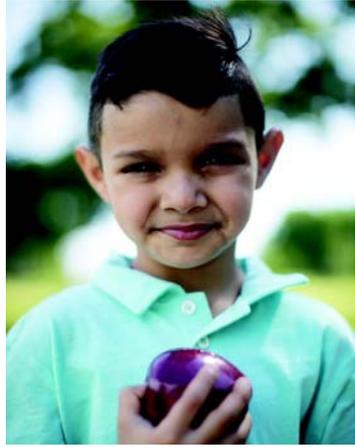


2019

Community Health Needs Assessment



Children's Medical Center Dallas
Children's Medical Center Plano
Our Children's House

Introduction

More than 100 years of caring for the children of North Texas has established Children's HealthSM as not only the region's leading pediatric health care system, but a prominent authority and passionate advocate for the advancement of pediatric health throughout the surrounding communities. The Children's Health mission is to make life better for children. As a top pediatric health system, Children's Health has a 100-plus year history of exclusively serving children from birth through age 18 and treats nearly 300,000 children per year.

Delivering a full spectrum of care, Children's Health is a dynamic, growing system anchored by two full-service hospitals – flagship hospital Children's Medical Center Dallas and Children's Medical Center Plano – and a rehabilitation hospital, Our Children's House. Children's Health is also home to Children's Health Andrews Institute for Orthopaedics & Sports Medicine, the Rees-Jones Center for Foster Care Excellence and the Children's Medical Center Research Institute at UT Southwestern. With more than 50 pediatric specialty and subspecialty programs, multiple specialty centers and urgent care locations, Children's Health is a staple of the North Texas community.

As the population of North Texas continues to grow, Children's Health continually reaches even further into the community through the growing Children's Health Care Network, a collaborative network of health providers who work together to provide the best care for children in the community. Through multiple community health programs and initiatives, including school-based telehealth and telebehavioral health programs, Children's Health helps children in community centers, schools and their homes.

Children's Health has a longstanding commitment to the community—one that reaches beyond hospital walls and into schools, social-service organizations, corporate boardrooms, city halls and legislative chambers. A large part of the Children's Health mission to make life better for children is a commitment to serving as a voice for the voiceless – an advocate for the children who have no vote and no lobbying group to speak on their behalf.

Since 1996, Children's Health has published *Beyond ABC*, an in-depth report on the quality of life of children in North Texas. The report tracks not only health and safety factors, but also economic and education data. An advisory board, comprised of several dozen community leaders, meets throughout the year to discuss the data and to contribute input from the field. The report is used by legislators and policy officials, as well as non-profit and government agency leaders, all of whom rely on the publication to inform and shape their response to the changing needs of our children.

At Children's Health, *Beyond ABC* is a building block of the organization's strategic planning, allowing it to maximize its impact on childhood wellbeing through service delivery and advocacy. Children's Health commits significant resources to facilitate this needs assessment. Children's Health desires to continue providing clinical programs and services to meet community needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of the communities served. This Community Health Needs Assessment is prepared from an integrated health care system perspective and all three licensed hospital facilities are collaborating on this Community Health Needs Assessment to identify community needs and to allocate resources most effectively.

Written comments regarding the health needs that have been identified and prioritized in this Community Health Needs Assessment should be directed to:

Children's Health
Re: 2019 CHNA Comments
1935 Medical District Drive, ST8.06
Dallas, TX 75235

Community Served by Children's Health

For purposes of this Community Health Needs Assessment (CHNA), the CHNA service area was defined based on the primary geographic area served by Children's Health. For Children's Health fiscal year ending December 31, 2018, 72% of inpatient discharges and 77% of outpatient visits originated in the six counties referred to as North Texas in the 2019-2020 *Beyond ABC* report. The CHNA community was determined by geography and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency.

While Children's Health serves patients across a broader geographic area, defining the CHNA service area as North Texas will allow Children's Health to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparity.

Process and Methods to Conduct the Community Health Needs Assessment

To comply with section 501(r) of the Internal Revenue code, the following pages describe the CHNA process and findings for Children's Health. The original source material that includes the 2019-2020 *Beyond ABC* report is referenced throughout this summary. The link to the 2019-2020 *Beyond ABC* report is www.childrens.com/beyondabc.

The 2019-2020 *Beyond ABC* report is the 16th comprehensive analysis on the well-being of North Texas Children that Children's Health has published. *Beyond ABC* analyzes policies and programs, health factors and health outcomes on a wide range of indicators in four topical areas: Health, Education, Economic Security and Safety. As with years past, the compilation of this year's report was completed thanks to the input of an Advisory Board consisting of 37 members representing North Texas' public, private and philanthropic sectors. Advisory board members are leaders and influencers in the community who can lead responses to factors, which are influencing children's health in the North Texas. Members of the Advisory Board are listed on page 7 of the 2019-2020 *Beyond ABC* report.

After reviewing the indicators used in previous years, the Advisory Board and Children's Health staff determined the final list of indicators for each of four topical areas to be used in the 2019-2020 *Beyond ABC*. The research staff at the University of Texas at Dallas Institute for Urban Policy Research (Institute) then worked to identify the most consistent recent and historical data available for each of the six counties. For most indicators, the data is as recent as 2017, but some indicators report data for 2018 as well.

Once the data for the final list of indicators was compiled, the Institute and Children’s Health Staff convened a series of six meetings of Advisory Board members earlier in 2019 to discuss and analyze the issues and current conditions affecting the health and well-being of children in North Texas. Separate meetings were held for each of the four topical areas. Each session included dialogue, wherein all present helped illuminate the context surrounding the indicators as well as services their organizations and programs provide.

Information from the four working group meetings was synthesized to identify **emerging trends** in the community. Among the areas of concern most frequently mentioned in the working groups were the following:

Inclusion and Equity

Inclusion and equity are broad terms, but they are lens through which other issues can be viewed. In the context of the working groups, they point to the ways in which social services, policy solutions, and institutions are designed in a way that either excludes certain populations or simply does not account for differing needs across populations. Among the most universal issues of inclusion and equity were concerns for geographic disparity. Across the various working groups, participants regularly identified place as a predictor of social outcomes and concerns about the equitable distribution of services and resources geographically across various systems.

More specifically, working group participants identified immigration and LGBTQ populations as those whose exclusion and disparate outcomes are growing in salience. For immigrant populations, language and culture are the primary barriers to inclusion and have a strong impact on how children and families interact with systems and access resources. Immigrants can also face cultural isolation. Similarly, LGBTQ youth face increased social isolation and exclusion that can often put them at greater risk to trafficking, bullying, suicide, and violence. For marginalized groups of all kinds, these factors contribute to childhood trauma and toxic risk in a cumulative way that often ties into issues of geography.

Systems Approach and Cross-Sector Understanding

The wellbeing of a family is as fragile as the resilience of the systems in which they operate and the interdependence between each system. The simplest family is composed of a child and its legal guardian or guardians. They each have their own personal health, but they share housing, live in the same community as other families, travel using the same transit networks, during the day, the child typically attends school and the legal guardian or guardians usually works. This is a simple model, but we can already begin to spot the many ways in which the family is vulnerable how a shock to any system could lead to the collapse of the next. If child gets sick, parent stays home, parent cannot work, parent could lose job, family loses housing. If transit systems fail or are inadequate, parent and child cannot get to school or work easily, leading to potential absenteeism and job loss. If housing is taken due to rent hikes or deteriorating housing conditions or adverse weather then life becomes far less stable and will likely lead to poor health, absenteeism or job loss.

The model becomes far more complex when you remember that health has physical, mental, emotional and spiritual aspects and having access to healthcare for one of them does not mean one has access to the rest. Families also do not look the same, two parent households are usually far more stable, but many families only have one parent, there are families where grandparents or older siblings are the primary caretakers. In each case the services they need to thrive are different.

Technology can provide innovative ways to address the unique vulnerabilities of each family. One example is telehealth, whereby if a child gets sick, a doctor could attend to them through a video calling system to determine the urgency and approach to care. This could keep working parents from having to take time off to take their children to a clinical center if unnecessary. Similarly, if an older sibling is the caretaker, then the availability of online education programs could allow them to be present for the younger children while continuing their own development.

Issues of Access

The need for access to services and resources were a consistent theme in every working group. For each group, there was discussion of the types of barriers that exist for access to services and resources, which include economic, cultural, geographic, and financial barriers – to name a few. Across all sectors, access to social services is an issue. For health, that means both the availability of health insurance – whether public or private – as well as the availability of physical resources like doctors and hospitals. Similarly, educational resources are geographically disparate and closely tied to the economic wellbeing of a community, limiting access to quality education, childcare, and enrichment in low income communities.

Moreover, with health and education access closely tied to income, the ability for low-income families to access banking and credit resources or financial planning further inhibits access to broader social services. Low access to basic services such as public transportation, affordable and supportive housing, healthy food choices, and recreational activities lowers overall quality of life in the region and perpetuates the cycle of poverty. In many cases, these barriers reinforce each other. Economic and racial segregation in housing result in the overlap of economic and geographic barriers that can be exacerbated by the cultural homogeneity of communities that might present an additional barrier to services based on culture norms and language differences. Similarly, transportation availability impacts a family's ability to access services across all areas.

Addiction - Technology and Substance

Various groups were broadly concerned with issues that we would classify as addiction-related, whether pertaining to substance or behavior. Vaping – in particular – is a growing issue among teenagers and young adults. Efforts to reduce teen smoking have been fairly successfully, and the rise of vapor-based nicotine introduces a new risk to teenagers who are often unaware of the nicotine content, addictive quality, and harmful effects of vaping. Along with alcohol and drug use, nicotine addiction can also serve as a coping behavior that is related to untreated, underlying mental health issues.

Substance abuse of various kinds can lead to health complications related to cancer, lung and heart problems, as well as diabetes. Addiction can also be debilitating in other ways that impact one's ability to function in family, social, and educational settings. This is the case not only for substance addiction, but also for technology addiction. Technology addiction constitutes misuse of video games, social media, texting, online gambling and pornography. It can have several detrimental effects on one's health, including increased levels of anxiety and depression, exacerbating attention deficit disorders, and causing disruption in sleeping patterns. Furthermore, the perpetuation of certain types of gaming can normalize violence and desensitize children to its effects.

A sixth and final meeting of the Advisory Board was conducted where the synthesized data was reviewed. Members of the Advisory Board also contributed real-world insights, expertise and ideas to address the emerging trends and issues impacting youth in North Texas. Lastly, final recommendations for the four focus areas were determined by the Advisory Board for the *2019-2020 Beyond ABC*.

Summary of Significant Health Needs

Significant factors influencing youth identified through the *2019-2020 Beyond ABC* report are summarized below.

Health

- In 2017, the rate of uninsured children in all six North Texas counties was well above the national average of 5.7%. 14.3% of Dallas County children have no health insurance coverage.
- Dallas County reported its lowest number of children receiving service through the Children with Special Health Care Needs Services Program since 2014 and the largest waitlist of any year reported.
- The underutilization of medical screenings is an ongoing concern.
- Since 2013, the number of children with a mental health diagnosis who are served by Medicaid Managed Care has increased dramatically. An estimated 130,226 North Texas children suffer from an emotional disturbance or addictive disorder.
- Since 2015, Dallas and Fannin County's rates of premature births have increased consistently.
- Dallas County continues to have the highest infant mortality rate across North Texas and is the only one that exceeds the national and state averages.
- Texas ranks among the worst states in providing services to those affected by developmental disabilities.
- North Texas had 256 new diagnoses of childhood cancer in 2016.
- All North Texas counties observed a net increase in the number of diabetes cases compared to the previous year.
- From 2013-2017, all counties observed an overall increase in the number of children who had experienced asthma at some point in their lifetime.

Economic Security

- Across the state, approximately one in five children lived in poverty in 2017. In 2017, 196,110 children in North Texas lived below the poverty line.
- The number of homeless students enrolled in public schools from kindergarten through 12th grade has increased by 70 percent nationwide during the past decade. 115,676 Texas students were homeless during the 2016-2017 school year.
- In 2017, more than 250,000 children in North Texas were considered food insecure.
- In Dallas County, 71.3% of all students can receive free or reduced-price lunches.
- More than 1.3 million children in Texas are in need of subsidized childcare services; however less than 10% receive assistance.

Safety

- In 2018, North Texas had 10,796 confirmed cases of child abuse and neglect, an increase of 18 percent over the previous year.
- There is a large gap between the number of approved homes and the number of children who need a foster home.
- From 2017 to 2018, the number of children in state care increased in every county except for Grayson.
- In 2018, North Texas had 944 confirmed victims of sexual abuse, an increase of 8.4% from the 871 in 2017.
- Suicide is the second-leading cause of death among those ages 15-24.
- North Texas had an increase in children hospitalizations for traumatic injuries in 2017, following a notable decrease across the region in 2016.
- In 2018, at least 5,765 North Texas students were disciplined for possession of alcohol, tobacco or a controlled substance on school grounds.

Education

- There is a notable decline in kindergarten readiness across all six counties from 2016 through 2018.
- In 2018, fewer than half of the students in North Texas met the third grade reading level standards for the Reading Assessment portion of the 2019 STAAR test.
- Since 2016, Dallas County has seen an increase of more than 2,000 student qualifying for special education services.

Beyond ABC Recommendations

The *Beyond ABC* Advisory Board, developed recommendations, listed below, to make life better for Children in North Texas. In recognition of what has become a true public health crisis, the Advisory Board developed an overarching recommendation for mental health, which spans all four focus areas. Children’s Health will seek to expand and/or complement existing programs for 2020 through 2022 to respond to health needs of youth in North Texas identified in this CHNA.

MENTAL HEALTH

Address mental health needs of children and adolescents and increase access to school- and community-based mental health services.

HEALTH	ECONOMIC SECURITY	SAFETY	EDUCATION
Increase the number of insured children and safeguard access to CHIP and Medicaid.	Ensure that all working Texas parents have access to affordable, safe and quality childcare.	Expand trauma-informed care education, training and intervention throughout the child welfare system.	Increase education and training opportunities for teachers, particularly in cultural diversity and mental health.
Promote strategies to increase child immunization rates and combat vaccine hesitancy.	Expand viable transportation options to connect more people with jobs.	Strengthen resources for child abuse prevention programs to keep children safe at home.	Strengthen the quality of early childhood education and care.

Resources Available to Meet Identified Needs

Address Child Mental Health

- The **Children’s Health School-Based Tele-Behavioral Health Program** connects students with licensed behavioral health specialists via telemedicine, addressing common behavioral health issues in student populations, including depression, anxiety, self-esteem and lack of coping skills in the school setting. The program provides videoconference psychosocial assessments at school using a tablet device, and students can be referred to the program by their teachers or counselor. For more information on this program please contact Jason Isham, director of integrated behavioral health, jason.isham@childrens.com.
- The **Suicide Prevention and Resilience in Children (SPARC) Program** is an evidence-based intensive outpatient program for youth with suicidal behaviors. This program is specifically designed to target the risk factors associated with suicidality in teens. Offering group, individual and family therapy, teens’ participation in the program will depend on their individual needs. This program is especially designed for teens aged 12-18 years of age. (<https://www.childrens.com/specialties-services/specialty-centers-and-programs/psychiatry-and-psychology/conditions-and-programs/suicide-behaviors>).

Increased Immunizations

- Children’s Health collaborates with the Health Department and other organizations to provide clinical education about immunization via forums and press conferences.

Access to Children’s Health Care

- Children’s Health Outreach Representatives help children in North Texas without health insurance get low-cost health care through CHIP or no-cost healthcare with Children’s Medicaid. Both programs cover office visits, prescription drugs, dental care, eye exams, glasses and more. Outreach representatives help families apply for assistance throughout the community, whether it is at a child’s school, library or other community-based location. Children’s Health also works with community partners which include churches, non-profit organizations and school districts such as Dallas ISD, Carrollton-Farmers Branch ISD and WIC to ensure North Texas families have access to health care. For more information please contact Nancy Dansby, children’s health insurance outreach representative, nancy.dansby@childrens.com.

Transportation

- Children’s Health is working on initiatives to help patient families have access to transportation. The **Car Share Program** is one of the initiatives being developed which provides rental vehicles for patient families and employees who are registered members. There will be no fuel or insurance costs associated with the rental to ensure this service is accessible to all.

- Children’s Health has also begun looking into **Lyft and Uber Rideshare Program** for hire to provide patient and employee transportation to and from its campus.

Trauma Informed Care Education

- **Rees-Jones Center for Foster Care Excellence** at Children’s Health collaborates with school districts, child welfare organizations and other community partners to facilitate trauma-informed trainings and curriculums for educators, providers, volunteers and caregivers. The trainings promote education about the effects of trauma and encourage effective, safe trauma-informed services and treatments.

Child Abuse Prevention

- **Children’s Advocacy Centers:** Children’s Advocacy Centers are an innovative service delivery model that reduces the re-victimization of child victims of abuse, removes barriers to investigation and treatment, and enhances criminal prosecution using a distinctive multidisciplinary and united approach to child abuse cases. Children’s Advocacy Centers combine the resources of law enforcement, prosecution, and therapeutic communities in Dallas County (<http://www.dcac.org>), Collin County (<http://www.caccollincounty.org>), and Denton County (<http://cacdc.org>).
- **Court Appointed Special Advocates (CASA):** Court Appointed Special Advocates organizations recruit and train volunteers who advocate in the courtroom for victims of abuse and neglect who have been removed from their homes. Advocates are available in Dallas County (<http://www.dallascasa.org>), Collin County (<http://www.casaofcollincounty.org>), Cooke County (<http://www.casant.org>), and Denton County (<http://www.casadenton.org>).
- **Texas Department of Family and Protective Services:** Child Protective Services responsibilities include investigating reports of abuse and neglect of children, providing services to children and families in their own homes and placing children in foster care. https://www.dfps.state.tx.us/child_protection/

Education for Cultural Diversity and Mental Health

- The **Children’s Health Diversity and Inclusion (D&I) group** provides system wide employee trainings to enable team members to deliver safe, quality, equitable care in a manner that is culturally appropriate and effective. The content is delivered in a blended learning curriculum that includes web-based modules and instructor-led training. The goal of the workshops is to train participants to become more competent in providing equitable health care to diverse populations in a culturally effective manner.

- Children’s Health has also been conducting, implementing and standardizing outcomes of their self-reported **Race, Ethnicity and Language (REaL) Data** to train their staff and educate them on how cultural awareness affects patient care on all levels. Trainings have been provided to frontline Ambulatory Service Representatives (ASR) and ASR superusers at the council level in Dallas, allowing Children’s Health to establish a systemwide, gold standard for patient care that is inclusive and culturally aware.
- The Children’s Health Behavioral Health team provides general behavioral health educational presentations to educators, parents and community groups on topics such as depression, anxiety, stress management, promoting mental wellness at home, parenting and others as requested. To date, the team has provided 30 additional presentations this year.

Early Childhood Education

- **North Texas Reading Partners:** Reading Partners has been a part of the Dallas educational landscape since 2012, when we launched our program at George W. Truett Elementary School and Roger Q. Mills Elementary School and served 80 students. Since then, they have placed thousands of community volunteers in low-income schools to help kids master basic reading skills. One-on-one tutoring empowers students to succeed in reading and in life by engaging community volunteers to provide individualized, personal attention to each student in the program. <http://readingpartners.org/location/north-texas/>
- **Commit Partnership:** The Commit! Partnership helps drive student achievement in Dallas County from cradle to career by leveraging data, community expertise and collaboration to measure what matters, identify effective practices and spread what works. <http://commit2dallas.org/our-mission/>
- **AVANCE:** The AVANCE organization works with families in the West Dallas community, an area of high medical and educational need, to provide quality early childhood programming. The group works to educate parents on issues of healthy child development, both medically and developmentally. <http://www.avance-dallas.org/>
- **Head Start of Greater Dallas:** Head Start of Greater Dallas offers early-childhood education opportunities to children from low-income families. The programs are offered in low-income communities and are programmed around the working schedules of the families whose children they serve. <http://www.hsgd.org>

Progress on Health Priorities Identified in the 2016 Community Health Needs Assessment

The previous Implementation Strategy for Children's Health outlined a plan for addressing the following priorities identified in the 2016 CHNA. The list below describes the strategies completed by Children's Health and community partners over the last three years.

Health:

- Nearly two-thirds of the children we serve at Children's Health depend on Medicaid or CHIP for their health care coverage. Children's Health participates in the Children's Health Coverage Coalition and Enroll North Texas, two coalitions that work on strategies to promote CHIP and Children's Medicaid and reduce the number of uninsured children in the state.

Dedicated outreach representatives at Children's Health help eligible families with children enroll in CHIP and Medicaid, ensuring North Texas families have access to health care. In 2018, the Children's Health Community Outreach Team directly helped more than 2,200 children and families apply for CHIP and Medicaid assistance.

- Children's Health is using telemedicine to provide more children access to behavioral health care and address youth mental health issues such as anxiety, bullying and depression. In 2017, Children's Health launched an integrated telebehavioral health program that connects students with licensed behavioral health providers at school via secure mobile technology, eliminating traditional barriers to access such as limited provider availability and transportation issues. School-based telebehavioral health services are now available to more than 38,000 students, and the program is projected to be in a total of 52 schools in the 2019-2020 school year

Economic Security:

- Children's Health participates in the Collin County Early Childhood Coalition and the Early Matters Dallas Coalition. These broad-based coalition groups are dedicated to working together to raise awareness about the importance of quality early education, coordinate advocacy efforts and increase funding for quality early learning to ultimately ensure a strong future workforce.
- Children's Health serves as a member of the Dallas Coalition for Hunger Solutions, which is focused on providing education and advocacy opportunities for different programs that impact food security for families such as the Supplemental Nutrition Assistance Program (SNAP), the 2020 Census and the public charge.

The Children's Health Community Outreach Team also helps eligible families and children enroll in other government assistance programs, such as SNAP, and provides referrals to additional community resources and services.

Safety:

- The Rees-Jones Center for Foster Care Excellence at Children’s Health provides integrated primary care for children in foster care, many of whom have experienced abuse and neglect. As a regional leader in trauma-informed care, the Center collaborates with school districts, child welfare organizations and other community partners to facilitate trauma-informed trainings and curriculums for educators, providers, volunteers and caregivers. The trainings promote education about the effects of trauma and encourage effective, safe trauma-informed services and treatments. The Rees-Jones Center has also conducted approximately 200 training sessions to date.

Education:

Children’s Health is part of a community-wide initiative led by the Dallas-Fort Worth Hospital Council to train 10,000 people in Mental Health First Aid, a national curriculum that teaches lay people how to identify and respond to a mental health crisis. Children’s Health has three behavioral health clinicians who are certified in the Youth Mental Health First Aid Curriculum and provide the eight-hour training to different groups, primarily schoolteachers and school administrative staff. This helps school personnel talk with students they identify as in need of behavioral health treatment and make appropriate referrals to care. To date, the Children’s Health Behavioral Health team has conducted 30 Mental Health First Aid trainings to date.

Children's Health Implementation Strategy: 2020-2022

Children's Health will seek to complement existing programs and initiatives for 2020 through 2022 to respond to community health needs as identified in this CHNA. The plan outlined below has been developed from the findings and recommendations made in the Children's Health *Beyond ABC* research process and after review of our 2016 implementation strategy. This implementation plan focuses on the four same focus areas as the *Beyond ABC* process: health, economic security, safety and education.



HEALTH

Recommendation: Increase the number of insured children and safeguard access to CHIP and Medicaid.

- Continue collaborating with regional coalitions working on strategies to promote CHIP and Children's Medicaid and reduce the number of uninsured children in the state.
- Continue utilizing dedicated outreach representatives at Children's Health to help eligible families with children enroll in CHIP and Medicaid.

Recommendation: Promote strategies to increase child immunization rates and combat vaccine hesitancy.

- Leverage Children's Health multiple communications platforms and programs to educate parents and guardians about the benefits of vaccinations for children and help them to better understand the risks of not having their children vaccinated.

ECONOMIC SECURITY

Recommendation: Ensure that all working Texas parents have access to affordable, safe and quality childcare.

- Continue collaborating with regional coalitions dedicated to advocating for affordable, accessible and quality childcare.

Recommendation: Expand viable transportation options to connect more people with jobs.

- The convenience of accessing health care is an important issue in sprawling North Texas. To help parents and guardians provide health care for their children without worrying about transportation needs or time away from work, Children's Health will continue to support its School-Based Telehealth by Children's Health Virtual Care, enabling school nurses to connect students with health care providers at school.

SAFETY

Recommendation: Expand trauma-informed care education, training and intervention throughout the child welfare system.

- Extend the valuable work of the Rees-Jones Center for Foster Care Excellence at Children's Health, which provides integrated primary care for children in foster care, many of whom have experienced abuse and neglect, and collaborates with school districts, child welfare organizations and other community partners to facilitate trauma-informed trainings and curriculums for educators, providers, volunteers and caregivers.

Recommendation: Strengthen resources for child abuse prevention programs to keep children safe at home.

- Seek collaborative opportunities with community-based groups to identify ways to leverage Rees-Jones Center expertise.

EDUCATION

Recommendation: Increase education and training opportunities for teachers, particularly in cultural diversity and mental health.

- Explore supplementing the training that the Children's Health behavioral health clinicians certified in the Youth Mental Health First Aid Curriculum provide to include cultural diversity in addition to its mental health focus. The trainings are provided primarily to schoolteachers and school administrative staff.

Recommendation: Strengthen the quality of early childhood education and care.

- Continue working with regional community-based groups coordinating advocacy efforts and seeking increased funding for quality early learning and care.