation in the Texas Rising Star (TRS) Quality Rating System	% of high quality licensed childcare facilities (Texas Rising 4 Star or National accreditation) % of children school- ready at Kindergarten entry # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	childcare	0-6	medium term	high

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
3	Convert existing Head Start (HS) slots to Early Head Start (EHS) slots to stretch limited community resources to serve as many young children as possible and increase the quantity of high-quality early education for 0-3 year-olds.	# of parents with young children receiving support in the parenting role via PAT, EHS, Nurturing Parenting, or NFP	X	X	X	childcare +	prenatal-3	medium term	high
4	Develop a more robust system to connect families to support	# of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	connection to resources	prenatal-6	quick win	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
5	Increase the number of infants & toddlers who are universally screened and successfully connected to necessary services	% of children school-ready at Kindergarten entry	X		X	develop. screenings	0-6	medium term	low
6	Expand extra curricular offerings for young children in Bastrop County		X	X	X	enrichment	0-6	medium term	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
7	Identify and launch more activities/places families can enjoy with their young children		X	X	X	enrichment	0-6	medium term	low
8	Provide culturally competent, respectful services to young children and families across the County.	multiple indicators	X	X	X	equity, anti-racism	prenatal-6	medium term	low

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#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
9	Increase the number of pregnant women who have health insurance	# of mothers who receive late prenatal care	X	X		health insurance	prenatal-	medium term	medium
10	Increase the number of young children who have health insurance	% of children who are insured	X	X	X	health insurance	0-6	medium term	medium
11	Expand Family Connects	% of babies born who receive a Nurse Home Visit via Family Connects % of children who are insured # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X		home visiting, maternal and infant health	first 3 months	medium term	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
12	Expand home visiting services such as Parents as Teachers (PAT), specifically to target children 0-3.	# of parents with young children receiving support in the parenting role via PAT, EHS, Nurturing Parenting, or NFP % of children school- ready at Kindergarten entry # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	home visiting; parenting	prenatal-5	medium term	high
13	Expand Nurse Family Partnership (NFP) program to BC moms	# of parents with young children receiving support in the parenting role via PAT, EHS, Nurturing Parenting, or NFP # of mothers who receive late prenatal care # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X		home visiting; prenatal care	prenatal-2	medium term	high

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
14	Tighten connections between providers across the early childhood continuum to make it easier to connect families to resources, coordinate support for families with multiple needs, and to increase utilization of existing resources.	% of children school-ready at Kindergarten entry # of parents with young children receiving support in the parenting role via PAT, EHS, Nurturing Parenting, or NFP	X	X	X	interagency connections	prenatal-6	quick win	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
15	Begin an early childhood focused book distribution program	% of children school-ready at Kindergarten entry			X	learning at home	0-6+	medium term	low
16	Increase use of existing mental health services for young children in Bastrop, particularly via tele-health	# of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X		mental health	2 to 6	quick win	medium

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
17	Establish parenting support programs that target specific vulnerable and/or under-served populations	# of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	parenting	0-6	medium term	medium
18	Expand Bright by Text (BBT) sign ups		X	X	X	parenting	0-6	quick win	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
19	Build parks in areas of the county that lack park facilities and have significant numbers of children		X			parks	0-6	long term	low
20	Increase Pre-K 3 offerings in all four school districts	% of children school- ready at Kindergarten entry	X	X	X	pre-K	age 3	medium term	high
21	Set class size limit to 22 or fewer maintaining 1:11 ratio in Bastrop ISD	% of children school- ready at Kindergarten entry	X	X	X	pre-K	4 to 5	quick win	high
22	Implement 100% full day Pre-K in Bastrop ISD	% of children school- ready at Kindergarten entry	X		X	pre-K	4 to 5	quick win	high

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
23	Increase supports specifically for pregnant women of color.	# of mothers who receive late prenatal care	X	X		prenatal health	prenatal - 1	quick win	medium
24	Establish Centering Pregnancy and Centering Parenting programs	# of mothers who receive late prenatal care # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	prenatal health; parenting	prenatal - 5	medium term	medium

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
25	Increase the number of OBGYNs and pediatricians in Bastrop County; ensure new providers accept Medicaid.		X	X	X	primary care	prenatal-6	long term	medium
26	Use well-child visits to support children's holistic development, proactively addressing social determinants of health		X	X	X	primary care	0-6	medium term	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
27	Conduct an early childhood public awareness campaign promoting easy ways parents and caregivers can foster learning at home.		X	X	X	public awareness campaign, at home learning resources	0-6	medium term	low

#	Strategy	Related Indicator	Health	Safety	School Readiness	Sub Area	Age range	Timeline	Intensity
29	Increase opportunities for social network building among parents	# of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X	X	social networks; parenting	prenatal-6	quick win	low
30	Expand offerings of Family Friendly Substance Use programs	# of mothers who receive late prenatal care # of confirmed victims of child abuse, ages 0-5 Rate of confirmed victims of child abuse, ages 0-5 per 1000 children	X	X		substance abuse, prenatal health	prenatal - 6	long term	high
31	Increase utilization of Women Infants & Children (WIC)		X			WIC	prenatal-4	medium term	medium