

# **Texas Early Childhood System Needs Assessment**

*Preschool Development Grant, Birth to Five  
2025*



## Prepared for the Texas Early Learning Council & The Texas Workforce Commission

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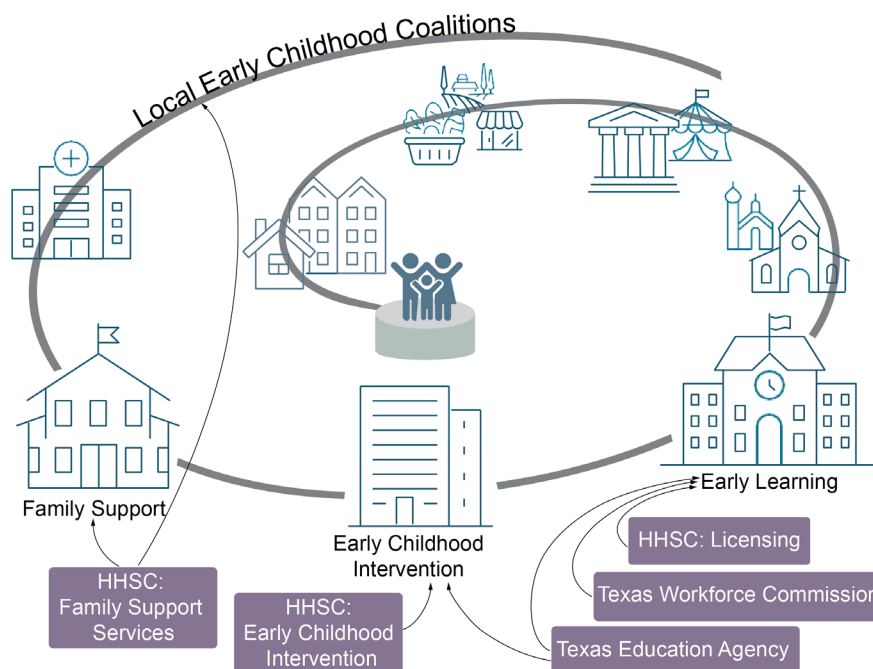
# The Early Childhood System in Texas

Texas has the second largest child population in the United States and is home to 10% of all children in the nation. Over 1.9 million children in Texas are younger than the age of 5, which is nearly 1/3 of the state's birth to 17-year-old child population. Texas's population of children younger than five years old is larger than the total population of 10 other states. This large young child population means that Texas also has a large early childhood system, but one that is not large enough for demand. Therefore, Texas must be strategic and precise with how it responds to the needs of families in the state so that limited resources go to communities that need them.

## The Early Childhood System in Texas

For the Preschool Development Grant Birth through Five, Texas aims to improve and strengthen the early childhood system. The purpose of this Needs Assessment is to describe the pressures and needs of that system and identify points of improvement. It is important to begin by first describing who is included in the early childhood system for the purposes of the grant and of the Needs Assessment. The early childhood system for this grant is made up of three local family-serving sectors (see Figure 1): (1) the early learning and care sector; (2) the early childhood intervention sector; and (3) the family support sector.

*Figure 1. The Early Childhood System in Texas*



The local early learning sector includes entities that provide center- and home-based child care, all Head Start programs, and the public pre-K system. This sector also includes child care subsidies. The local early childhood intervention sector includes local entities that provide Early Childhood Intervention services as well as public schools that provide

Early Childhood Special Education. The local early childhood family support sector includes local entities that administer all state and federally-funded home visiting models, parenting support, parenting education (such as parenting groups), and family resource centers. The local early childhood system is connected by early childhood coalitions and other formal and informal partnerships between entities and sectors. These coalitions connect the entities described here, as well as other family-serving entities that are not included in this definition of the early childhood system, such as health care providers and early childhood nutrition services.

The early childhood system also includes several state agencies and programs. These state agencies provide state and/or federal funding to the local sector to provide programs to families. Importantly, the agencies also provide technical support and, for some sectors, regulation of the local entities. At the state level, the early childhood system is connected through the Early Childhood Inter-Agency Workgroup (ECIAW). This group brings together different divisions and programs across four early childhood serving agencies in Texas. These five agencies include (1) Texas Workforce Commission, (2) Texas Education Agency, (3) Texas Health and Human Services Commission, and (4) Texas Department of State Health Services. These agencies oversee a broad scope of work and play an important role in the early childhood system.

The Texas Workforce Commission supports workforce development broadly in the state, including partnering with educational organizations to support career path development and simplification. Additionally, this agency plays an important role in the early childhood system by serving as the Child Care Development Fund lead agency and administering the Child Care Services program, also known as the child care subsidy program, for the state through its local workforce development boards. Further, this agency oversees Child Care Services' child care quality rating system for Texas, called Texas Rising Star.

The Texas Education Agency oversees the entire public school system in Texas. Their influence on the local early childhood system includes their support and rule-setting for public pre-kindergarten and early childhood intervention services provided through local public schools. This agency develops curriculum standards, parameters for public pre-k partnerships, and provides technical support to local schools, to name a few activities. These activities are administered through the Early Childhood Education Division at the agency. This agency also oversees the administration of Early Childhood Special Education services (Individuals with Disabilities Education Act [IDEA] part B, section 619) for children aged 3 through 5. The administration of these services is through the Special Education Division.

Early Childhood Intervention, Child Care Regulation, and Family Support Services are housed at the Health and Human Services Commission. Early Childhood Intervention oversees the administration of IDEA part C services in the state through local providers. Child Care Regulation sets the minimum standards for licensing a child care center or home-based child care. This area also investigates allegations of minimum standards violations. In addition to its regulatory function, this area importantly provides local entities with support to become a home-based child care provider or a child care center. Family Support Services is the state administrator for federally funded home visiting programs. Further, this area provides state funding and technical assistance support for local administrations of parent

support programs and family resource centers. This area requires local early childhood grantees to participate in early childhood coalitions.

The Department of State Health Services, through its Maternal and Child Health area, has been providing statewide technical support for local implementation of Help Me Grow. This support has focused on promoting local readiness to address and support families' navigation through developmental support services for their children. Help Me Grow is a recognized national model for strengthening the system of care in early childhood. The emphasis of Help Me Grow is on connecting families to services through a central access point and increasing identification for early intervention through developmental screening and monitoring.

It is important to point out that other aspects of the early childhood system are not included in the work of this grant and of the Needs Assessment. Notably, Child Protective Services, Medicaid and Children's Health Insurance Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children are not included in this scope of the early childhood system, even though they are important services for the health and well-being of young children. Additionally, the local pediatric and children's hospital systems are not included in this conceptualization of the early childhood system. However, these care systems are tangentially involved in the work of this grant because they participate in local early childhood coalitions throughout the state and are included in the Help Me Grow system of care.

## **Framework for the PDG B-5 Needs Assessment**

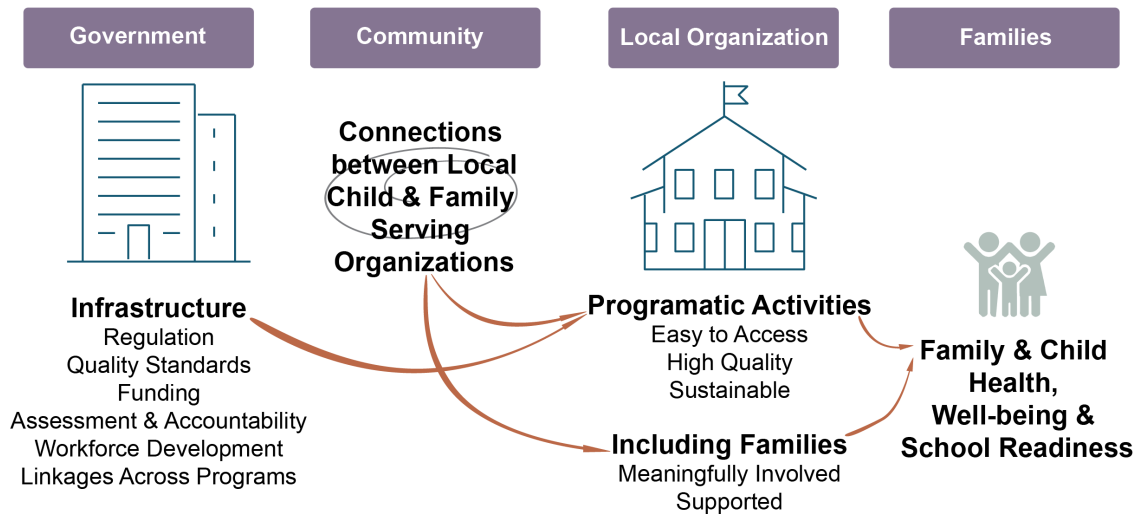
A general framework describing how a high-quality early childhood system impacts family and child health, well-being, and school readiness was adopted by the researchers as a tool to guide the conceptualization and presentation of the research used in the Needs Assessment. Kagan and Gomez<sup>1</sup> presented a framework that describes the components of a high-quality early learning system and its ability to positively impact school readiness. This framework was adapted to make it generalizable to the wider early childhood system and more descriptive of the Texas context (Figure 2).

Within this framework, local early childhood organizations are impacted by the connections within their local community as well as the larger infrastructure that supports and impacts the functioning of the local organizations. Cross-sector entities are all local organizations that support families with young children but are outside of the early childhood system as defined above, such as child welfare, medical, and nutritional services. The local early childhood organizations are strengthened when these cross-sector services coordinate with one another and with the local early childhood organization.

Infrastructure that supports local family-serving entities predominantly includes the work of the state agencies in Texas, but also higher education and professional organizations. State agencies do such things as set quality standards, promote the infrastructure to engage the broader community, provide training that builds capacity at the local level, fund local entities, and support workforce development.

Local early childhood entities positively impact families through their programmatic

*Figure 2. Needs Assessment Framework*



activities and family participation practices. Programmatic activities include adhering to high-quality program standards, having sustainability in the programming and workforce, and making their programs available to families with a variety of needs and preferences. An effective local early childhood entity also impacts families through the ways it includes families in programming. These family participation practices focus on meaningfully involving and organizationally supporting the families. Programmatic activities and family participation practices are how local entities contribute to family well-being, health, and school readiness.

This framework helped shape the scope of the 2025 Needs Assessment Update. The Needs Assessment research team chose this framework because it also conceptually aligns with Texas’s approach to supporting and strengthening the local early childhood system through infrastructure improvement that helps with workforce sustainability; training and workforce development; improvements in cross-sector coordination at both the state and local level; and improved family engagement at the state and local level of the early childhood system. This framework provides a way to describe the strengths and needs of the state’s early childhood system so that the Needs Assessment can translate into activities to improve health, well-being, and school readiness for families across the state.

This simplistic overview of the local and state early childhood system highlights the complexities and challenges of the early childhood system in Texas. The system in Texas must be coordinated across many levels and sectors. For example, the early learning sector receives assistance, direction, funding, and regulation from three different state agencies. Therefore, infrastructure improvements for this sector must be coordinated across these agencies so that the work of one agency does not duplicate another agency’s efforts or become misaligned with the regulations of another agency. There is a need in the Texas system to create innovative solutions that bring together disparate sectors and funding streams to strengthen the early childhood system across all levels of the system.

Texas agencies and programs have started to develop solutions to this challenge. The maturity of the ECIAW and its collaborative role in administering the Preschool Development

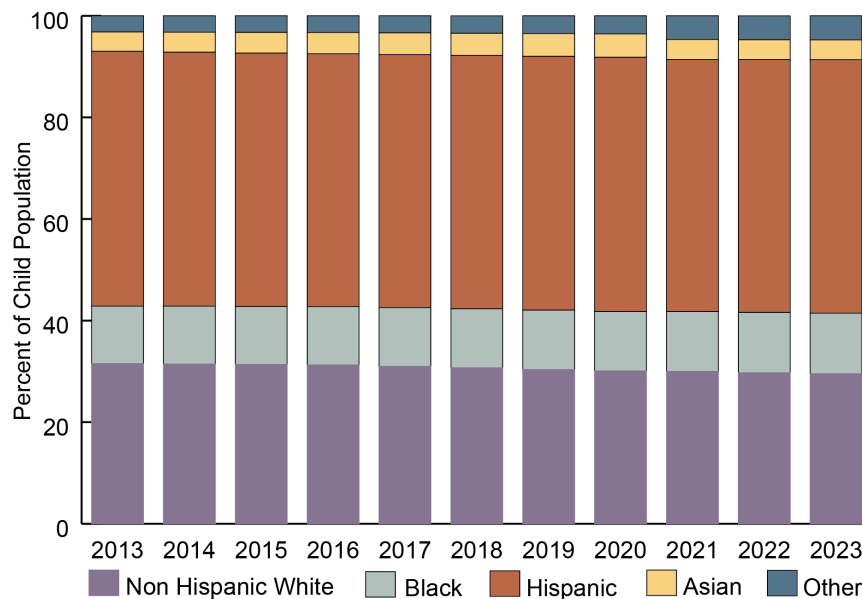
Grant shows the support and commitment that exists within the agencies to work together at the state level. The state-level agencies have also been working to support collaborative innovation at the local level through technical assistance, free training, and strategic funding directed at local coalitions. These agencies have been working to include family voice in their activities. Additionally, through funding and training, the state is also encouraging family involvement at the local level. To honor the desire to put family preference first, this Needs Assessment will begin with an overview of family well-being and needs in Texas.



# Families in Texas

The child demographics of Texas are shifting rapidly, with Hispanic children being over 49% of the child population age zero to six. Every racial and ethnic group in the state is growing faster than non-Hispanic white children (Figure 3).

*Figure 3. Percent of the child population by race and ethnicity*

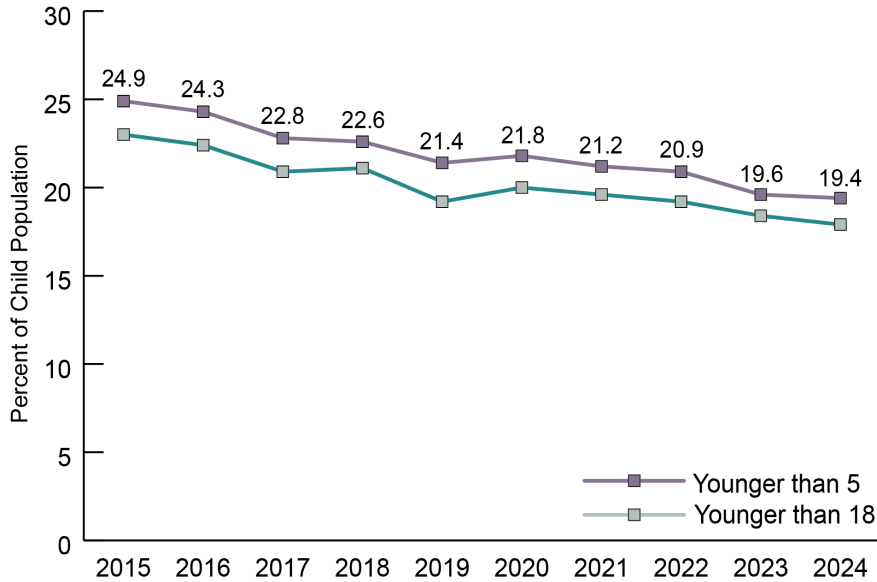


The percent of the child population that is black has increased by 5% since 2013. The percent of the child population that is Asian has increased by 2.6% since 2013. Among Asian populations, Texas has a large Vietnamese and Chinese population. However, it is important to point out that much of the recent growth in the Asian population can be attributed to increases in the South Asian population (Indian and Pakistani). South Asian and Arabic ethnicities are hard to track in Texas because of the way population demographics are collected. However, this growth can be seen in the rise in the number of households in Texas that speak Hindi and Urdu. This highlights that there are more demographic shifts within the state than are seen in the race and ethnicity shifts that are commonly tracked.

Texas has also seen encouraging decreases in child poverty (Figure 4). Texas' child poverty rate is among the highest in the nation; however, this rate has decreased by 20% from 2015 to 2024. Nationally, 2021 marked an unprecedented decrease in child poverty due to COVID-era stimulus payments and changes to the earned income tax credit. Texas' decrease in 2021 was not unprecedented and aligned with the trend that had been established since 2015. Nationally, child poverty increased once these credits expired, but Texas was able to maintain a decreasing trend in child poverty.

These decreases in child poverty rates are also encouraging, given that the percentage of households with a single parent has remained stable over the past ten years. In Texas, between 25% and 30% of households that have a child younger than the age of six are headed by a single parent.

Figure 4. Percent of the child population living below the federal poverty line



## Family Well-Being

To better understand the needs and well-being of families in Texas, a statewide survey of families with children younger than the age of 6 was conducted<sup>a</sup>. Family well-being was measured across three major domains: (1) a family's ability to access their preferred child care setting, (2) their perceived personal and financial stress, (3) their overall family quality of life and (4) their general view of their providers.

### Preferred Child Care Setting

In the past year, families used a variety of child care settings. On average, families indicated 1.8 different settings that they used to provide care for their children. However, income plays a role in this diversity, with those who have family income above \$60,000 a year using more types of child care (on average 2) than those with incomes below \$60,000 a year only using 1.5 types.

The four top settings that families said were their usual child care included (1) child care center, (2) public pre-k, (3) Head Start, or (4) a parent staying at home. The percentage of families that used one of these four settings for child care differed by the family's income and by whether they had a child with a developmental delay or disability. Across all categories, child care centers were the most used setting. Higher-income families were significantly more likely to stay home to care for their children than the lowest-income group.

Within this sample, 13% of respondents said they were not in their preferred child care setting. Those with a child with a developmental delay or disability were significantly less likely to be in their preferred child care setting. Further, those who indicated that they were receiving child care subsidy or scholarship were also significantly less likely to be in their

<sup>a</sup> Information about surveys conducted for the Needs Assessment update can be provided by contacting Dorothy Mandell at UTHouston

preferred child care setting.

Of the respondents who indicated a want for a different child care setting, 39% indicated that they wanted to be in a higher quality child care center (as perceived by the parent) and 15% indicated that they wanted to be in Head Start or Early Head Start. These data suggest that child care preference is driven by the parent's perception of quality. Families who are receiving subsidies and those with a child with a delay or disability have the most difficulty finding their preferred high-quality setting. **Working to raise the quality of all child care programs so that they are better positioned to accommodate children with special needs will help all families.**

## General and Financial Stress

In the 2022 Needs Assessment, families were asked about their experiences during COVID-19 and the perceived impact this time had on their children's development, health, and education. In keeping with other studies that assessed the impact of COVID-19 on family well-being<sup>2,3</sup>, families were asked if they experienced any of a series of events during the first two years of COVID. Most of these events are common life stressors and some were made worse during COVID, such as difficulties finding child care, difficulties obtaining diapers or formula, and difficulties obtaining medical care.

COVID also impacted children. For many families, there was the perception that this time negatively impacted their child's development. There is also growing evidence that this perception is reflected in assessments of development<sup>4</sup>. In 2022, respondents were asked specifically if they thought their child's social development and learning progress was positively or negatively impacted during COVID. There were significant differences by income in whether the respondent thought their child was positively or negatively impacted in these two domains. However, what stands out in the data is the extreme variation in responses.

Analysis showed that some of this variation can be attributed to the stressors that families experienced during COVID. Those who experienced a prolonged lapse in child care perceived that COVID had a more negative impact on their child's social development than those who did not have this experience. Further, those who lost a job also perceived COVID as being negative for their child's social development. Those who had a prolonged lapse in child care also believed that COVID had a more negative impact on their child's learning or progress in school.

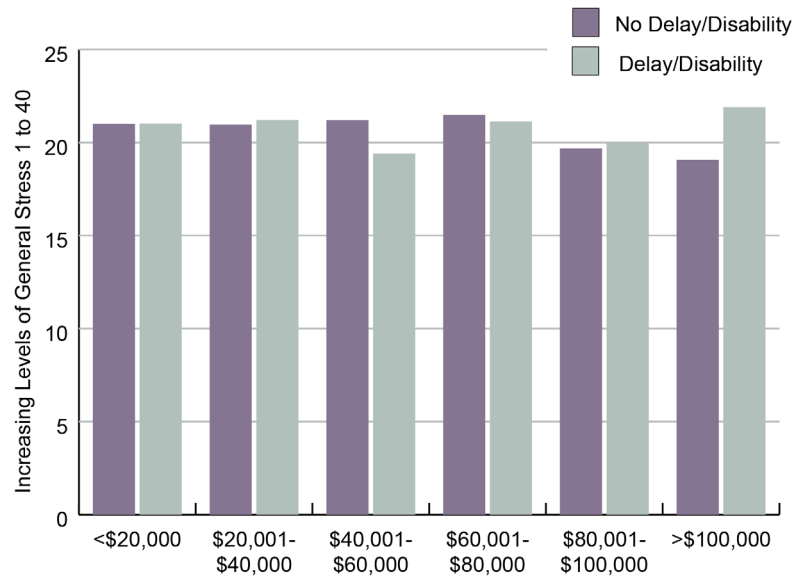
These data highlight what is well understood in the developmental sciences, that stress experienced by the parents does not spare the child. Children in this early developmental period are impacted by the family's stress<sup>5</sup>. That impact can be seen in the child's behavior and developmental progress.

For the 2025 Needs Assessment, families were asked about stress<sup>6</sup> and their financial security<sup>7</sup> using validated measures. Stress was measured to reflect the person's general stress or how the person feels most of the time in relation to everyday events. General stress has been shown to be related to the mental health of the individual. High stress can also negatively impact the individual's parenting, especially with young children. Financial

security is partially related to income and partially related to how well an individual perceives that they manage their resources. Financial insecurity is often seen as a form of stress.

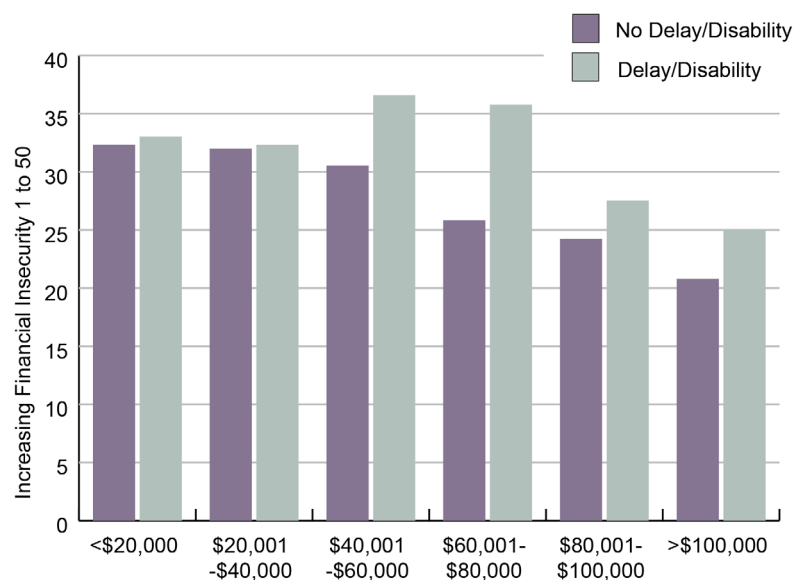
As would be expected, those with lower incomes had reported higher levels of stress. However, for those with a child who has a developmental delay or disability, income had little impact on stress levels (Figure 5).

*Figure 5. General stress in families by income and having a child with a delay or disability*



Also, as would be expected, perceptions of greater financial insecurity was seen with those with lower incomes. However, for families with a child with a developmental delay or disability who made more than \$60,000 a year, their perceived financial insecurity was significantly higher than other families with the same income (Figure 6).

*Figure 6. Financial insecurity by income and having a child with a delay or disability*

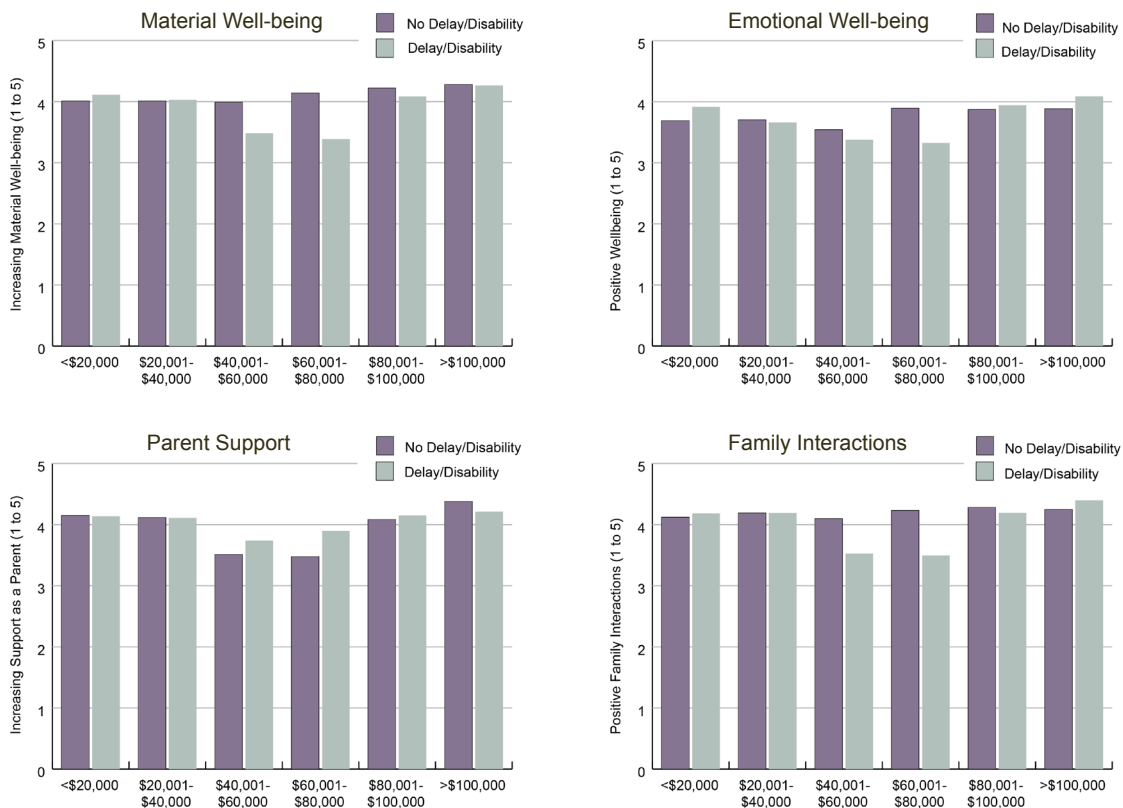


## Family Quality of Life

Families were also asked about their current quality of life using a validated tool that assesses the quality of life across four domains<sup>8</sup>: (1) material well-being, (2) emotional well-being, (3) external parenting support, and (4) interactions within the family. This measure of quality of life has been shown to predict resiliency in a family in the face of stress and predict a family's ability to recover after a stressor.

Across two domains (material well-being and emotional well-being), there were significant differences by income and by whether the family had a child with a developmental delay or disability (Figure 7, top two charts).

*Figure 7. Domains of family quality of life by income and having a child with a delay or disability*



The association with family quality of life and income is more deeply about financial insecurity. When statistically assessing the impact of both financial insecurity and income on family quality of life, financial insecurity is the stronger predictor, especially for material well-being. However, the association between financial insecurity and family quality of life was not present for the other two subscales. Financial insecurity was not meaningfully related to how supported the respondent felt as a parent or how positively the family interacted with each other.

General stress was also related to family quality of life, specifically to emotional well-being. Higher stress was significantly associated with lower emotional well-being scores. Interestingly, general stress did not predict how supported the respondent felt as a parent or how positively the family interacted with each other. Overall, families with a child with

a developmental delay or disability had slightly lower scores on these two subscales than families without a child with a developmental delay or disability.

## Parental Support from Providers

A major activity of the local early childhood entities that promote well-being is to meaningfully include families and organizationally support them. Whether or not a family is meaningfully included is both a perception of the organization and a perception of the family. Families were asked if they viewed either their child care provider or their early intervention provider as a partner to their family. Family-provider partnerships were measured using a validated tool<sup>9</sup> that assesses how much these partnerships support the family and how much they support the child. Partnerships that focus on supporting the child include such things as “builds your child’s strengths”, “lets you know about the good things your child does” and “treats your child with dignity”. Partnerships that focus on supporting the whole family include such things as “protects your family’s privacy”, “listens without judging your child or family”, “pays attention to what you have to say”.

In general, both types of partnerships were rated as being strong by those with and without a child with a developmental delay or disability. Partnership scores differed significantly based on whether the family had a child with a developmental delay or disability, with those who have a child with a delay or disability having higher partnership scores. There was also a small relationship with income status, with those with lower income having higher partnership scores.

The quality of these partnerships was found to be significantly related to two subscales of family quality of life (parent support and family interaction) and with the respondent’s overall opinion about their child care provider. Overall, those with higher incomes had slightly higher opinions of their child care provider than respondents with lower incomes (Figure 8).

Figure 8. Opinion of child care provider by income and having a child with a delay or disability



These findings highlight that fostering good relationships between providers and parents is part of a high-quality early childhood system. There is a clear link between the family's view that their child's providers are partners in their child's development and the family's own quality of life and resiliency. **Strategies for increasing resiliency and quality of life for families should include ways to support the provider-parent relationship across the early childhood system.** This system is uniquely positioned to provide emotional relief to parents in a way that supports the parents and the child. This support has the potential to build resilience in the family and increase positive interactions in the family. Relationship building in the family is considered foundational to promoting early child development and subsequent school readiness.

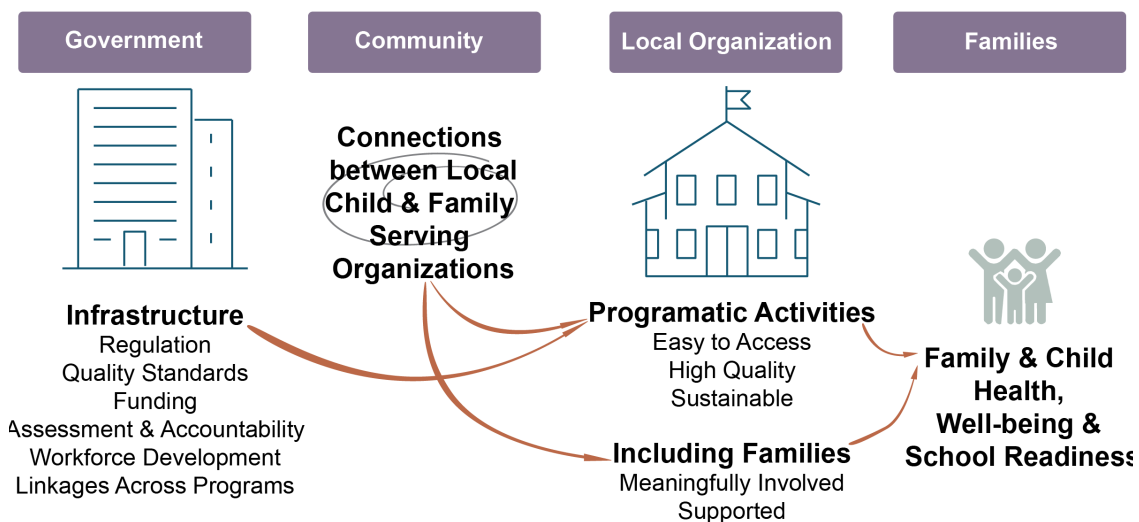
It is important to point out that there are many ways that the early childhood system can work to better partner with families. While family advisory boards are a way to hear from families, their work must result in clear improvements in the ways the early childhood workforce interacts with families. Further, these data show that, for families, an important aspect of these partnerships is how well the early childhood workforce supports their child and the child's development. In other words, parents reap the benefits of lending their voice to systems, when that results in better support for their children.



# The Early Childhood Workforce

The Needs Assessment framework (Figure 2) centers the early childhood workforce in local early childhood entities. This workforce is influenced by the broader infrastructure of the early childhood system and directly influences family well-being. It is primarily through the early childhood workforce that the early childhood system can promote family well-being. Consequently, pressures on the workforce, such as compensation, regulations, management, and policies, can impact how the workforce delivers programs and includes families.

Figure 2. Needs Assessment Framework



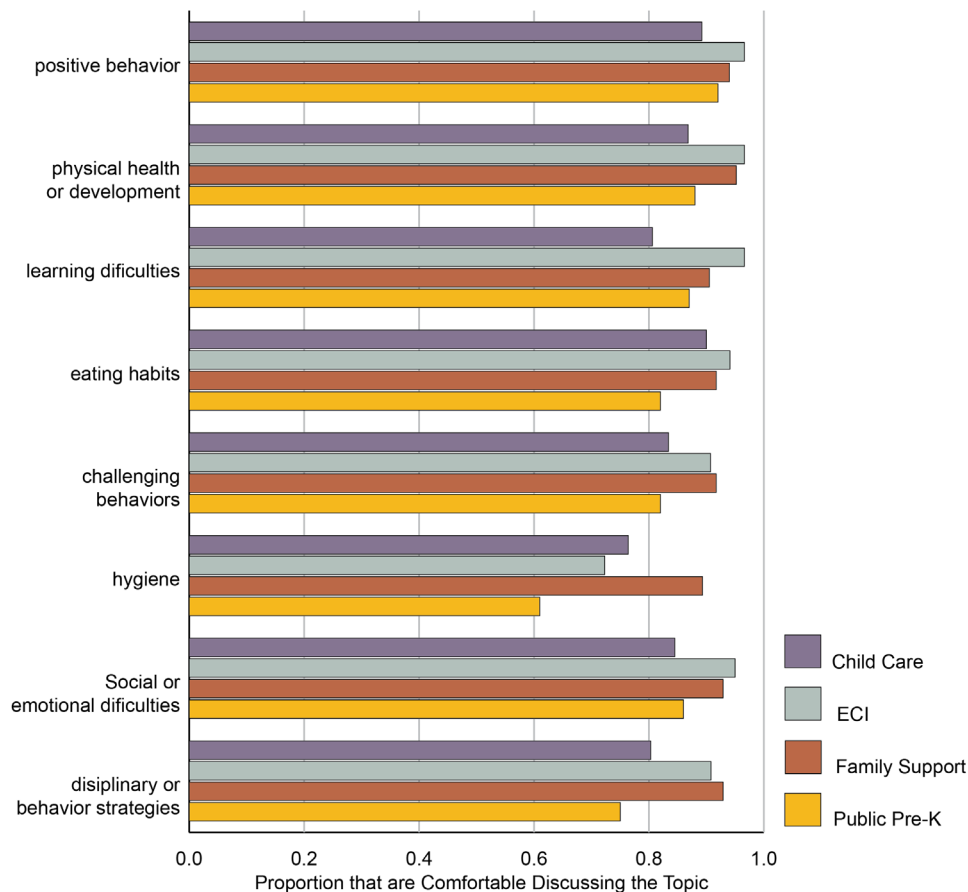
There is a rich line of academic literature focused on the components of a sustainable early childhood educational workforce<sup>10-13</sup> that is focused on child care, Head Start, and early pre-K. However, the main factors that influence the sustainability of the workforce in this sector are applicable to the entire early childhood workforce. Six factors are important for the retention and stability of the workforce. These are not exhaustive of all aspects of a sustainable workforce but are commonly found to reliably predict quality program delivery and workforce retention.

Two factors of retention focus on how the workforce interacts with families and children. They include (1) healthy parent-professional relationships and (2) child behavior management. A third factor of a sustainable workforce focuses on (3) job stress. Job stress can be caused by direct work with families or by the system's pressures on the worker. The final three factors of a sustainable workforce focus on system-level infrastructure that supports the worker including (4) pay, (5) training and mentoring, and (6) supportive supervision. To begin to understand the needs of the workforce, the Needs Assessment will first focus on healthy parent-professional relationships. This is the beginning as the family data shows that these relationships have the potential to promote resiliency in the family.

## Healthy Parent-Provider Relationships

A key component to having a healthy relationship is communication between providers and parents. Communication difficulties often arise in situations where the provider is discussing hard things with the parent and is uncomfortable. Providers across all early childhood sectors have topics they are uncomfortable and comfortable discussing with parents (Figure 9).

*Figure 9. Provider comfort with different conversations topics by early childhood sector*



It is important to point out that sectors showed discomfort levels on different topics, suggesting that some sectors may be better suited or trained to discuss these topics with families. This finding highlights a possible opportunity for cross-sector training that helps build skills and connections between the sectors.

The need for more support with having difficult conversations was also highlighted in interviews with child care directors conducted in 2022. One director was clear that their philosophy of being a partner with the parent made these conversations easier to have.

*We always use the language and I always encourage my teachers to use it, “Let us partner with you.” We partner with you, we partner with you. If you’re doing it, even for potty training, we partner with you. We are partners in this. We are a team. And it’s very important to express that philosophy often, to let them know*

*we're a team, we're on each other's side here, we want to do what's best for Susie.*

These data on communication combined with the findings on parent ratings of family-provider partnerships show that it may be possible to improve family well-being by improving providers' comfort and skills with having difficult conversations, especially in the early learning and family support sectors.

### Child Behavior Management

Lack of comfort discussing difficult behaviors with parents has elevated concern based on interviews with child care directors about the impacts of COVID on their operations. As with parents' perceptions of the impact of COVID on their child's development, child care directors and home-based providers reported seeing and experiencing more difficult behavior than they had seen before.

The behaviors the directors described seeing focused on poor social-emotional skills, aggressive behaviors, and difficulties with executive functioning. Aggressive behaviors were also commonly discussed among directors. Directors reported more children "throwing furniture", "screaming," and "hitting" more frequently than before the pandemic. Lastly, many directors reported that children were also experiencing difficulties with executive functions such as working in a group or changing tasks. For example, one director said:

*There is a significant increase in... I want to say defiance almost, just behaviors. If there's a direction given it's either they tune it out, multiple repetitions of instruction and inability to do that executive functioning group activity sort of thing, because everything was so individualized and one-on-one. It's very hard, with some. With older ones where you expect them to have that ability, I feel like executive function has really decreased.*

As another director put it:

*Yeah, we literally talk about that probably all the time. And I don't know if it's pre-COVID to now, or when we were little compared to now. I don't know. I don't know. But now you see a lot of, oh, I don't know, hyper. You see a lot more kids with ADHD and any type of behavioral issues, you see a lot more now. And like I said, I don't know if it's because pre-COVID, I don't know. I don't know, to be honest with you. It's just you see it a lot. A lot.*

It is important to also acknowledge that these types of behaviors were described in all interviews, regardless of the quality rating of the center or the education level of the director/owner.

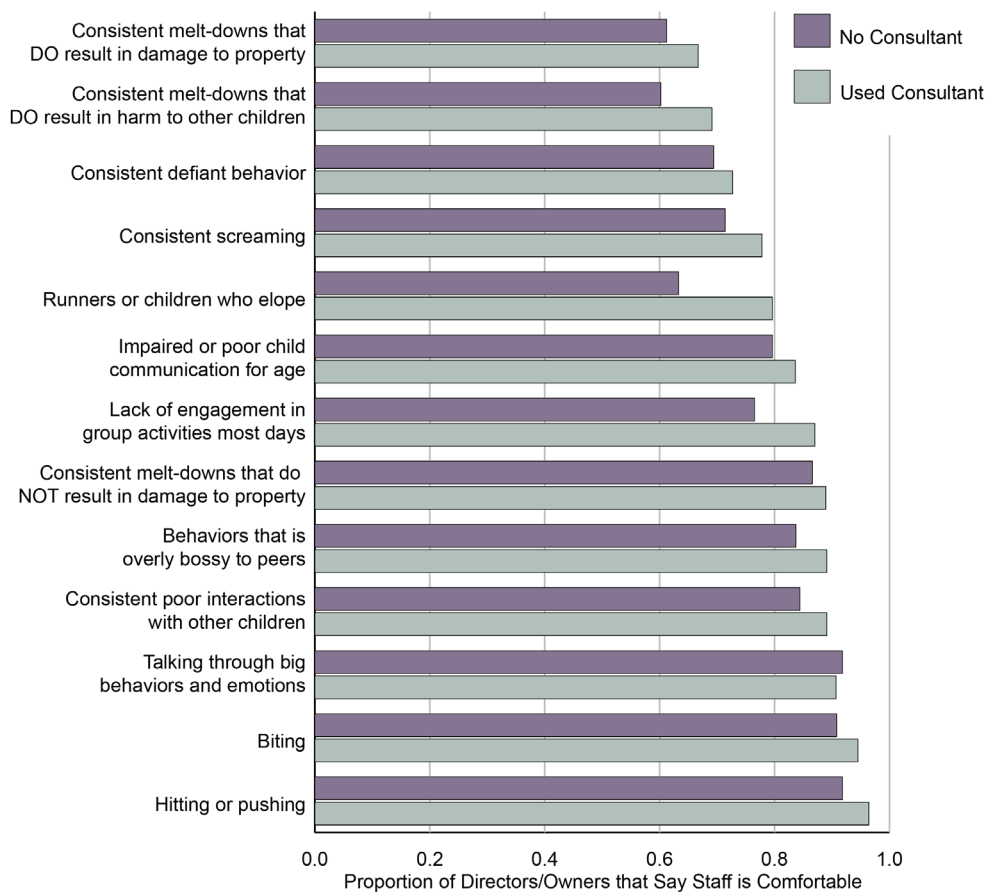
In addition to difficult behavior, there were also directors reporting increased numbers of children with potential developmental delays. For example, one director said:

*Another thing that I have noticed, it's a lot of the speech delay. I mean, I'm not a speech pathologist or anything like that, but it makes me wonder. Because now I have a lot of students that need intervention with speech, and also with physical and occupational.*

These challenges with child behavior are not unique to COVID era issues and are still reflected in the 2025 survey data. Through conversations with the PDG Family Research Forum, a measure was developed that focused on the most concerning of high-risk child behaviors. The family forum developed this list based on personal experience and based on behavior management practices in child care they viewed as high quality.

The data show that not all challenging behaviors are equally hard for child care professionals to handle (Figure 10). Rather, behaviors that put a child at risk for expulsion, such as those that cause harm to property or others and elopements, were the behaviors with the lowest comfort. However, the data also showed that those who had ever used an outside consultant to help with difficult child behavior said their staff were more comfortable with these behaviors than those who had never used a consultant.

*Figure 10. Comfort with handling difficult child behavior for child care providers*



These data highlight a needed component of quality child care. **There is a need to train the entire early childhood workforce on how to create environments that are safe and accommodate neurodiverse and divergent children as a way to raise quality for all children.** Having better accommodations for those with neurodivergance can help families who have a child with identified delays. Additionally, these accommodations could better equip the early childhood workforce with tools to create environments for children needing more support in social-emotional learning but whose needs do not rise to the level of needing intervention. Further, these data also suggest that consulting services, such

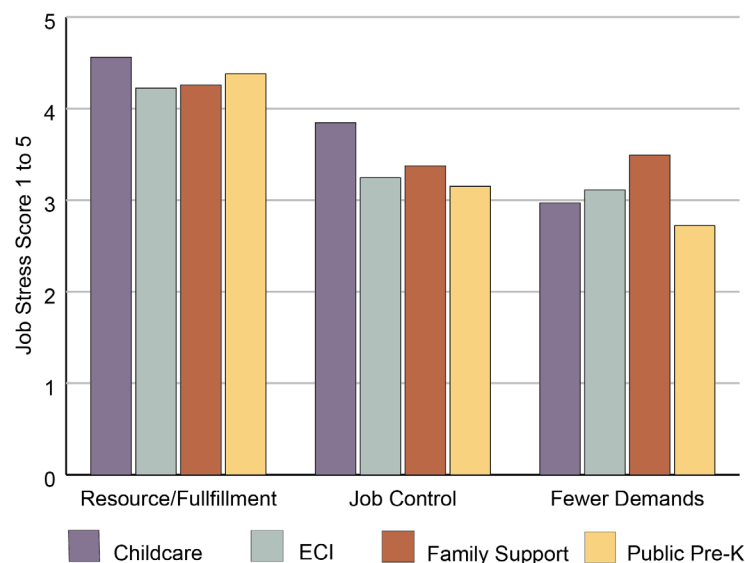
as Infant and Early Child Mental Health Consultation, that help with these challenging behaviors can have a significant impact on how equipped the center is to handle these behaviors.

## Job Stress

Job stress and low pay are often cited in the literature as being the two clear factors in turnover. Job stress comes in many forms and from many different sources. For example, stress may arise because one feels that their resources are inadequate for their job. In the early childhood setting, stress may also arise because of the way that parents interact with the provider or because the provider is frustrated by the children<sup>13</sup>. However, despite the stressors, jobs can also be fulfilling, which can buffer the negative aspects of the job.

Across the early childhood sectors, there is high fulfillment. Most score high on questions such as “I know the children are happy with me” and “I see that my work is making a difference with a child”. Further, those in early learning settings also had higher ratings on items that indicated that they had control over their jobs. These items included such statements as “I have control when daily activities take place” and “I can take time off work when I need to.” (Figure 11).

*Figure 11. Domains of job stress by early childhood sector*



There are also signs of stress in the early childhood workforce, specifically related to the demands of their jobs. Job demands include statements such as “All the children need attention at the same time”, “I feel that there are sources of stress in the children’s lives that I can’t do anything about”. Items were scored so that higher scores indicate fewer job demands. Family support had fewer job demands than the other sectors. Pre-K teachers had the lowest scores indicating higher job demand.

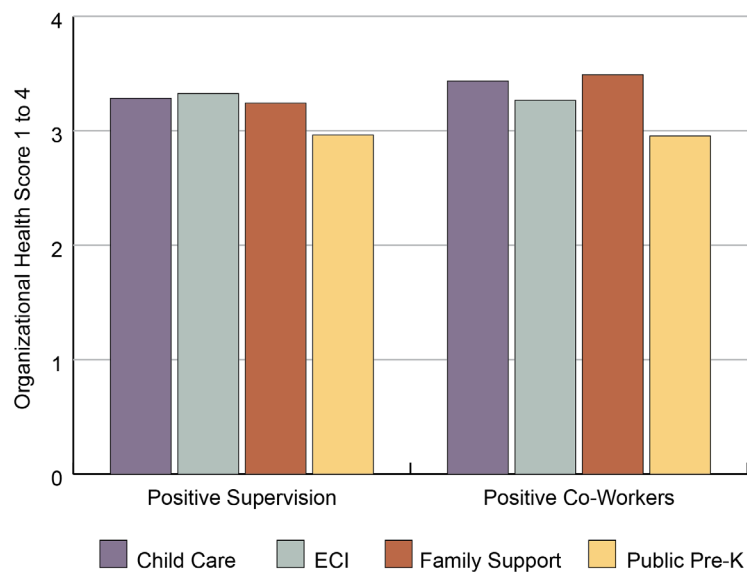
Pre-K teachers and ECI also reported the lowest levels of job control. These results point to a important issue faced by public Pre-K teachers. These teachers may have more burn-out than that is seen in the child care and other early childhood sectors because they are

faced with less control and more demands in their job. Each of these three subscales of job stress was significantly related to the individual’s general stress, showing an important relationship between job stress and the overall well-being of the workforce. This finding further highlights the burnout concerns for Pre-K teachers.

## Supportive Supervision

Across the early childhood system, it is clear that supportive supervision is a strategy for increasing well-being of the workforce. In the 2025 Workforce Survey, the relationship between supportive supervision and provider well-being was seen across all sectors. Those who felt closer to and supported by their co-workers reported significantly lower general stress scores and better job stress scores. Further, those who reported high-quality supervision practices had significantly better job stress related to feeling they had control in their job. Importantly, supervision quality is also related to having supportive co-workers, highlighting the cyclical nature between supervision and co-worker support. Between sectors, ECI and public Pre-K teachers had the lowest scores related to feeling supported by co-workers.

*Figure 12. Organizational support by early childhood sector*



Interviews with all of the sectors between 2023 and 2025 have resulted in examples of how organizations are working to provide a supportive environment for their staff. The most prevalent examples discussed were activities that help raise morale and wellness for the workforce. These types of activities include such things as monthly parties, self-care meetings<sup>14</sup>, and team building. As a home visitor from the family support sector told us:

*Our supervisor took that day to do a team building type thing or even a self-care. We'll usually work in the morning, and then we'll do lunch. We'll either go out to lunch together—since we're all in and out all the time throughout the week, it's like, okay. We need to do something. We don't always get to sit down and do lunch together, so we'll sometimes go out to eat, or we'll bring food here, and we'll do a little activity. [...] I'd say just kind of get together and talk and take a break.*

Additionally, in the early learning sector, directors talked about letting their teachers and staff “tap out” and strategically moving floaters through the center:

*We call it a tap out. If you need to tap out, you let us know, we are going to be there. Now also with the second teachers, what they have found helps a lot is that we divide and conquer.*

Within the family support sector, there has been state-level (and model-specific) support for training supervisors on reflective supervision. Reflective supervision is dominant in the infant mental health setting and has been developed and formalized in that setting as a way to support families, the non-therapeutic workforce, and the therapists and consultants providing services<sup>15</sup>. Reflective supervision does not require therapy skills and is marked by openness, collaborative problem-solving, mutual respect, realistic expectations, encouragement of continuous learning, and the ability to ask for help.

An ongoing evaluation of parental mental help support within the family support sector has found that this type of supervision style is identified by home visitors as being valuable, especially when they have a client with a mental health concern or other challenge. Supervision was a powerful remedy to enhance efficacy, skills to address clients’ needs, and help home visitors manage feelings of being overwhelmed, sad, or burned out. Supervisors also helped encourage home visitors to take care of themselves and their own needs. Reflective supervision was thought to be helpful in addressing mental health-related case scenarios and problem-solving difficult or unclear situations. One participant shared:

*I think building in that reflective supervision piece has been really helpful in creating space for us where we feel like we’re able to talk about difficult situations in our job.*

A supervisor who used reflective supervision explained her position:

*I consider my staff my caseload. I need to make sure you guys are okay and rocking. You’re the heart of the program, and so if you’re not okay, the whole program’s gonna feel it.*

Another person whose supervisor was trained in reflective supervision explained that it helped to address feelings of burnout. Reflective supervision also helped build supportive work environments and feelings of community. There were home visitors who also described how this type of supervision helped them create healthier boundaries between their work and home life.

In the retention needs assessment for early intervention, several high-quality supervision techniques that helped build morale and a feeling of teamwork were described<sup>14</sup>. In the early learning setting, directors also described several high-quality supervision techniques. Across both sectors, the collective problem-solving aspects of this type of supervision were discussed. However, across all sectors, both interview and survey data reflect large variations in who is using these practices across the state. **Therefore, across all sectors, more can be done to help encourage and provide training on reflective supervision as a route to prevent turnover and burnout in all early learning sectors.**

## Pay, Compensation, and Incentives/Stipends

Discussing pay, compensation, and incentives moves the conversation about needs for the system out of the workforce and into a discussion of the system and infrastructure that supports the early childhood system. Compensation levels for the early childhood system are inherently set by the funding that goes into the system. While child care is revenue-generating, the burden of the compensation levels is either passed to parents or offset by funds from grants and stipends to the center or home. The issues of pay within the child care system have been extensively described in the *Recommendations to Inform the 2022 Child Care Workforce Strategic Plan*<sup>16</sup>.

The pay levels of the early childhood workforce vary dramatically across the entire system with direct care providers having a pay range of minimum wage to well over \$100,000 per year. These pay levels vary based on the various degrees that are required for the position. For example, some early learning and family support sector positions only require a high school degree whereas other positions require a master's or a nursing degree. However, these inequities are felt and noticed by the providers delivering the services, as stated by a home visitor in a close-to-minimum-wage position:

*I think that I understand, I think, that you don't need a master's degree to do this kind of work, so the pay isn't gonna be there. It's not gonna be great pay; I get that.*

In addition, and as is seen in the early learning sector<sup>16</sup>, there are differences between organizations and regions in pay, even though they are delivering the same services. Some of those differences reflect local market pay and some have arisen because individual organizations have worked to provide higher pay to their workforce.

*The other thing is that before I started, [staff] were grossly underpaid. They were making \$10, \$11, and \$12 an hour and I was able to increase their pay to \$15 and \$16 and \$17 an hour based on experience and education. So that was an incentive... We had to increase tuition a bit, but it wasn't a drastic... Well, it was maybe a 15% to 20% increase, but we were so undercharging, it almost brought us up to market value.*

For early learning sectors, grants, and donations are commonly used among those that are not-for-profit. However, these can be limited in how they are used to supplement pay. As one center director described:

*For us, by us serving the low-income families, the amount that the parent pays, we have to supplement or fill in that gap for the money that it actually costs us through grants and donations. Honestly, it's very, very rare for me to find a grant where people want to pay salaries. They're like, "You pay salaries, let me do something." They would rather fix the floor, fix plumbing or anything. People do not want to give you money to do salary.*

The use of these grants and donations to offset costs, however, is not universal across the early learning sectors. Those organizations that are classified as for-profit are often ineligible for local grants and have a limited ability to accept donations. As one director said when asked if they supplemented their operating costs with grants "We aren't eligible for

*those because we are for-profit*". The for-profit child care centers that were included in the interviews were all single-site centers that had a subsidy agreement with the state. These were not large corporate and multi-site centers.

Pay is a central system-level retention issue. Across all sectors, there has been a concerted effort to help financially incentivize the early childhood workforce through state initiatives such as using stimulus funds for one-time stipends/incentives and creating retention bonus grants. Further, there have been creative efforts among organizations focused on restructuring costs to provide pay raises to the workforce. Other studies focused on retention in the early intervention sector have highlighted this restructuring through examples that organizations gave on how they were able to raise salaries<sup>14</sup>. As one director was quoted in the publication:

*We put some incentives in place where if we have the funding and everyone is meeting their productivity, we might try to give a productivity or merit bonus, you know, if we have the funding*

Restructuring costs or finding funding for bonuses were also described in interviews with child care directors and owners:

*We did a community fundraiser. I did an art auction for the teachers where I had different past families and current families who were artists in the community donate artwork and then we auctioned that off. We ended up raising over \$20,000 for the teachers that went on top of their normal pay.*

Within the family support sector, organizations also worked to make changes to compensation and working hours. For example, one organization re-classified full-time employment to 36 hours per week without decreasing benefits or total compensation. Across all sectors, the use of relief funding was cited as a major factor in organizations being able to retain staff and stay open.

Among the early learning sector, the unique impact of turnover on overall pay must also be considered. A center must retain teachers in order to keep classrooms open and to keep revenue at a level that allows higher teacher pay. If a center loses a teacher and cannot fill the position quickly, they risk losing revenue because they can be forced to close a class. That revenue loss can mean that the center cannot reopen the class. Many centers are facing this cycle now. They lost teachers during COVID and are operating below their licensed levels because they do not have enough reserved revenue to hire more teachers to open another classroom, which would generate more revenue for the center. Many of the directors who were interviewed and operating below their licensed capacity described this cycle. This is a delicate balance faced by other sectors as well, even those working from grants and contracts that provide annual budgets.

## **Training and Mentoring**

On-going training in the early learning sector has been associated with longevity. Additionally, centralized training has the potential to reduce variability in program quality, helping to ensure that quality is consistently delivered across all areas of the state. Texas has three centralized training portals for the early childhood sector. Further, the Family

Support Services has a training portal that funded family support sector organizations can access and they also partner with national organizations to offer free training to family support sector organizations.

The Texas Early Childhood Professional Development System (TECPDS) is a training and career pathway portal that mainly serves the early learning sector. This system helps organizations access standardized training but also tracks training that is required to meet Child Care Regulation minimum standards, and training that is required for Texas Rising Star quality ratings. TECPDS integrates into other training platforms for the early childhood system including Texas A&M AgriLife Extension, CLI<sup>b</sup> Engage, and the Childcare Education Institute so that training in any of these platforms will automatically be added to the user's profile. TECPDS is a vital tool to meet Texas Rising Star quality ratings and Texas Workforce Commission requires Texas Rising Star providers to use it; thus, over 90% of directors in a Texas Rising Star rated child care center have a TECPDS account<sup>16</sup>. Across the entire early learning sector, the percentage of the wider workforce with an account is estimated to be lower (~60%). However, this use is not evenly distributed across the early learning sector as there are funding streams where the use of this system is higher, for example in the Head Start workforce.

CLI Engage and Texas A&M AgriLife Extension are training sites with a variety of online trainings that meet the necessary core competencies of the child care workforce and provide additional specialized training that can help with business development, inclusion, and classroom instruction. Texas A&M AgriLife Extension trainings used to have small fees associated with them, but TWC has been providing funding to Texas A&M AgriLife, and many of these trainings are currently available at no cost. CLI Engage trainings are free. These resources are not evenly known about in the early learning workforce. While Texas Rising Star directors know of these resources, those who are not part of the quality rating system have a lower awareness of the free CLI Engage trainings<sup>16</sup>.

While these training platforms provide very important services, especially to the early learning sector, they may not be filling the training modality wants of the early childhood system. In interviews with child care directors, they stated preferences for team and in-person training either through lunch & learns, paid in-service training, or mentoring programs. The want for training to be skills building and in-person was also heard from those in the family support sector. As one home visitor explained:

*I need to be in the situation to – I can hear it. You can tell me, ‘Do this, do that.’  
Then it’s like once you’re in the situation, it’s like, how do you go about doing this  
the correct way?*

**There is a want for in-person and peer-to-peer training for professional skill development and tailored trainings on pressing topics such as having difficult conversations with parents or handling difficult behaviors in the classroom.**

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<sup>b</sup> CLI: Children Learning Institute located in the Department of Pediatrics at the University of Texas Health Science Center at Houston McGovern School of Medicine

# The Early Childhood Infrastructure

## Infrastructure Capacity

The early learning sector includes licensed and registered home-based care, child care centers, Head Start<sup>c</sup>, and public pre-K. Head Start funded enrollment in Texas had a capacity of over 61,000 in 2023<sup>17</sup>. The number of children receiving child care subsidies in Texas was on average 150,000 per day in 2024<sup>18</sup>. In the public school system in the 2021-2022 school year, there were approximately 275,000 students enrolled in early education or pre-K<sup>19</sup>. While there is overlap in these systems, it is estimated that approximately 486,000 children in Texas are receiving free or subsidized early childhood care or education in Texas. This is impressive support capacity given that it is estimated that more than 372,000 children in Texas are living below poverty. However, 17% of the child population in Texas lives between 100% and 200% of the federal poverty level, which is approximately 431,000 children. While income requirements vary dramatically over early learning programs, all serve a large portion of children in this income range, as well as children in foster care, those with qualifying delays or disabilities, and military families regardless of income. Once the size of these additional populations is added, it becomes clear that Texas's early learning capacity does not meet the need. To illustrate this, in 2024 and 2025 between 67,000 and 95,000 families were on the waitlist for child care subsidy every month<sup>18</sup>.

The early intervention sector includes the Early Childhood Intervention program, locally administered by 40 organizations in state fiscal year 2025 that provide therapy and early intervention services for children younger than 3 years old through different federal (IDEA Part-C and other sources) and state funding sources. This sector also includes intervention and special education services offered through the public school system for children older than 3 years old (IDEA Part-B, section 619). Qualification for these early intervention services is not based on income but on disability or developmental delay status. In state fiscal year 2023 over 96,500 children younger than 3 years old were referred to early intervention services. Of these, 67,512 children received intervention services with 85% qualifying with a developmental delay and 257 received follow-along services. Approximately 40,000 3 to 5-year-olds with developmental delay or disability are served through the public school system. Both of these programs are operating past their funded capacity, demonstrating a broad need for these services.

The family support sector in Texas is the smallest of the three early childhood sectors and does not exhaustively cover the state. Approximately 20,000 families with children younger than 5 or who were pregnant were served through the family support sector in 2024. While most services offered through the family support sector do not have income requirements, most families served are low-income (at or below 200% federal poverty level). Services provided through this sector are often model-based and include home visiting, family resource centers, parenting support services (such as parenting groups), and some

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<sup>c</sup> In Texas, Head Start is not administered through a state agency but is coordinated through the Texas Head Start State Collaboration Office, which is part of the Children's Learning Institute at the University of Texas Health Science Center at Houston.

mental health support. Services in this sector often work to help connect families to other early childhood system services. The state prioritizes funding to local communities based on the community’s maltreatment risk<sup>20</sup> so that these limited services go to communities with high needs<sup>21</sup>.

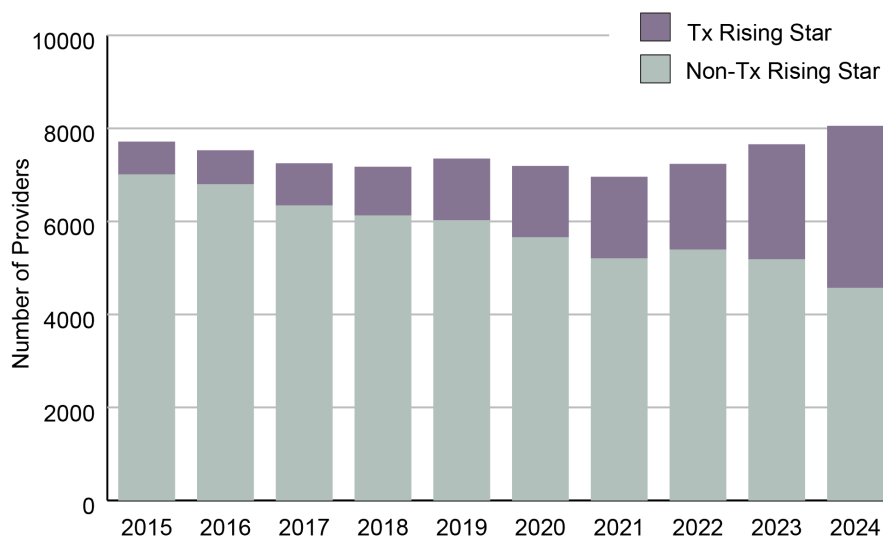
**Across the entire early childhood system, services and programs being provided do not have the capacity to meet all of the the needs of families with young children in the state.** Further, analyses suggest that these capacity issues are impacting some communities more than others. For example, the percentage of the population served by early intervention services through the public school system (IDEA, Part B, section 619) is not equal across counties. In large counties, the percentage of population served ranges from 1% to 8%. There are 420 ZIP Codes in Texas that are child care deserts<sup>d</sup> and 52.5% of these are in metropolitan core areas. It is well understood that there is a disparity in capacity between rural and urban areas; however, there is substantial variation in capacity within urban areas, as well.

## Governance and Quality

Governance and quality tend to be monitored at the level of the state agency that contracts out the services to local oraganizations in Texas. The early intervention sector is monitored by the Health and Human Services Commission for IDEA Part C services and by the Texas Education Agency for IDEA Part B, Section 619 services. Quality in the family support sector is monitored by in the Health and Human Services Commission, as well as by individual home visiting models that oversee training and fidelity.

The early learning sector does not have universal quality monitoring. Child care quality monitoring for programs participating in the state subsidy reimbursement program is through the Texas Rising Star program. Texas state law requires participation in Texas Rising Star ratings in order to participate in state subsidy reimbursement. This linking is increasing participation in the quality rating system (Figure 13) and will create a more utilized quality

*Figure 13. Child care accepting child care subsidies by Texas Rising Star participation*



<sup>d</sup> A child care desert is a ZIP Code were the ratio of children younger than 6 to child care capacity exceeds 3 to 1

monitoring system for many child care programs.

However, not all early learning programs will participate in the quality rating system. For example, Head Start programs only participate if they are a regulated child care provider. Public pre-K programs also do not participate in this quality monitoring program.

## Connections Between Services

Connections between services within the early childhood system are critical for helping families transition between age-limited services and for helping families receive services for which they are eligible. The early learning system is seen as a vital connector for families in the early intervention sector. However, parts of the early learning sector are struggling to be a connector to additional services.

Part of building the capacity of the early learning sector to better connect families to early intervention is for them to conduct evidence-based developmental screening. Most child care centers that were interviewed believed they were conducting some kind of developmental screen – yet the content and quality of these screening tools varied significantly.

For screening tools, some centers were using the Ages and Stages Questionnaire (ASQ), a questionnaire that has been validated and is used extensively in health care, while others used tools that they found online or created for their center. For example, one center said:

*...we utilize the ASQ and the ASQ-SE. So we do them twice a year for children, age one and up. For our infant room, they actually do them every two months. I train and teach my staff that those are meant to be a collaborative tool with parents.*

While another center director said:

*I went online and I found all of the development, physical, emotional, and academic standards for especially my preschoolers and the things that they need to learn there. And so I just googled it, found them, printed them off, and those are the standards that I use.*

Among home-based child care settings, the use of screening was rare with some owners expressing that there was no need for such screening. Other center directors expressed confusion about both the screening process and the difference between screening for developmental delay and milestone tracking.

*The reason we have not nailed it down is because people will send you a package to use and the instructions are written. For me, I really want someone to come out and train me on how to use the package that you sent me, that's my thing. I mean, I probably could do it, but I'd rather someone who's been officially trained on how to do it, because me, I'm going to overthink it and go the long, long, long way out. So if someone else comes in and tells me exactly how to do it, and then I can follow that instruction and continue that.*

*...the barriers to that I believe would be that it's too broad. I'm supposed to be checking for everything. So there are some things that are more important*

*than others depending on what age group you're dealing with. I'm supposed to be screening for all of them, or I'm supposed to be checking and writing down developmental milestones for every single child in every single area.*

There is great variability in directors' and owners' use of developmental screening, their understanding of what it is, and their knowledge about its benefits. This variability creates significant differences between centers in how well they can help parents recognize and identify delays and what to do about them. Further, this variability also means that centers and home-based care do not recognize what they can do to help support a child who is behind developmentally. **More between-sector training is needed to help the early learning sectors better recognize and screen for developmental delays.**

The variability in screening that is seen in the early learning sector's ability to identify delays also extends to helping parents access the early intervention sector. Some child care centers have specific staff that help with navigation:

*I do the referral to the inclusion lead, and then the inclusion leads comes in, and go observe the child. She also talks to parent, and if there's any concerns and then she'll follow up with a process that would be like referring the child to either to [Early Childhood Intervention] or to the ISD, depending on the age of the child.*

*It automatically goes to [...] our therapist. And then she just takes it from there. Takes a lot of observations. She makes the contact to the parents. A lot of times parents are in denial and she'll try so many times.*

However, this type of high-quality in-center support was very rare. Some centers that have early intervention coming in for one child will ask the therapist for more information or resources for other children. This type of advantageous resource gathering was especially discussed in smaller communities where the director and the early intervention therapist knew each other.

*There's a speech person who comes in and works with [an autistic child], and a lot of times when they're servicing them at my daycare, I can ask them for the information to share with the [other] parents.*

Many directors acknowledge that they usually just call the school district until they get the right resources:

*[I contact the regional school district] because I know that they have a lot of resources. I know they're not available to me because I'm not in the school system, but usually when I call and I ask them questions, they're able to send me to somewhere else that could also help me with that.*

However, the most common response from directors was that they simply did not know who to call or contact if they had a child needing developmental services, which often led them to tell parents to contact their pediatrician if there was a problem.

*But yeah, it's stuff like that where there should be more training on like, "Hey, if this is something that you're observing in your child, this is who you should contact. These are your resources for this." Sometimes, and COVID very much was that, it feels like you're just on your own and you're just figuring it out.*

Another issue discussed by child care centers that were connected to early intervention services was that getting children into services, especially children who were around 3, was a problem. Children who are around three years old are at a transition age between early child intervention services and school-based early intervention services. When the child is identified during this transition period, there is substantial confusion about who is helping the child and who will assess the child. A director of a child care center whose mission is to provide an inclusive environment for children with delays and disabilities expressed her frustration with getting a child help who is in this transition age:

*[...] the biggest concern that we have right now, is trying to figure out who's going to support the child on which thing and then making it very streamlined. Because that was one of the concerns of the parent, is that she wasn't getting enough information from one group and then like, okay, well which group is doing this part for me? Which group is doing this part? And we really need it to be more streamlined on, okay, well workforce is going to pick up this piece of the puzzle. ECI is going to pick up this piece. We have [community organization], what is their role? And really having good descriptions on what each person's role is and how are we going to get the farthest? How are we going to get help the fastest? From which program? And so that's been our biggest struggle.*

These struggles and lack of knowledge were particularly evident with school-based intervention services. Some directors expressed that they did not know how to help parents with services if the child was out of the early intervention services age range. Other directors expressed frustration with how long it takes to get children assessed and services through the school system.

*I asked for one child to be screened. Finally, I got somebody in here in... It was March, visited with the parents and then the parents were told, oh, we're so glad to talk to you. Yes, we're going to test him. I'm looking at the schedule, we won't be able to test till May.*

The director went on to explain that she felt the child did not receive bridging services during this waiting time because he was not in pre-K through the school district.

The variability in assessment timelines across districts in Texas has been well documented and there are districts in major metropolitan areas that are particularly struggling to meet assessment timelines. However, the bigger issue for many directors is that they simply did not know how to access the school services. **Linkages between the entire early intervention sector and the early learning sector need to be strengthened to help support parents navigate into early intervention services.**



# Early Childhood Coalitions

One of the major projects that was launched with the Preschool Development Grant was to strengthen early childhood systems through flexible funding that was meant to support local cross-sector collaboration and coalition building. The 2025 Needs Assessment does not include any updates to the needs and functioning of the early childhood coalitions. The current functioning of the local early childhood systems is included in the *Performance Evaluation*.

The early childhood coalitions in the state have the potential to bridge local early childhood entities -- as defined for the Preschool Development Grant -- with other family service entities such as health care, insurance, and nutrition services. Local coalitions have the potential to help overcome issues related to linking services and help build collective impact programs. Coalitions can also help local organizations attain resources and share knowledge<sup>22</sup>.

There is a substantial academic literature that describes what characteristics make coalitions effective and sustainable. Coalitions have the potential to positively impact their community by organizing themselves in an evidence-based manner. The way that the coalition works together predicts how it impacts the community<sup>23-25</sup>.

Through this literature on coalitions, seven characteristics were identified that are associated with effective and sustainable coalitions<sup>26-28</sup>. These are:

- Connections and trust
- Governance
- Shared leadership
- Dispersed resource contributions
- Shared understanding of data
- Variation in organizations and collaborators
- Family centeredness

The 2023 needs assessment for local coalitions was built around these seven characteristics to understand the functioning of coalitions and what they need to be more sustainable. While these characteristics give use insight into the structure of the coalition, they do not show progress and activities of the coalition. For the *Performance Evaluation* we developed five categories to describe the activities and maturity of the community partnerships.

- Networking
- Referral systems
- Cross-beneficial activities
- Collaborative resource provision
- Collective activities

Many coalitions are engaged in highly mature partnerships that include shared resources and common goals that have the aim of improving the health and well-being of families in their community.

## Variation in Coalition Types

Work conducted through the grant has changed the landscape and functioning of early childhood coalitions, which is described in the *Performance Evaluation*. However, the diversity of coalitions across the state remains. Not all coalitions are cross-sector or have membership across the early childhood system. Some coalitions serve as advisory boards for specific family support models. For example, there is a coalition that serves as the community advisory board for a local Nurse Family Partnership home visiting program. Other coalitions only include members of a single group within the early childhood system. For example, there is a coalition of home visiting models that is focused on promoting best practices among participating home visitors. These types of coalitions play an important role in their community and service for that sector. However, these coalitions are not positioned to support collective impact activities across the broader local early childhood system.

There are also several coalitions that have a broad membership representing different sectors, but their collective impact work is focused on a single early childhood sector. The most prevalent and developed of this coalition type are the Early Matters coalitions. These coalitions are focused on improving the early learning landscape in their community with the goal of improving school readiness for children entering Kindergarten. They have diverse membership; however, their collective impact and improvement work focuses on the early learning sector.

Early Matters has a unified operating structure across all five of its local coalitions. These coalitions purposefully include business leaders in their work at either a leadership level or through a business-leader subcommittee. The structure and function of these business leaders in the coalition differed in all Early Matters coalitions that were interviewed. In one coalition, these leaders were there to learn more about early child development and supporting families in their workforce. Another coalition was allowing the business-leader subcommittee to define its scope. Another coalition had a business leader as the chair of the coalition so that leader had a voice in all coalition activities.

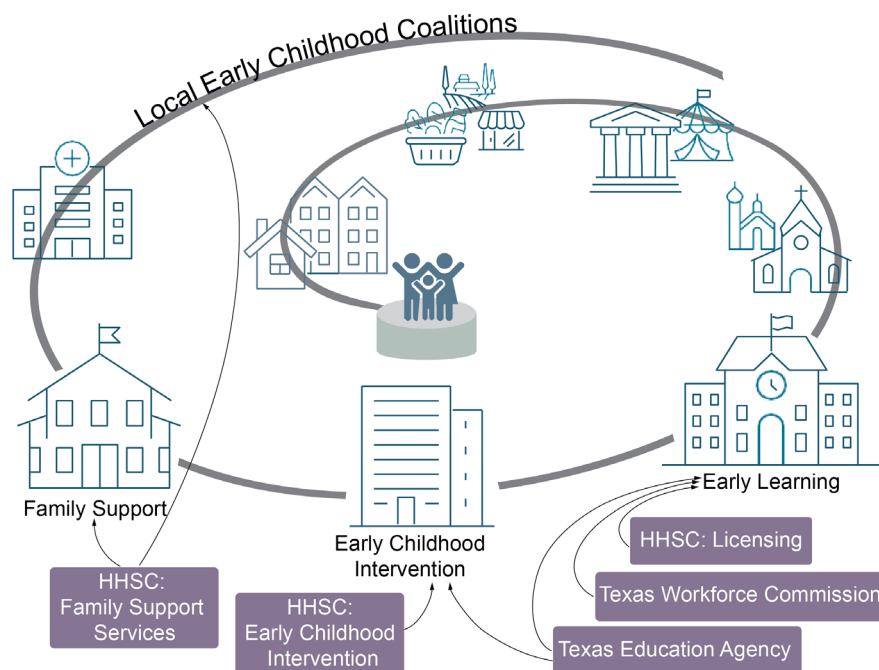
Early Matters' unified operating structure also means they have centralized technical assistance to local coalitions. This type of technical assistance is unique among coalitions in Texas. There are efforts in the state to provide guides and overviews of establishing a coalition<sup>29</sup>, but technical assistance with a person or peer group is rare. This type of assistance can help build the capacity and effectiveness of the coalition<sup>30</sup>.

The *Performance Evaluation* only included early childhood coalitions that are cross-sector and focused on collective impact across the early childhood system. Among these coalitions, there is a distinction between those that are or are advancing toward becoming a Help Me Grow affiliate and those that are not. Help Me Grow is a framework for developing an interconnected system that the state is supporting through technical assistance<sup>31</sup>. This framework is focused on developmental screening and connections to early intervention; however, it does offer the flexibility to support families navigating into family support services, early learning settings, and other resource supports<sup>32</sup>. The work in Texas over the past three years has pointed to the advantages and limitations of Help Me Grow. What is clear is that a community cannot do Help Me Grow well without the connections afforded by an early childhood coalition, but Help Me Grow is not a framework for building a coalition.

# Data Systems and Data Integration

The early childhood system in Texas is complex and spans five different state agencies (see Figure 1 for an understanding of the relationship between three of these agencies). Not only do each of these agencies have different data governance structures, but the individual programs within each agency also have siloed data systems<sup>33,34</sup>. Connecting and integrating data systems even within an agency is challenging. Additionally, each of these data systems is protected by different federal and state laws that are importantly designed to protect individual-level data from disclosure. These barriers are well known and have been the center of data integration and warehousing discussions in the state for over a decade.

*Figure 1. The Early Childhood System in Texas*



Within the state, “data integration” projects have been historically limited to legislatively requested or commissioned research and evaluation projects. These projects are special projects within the agencies or through academic partners that either match the data across the systems or work within the agencies to have the data matched. These projects can take years to set up and complete. The amount of time these projects take can also mean that the impact of the results is diminished. For example, the Dartmouth Neonatal Intensive Care Unit (NICU) mapping project<sup>35</sup> was established to help the state understand the NICU landscape as it was setting regulatory quality standards for NICUs. This project was built on matching data across three data systems in two different agencies. However, before the analysis project was completed, the state had established quality metrics and had implemented regulatory reviews for NICUs.

These data-matching projects are important but cannot fill the need for data integration that can be used for timely program improvement and decision-making. The ECIAW and the Texas Early Learning Council Data Roadmap Work Group have been working to map the barriers to data integration in the early childhood system and have arrived at several business cases and policy questions that can help move data integration efforts forward<sup>36</sup>. This work has centered on a fundamental need to understand who is eligible, is accessing, and is enrolling in early childhood services and programs. Part of this need centers on having an unduplicated count of children served across the early childhood system as defined above. The level of integration that will be needed to have this unduplicated count will also help the state answer other fundamental questions focused on understanding how many children are not receiving cross-sector services but should be.

There is a need to integrate data at the local level as, well. The fidelity metrics for Help Me Grow require that participating organizations share aggregated data, at the least. The fidelity metrics also push coalitions to create a data system where service navigation can be tracked. Most affiliates in Texas will not struggle with the aggregate fidelity metrics. They have struggled with the next step of integrating the data to de-duplicate clients and understand the impact of these programs on families through referral completion and acceptance. While de-duplicating clients across programs is a goal of local and state organizations, the barriers and needs for doing this are different at each level.

At the local level, cross-organization data integration is an exponential problem. For example, if five organizations wanted to share data about clients with each other, it would require 25 data use agreements. If ten organizations wanted to do this, it would require 100 data use agreements.

One way that local organizations have tried to address integration is through the use of a centralized referral system. These types of systems are being used throughout the country as a way to help local organizations track clients through a web of referrals and services. These systems address the exponential data use agreement problem. However, these systems are outside of the normal data systems that organizations use for case charting and client tracking. Therefore, they require a service organization to switch between multiple data systems to help a client. This creates a data collection burden on an already stretched workforce. To paraphrase a member of a coalition that is using one of these systems:

*If someone doesn't go in the system to mark that the referral was picked up or not, I still don't know if the family got what they needed.*

For local organizations, the ability to follow families through a referral route is a real-time data integration issue. This timing is a major difference from the state's data integration needs, which can be on a quarterly or annual time scale. The timing of the data, the need to use the data to improve navigation between services, and the need to identify individuals separate the data integration needs at the local and state level. The important work that the state is doing to move towards data integration can serve as an example for local coalitions. However, the needs at the state and local levels are different and they will need different data integration solutions.

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