



From the Executive Director

This year, Texans Care For Children lost a dear friend and the children of our state lost a great champion. Phil Strickland, the founder of Texans Care For Children, passed away February 11, 2006 at the age of 64. We will miss Phil, but we will continue to be inspired by his vision of Texas as a place where all children can grow and thrive.

In August 2005, Phil wrote the following words in the Christian Life Commission Newsletter:

For several years I have chaired a group named Texans Care For Children. My dream is for that name to become true. Right now, it is difficult to make any case that we in Texas care for our children. In fact, the data tells us that we probably care for our children less than most states in America. In a state that is full of churches, we are in a race to become dead last in caring for children. The evidence is abundant.

This report, *The Children's Campaign: 2007 Update*, confirms Phil's words. There is indeed abundant evidence that Texas has failed to make a commitment to caring for its children.

Our updated report is the latest step in *The Children's Campaign: An Agenda for the Decade*, which Texans Care For Children launched in 2001. The campaign is an effort to measure the well-being of Texas children and track progress in six critical areas: Children in Poverty and Family Economic Security, Child and Maternal Health, Children's Mental Health, Early Care and Education, Child Welfare, and At-Risk Youth and Juvenile Justice.

We are proud to report that Texas has improved in a handful of areas, including collection of child support, vaccinations, and pre-kindergarten availability, as noted in the Progress Report section of our report. Yet Texas continues to struggle in many categories, and our children continue to pay a high price: **Texas ranks last in the nation in teen pregnancy and the number of people who go hungry and near last in health insurance for children, high school graduation rates, and child poverty.** We have witnessed a disturbing decline in the Children's Health Insurance Program (CHIP) enrollment, with over 200,000 children un-enrolled over the last three years.¹ The arrival of thousands of high-need children fleeing the wreckage of Hurricane Katrina adds new challenges for us Texans, and adds to the moral imperative of caring for children throughout our state.

These and other statistics are presented in the following pages. As you read them, we invite you to see beyond the facts and figures and consider the children they represent. Consider the children who are too sick to learn at school, but too poor to see a doctor; the children who fall into deeper and deeper trouble with the law but never receive the emotional or mental health assistance they need; or the children who are already falling behind in kindergarten because they attended poor quality childcare, missed out on Early Head Start/Head Start and have parents who are busy working two jobs. Consider the parents who are one illness or one case of car trouble away from losing the job, insurance and income they need to properly care for their children. With all this in mind, consider the future of Texas.

The goal of *The Children's Campaign* is to secure the future of our children and our state by moving Texas to 25th place in the nation in key child well-being indicators, which would match our state's income relative to other states. As we continue the campaign, we invite you to join with us in moving Texas forward by investing in our children. Phil would have settled for nothing less, and the children of Texas deserve nothing less.

Susan Craven



Table of Contents

From the Executive Director	1
Acknowledgements	3
What Do All These Numbers Mean?.....	5
Quick Statistics: Where We Stand, What We Spend	6
A Decade of Progress?	7
Children in Poverty & Family Economic Security.....	11
Child & Maternal Health.....	19
Children's Mental Health.....	30
Early Care & Education	37
Child Welfare	47
At-Risk Youth & Juvenile Justice	57
Data by Community and Race/Ethnicity.....	67
Sources	71

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What do all these numbers mean?

Texas Ranking refers to Texas' rank among all 50 U.S. states, excluding the District of Columbia. In cases where not all 50 states have reliable data in the source we are using, we note how many states had data. For ranking purposes in this document, #1 is best and #50 is worst.

Race and ethnicity are reported differently by different data sources. We try to be clear in each measure about what definitions we are using. For more information about the race and ethnicity data given in any measure, please see the source documents available online at www.texanscareforchildren.org.

On many measures, we have noted a source for local data. There may be a variety of data sources in your local area on these topics that we were not able to list. Contact your local United Way, your local government, or other agencies for data that we have not included.

The original *Children's Campaign* report included data from the 1990s in many of its tables. Because the new report includes more recent data and seeks to track changes during the current decade, data from the 1990s is only displayed in tables when statistics are reported in multi-year blocks of time that span from one decade to the next, such as 1999-2000.

We have compiled extensive, detailed lists of sources used for our data in addition to the summary shown on each page. These detailed lists are available online. Please visit our website at www.texanscareforchildren.org and click on "Children's Campaign" for files with all of our source information.

If you have any questions about data or sources, please feel free to contact us at info@texanscareforchildren.org.



Quick Statistics: Where We Stand, What We Spend

Among states, Texas ranked... (1 is best, 50 is worst)

49th in percentage of children with health insurance in 2005.²

49th in percentage of adults with a high school diploma in 2005.³

47th in dollars spent per child by the state child abuse and neglect agency in 2004.⁴

47th in per capita spending by the state mental health agency in 2003.⁵

48th (in a three-way tie for last place) in teen pregnancy in 2003.⁶

46th in children living in poverty in 2005.⁷

36th in child vaccinations in 2005.⁸

22nd in infant mortality in 2003.⁹

16th in child support collection in 2003.¹⁰

Out of every...

12 U.S. children, one was a Texan in 2005.¹¹

Three Texas children that should have graduated from high school in 2003, one did not.¹²

Five Texas children, one was poor in 2005.¹³

Five Texas children, one lacked health insurance in 2005.¹⁴

12 Texas newborns, one was born with a low birth weight in 2003.¹⁵

Four Texas children between the ages of 19-35 months, one was not current on vaccinations in 2005.¹⁶

Texas spends...

\$39 per Texas citizen on mental health services, as of 2003, meaning we spend less than all but three states.¹⁷

\$648 for one year enrollment in the Services To At-Risk Youth (STAR) program, as of 2005.¹⁸

\$55,933 per year for a child at the Texas Youth Commission in 2005, and \$97,417 for an average stay.¹⁹



A Decade of Progress?

The tables below summarize the data in the following sections of the report. **Texas Trend is based on changes within Texas irrespective of changes in other states while Texas Ranking is based solely on Texas' rank among the 50 states, where available.** The columns indicate whether Texas has gotten better, worse, remained steady or has had mixed results from the first year of the decade for which data is available to the most recent year for which data is available. A Texas Trend classification of “Remained Steady” indicates a change of less than three percent from the first year to the last, while a Texas Ranking classification of “Remained Steady” indicates no change in our state’s ranking. A Texas Trend classification of “Mixed” means that the indicator improved by more than three percent in one set of data but worsened by more than three percent in another set of data.

CHILDREN IN POVERTY AND ECONOMIC SECURITY

INDICATOR	PROGRESS?	PAGE
High school completion	TEXAS TREND: Remained steady TEXAS RANKING: Worse	12
Workforce program outcomes	TEXAS TREND: Remained steady	13
Unemployment	TEXAS TREND: Worse TEXAS RANKING: Better	14
Regressive taxation	TEXAS TREND: Worse TEXAS RANKING: Better	14
Child poverty	TEXAS TREND: Worse TEXAS RANKING: Worse	16
Collection of child support	TEXAS TREND: Better TEXAS RANKING: Better	16
Food security	TEXAS TREND: Worse TEXAS RANKING: Remained steady	17
Food stamps to the hungry	TEXAS TREND: Remained steady TEXAS RANKING: Better	17



CHILD AND MATERNAL HEALTH

INDICATOR	PROGRESS?	PAGE
Prenatal care	TEXAS TREND: Remained steady	21
Low birth weight	TEXAS RANKING: Better TEXAS TREND: Worse	22
Infant mortality	TEXAS RANKING: Better TEXAS TREND: Worse	22
Access to physicians	TEXAS RANKING: Worse TEXAS TREND: Better	23
Emergency room use	TEXAS RANKING: Worse TEXAS TREND: Remained steady	23
Children without health insurance	TEXAS TREND: Better	24
Medicaid enrollment	TEXAS RANKING: Better TEXAS TREND: Better	25
Chip enrollment	TEXAS TREND: Worse	26
Vaccinations	TEXAS TREND: Better	27
Overweight children	TEXAS RANKING: Better TEXAS TREND: Mixed	27
Teen alcohol use	TEXAS TREND: Better	28
Teen tobacco use	TEXAS TREND: Better	29
Teen pregnancy	TEXAS TREND: Better TEXAS RANKING: Remained Steady	29

CHILDREN'S MENTAL HEALTH

INDICATOR	PROGRESS?	PAGE
Adult drug and alcohol abuse	TEXAS TREND: Worse TEXAS RANKING: Worse	32
Children repeating early grades	TEXAS TREND: Worse	32
Access to mental health professionals in schools	TEXAS TREND : Better	33
Access to mental health professionals	TEXAS TREND: Remained Steady	33
Public spending on mental health treatment	TEXAS TREND: Better TEXAS RANKING: Worse	34
Children receiving public mental health services	TEXAS TREND: Worse	35
Teen drug & alcohol abuse	TEXAS TREND: Remained Steady	35
Youth suicide	TEXAS TREND: Better	36

EARLY CARE AND EDUCATION



INDICATOR	PROGRESS?	PAGE
Child care capacity	TEXAS TREND: Worse	39
Pre-k availability	TEXAS TREND: Better TEXAS RANKING: Worse	40
Head Start enrollment	TEXAS TREND: Worse	41
Child care subsidies	TEXAS TREND: Worse	42
Child/staff ratio	TEXAS TREND: Worse	43
Child care worker training	TEXAS TREND: Remained Steady	43
Child care worker pay	TEXAS TREND: Worse	44
Achievement of Texas Rising Star status	TEXAS TREND: Worse	44
Child care accreditation	TEXAS TREND: Mixed	45
Children repeating early grades	TEXAS TREND: Worse	46

CHILD WELFARE

INDICATOR	PROGRESS?	PAGE
Abuse & neglect prevention services	TEXAS TREND: Better TEXAS RANKING: Better	49
Public spending on child welfare	TEXAS TREND: Better TEXAS RANKING: Better	50
Identification of abused children	TEXAS TREND: Better	51
Child Protective Services (CPS) caseloads	TEXAS TREND: Worse	51
CPS turnover	TEXAS TREND: Worse	52
Recurrence of abuse or neglect	TEXAS TREND: Remained Steady	52
Children waiting for adoption	TEXAS TREND: Worse	53
Mistreatment in foster care	TEXAS TREND: Better TEXAS RANKING: Better	54
Foster care placements	TEXAS TREND: Better	54
Years growing up in foster care	TEXAS TREND: Better	55
Short-term outcomes for foster care alumni	TEXAS TREND: Better	55



AT-RISK YOUTH AND JUVENILE JUSTICE

INDICATOR	PROGRESS?	PAGE
Youth substance abuse prevention services	TEXAS TREND: Better	59
Public mental health services	TEXAS TREND: Worse	59
Youth referred to juvenile probation	TEXAS TREND: Better	60
Youth sentenced to prison	TEXAS TREND: Better	60
Probation officer caseload	TEXAS TREND: Remained Steady	61
Access to mental health treatment in juvenile justice system	TEXAS TREND: Mixed	61
Access to substance abuse treatment in juvenile justice system	TEXAS TREND: Mixed	62
Grade level completion	TEXAS TREND: Remained Steady	63
Reading skills	TEXAS TREND: Better	63
Recidivism	TEXAS TREND: Mixed	64
Adults in criminal justice system	TEXAS TREND: Better	64
	TEXAS RANKING: Worse	
Disproportionate minority representation	TEXAS TREND: Mixed	65



Children in Poverty & Family Economic Security

What's The Problem?

Most poor Texans are children, not adults on city street corners or in homeless shelters. Poor children are invisible though; they are not they face that most of us put on poverty. Why are children poor? Because they live in households headed by low-income adults. Those adults are poor for a variety of reasons and poverty has no one-size-fits-all solution. An array of anti-poverty policies, including wage supports, child care subsidies, mental health treatment and child support enforcement are required to lift Texas' children and their families out of poverty.

More than one in every five children in Texas is poor.²⁰ Poverty means going without the things that many of us take for granted, such as food, shoes that fit, or medicine to treat a child's illness. Children growing up in poverty tend to have more health problems, developmental and disciplinary troubles at school and involvement with violent crime.²¹

Further, the number of children in poverty is understated because the federal poverty level guidelines severely underestimate what it takes to survive. In most Texas cities, large or small, parents need to make **twice** what the federal government says is above poverty just to live modestly, with nothing extra for emergencies or to save for the future.²² As many poor families have experienced, work is not a guarantee that a family will have enough to live on let alone escape poverty. **In 2002, 70 percent of Texas families with children living in poverty were headed by a worker.**²³

How Do We Fix It?

Over the long-term, we should work to:

- Fund public education – from early care through college – that prepares children and youth of all races and ethnicities to succeed.
- Reform our vocational training, workforce training, and welfare-to-work programs to ensure their success in helping workers achieve economic independence and well-being.
- Ensure that low-income parents have the transportation and child care assistance they need in order to find and maintain employment.
- Raise the minimum wage.
- Create a fair system of taxation so that low-income families don't pay a higher percentage of their income in taxes than other groups, as they do under our current “regressive” tax system.
- Help families across Texas learn to manage their money, save, and plan for the future.
- Ensure that the child support system helps custodial parent families get the resources to which they are entitled.
- Support programs with demonstrated effectiveness of reducing the rates of unplanned and teenage pregnancy.



- Increase funding for the Housing Trust Fund and other programs that help families with affordable housing and utilities when those costs threaten their financial stability.

As first steps, we should take immediate action to:

- Protect funding for critical health and human service programs that together keep millions of children and families from malnutrition, illness, eviction, and homelessness.
- Repeal the TANF full family sanction policies enacted in 2003 that punish children for their parents’ actions.
- Adopt Temporary Assistance to Needy Families (TANF) policies that allow Texas to meet federal work participation requirements and avoid financial penalties under new federal requirements without pushing hard-to-serve families off of TANF.
- Ensure the functionality and effectiveness of the TANF, Medicaid, CHIP and food stamps Integrated Eligibility and Enrollment System (TIERS).
- Increase funding for community-based outreach efforts to ensure that all eligible children in need receive the benefits to which they are entitled, such as food stamps, Medicaid, CHIP, and school lunch and breakfast.
- Require all legislation that contains cuts to children and family programs to be accompanied by a Child Impact Statement that would include the number of children impacted and the nature of the impact.

Have We Progressed?

High School Completion

☹ Texas Trend: **REMAINED STEADY** ☹ Texas Ranking: **WORSE**

Percent of Texas population that has completed high school, measured here among people 25 years and older

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	79.2%	84.1%	46
2001	78.4%	84.1%	49
2002	78.1%	84.1%	50
2003	77.2%	84.6%	50
2004	78.3%	85.2%	50
2005	78.8%	84.2%	49

Source: U.S. Census Bureau



We continue to have a large population of uneducated adults in Texas, with over 20 percent lacking a high school diploma. In Texas in 2004, 92 percent of non-Hispanic white adults had graduated from high school, compared to 86 percent of black adults and 52 percent of Hispanic adults.²⁴ Although the Texas Education Agency reported a graduation rate of 83 percent among current high school students in 2003, independent research indicates that only 67 percent of eligible students graduated from high school in Texas in 2003, compared to 70 percent nationwide. Less than 55 percent of eligible African-American and Hispanic male students graduated.²⁵ Unless the educational gap between racial/ethnic groups in Texas is closed, the future Texas labor force will be less educated than our labor force today. We can reduce poverty and grow our economy by doing a better job of investing in the education of our young people.

Workforce Program Outcomes

☹ Texas Trend: REMAINED STEADY

Percent of participants in Texas Workforce Development System programs who enter and retain jobs

YEAR	PEOPLE SERVED	ENTERED JOBS	RETAINED JOBS
2000	1.45 MILLION	66.7%	78.2%
2001	1.68 MILLION	66.5%	78.8%
2002	2.10 MILLION	58.5%	77.3%
2003	1.79 MILLION	56.1%	76.3%
2004*	4.84 MILLION	61.9%	75.0%
2005*	4.47 MILLION	67.9%	79.9%

Source: Texas Workforce Investment Council

* Starting in 2004, the state redefined “customers served” to include customers served through the education agencies.

The Texas Workforce Development System is comprised of an array of agencies and programs that provide education, workforce education and workforce training. Unfortunately, Texans who graduate from workforce system programs continue to have difficulty finding and retaining jobs. After a decline in the early years of the decade, the data for 2005 indicates an improvement over the previous year.



Unemployment

⊗ Texas Trend: WORSE

☺ Texas Ranking: BETTER

Average annual unemployment rate

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	4.2%	4.0%	35
2001	4.8%	4.7%	31
2002	6.3%	5.8%	43
2003	6.8%	6.0%	45
2004	6.1%	5.5%	41
2005	5.3%	5.1%	34

Source: Bureau of Labor Statistics

The Texas unemployment rate is the lowest it has been in the last four years, although it is still above the rate at the beginning of the decade and slightly higher than the national average. It is also important to note that work does not guarantee adequate resources to meet a family's needs. In 2004, nearly 18 percent of working Texans earned an income below the poverty level, compared to 13 percent nationwide.²⁶ The Texas Workforce Commission projects that the majority of new jobs in the state will be in low-paying professions.²⁷

Regressive Taxation

⊗ Texas Trend: WORSE*

☺ Texas Ranking: BETTER

Shares of family income paid in taxes by different income brackets

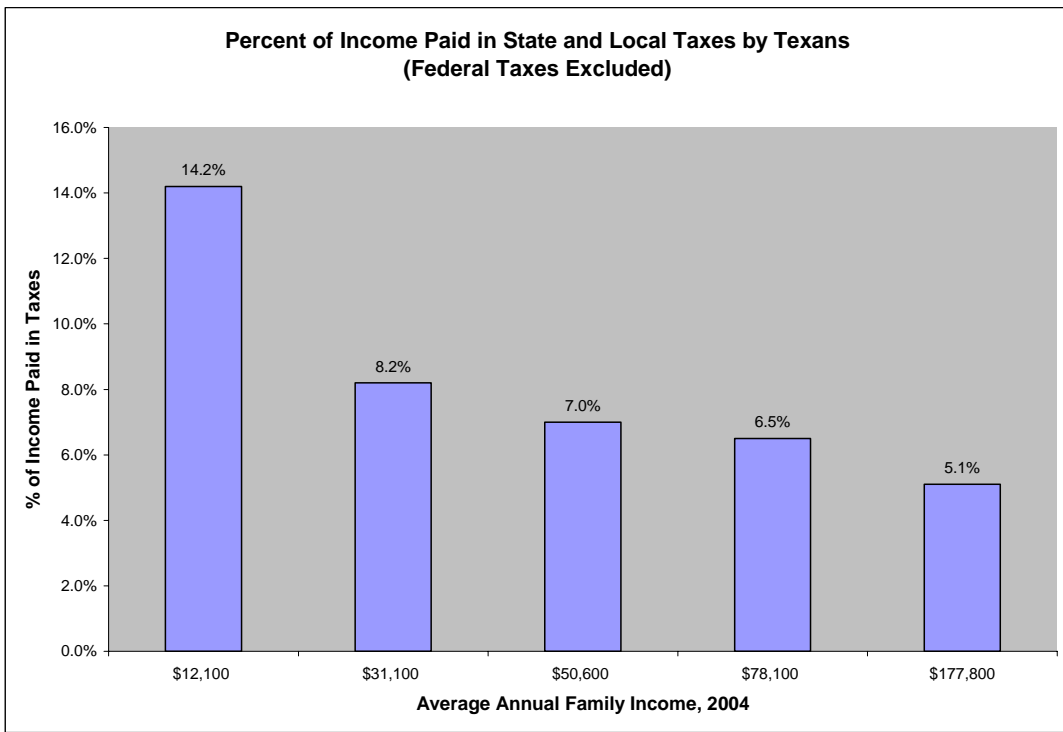
YEAR	FAMILIES IN LOWEST 20% PAY	FAMILIES IN MIDDLE 20% PAY	FAMILIES IN TOP 1% PAY	TEXAS RANKING
2000	NA	NA	NA	NA
2001	NA	NA	NA	NA
2002	11.4%	8.2%	3.2%	46
2003	NA	NA	NA	NA
2004	14.2%	7.0%	NA	45

Source: Institute on Taxation and Economic Policy; Center for Public Policy Priorities

* Texas Trend designation based on the trend for families in the lowest 20% income bracket.



With one of the top five most regressive tax systems in the nation, Texas asks low-income residents to pay a higher percentage of their income in taxes than other income earners. The graph below illustrates this distribution. The data shows that tax contributions from wealthy and middle-income families have declined while low-income families are paying even more. The wealthiest 20 percent of Texas families, with an average income of \$177,800, spend 5.1 percent of their income on taxes, compared to the 14.2 percent paid by the poorest 20 percent, who earn an average annual family income of \$12,100.²⁸ One reason our tax system is so regressive is our heavy reliance on the sales tax, which may increase as a result of recent statewide reductions in property taxes.



Source: Center for Public Policy Priorities



Child Poverty

☹ Texas Trend: WORSE

☹ Texas Ranking: WORSE

Percent of children under 18 living in families with incomes below the federal poverty level

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	20.9%	16.1%	45
2001	21.1%	16.3%	41
2002	22.0%	16.7%	45
2003	24.0%	17.6%	46
2004	23.2%	17.8%	45
2005	22.0%	17.6%	46

Source: U.S. Census Bureau

The percent of Texas children living in poverty has increased over the decade, though the 2005 Texas child poverty rate is slightly improved from its 2004 level. Real poverty is even higher than the data suggests because only families with very low incomes are officially recognized as poor. In 2005, for example, two parents with two children would **not** be considered poor if the family made more than \$19,806.²⁹

Most poor families with children in Texas are working families. In 2002, a full 70 percent of poor Texas families were headed by a worker.³⁰ Temporary Assistance for Needy Families (TANF) provides very limited relief. The maximum monthly cash assistance a family of two parents and two children can receive from TANF is \$264.³¹ Only about 15 percent of Texas children under the poverty line received cash assistance from the TANF program in 2004.³²

Collection of Child Support

☺ Texas Trend: BETTER

☺ Texas Ranking: BETTER

*Percent of open child support cases for which whole or partial payment is collected**

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	28.7%	41.7%	46
2001	34.4%	43.8%	43
2002	52.3%	48.8%	23
2003	59.7%	50.1%	16

Source: U.S. Dept. of Health and Human Services

* This only includes cases registered with the state child support collection agency.



Texas has successfully boosted child support collection and vastly improved our national standing. The increase in collection is particularly good news for poor families who received child support. The payments account for just over one quarter of their income.³³ The trend may reverse, however, following the decision by the U.S. Congress to decrease funding for child support enforcement in the 2006 Budget Reconciliation bill.

Food Security

☹ Texas Trend: WORSE

☹ Texas Ranking: REMAINED STEADY

*Percent of households reporting food insecurity**

YEARS	TEXAS	U.S.	TEXAS RANKING
1999-2001	13.9%	10.4%	50
2000-2002	14.8%	10.8%	48
2001-2003	NA	NA	NA
2002-2004	16.4%	11.4%	50

Source: USDA Economic Research Service

* Households are considered food insecure if they do not always know if they will have enough food or money to buy food

Food insecurity is becoming more prevalent throughout our state. Sadly, Texans are more likely to go hungry than residents of any other state. As an additional indicator of the minimal food support that Texas provides to its most vulnerable citizens, in 2001 Texas ranked 49th in average monthly benefit per participant in the Women, Infants, and Children (WIC) special nutrition program, which serves low-income families at risk for poor nutrition.³⁴

Food Stamps to the Hungry

☹ Texas Trend: REMAINED STEADY

☺ Texas Ranking: BETTER

Percent of people already eligible for food stamps enrolled in the food stamp program

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	47%	60%	48
2001	49%	60%	46
2002	47%	54%	41
2003	48%	56%	37

Source: USDA Food and Nutrition Service

Texas has moved up the rankings to a more respectable 37th, not because of improvements within Texas but because other states are doing worse at enrolling individuals eligible for food stamps. A family of four in Texas could be



eligible for food stamps with an income below \$25,164 in 2006.³⁵ Most working-age adults are required to work or participate in a state training program in order to receive benefits.



Child & Maternal Health

What's The Problem?

When children are sick, they can't learn, play, or grow the way they should. The good news is that Texas is doing better than most other states in preventing low birth weight and infant mortality. The bad news is that, as Texas children grow up, they are behind the nation in access to health care, their families' ability to pay for care, and in many other health outcomes.

In fact, 19 percent of Texas children had no health insurance in 2005 – the second highest rate in the nation.³⁶ More than 400,000 children under the age of six went without health insurance of any kind.³⁷ This statistic has real consequences – uninsured people are sicker and die prematurely compared to those with health insurance.³⁸ Furthermore, without access to preventative health care, the uninsured resort to expensive emergency care more often and experience more acute complications from preventable or manageable conditions like overweight, diabetes and asthma.

How Do We Fix It?

We know what Texas children need to be healthy. Starting with prenatal care and continuing through teenage years, we must make sure that children have what they need. State government can do a lot to help, but businesses, nonprofits, the faith community, local government, and other groups and individuals across the state all have a role to play. Insuring all children is a social investment with short and long-term savings that outweigh the initial cost.

Over the long-term, we should work to:

- Expand health insurance so that all Texas children are insured.
- Offer incentives to employers who provide health care coverage to employees and their families.
- Promote a consistent medical home, or family physician, for children and regular care for all children with chronic conditions like asthma and diabetes.
- Promote medical and nursing school curricula and continuing education on cultural competence to ensure equal access and non-discriminatory practices in service delivery.
- Promote livable community planning to facilitate walking, biking and other neighborhood-based physical activity opportunities.
- Build partnerships with local farmers, schools, markets, community groups and governments to promote increased consumption of fruits and vegetables.
- Ensure that all schools take a coordinated approach to providing effective health-related services and education for children in order to reduce health risk behaviors and improve the health of Texas youth.



- Expand the health care workforce, especially the pediatric sector, through medical education investment and incentives.

As first steps, we should take immediate action to:

- Require the state to study and devise recommendations on creating access to health insurance, through a CHIP buy-in model, to cover all Texas children.
- Offer all parents the option of purchasing children’s health insurance through CHIP, with premiums increasing as household incomes increase.
- Simplify CHIP and Children’s Medicaid by moving to 12-month continuous eligibility.
- Help low income families achieve self-sufficiency. Adopt CHIP and Children’s Medicaid policies that modify the asset test. Create exemptions to the 90-day waiting period. Factor in childcare expenses and child support when calculating income.
- Increase CHIP and Medicaid reimbursement rates to at least the level of Medicare reimbursement rates to ensure that enough health care professionals are available to serve all children enrolled in these programs regardless of where they live.
- Correct problems with the public and private components of the CHIP and Children’s Medicaid eligibility system so that eligible children can apply, enroll, and renew coverage easily without gaps in coverage.
- Ensure that pregnant women who can’t afford prenatal care enroll in the CHIP Perinatal program and, if necessary, receive assistance to stop using alcohol, tobacco and illegal drugs.
- Increase funding for community-based outreach to inform families about the availability of CHIP and Children’s Medicaid and to assist with enrollment and renewal.
- Provide adequate support for children with extraordinary medical needs to ensure that medical costs do not drive their families into bankruptcy.
- Apply USDA school lunch nutritional guidelines to all foods and beverages available on school campuses.
- Secure the Texas Public School Nutrition Policy enacted by the Texas Department of Agriculture by making it a state law.
- Require daily physical education for children in grades K-12.
- Provide positive, structured activities to Texas youth during non-school hours within their local communities.
- Support the Department of State Health Services’ request for funding to expand the comprehensive anti-tobacco program from the pilot areas to the whole state.



- Reduce unplanned and teenage pregnancy by providing Texas youth with accurate and comprehensive sexual education in our schools.
- Amend the Immunization Registry statute so that the Registry includes a child unless a parent or guardian requests that the child be excluded.

Have We Progressed?

Prenatal Care

☹ Texas Trend: **REMAINED STEADY**

☺ Texas Ranking: **BETTER**

Percent of women who begin prenatal care in the first three months of pregnancy

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	78.8%	83.2%	46
2001	80.3%	83.4%	41
2002	80.5%	83.7%	39
2003	80.9%	84.1%	37

Source: Centers for Disease Control, Texas Department of State Health Services, Henry J. Kaiser Family Foundations

Although our ranking compared to other states has improved, the data shows that Texas has made little progress in expanding prenatal care compared to the beginning of the decade. In each of the last five years approximately one in five pregnant women in Texas missed out on prenatal care in their first trimester. Insufficient prenatal care increases the chance that a woman will have an infant with low birth weight, which in turn is a major cause of infant death and other health problems.³⁹ Texas can actually save money by covering low-income pregnant women under Medicaid so they can receive adequate prenatal care and prevent costly health problems, often borne by the state, in the future.



Low Birth Weight

⊗ Texas Trend: WORSE

☺ Texas Ranking: BETTER

Percent of newborns with birth weight below 5 pounds, 8 ounces

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	7.4%	7.6%	23
2001	7.6%	7.7%	22
2002	7.1%	7.8%	21
2003	7.9%	7.9%	21

Source: Centers for Disease Control, Texas Department of State Health Services

Despite the worrisome increase in 2003, Texas is still doing a better job than most states in preventing low birth weight. Low birth weight is a major cause of infant mortality and other health problems, including low body temperature, anemia, and breathing problems. Costs associated with low birth weight account for about 10 percent of health care costs for children nationwide.⁴⁰ The percentage of low birth weight infants in Texas is about the same as the national average, but rates are higher in rural areas and among black families.

Infant Mortality

⊗ Texas Trend: WORSE

⊗ Texas Ranking: WORSE

Number of child deaths under one year of age per 1,000 live births

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	5.7	6.9	9
2001	5.9	6.8	12
2002	6.4	7.0	19
2003	6.6	6.9	22

Source: Annie E. Casey Foundation

The rate of infant mortality in Texas is lower than the national average, despite the fact that it increased in both 2002 and 2003. The rate for black infants in the state, which is about double the average for Texas children, is particularly troubling, as is the fact that Texas' rank compared to other U.S. states has slipped so significantly since the beginning of the decade. ⁴¹ Both younger and older mothers are also at greater risk of delivering babies with high mortality rates.



Access to Physicians

☺ **Texas Trend: BETTER**

⊗ **Texas Ranking: WORSE**

Number of physicians per 100,000 Texas residents

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	201	251	37
2001	202	253	37
2002	204	256	38
2003	212	266	40

Source: U.S. Census

Texas’ ranking in this category dropped between 2000 and 2003. 118 of 254 Texas counties are designated as Health Professional Shortage Areas for primary care physicians.⁴² In fact, in some Texas counties, there are no physicians or Ob-Gyn doctors. Most of these counties are rural, although metropolitan areas are physician shortage areas due to physician location, accessibility, income level, and other barriers.

Emergency Room Use

☺ **Texas Trend: REMAINED STEADY**

Emergency room visits per 100,000 Texas residents

	2000	2001	2002	2003	2004
TEXAS	35,200	36,600	37,900	37,600	35,400

Source: Texas Department of State Health Services, U.S. Census

Emergency room visits increased in Texas during recent years, although the number declined between 2003 and 2004. Non-emergency use of emergency rooms often indicates a lack of access to primary care for a variety of reasons including, but not limited to, lack of health insurance. Slightly less than 50 percent of emergency room visits are classified as “urgent” or “emergency” across insurance groups, including the uninsured.⁴³ That means that over half of all emergency room visits are not for emergencies, a reality that increases health care costs for all Texans.



Children Without Health Insurance

☺ Texas Trend: BETTER

☺ Texas Ranking: BETTER

Percent of children under 18 without health insurance

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	23.0%	11.9%	50
2001	21.3%	11.7%	50
2002	22.4%	11.6%	50
2003	20.0%	11.4%	50
2004	21.4%	11.2%	50
2005	19.2%	11.2%	49

Source: U.S. Census

A child in Texas was more likely to have health insurance in 2005 than five years before, but less likely to have health insurance than a child in almost any other state. Additionally, the 2005 Census data does not reflect the more than 100,000-children decline in CHIP and Children’s Medicaid enrollment since a private contract to enroll children and renew their coverage began at the end of 2005. Our last place ranking, now modestly improved to 49th place, has significant consequences. Fifty percent of all uninsured children have not had a doctor’s visit in the last year, which is more than twice the rate of insured children.⁴⁴ The particularly low rate of employer-based health coverage in Texas, combined with under-enrollment in Medicaid and CHIP, partially explains why so many Texas children – **including over 400,000 children under age six** – have no health insurance.



Medicaid Enrollment

☺ Texas Trend: BETTER

Enrollment in Medicaid

YEAR	NUMBER OF CHILDREN	PERCENT OF TEXAS CHILDREN UNDER 18
JANUARY 2001	1,033,094	17.1%
JANUARY 2002	1,178,595	19.1%
JANUARY 2003	1,500,197	24.0%
JANUARY 2004	1,663,118	26.5%
JANUARY 2005	1,809,902	28.7%
JANUARY 2006	1,790,369	NA

Source: Texas Health and Human Services Commission, Center for Public Policy Priorities, U.S. Census.

Because Texas traditionally has under-enrolled poor children in Medicaid, and child poverty has increased in Texas, the increased number and percent of children in Medicaid is good news. Children in a family of four earning up to \$18,850 may be eligible for Medicaid.⁴⁵ Children are the least expensive population covered by Medicaid. In 2002, 59 percent of Texas Medicaid clients were non-disabled children, but they accounted for only 25 percent of program costs.⁴⁶



CHIP Enrollment

⊗ Texas Trend: WORSE*

Enrollment in CHIP

YEAR	NUMBER OF CHILDREN	PERCENT OF TEXAS CHILDREN UNDER 18
JANUARY 2001	212,066	3.5%
JANUARY 2002	498,818	8.1%
JANUARY 2003	505,566	8.1%
JANUARY 2004	416,302	6.6%
JANUARY 2005	332,055	5.3%
JANUARY 2006	316,679	NA

Source: Health and Human Services Commission, U.S. Census

* Texas Trend determined by changes following initial implementation and expansion of program in 2001.

Had child poverty decreased since the start of the decade, fewer children receiving CHIP coverage might be good news. However, child poverty has increased in Texas over the same time period in which more than 200,000 children have been dropped from CHIP coverage. CHIP enrollment hit its highest point in May 2002, when 529,000 Texas children were enrolled. CHIP is primarily designed for children in working families who earn too much to qualify for Medicaid, but too little to afford private coverage. Among the health insurance barriers families encounter are high premiums and employers that do not offer health insurance for their children.⁴⁷ A family of four is ineligible for CHIP if its income exceeds \$38,700. Families with children enrolled in CHIP share in the cost of the program by paying an enrollment fee and co-payments for office and Emergency Room visits and medications.

CHIP was devastated in 2003 when the Texas Legislature increased limits on CHIP eligibility and decreased coverage, although some of these changes have now been partially reversed.⁴⁸ Complications with privatization of the eligibility and enrollment system have also contributed to disenrollment. Reversing the negative impact of these policy and administrative barriers is critical to restoring health care coverage for children of the working poor.



Vaccinations

☺ **Texas Trend: BETTER**

☺ **Texas Ranking: BETTER**

*Percent of children ages 19-35 months receiving the Centers for Disease Control recommended series of vaccines**

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	63.5%	72.8%	50
2001	69.7%	73.7%	43
2002	67.9%	74.8%	43
2003	74.8%	79.4%	45
2004	72.5%	80.9%	46
2005	78.4%	80.8%	36

Source: Centers for Disease Control

* 4/more doses DTP, 1/more doses poliovirus, 1/more doses MMR, 3/more doses Hib, 3/more doses Hepatitis B.

Texas has increased the rate of child vaccinations and significantly improved in the national rankings. Every region and metropolitan area of the state for which data is gathered shared in the increase, due at least in part to a concerted, multi-year effort by the Department of State Health Services to increase the immunization rate of Texas children. Even with the significant improvement, almost one quarter of Texas children go without recommended vaccinations. Low vaccination rates have been linked to outbreaks of disease such as measles and whooping cough. Texas children who lack health insurance are less likely to be fully vaccinated than children with public or private health insurance.⁴⁹

Overweight Children

☹ **Texas Trend: MIXED**

Percent of children who are overweight

YEAR	4 TH GRADE	8 TH GRADE	11 TH GRADE
2000-2002	26%	19%	15%
2004-2005	23%	20%	19%

Source: Texas Department of State Health Services

Texas has recently experienced a major success in combating childhood overweight: we have not only halted, but have begun to reduce, the dramatic rises in child overweight and obesity in Texas and around the nation in the last twenty years. The changes in school nutrition, physical activity and comprehensive school health requirements in all Texas elementary schools are working. However, these policy changes have not been made incorporated in middle and high



school, and the rates continue to rise for these age groups. The health consequences of childhood obesity remain throughout the lifespan. For instance, an obese 12-year-old child has a 75 percent chance of being an obese adult.⁵⁰ The most common problem associated with childhood obesity is type-2 diabetes, which increases the risk of other chronic conditions and health complications. Texas knows what works; it is only a matter of extending the child health programs that are already underway to ensure that younger children continue to experience decreasing rates of overweight and that older children also begin to benefit.

Teen Alcohol Use

☺ **Texas Trend: BETTER**

Percent of 12th graders who say they have had at least one drink in the past 30 days

YEAR	TEXAS	U.S.
2000	51%	50%
2001	NA	NA
2002	51%	49%
2004	47%	48%

Source: Texas Commission on Alcohol and Drug Abuse

Alcohol use among Texas teens has fallen slightly below the national average. Texas students are less likely to use drugs and alcohol if their parents are involved in school activities and they live with both parents.⁵¹ Moreover, there is a correlation between substance use and poor grades in school.



Teen Tobacco Use

☺ Texas Trend: **BETTER**

Percent of 12th graders who say they have smoked cigarettes in the past month

YEAR	TEXAS	U.S.
2000	31%	31%
2001	NA	NA
2002	27%	27%
2003	NA	NA
2004	28%	25%

Source: Texas Commission on Alcohol and Drug Abuse

The decline in teen tobacco use in Texas is good news, although the decrease has not kept pace with national trends. Lifetime tobacco use – youth who report that they have ever tried tobacco -- among Texas youth, which had been about 55 percent since 1990, dropped to 51 percent in 2000 and to 45 percent in 2002. The decrease was even greater among younger students.⁵² Teen smokers are more likely to use drugs and continue smoking in adulthood, increasing their risk of developing lung cancer, heart disease, stroke, and emphysema.⁵³

Teen Pregnancy

☺ Texas Trend: **BETTER**

☺ Texas Ranking: **REMAINED STEADY**

Number of births per 1,000 teenage girls ages 15-19

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	69	48	49
2001	66	45	49
2002	64	43	49
2003	63	42	48 (TIED FOR LAST)

Source: Annie E. Casey Foundation: KIDS COUNT

Teen pregnancy has declined in Texas, although we are tied for last in the national rankings and are significantly over the national average. Teen mothers in Texas are less likely than older women to receive timely prenatal care and more likely to have no prenatal care at all.⁵⁴ Nationally, 83 percent of teens who give birth are from poor or low-income families.⁵⁵



Children's Mental Health

What's The Problem?

Children need help learning to figure out their feelings, talk about their emotions, and find positive ways to deal with sadness, anger, and fear. Parents, child care workers, teachers, and other adults can do a lot to prevent mental health problems in children by learning ways to support their children's social and emotional growth. Even with this support, children might develop mental health problems due to biological factors or trauma.

Mental health services are not only important in their own right, but they are also important because they impact so many other areas. Too often, for example, children with mental health needs that go unidentified end up in the juvenile justice system. Or, if their mental health needs go untreated into adulthood, they can become parents at risk of endangering their own children's well-being. The consequence of under-funding our mental health system, then, is that we displace the costs onto our criminal justice, education, health care and child welfare systems where the issues become more acute and difficult to treat than if we had just dealt with them adequately on the front end.

Mental health treatment is often difficult to access and expensive – even middle-class families are often unable to afford mental health treatment. Many private health insurance policies do not cover mental health treatment. The Texas public mental health system only served about 15 percent of potentially eligible children in 2004.⁵⁶

How Do We Fix It?

We can make Texas a place where children grow up with the support and encouragement they need to become healthy, well-rounded adults. Prevention is the key – we must educate parents and other primary adults in children's lives, and help them encourage children's social and emotional development, resilience, self-esteem, and confidence. For children needing extra help, either private or public services must be available to help children and their families heal and move forward.

Over the long-term, we should work to:

- Equip parents, schools, early education and child care providers, and other organizations to assist children in developing areas of strength, such as confidence and a sense of responsibility, that help children weather difficult times.
- Educate and empower parents to serve as their children's primary educator and prepare their children for success in early childhood education and development and in school.
- Include screening for maternal depression and substance abuse in prenatal care and well-baby checks, as well as during assessment of children's social and emotional development and mental health.
- Require child care workers and public school teachers to receive adequate training in children's social and emotional development and mental health.
- Increase the capacity of schools and community groups to teach children and youth of all ages how to resolve conflict and solve problems without violence or aggressive behavior.



- Ensure that primary and specialty care is available to children who need it in any area of the state – urban, rural, and border communities– by increasing CHIP and Medicaid reimbursement rates and increasing funding for community-based treatment.
- Fund and implement a comprehensive suicide prevention system.
- Ensure that mental health and substance abuse treatment, including school-based services, are provided quickly to children and youth in need.
- When a child needs mental health services, collaborate with the family in tailoring services to the family’s individual needs.
- Increase funding for alcohol and substance abuse prevention and treatment programs for children and adolescents of all ages, especially evidence-based programs in educational settings.
- Provide incentives for employers to offer mental health benefits as part of an affordable health insurance package.
- Improve public awareness about the nature and prevalence of mental illness and reduce associated social stigma.

As first steps, we should take immediate action to:

- Increase funding and availability of community-based *prevention* programs in child care, schools and after-school settings, as well as targeted prevention for at-risk families, including those with low-incomes, unmarried parents, a parent with mental illness or children who have experienced trauma.
- Increase funding for community-based children’s mental health services sufficiently to serve all eligible children with mental health care needs.
- Ensure that the Department of State Health Services is accountable to the public for delivering mental health services to children by requiring that the Department publish quarterly child mental health services data.
- Assure that youth in juvenile detention who are eligible for CHIP or Children’s Medicaid receive health coverage immediately upon release so that they experience no delay in accessing health care, particularly community mental health services.
- Require private and public health insurance plans to provide enrolled children equal access to mental health benefits under the same terms that they are provided physical health benefits.
- Increase public understanding of mental illness as a disease and combat prevalent mental health myths.



Have We Progressed?

Adult Drug and Alcohol Abuse

⊗ Texas Trend: WORSE

⊗ Texas Ranking: WORSE

Percent of 18-25 year olds reporting drug or alcohol dependency or abuse within the past year

YEAR	TEXAS	U.S.	TEXAS RANKING
2000-2001	15.4%	16.9%	7
2002-2003	20.1%	21.4%	9

Source: Substance Abuse and Mental Health Services Administration

Children whose parents abuse alcohol or drugs are more likely to have mental, physical and emotional health problems.⁵⁷ Parental substance abuse is also a prime risk factor for child abuse and negative child health outcomes. Unfortunately, drug and alcohol abuse by young adults has increased in Texas and nationwide, and adequate treatment is not available for those who experience these problems. Despite the increase in our state, we have successfully remained in the top ten in the national rankings.

Children Repeating Early Grades

⊗ Texas Trend: WORSE

Percent of public school students retained in kindergarten, first grade, and second grade

YEARS	KINDERGARTEN	1ST GRADE	2ND GRADE
1999-2000	2.8%	6.3%	3.3%
2000-2001	3.2%	6.3%	3.6%
2001-2002	3.4%	6.4%	3.6%
2002-2003	3.6%	6.3%	3.6%
2003-2004	3.7%	6.4%	3.7%

Source: Texas Education Agency

State testing has identified more children who need to be retained in a particular grade. The increase in the retention rate for Texas kindergarteners has been particularly notable. Repeating early grades can be a sign that emotional or behavioral problems are interfering with learning. Teachers retain more students with these problems than other students. Retention increases the likelihood of inadequate academic, social, and emotional development.⁵⁸



Access to Mental Health Professionals in Schools

☺ Texas Trend: **BETTER**

Number of students for every one mental health professional in the public school system

YEARS*	NUMBER OF STUDENTS PER PROFESSIONAL
2000-2001	3,164
2001-2002	3,206
2002-2003	2,940

Source: Texas Education Agency

* Data is reported for each school year. These numbers include staff coded as Psychologists, Associate Psychologists, and Social Workers, measured as full-time equivalents (FTEs).

Mental health professionals are slightly more available to students in school than at the beginning of the decade. National evidence shows that school mental health programs result in decreased absences, decreased discipline referrals, and improved test scores. Fifty percent of children nationally with serious emotional disturbances drop out of high school, as do 30 percent of all students with disabilities.⁵⁹ Expanding the accessibility of school-based mental health care to these students could help keep them in school and on a healthy, productive path.

Access to Mental Health Professionals

☺ Texas Trend: **REMAINED STEADY**

Number of counties designated as mental health professional shortage areas

YEAR	NUMBER	PERCENT
2000	NA	NA
2001	NA	NA
2002	NA	NA
2003	NA	NA
2004	186	73%
2005	188	74%
2006	184	72%

Source: U.S. Department of Health and Human Services



* Mental health professional shortage areas are designated by the federal government based on the number of psychologists, psychiatrists, clinical social workers, and other professionals in an area compared to the population or the need for services.

In 2002, 118 of the 254 Texas counties had no psychologists at all.⁶⁰ Nationally, residents of rural areas who have mental health needs tend to get care later than urban residents, enter care with more serious symptoms, and require more expensive treatment. At the national level, professional shortage problems in rural areas are even worse for children and older adults.⁶¹

Public Spending on Mental Health Treatment

☺ Texas Trend: BETTER

⊗ Texas Ranking: WORSE

Per capita spending by the state on mental health treatment

YEAR	TEXAS*	U.S.	TEXAS RANKING
2000	NA	NA	NA
2001	\$37.53	\$80.83	46
2002	\$38.46	\$87.41	49
2003	\$39.02	\$91.88	47

Source: The National Association of State Mental Health Program Directors Research Institute

* This number only measures spending by the state mental health agency.

Texas has slowly increased per capita spending on mental health treatment, although we remain near the bottom of the national rankings. Neglecting our society’s mental health needs has a significant impact on children. The majority of adults with mental illness are or will become parents.⁶² Undiagnosed and/or untreated mental illness can make it difficult or impossible for parents to meet their children’s needs, so funding for adult mental health services is crucial for the well-being of many children.⁶³ Only 38 percent of Texas adults who were at risk for mental health problems and eligible for public mental services received services in 2002. For children, this number was 26 percent.⁶⁴



Children Receiving Public Mental Health Services

⊗ Texas Trend: WORSE

Percent of children potentially eligible for public mental health services who are actually receiving services from the state public mental health agency

YEAR	NUMBER	PERCENT
2000	NA	NA
2001	37,404	25%
2002	39,591	26%
2003	25,622	17%
2004	22,499	15%

Source: TDMHMR, Mental Health Association in Texas, and DSHS

Texas children who are eligible for public health services are increasingly less likely to receive services from the state. While some children do get help from private sources or medical providers, the lack of access to mental health services undermines the development of many Texas children today and affects the health of Texas communities for years to come. The situation is so dire that 77 Texas children were removed from their families either forcibly or voluntarily due to a lack of mental health or mental retardation services during the course of a Child Protective Services (CPS) investigation in 2005.⁶⁵

Teen Drug & Alcohol Abuse

⊖ Texas Trend: REMAINED STEADY

Percent of 12-17 year olds reporting abuse or dependency in the last year

YEARS*	TEXAS	U.S.
1999-2000	8.6%	7.7%
2000-2001	8.2%	7.8%
2001-2002	NA	NA
2002-2003	8.8%	8.9%

Source: Substance Abuse and Mental Health Services Administration

* Data reported in two-year averages to improve reliability.

Texas teens are more likely to abuse drugs or alcohol than they were in the past. Although the trend has changed only slightly in Texas since the beginning of the decade, the national rates of teen drug and alcohol abuse have increased



significantly. Thus, even though Texas began the decade with higher abuse rates than the national average, teen drug and alcohol abuse rates are now nearly equal for Texas and the nation. Lower rates of substance abuse are often correlated with higher educational achievement.

Youth Suicide

☺ **Texas Trend: BETTER**

Deaths due to intentional self-harm per 100,000 youth ages 10-19

YEAR	TEXAS	U.S.
2000	5.6	4.7
2001	4.7	4.6
2002	4.8	4.3
2003	5.4	4.2

Source: Centers for Disease Control

Nationally, youth suicide rates are steadily declining. Although Texas youth suicide rates mirrored the national decline over the first three years of the decade, Texas rates increased significantly in 2003. While the 2003 level is still slightly lower than the beginning of the decade, any increase in youth suicide is cause for concern. Inadequate funding and services to address these issues may be a cause of the 2003 increase, or the increase could be driven by some factor that is not yet apparent. Children who are victims of violence are more likely to commit suicide and substance abuse may be involved in half of all suicide cases.⁶⁶



Early Care & Education

What's The Problem?

Texans understand the value of education for our children – even if we don't always agree about how to fix the public school system! But sometimes we forget that children start learning **long before they get to kindergarten**. The truth is, children in high quality early care and education have a higher rate of high school completion, a lower rate of juvenile arrest, and a higher rate of employment as adults.⁶⁷

In Texas, factors such as low minimum requirements for child care, low pay for child care workers, and the high cost of even basic child care combine to threaten children's development. Most Texas parents have to work, and they may have no choice but to leave their children in low-quality child care and convince themselves it's good enough if they face limited options or financial constraints. In Texas, a person must complete just eight hours of pre-service training to care for young children, but 1,500 hours to cut someone's hair!⁶⁸

How Do We Fix It?

The more we do for our young children, the more prepared they will be for school and work later on. Parents are a child's first and most important teachers, so we should help parents learn more about children's development and early care options. We can also support the full range of care providers and help them improve their quality of care, so parents don't have to choose between working and keeping their children safe.

Over the long-term, we should work to:

- Provide full-day public pre-kindergarten to all children whose parents seek it by integrating all available and appropriate providers including Child Care, Head Start, and public pre-kindergarten.
- Support the expansion of infant and toddler care to ensure that it is available for all parents who need care.
- Support an increase in salaries for child care providers.
- Set consistent, high quality standards across all early childhood programs so that all parents can choose a program that meets their needs while ensuring the best for their children.
- Develop family-friendly parental leave and welfare-to-work policies that allow parents of infants and toddlers time to nurture their children's development.

As first steps, we should take immediate action to:

- Invest additional funding in public pre-kindergarten programs that integrate all available and appropriate providers.



- Increase funding for the Texas Workforce Commission child care subsidy program in order to reduce the number of children on the waiting list for child care.
- Use state or federal funds to raise the reimbursement rates for providers of subsidized infant and toddler child care so that they receive the local market rates for these categories of care without impacting the number of children served.
- Provide state funding to pay for the higher subsidized child care reimbursement rates mandated to providers who voluntarily exceed minimum standards, such as Texas Rising Star providers and Texas Early Education Model (TEEM) participants.
- Support the professional development of early care and education professionals. Establish a clear career path within the field. Increase the number of training hours that caregivers must complete. Require the use of qualified trainers in licensed child care programs.
- Establish and provide funding for a network of child care consultants, such as child care health consultants and infant and toddler specialists, to assist early care and education programs improve their safety and quality.
- Increase state General Revenue funding of child care licensing and regulation activities. Use the four percent of Child Care and Development Fund dollars earmarked for improving the quality of care to fund activities that directly improve child care quality.
- Fund the State Center for Early Childhood Development to study the impact of previous early learning environments upon children's performance within the pre-K pilot project.
- Provide additional funding to expand integrated school readiness models, such as the TEEM project, to reach more Pre-K children throughout the state.
- Support state agencies' efforts to implement the Texas Early Childhood Comprehensive Systems Initiative's *Raising Texas Plan* aimed at improving coordination among programs that serve children aged birth to five.



Child Care Capacity

⊗ Texas Trend: WORSE

*Capacity of Texas child care providers and the number of children who need care**

YEAR	CAPACITY	CHILDREN UNDER 6 WHO NEED CARE	POTENTIALLY UNSERVED CHILDREN**
2000	836,623	1,033,125	19.0%
2001	867,920	1,064,635	18.5%
2002	878,516	1,091,294	19.5%
2003	909,605	1,139,847	20.2%
2004	903,094	1,167,879	22.7%

Source: Texas Department of Family and Protective Services, U.S. Census

* Either both their parents or their single parent is in the workforce.

** Percentage of these children that exceed the capacity of child care providers.

Child care capacity in Texas has increased modestly over the last several years, though not as much as the number of children under age six whose parents work. Consequently, Texas’ capacity to provide child care to those who need it has actually decreased since 2000. While many children are served by unregistered informal care providers, the data may underestimate shortages because some of registered child care slots are filled by older children, and some providers do not accept the maximum number of children they could care for. Parents who cannot find affordable, safe child care must decide between putting their children in an unsafe environment and not working. Several studies show a link between high child care costs and unemployment among low-income workers.⁶⁹



Pre-K Availability

☺ Texas Trend: BETTER

⊗ Texas Ranking: WORSE

Percent of Texas school districts that offer pre-kindergarten programs

YEARS	PERCENT	ENROLLMENT	TEXAS RANKING*
2000-2001	NA	NA	NA
2001-2002	73%	147,324	15 OF 47
2002-2003	74%	157,498	18 OF 37
2003-2004	NA	NA	NA
2004-2005	76%	176,547	18 OF 37

Source: National Institute for Early Education Research

* All 50 states did not report on this measure. The number shown is Texas' rank out of reporting states.

As many as 20 percent of children across the country are not prepared for kindergarten either intellectually or socially.⁷⁰ Children who attend high-quality pre-kindergarten programs are more likely to be prepared for kindergarten, less likely to repeat a grade or to need special education, and more likely to graduate from high school. They also have higher earnings as adults and are less likely to become dependent on welfare or involved in crime. Yet one quarter of Texas school districts do not offer pre-kindergarten. Texas currently provides free pre-kindergarten for students who speak limited English, are educationally disadvantaged, who are homeless, and as of 2006, whose parents are on active-duty in the military, or whose parent has been injured or killed while serving. In 2003, Texas launched the Texas Early Education Model (TEEM), a pre-kindergarten pilot program that has since shown significant success in preparing children for school. This project was expanded to 20 communities in 2005.



Head Start Enrollment

⊗ Texas Trend: WORSE

Percent of all three and four-year-olds enrolled in Head Start

YEAR	TEXAS	U.S.	TEXAS ENROLLMENT
2000-2001	NA	NA	NA
2001-2002	8% OF 3'S 10% OF 4'S	8% OF 3'S 11% OF 4'S	59,003
2002-2003	8% OF 3'S 11% OF 4'S	NA	63,949
2003-2004	NA	NA	61,890
2004-2005	7% OF 3'S 10% OF 4'S	7% OF 3'S 11% OF 4'S	NA

Source: National Institute for Early Education Research

Although the rates of three and four-year-olds enrolled in Head Start in Texas are similar to national enrollment, a greater share of Texas children are eligible due to high child poverty rates. That means that Texas is missing the opportunity to educate three and four year olds who are already eligible for, but not enrolled in, Head Start. Head Start takes a comprehensive approach of involving professionals and parents in addressing a child’s educational, health, and social-emotional growth.⁷¹ In 2002, 93 percent of Head Start enrollees had all immunizations, compared to 72 percent of low-income children not in the program.⁷² Law enforcement professionals overwhelmingly agree that expanding educational child care and after-school programs are the most effective ways to reduce youth crime and violence.⁷³



Child Care Subsidies

⊗ Texas Trend: WORSE*

Children on the waiting list for the Texas child care subsidy program

YEAR	NUMBER SERVED (MONTHLY AVG)	WAITING LIST
2000	97,544	31,125
2001	103,829	39,193
2002	110,425	37,336
2003**	107,382	34,548
2004**	111,201	31,313
2005**	111,872	35,620

Source: Texas Workforce Commission, Legislative Budget Board, U.S. Census, Texas State Demographer

* Texas Trend determined by number of children on waiting list.

** 2003 numbers are estimates; 2004 and 2005 numbers are projections.

*** Children over the age of 12 are ineligible for child care subsidies.

Child care costs vary by location and the age of the child, but in 2003 the average monthly cost for full-time child care in Texas was between \$280 and \$332.⁷⁴ These costs are unaffordable for many Texas families. But instead of increasing access, Texas gave Texas Workforce Commission's Local Workforce Development Boards (LWDBs) the ability to impose requirements that are more stringent than federal standards. TWC data shows that in 2003 only about eight percent of Texas children eligible under federal criteria actually received subsidized child care.⁷⁵



Child/Staff Ratio

☹ Texas Trend: WORSE

Maximum number of children per caregiver allowed in Texas child care and maximum recommended by National Association for the Education of Young Children

CHILD AGE	2000-2003			2004-PRESENT		
	TEXAS	NAEYC	COMPLIANCE?	TEXAS	NAEYC	COMPLIANCE?
0-11 MONTHS	4	4	YES	4	3-4	YES
12-17 MONTHS	5	4-5	YES	5	3-4	NO
18-23 MONTHS	9	4-5	NO	9	4-6	NO
3 YEARS	17	10	NO	15	6-9	NO

Source: Texas Department of Family and Protective Services, National Association for the Education of Young Children

Child care staff in Texas are still permitted to care for more children than recommended by national standards. More quality staff-child contact is linked to “better classroom skills” in the early years of education.⁷⁶ Low ratios between children and caregivers decrease the amount of disciplinary action and increase the quality of care.⁷⁷ One impediment to improving the child/staff ratio is that providers in rural and low-income communities often cannot afford to charge parents more and hire the staff that would be required if minimum ratios were changed.⁷⁸ These providers may simply need financial assistance to lower ratios and thereby increase quality of care.

Child Care Worker Training

☺ Texas Trend: REMAINED STEADY

Minimum hours of training required for a child care worker

YEAR	CHILD CARE WORKER	MANICURIST	COSMETOLOGIST
2000-PRESENT	8 PRE-SERVICE 15 ANNUAL	600 PRE-SERVICE	1,500 PRE-SERVICE

Source: Texas Department of Family and Protective Services

For child care workers 18 years of age or older, a high school diploma or GED certification is also required. Workers 16-18 still in high school are able to work, provided they are in the process of obtaining their degree. Workers 16-17 not in high school and without a degree must have completed additional training.⁷⁹ The National Association for the Education of Young Children recommends that workers who are responsible for the care and education of a group of



children from birth through age five have at least a CDA Credential or an associate degree in Early Childhood Education/Child Development or the equivalent before beginning to care for children.⁸⁰

Child Care Worker Pay

⊗ Texas Trend: WORSE

Average annual wages earned by child care workers

YEAR	CHILD CARE WORKER PAY IN TEXAS	POVERTY LEVEL FOR 2-PARENT FAMILY WITH 2 CHILDREN	PAY AS PERCENTAGE OF POVERTY LEVEL
2000	\$14,340	\$17,463	82.1%
2001	\$14,820	\$17,960	82.5%
2002	\$14,890	\$18,244	81.6%
2003	\$14,860	\$18,660	79.7%
2004	\$15,320	\$19,157	80.0%
2005	\$15,090	\$19,806	76.2%

Source: U.S. Department of Labor Bureau of Labor Statistics and U.S. Census

Many child care jobs continue to pay less than the poverty level. These figures represent the average salary for all child care workers, including both center directors and caregivers in centers and homes. By comparison, Texas housekeepers and maids made an average of \$15,240 in 2005.⁸¹ Low pay and lack of benefits deter qualified child development professionals from entering the field and contribute to the high turnover rate of child care workers.

Achievement of Texas Rising Star Status

⊗ Texas Trend: WORSE

Percent of child care providers in the state who earned Texas Rising Star status

YEAR	2000	2001	2002	2003	2004	2005
PROVIDERS WITH RISING STAR STATUS	NA	NA	18.6%	20.1%	18.0%	17.0%

Source: Texas Workforce Commission

The Texas Rising Star program started in 1991 as the state’s only measure of quality child care. Child care providers who accepted child care subsidy payments were eligible for two, three, or four stars if they exceeded state minimum standards for “health and safety, group size, child/staff ratios, caregiver training, and age-appropriate curricula and



activities.” The Texas Rising Star certificate program was implemented because the state believed that quality child care is vital to the development of the state’s future workforce.⁸² State funding for this program was eliminated in 2003, although it continues to operate with local funding.

Child Care Accreditation

☺ **Texas Trend: MIXED**

*Percent of accredited child care centers and homes**

YEAR	CENTERS IN TEXAS	CENTERS IN U.S.	HOMES IN TEXAS	HOMES IN U.S.
2000	NA	NA	NA	NA
2001	NA	NA	NA	NA
2002	NA	NA	NA	NA
2003	4%	8%	0.7%	0.3%
2004	4%	7%	0.9%	0.5%
2005	6%	8%	0.6%	0.7%

Source: National Association of Child Care Resource and Referral Agencies

* Child care centers accredited by NAEYC, NCCA, and NSACA and child care homes accredited by NAFCC.

Child care centers in Texas are more likely to be accredited today than they were in the past, though Texas child care homes are less likely to be accredited. Both centers and homes in Texas are less likely to be accredited than in other U.S. states. Both the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC) require that caregivers receive significantly more than the eight hours of training mandated by Texas. NAEYC requires classroom teachers to have a bachelor’s degree in childhood education/development. NAFCC requires 45 training hours, or over five times the training hours Texas requires.⁸³ Accreditation is a costly process and can be prohibitive for some providers.



Children Repeating Early Grades

⊗ Texas Trend: WORSE

Percent of public school students retained in kindergarten, first grade, and second grade

YEARS	KINDERGARTEN	1ST GRADE	2ND GRADE
1999-2000	2.8%	6.3%	3.3%
2000-2001	3.2%	6.3%	3.6%
2001-2002	3.4%	6.4%	3.6%
2002-2003	3.6%	6.3%	3.6%
2003-2004	3.7%	6.4%	3.7%

Source: Texas Education Agency

The largest increase in retention rates has been among kindergarteners, while the increase in first and second grades has been marginal. In Texas, grade promotion is determined by proficiency at language arts, math, science, and social studies. High quality early care is proven to lead to lower grade retention later in school.⁸⁴ Researchers have found that learning-related skills such as independence, responsibility, and cooperation are critical for early academic success, and that these skills are developed as early as age three.⁸⁵



Child Welfare

What's The Problem?

In response to several high-profile child deaths, an investigation by the state Comptroller, and intensive media coverage, the Texas Legislature instigated a major reform of the Child Protective Services (CPS) system in 2005. The reform includes full privatization of foster care and case management services, possible privatization of foster care administrative functions, new parameters for investigations of abuse and neglect, establishment of medical and educational passports (portable electronic records), integrated managed health care for foster children, salary supplements for investigative caseworkers, and measures aimed at improving the CPS work force. Many of the reforms are still in the very early states of implementation, and it is too soon to ascertain their impact on children in the foster care system.

One unintended consequence of bolstering the investigative capacity of CPS is that many conservatorship workers – who work with children already in substitute care – moved to investigations. This shift, the increasing number of children in foster care, and the fact that legislators did not put more resources into the conservatorship workforce in 2005 have created a workload crisis in the conservatorship portion of the system.

It is commendable that legislators responded to the foster care crisis in 2005. However, the crisis is not over; it has merely shifted. The system needs continued support through increased funding, sound implementation, and vigilant monitoring in order for Texas to continue transitioning out of the crisis and into a healthy foster care system that comprehensively supports child well-being.

How Do We Fix It?

Prevention is cheaper than the cure, both in financial and human costs. We know that supporting families early means less child mistreatment, yet we often cut prevention programs first when there are budget problems. The best way to deal with the problem of child abuse and neglect is to fund prevention. **A properly working Child Protective Services (CPS) system should be thought of as necessary, but really just a backup plan when prevention falls short.** Unfortunately, funding for prevention programs has been drastically cut in recent years, which places further strain on a CPS system that operates far beyond its capacity. To ensure our children's safety, we must also fund CPS at a level that allows workers to do their jobs properly – and require solid evidence that it's being done right.

Over the long-term, we should work to:

- Provide assistance to families who need help meeting basic needs of food, shelter, and child care.
- Promote parent education about what children need as they grow and develop.
- Engage local communities in child abuse and neglect prevention training.
- Fund treatment for adult survivors of child abuse and those with mental illness or substance abuse problems.



- Ensure that data on the performance of Child Protective Services (CPS), including investigations, foster care conditions, outcomes for children and families, and changes in performance over time, is easily accessible by the public.
- Offer sufficient pay, training, workload levels, and supervisory ratios, and a supportive work environment for all CPS workers to attract and retain qualified staff.
- Base state laws and policies concerning child abuse and neglect on best practices.
- Ensure that families and children from a variety of cultural and linguistic backgrounds can be properly served by CPS staff, foster parents, prevention programs, and contracted services.
- Make certain that foster children's well-being is in no way compromised by the transition to a comprehensive health care program for foster children or by the full privatization of foster care services and the Independent Administrator role currently exercised by the Department of Family and Protective Services.

As first steps, we should take immediate action to:

- Allocate additional funding for conservatorship, family-based safety services, and Preparation for Adult Living caseworkers at the Department of Family and Protective Services (DFPS) to support caseload ratios consistent with national standards.
- Ensure that foster children receive life skills training and preparation for employment or higher education.
- Promote more robust transition support – safe, stable, affordable housing and access to physical and mental health services – for youth who leave state custody to live on their own.
- Support restoration and increases in funding for youth development and child abuse prevention services.
- Support the Department of Assistive and Rehabilitative Services' request to appropriate Early Childhood Intervention funding necessary to bring Texas into compliance with federal Child Abuse Prevention and Treatment Act regulations.
- Recruit, train, support, and retain enough foster and adoptive homes so that children can be placed in a setting that meets their individual needs.
- Increase reimbursement rates for all foster care and substitute care services in order to increase the quality and capacity of the foster care system to adequately meet the needs of foster children.
- Require all outsourced caseworkers and supervisors to achieve core competencies through required trainings, experience, or education in a manner that is consistent throughout all regions of the state.
- Ensure that the Child Abuse Prevention Trust Fund has legal protection and a stable funding stream.
- Implement a Kinship Care Subsidy Program for Kincare Relatives at or below 200% of the federal poverty level who become a child's legal guardian or custodian.



- Ensure that liability limits, if any, for foster care providers protect children’s and families’ right to recourse while allowing providers to continue providing much-needed services.
- Increase adoption subsidies to remove the financial barriers of moderate income families who otherwise qualify to adopt children in the foster care system.
- Support full, timely implementation of new Health and Education Passport laws to ensure that abused and neglected children receive consistent physical and mental healthcare and education.
- Quickly remedy problems with the rollout of the integrated healthcare model for foster children.
- Maintain vigorous oversight of foster care and case management services and of the Independent Administrator function.

Have We Progressed?

Abuse & Neglect Prevention Services

☺ Texas Trend: **BETTER**

☺ Texas Ranking: **BETTER**

Use of federal funds to prevent child abuse and neglect, measured here by the number of children per 1,000 who receive services

YEAR	TEXAS	U.S.	TEXAS RANKING*
2000	3.9	47.7	37 OF 40
2001	19.2	27.5	22 OF 40
2002	23.8	33.0	22 OF 38
2003	20.2	25.3	17 OF 35

Source: U.S. Department of Health and Human Services

* All 50 states did not report on this measure. The number shown is Texas’ rank out of reporting states.

Although the use of federal funds to prevent child abuse and neglect in Texas declined in 2003, the trend over the last several years has been somewhat positive. Prevention services can include “respite care, parenting education, housing assistance, substance abuse treatment, day care, home visits, individual and family counseling, homemaker help, transportation, crisis, and domestic violence.”⁸⁶ This measure ranks states based on the use of federal funds provided through the Child Abuse and Neglect State Grant, Community-Based Family Resource and Support Grant, Promoting Safe and Stable Families, and Social Services Block Grant.⁸⁷ In addition to these programs funded by the federal government, Texas has used funds to prevent child abuse and neglect, improve children’s educational development, support teen parents, and assist at-risk youth through the DFPS Prevention and Early Intervention (PEI) division.



Public Spending on Child Welfare

☺ Texas Trend: BETTER

☺ Texas Ranking: BETTER

*Amount spent by the state child abuse & neglect prevention and intervention agency per child**

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	\$109.13	\$276.43	48
2001	NA	NA	NA
2002	\$135.19	\$303.95	47
2003	NA	NA	NA
2004	\$133.88	\$319.21	47

Source: Urban Institute, U.S. Census

* Funds include state and federal dollars.

Although Texas has boosted spending on intervention and prevention of child abuse and neglect, our state remains near the bottom of the national rankings. One reason Texas spends so little on this government responsibility is that Texas is under-identifying the children that need services. In 2005, 9.8 children per 1,000 in Texas were found to be victims of abuse/neglect.⁸⁸ Poverty is one of the most often cited risk factors, so the number should be much higher due to the large Texas child population and the high child poverty rate. Since the Texas Legislature increased funding for child welfare in 2005, we may expect to see the state’s performance on this indicator increase as newer data becomes available.



Identification of Abused Children

☺ Texas Trend: BETTER

Number of confirmed victims of child abuse and neglect per 1,000 children

YEAR	TEXAS	U.S.
2000	8.3	12.2
2001	7.2	12.4
2002	7.9	12.3
2003	8.3	12.4
2004	8.2	NA
2005	9.8	NA

Source: Texas Department of Family and Protective Services, U.S. Department of Health and Human Services

Texas is identifying more children who are victims of abuse and neglect, but the data indicates that our state continues to overlook cases of child abuse and neglect. We should expect to find higher rates than the national average because Texas has a high poverty rate compared to other states and poverty is a risk factor for abuse.⁸⁹ Though it receives less attention than abuse, neglect is more common.⁹⁰ In Texas in 2003, there were 36,327 confirmed instances of neglect and 22,146 instances of child abuse including physical, sexual, and emotional abuse.⁹¹ The effects of abuse do not end in childhood; 49 percent of female and 29 percent of male Texas state inmates surveyed in 1998 reported being abused or neglected as children.⁹²

CPS Worker Caseloads

⊗ Texas Trend: WORSE

Average monthly caseload per Child Protective Services (CPS) worker

	2000	2001	2002	2003	2004	2005
TEXAS	NA	25.0	25.9	26.7	25.6	28.5

Source: Texas Department of Family and Protective Services

The monthly caseload in Texas of 28.5 is well above the 10-17 cases recommended by the Child Welfare League of America for most types of casework.⁹³ High caseloads prevent timely investigations. In 2004 in Texas, the average length of an investigation was 82 days.⁹⁴ Reforms from 2005 are aimed at reducing the initial investigative response time to 24 hours for highest priority reports and to 72 hours for all other reports. When those numbers are examined further, it is apparent that the child welfare crisis continues in Texas. For example, during the first nine months of Fiscal Year 2006, CPS conservatorship case workers, who work with children removed from their homes and in DFPS' legal responsibility, had an average of 47 open cases each day.⁹⁵



CPS Turnover

☹ Texas Trend: **WORSE**

Turnover rate for entry-level Child Protective Services (CPS) Worker II positions

YEAR	CPS WORKER II	ALL TEXAS STATE EMPLOYEES
2000	NA	NA
2001	42.4%	17.6%
2002	40.1%	14.8%
2003	39.9%	17.4%
2004	39.4%	14.8%
2005	48.6%	16.6%

Source: Department of Family and Protective Services, Texas State Auditor's Office

“Low pay, risk of violence, staff shortages and high caseloads, administrative burdens, inadequate supervision, and inadequate training” deter people from becoming child welfare caseworkers and contribute to high employee turnover rates.⁹⁶ This pattern undermines the capacity of caseworkers to fulfill their many responsibilities, including investigating abuse/neglect reports, documenting findings, recommending action to maximize child safety, providing in-home services, and assisting children placed in foster care.⁹⁷ In 2001, the Region 3 office successfully reduced turnover and filled vacancies by doubling the number of trainees, requiring that employees sign commitment agreements, and offering bonuses for retention.⁹⁸ Reforms enacted by the Texas Legislature in 2005 aim to achieve similar results statewide.

Recurrence of Abuse or Neglect

☺ Texas Trend: **REMAINED STEADY***

Percent of families that have no recurrence of abuse or neglect within 12 months of family preservation services or a child's returning home

	1996-2000**	2001	2002	2003	2004	2005
TEXAS	85.1%	91.0%	90.4%	91.6%	91.3%	90.8%

Source: Department of Family and Protective Services

* Texas Trend based on changes since the data was reported in one-year intervals in 2001.

** Five year average for all cases (open and closed) “at any time after initial contact,” not just within 12 month window.



Texas has largely succeeded in preventing recurrence of abuse and neglect. These preservation and reunification services are shorter in duration than the average child’s placement in foster care and they often result in less disruptive outcomes for a child.

Children Waiting for Adoption

⊗ Texas Trend: WORSE

*Number of adoptions and children waiting for adoption**

YEAR	ADOPTED	WAITING
2000	2,063	2,833
2001	2,261	3,183
2002	2,248	3,473
2003	2,444	3,766
2004	2,512	3,436**

Source: Department of Family and Protective Services

* Waiting at the end of the fiscal year.

** 2004 waiting numbers from January 2005.

Texas has done a good job of increasing adoption, but waiting lists have grown over the years. Child Protective Services (CPS) received only 25 percent of its FY 2004 request for foster care subsidies and adoption subsidies. CPS predicted a decrease in the number of adoptions in the state as a result.⁹⁹ Adoption subsidies were not increased in the 2005 child welfare reforms. However, if the state is going to seriously address the number of children waiting for adoption, we will have to increase adoption subsidies, at least for children with special needs or in other hard-to-adopt categories.



Mistreatment in Foster Care

☺ Texas Trend: **BETTER**

☺ Texas Ranking: **BETTER**

Percent of children in foster care who are abused or neglected by their foster care provider

YEAR	TEXAS	TEXAS RANKING*
2000	0.30%	8 OF 28
2001	0.30%	10 OF 34
2002	0.19%	6 OF 37
2003	0.25%	13 OF 37
2004	0.18%	9 OF 38

Source: U.S. Department of Health and Human Services

* All 50 states did not report on this measure. The number shown is Texas' rank out of reporting states.

Texas foster care children are less likely to suffer abuse or neglect by their foster care provider than they were in the past. Texas is also well below the U.S. Department of Health and Human Services maximum “acceptable” level of mistreatment of foster children. However, substantial and egregious abuse and neglect is a reality for some foster children, as reported in the Texas Comptroller’s 2004 report “Forgotten Children.”¹⁰⁰ The state has remedied some of the policies and conditions highlighted in that report, though the work is not complete.

Foster Care Placements

☺ Texas Trend: **BETTER**

Average number of placements children have while in foster care, measured here for children who left state custody in the given year

	1996-2000*	2001	2002	2003	2004	2005
TEXAS	3.3	3.3	3.4	3.3	3.1	3.2

Source: Department of Family and Protective Services

* This is a five year average.

Texas has achieved a small reduction in average number of foster care placements. The average includes the first substitute care placement – which is often a very short-term emergency placement – up to the resolution of a child’s case through a return home, adoption, relative care, long term care or emancipation.¹⁰¹ The average length of time foster children spent in care was 29.6 months.¹⁰² Some children move many more times because they spend much longer in foster care than the average. Multiple moves are linked to medical and educational problems, and they hurt children psychologically and emotionally because they disrupt the bonding process between a child and a caregiver.¹⁰³



Years Growing Up in Foster Care

☺ Texas Trend: BETTER*

*Average number of years spent in state care for children never permanently placed with a family***

	1996-2000	2001	2002	2003	2004	2005
TEXAS	5.3	5.4	5.5	5.2	5.3	5.2

Source: Department of Family and Protective Services

* Texas Trend is based on changes since the data was reported in one-year intervals in 2001. The 1996-2000 data is a five-year average.

** Children who leave state responsibility because they “age out” through legal emancipation, turn 18, or finish high school.

Texas must continue to decrease the amount of time that children are left in foster homes rather than placed permanently with a family. In 2005, 9.8 percent of foster children who left foster care “aged out” rather than being permanently placed with a family or returning home.¹⁰⁴ That is one of every 10 foster children who never reach the goal of a permanent home.

Short-term Outcomes for Foster Care Alumni

☺ Texas Trend: BETTER

*Outcomes for youth who left the foster care system by “aging out”***

YEAR	EMPLOYED**	WITH DIPLOMA OR GED**
2000	NA	NA
2001	40%	65%
2002	42%	69%
2003	46%	73%

Source: Department of Family and Protective Services

* Youth who go through at least half the Preparation for Adult Living (PAL) program before leaving state custody.

** Data based on responses to follow-up surveys of graduates of PAL training.

Because the data only refers to those aged-out PAL participants who responded to the state’s survey, it may overstate the prevalence of successful outcomes. In fact, given that data from more comprehensive research in other states indicates that former foster care children often end up in adult mental health programs or the adult criminal justice, it is likely that Texas is under-serving this population. However, the available Texas data, which is shown above, does suggest that Texas is getting better at ensuring that youth who grow up in foster care are ready to live independently as young adults. It is also important to note that not all foster care youth who “age out” go through the PAL curriculum. Youth who “age out” of the foster care system may lack a support network of family members. They often need assistance with housing, education, job placement, and physical and mental health care. Up to \$1,000 in financial assistance is available to PAL participants, and all foster children who “age out” of the system can receive

T E X A N S C A R E F O R C H I L D R E N



\$3,000 for housing expenses. State-supported colleges, universities, and trade schools in Texas offer free tuition to Texas residents who are foster children.¹⁰⁵



At-Risk Youth & Juvenile Justice

What's The Problem?

Youth can be thought of as “at risk” when we see signs that they may not be reaching their full potential. Many at-risk youth need assistance overcoming the challenges of poverty, child abuse or neglect, mental health problems, substance abuse, or lack of access to quality early care and education. By helping children early, we assist them in developing healthy lives, save money in the long-run, and build stronger and safer communities.

For \$645 we can work with a youth and their family through the Services To At-Risk Youth (STAR) program, a proven prevention program that reduces family conflict, running away, and truancy.¹⁰⁶ For \$1,000, we can provide a year of mentoring that reduces the likelihood of dropping out of school and using alcohol or drugs.¹⁰⁷ Or for \$97,417, we can lock up that child in the Texas Youth Commission (TYC) after failing to help him or her at almost every turn.¹⁰⁸ Despite the evidence of the cost effectiveness of prevention programs, most of the successful programs were cut in the state budget in 2003. Prevention and early intervention services were partially restored in 2005, though they are being threatened again in 2007 by ten percent reductions in agency budgets. Subjecting prevention funding to this up-and-down funding cycle is shortsighted and harmful to the stability of prevention programs

Besides failing to invest adequately in prevention and intervention, Texas has allowed the juvenile justice system to deteriorate to dangerous levels. Severe under-funding has led to staff-to-youth ratios at TYC that are as high as 1:24.¹⁰⁹ Providing sufficient state funding to reduce the staff-to-youth ratios and better train staff would increase security for staff and children while decreasing mistreatment of children. As this report is published, one TYC facility is under federal investigation by the U.S. Department of Justice. The juvenile justice system is now in crisis, just as the child welfare system was in 2004. It took high-profile cases of abuse and neglect to generate sufficient political will to begin reforming that system, and the same is true of juvenile justice. A riot, many abuse and neglect cases, and a federal investigation later, attention finally seems to be focusing on the bare-bones programs that Texas juvenile justice has become. This is the time for reform.

How Do We Fix It?

Texas children need to have their basic needs, such as food, health and mental health care, early education, and safety met. As they grow up, we must also make sure that they have positive activities and connections in the community. For youth who need special intervention, services must be available quickly. For youth who do end up in the juvenile justice system, we must ensure that it will be a place of rehabilitation, not retribution. And we must make strides to treat all youth equally regardless of their racial or ethnic background.

Over the long-term, we should work to:

- Address the root causes of juvenile crime, including poverty, lack of educational opportunities, and child abuse.
- Support communities in developing after-school, mentoring, recreation, and other programs that increase youth's sense of belonging to a community and that encourage positive interaction with peers and adults.
- Teach children and youth of all ages to resolve conflict without violence or aggressive behavior.
- Ensure that youth and their families have adequate legal representation.



- Fund, develop, and use alternatives to incarceration where appropriate, including mental health courts and drug courts.
- Prioritize youth education and vocational training that equip youth to be self-sufficient.
- Consider the particular needs of girls in the design of juvenile justice programs and facilities.
- Involve families in youth rehabilitation and connect families to support services they may need.

As first steps, we should take immediate action to:

- Fund TYC so that it can lower its staff-to-youth ratios to national standards and increase staff training.
- Fund community-based substance abuse and mental health programs to address the needs of at-risk youth so that the youth never enter the juvenile justice system.
- Fully fund substance abuse and mental health services to meet the needs of youth incarcerated in TYC facilities who need these services.
- Fund community-based substance abuse and mental health programs to address the needs of youth leaving TYC facilities in order to reduce the recidivism rate.
- Support the Texas Juvenile Probation Commission's budget request so that juveniles receive community-based probation services and avoid entering the more costly and restrictive Texas Youth Commission (TYC) system.
- Assure that youth in juvenile detention who are eligible for CHIP or Children's Medicaid receive health coverage immediately upon release so that they experience no delay in accessing health care, particularly community mental health services.
- Create an entity within the state government to provide objective research to state policymakers on criminal justice issues.
- Offer special programs for children of incarcerated parents to help them develop a path to a positive adulthood.
- Meet and exceed state and federal requirements regarding racial disproportionality, including sentencing practices that apply similar consequences to similar offenses, regardless of race or ethnicity.



Have We Progressed?

Youth Substance Abuse Prevention Services

☺ Texas Trend: BETTER

Number of youth served in state substance abuse prevention and intervention programs per 1,000 children under age 18

YEAR	TEXAS
2000	69.8
2001	63.6
2002	61.5
2003	68.6
2004	139.7

Source: Legislative Budget Board, U.S. Census

After a decline in services, Texas has expanded the reach of youth substance abuse and prevention programs. Helping children avoid and overcome substance abuse should be an integral component of the state's strategy for reducing juvenile crime and supporting healthy and productive lives for our state's children.

Public Mental Health Services

☹ Texas Trend: WORSE

Percent of children potentially eligible for public mental health services who are actually receiving services from the state public mental health agency

YEAR	NUMBER	PERCENT
2000	NA	NA
2001	37,404	25%
2002	39,591	26%
2003	25,622	17%
2004	22,499	15%

Source: TDMHMR, Mental Health Association of Texas, and Texas Department of State Health Services



There has been a dangerous drop in mental health services for Texas youth. When youth do not receive the assistance they need, they often end up in trouble – and Texans end up paying more. In 2004, 45 percent of youth sent to the Texas Youth Commission (TYC) for incarceration had a mental health need, compared to just 29 percent in 1997.¹¹⁰

Youth Referred to Juvenile Probation

☺ Texas Trend: BETTER

Juvenile crime, measured here by the number of youth per 1,000 referred to the juvenile probation department

YEAR	TEXAS
2000	53.7
2001	48.6
2002	44.6
2003	44.4

Source: Texas Juvenile Probation Commission

Texas has successfully reduced the number of youth referred to the juvenile probation system. With the probation system handling nearly 97 percent of youth committing crime, the trend suggests a drop in juvenile crime. The Texas Juvenile Probation Commission (TJPC) has noted the importance of providing services to at-risk juveniles, stating that “reductions in services to at-risk youth and juvenile offenders....affect the rate of referral and/or re-referral of youth to the juvenile probation system.”¹¹¹ In fact, many law enforcement professionals agree that expanding quality educational child care and after school programs are the most effective ways to reduce youth crime and violence.¹¹²

Youth Sentenced to Prison

☺ Texas Trend: BETTER

Juvenile crime, measured here by the number of juveniles per 100,000 sent to juvenile prisons

YEAR	TEXAS
2000	121.5
2001	103.4
2002	103.1
2003	103.9

Source: Texas Youth Commission, Texas Juvenile Probation Commission



The drop in incarcerated juveniles – who represent three percent of youth committing crimes in the state – is good news for Texas. Yet, the average length of stay in Texas Youth Commission (TYC) custody has increased from an average stay of 13 months in 1996 to 22 by 2003.¹¹³ Although TYC is designed to incarcerate the most dangerous youth in Texas, in 2004 two out of every three youth in TYC custody had been committed for non-violent offenses.¹¹⁴

Probation Officer Caseload

☺ **Texas Trend: REMAINED STEADY**

Average probation officer caseload

YEAR	TEXAS PROBATION OFFICER CASELOAD
2000	28
2001	29
2002	28
2003	28

Source: Texas Juvenile Probation Commission

A 42 percent increase in the number of probation officers lowered average caseloads from 50 to 28 between 1995 and 2000, but caseloads have remained relatively constant since then.¹¹⁵ Reducing the average probation officer caseload allows time for probation officers to adequately help and monitor youth. Juvenile probation officers monitor juveniles on probation or parole and help them get appropriate services, such as substance abuse or mental health treatment.

Access to Mental Health Treatment in Juvenile Justice System

☺ **Texas Trend: MIXED**

Percent of youth with mental health needs on probation or incarcerated who receive treatment

YEAR	PROBATION	INCARCERATED
2000	NA	20%
2001	31%	18%
2002	35%	16%
2003	37%	15%
2004	33%	15%
2005	NA	14%

Source: Texas Juvenile Probation Commission and Texas Youth Commission



It is important to note that 49 percent of children incarcerated by TYC in 2004 were chemically dependant and 45 percent had mental health needs, though only 29 percent of those incarcerated seven years prior had mental health disorders.¹¹⁶ There is insufficient access to mental health treatment for youth in the Texas juvenile justice system. Incarcerated youth in particular do not receive the services they need, and the trend is distinctly negative. Providing appropriate services to youth in the juvenile justice system is a key part of the strategy to help youth put their lives on track.

Access to Substance Abuse Treatment in Juvenile Justice System

☺ Texas Trend: MIXED

Percent of youth with treatment needs on probation or incarcerated who receive treatment

YEAR	PROBATION	INCARCERATED
2000	94%	29%
2001	87%	28%
2002	59%	32%
2003	NA	30%
2004	NA	31%
2005	NA	38%

Source: Texas Juvenile Probation Commission, Texas Youth Commission

Texas has increased the availability of drug and alcohol treatment for youth incarcerated by the Texas Youth Commission (TYC), although we still have a long way to go in meeting the needs of these juveniles and recovering lost ground in treatment for youth on probation. TYC research shows that substance abuse treatment (at McFadden Ranch, a non-secure facility) was found to reduce the likelihood of re-arrest for a violent offense within three years by 27 percent, re-arrest for any kind of offense within three years by 34 percent, and reincarceration for any offense within three years by 32 percent.¹¹⁷



Grade Level Completion

☺ **Texas Trend: REMAINED STEADY**

Percent of incarcerated students who complete the grade level in which they are enrolled

	2000	2001	2002	2003*	2004*	2005*
TEXAS	44%	37%	36%	44%	44%	44%

Source: Legislative Budget Board

* The 2003 number is an estimate and the 2004 and 2005 numbers are projections.

Educating incarcerated youth reduces recidivism. Research shows that high levels of literacy correspond to lower rates of juvenile delinquency, re-arrest, and recidivism.¹¹⁸ In 2003, 47 percent of eligible youth who had been in the Texas Youth Commission (TYC) received their GED or high school diploma within 90 days of release from the TYC, compared to 41 percent in 2002.¹¹⁹

Reading Skills

☺ **Texas Trend: BETTER**

Percent of youth released from incarceration with at least one month's gain in reading level per month of incarceration/instruction, and who are reading on grade level, measured by release year

YEAR	1 MONTH'S GAIN	ON GRADE LEVEL
2000	NA	13%
2001	70%	15%
2002	67%	17%
2003	65%	19%
2004*	67%	19%
2005*	68%	17%

Source: Legislative Budget Board

* The 2004 data is an estimate and the 2005 data is a projection.

By boosting literacy among incarcerated youth, Texas can reduce rates of re-arrest, recidivism, and juvenile delinquency.¹²⁰ The Bureau of Justice Statistics found that individuals who are illiterate or have a low literacy level are at greater risk for criminal behavior and incarceration.¹²¹ Youth committed to the Texas Youth Commission in 2003 were on average four to five years below expected grade level in reading and math.¹²²



Recidivism

☹ Texas Trend: MIXED

Percent of youth who are referred again to the Texas Juvenile Probation Commission (TJPC) or sent back to the Texas Youth Commission (TYC) for reincarceration

YEAR	TJPC: WITHIN 1 YEAR	TYC: WITHIN 3 YEARS
2000	35%	50%
2001	34%	49%
2002	NA	51%
2003	48%	52%
2004	NA	48%

Source: Texas Juvenile Probation Commission, Texas Youth Commission

While recidivism rates have fallen slightly for youth released from Texas Youth Commission (TYC), repeat offenses have become more common for juveniles released from Texas Juvenile Probation Commission (TJPC) supervision. Texas must ensure that youth released from the TYC and TJPC are as well prepared as possible for leading law-abiding lives. Fortunately, there are strategies that work. TYC has found that youth who receive intensive specialized treatment while incarcerated have recidivism rates overwhelmingly lower than youth who do not receive specialized treatment.¹²³ The cost of denying specialized treatment is high – 38 percent of juveniles re-referred to the TJPC within one year were referred with a more serious second offense than their first.¹²⁴

Adults in Criminal Justice System

☺ Texas Trend: BETTER

⊗ Texas Ranking: WORSE

Adults on probation, on parole, or incarcerated per 100,000 of the population

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	5,049	3,092	49
2001	4,818	3,100	50
2002	4,682	3,125	50
2003	4,609	3,173	50

Source: Bureau of Justice Statistics



Texas adults are more likely to be involved in the criminal justice system than adults in any other state in the nation. Fifty-six percent of state and federal prisoners have minor children. Over half of these children are under age 10.¹²⁵ Parental incarceration has been found to have a variety of negative effects on the children of the incarcerated parent. These effects include decrease in parent-child attachment, poor peer relationships, diminished cognitive abilities, emotional and psychological problems, anger and hostility, poor performance in school, and higher suspension and dropout rates.¹²⁶

Disproportionate Minority Representation

☹ **Texas Trend: MIXED**

Percent of youth in the system from each racial/ethnic group and the percent of Texas youth who are from that group

Key: The first number is the percent of youth in the system. The number in parentheses is how many percentage points that number varies from the total Texas juvenile population.

Texas Juvenile Probation Commission

YEAR	WHITE	BLACK	HISPANIC
2000	36% (-12)	22% (+9)	40% (+4)
2001	35% (-10)	23% (+10)	41% (+2)
2002	33% (-10)	23% (+10)	43% (+3)
2003	32% (-11)	23%(+10)	44% (+4)

Source: Texas Juvenile Probation Commission

Texas Youth Commission

YEAR	WHITE	BLACK	HISPANIC
2000	25% (-23)	34% (+21)	40% (+4)
2001	26% (-19)	34% (+21)	39% (0)
2002	26% (-18)	33% (+20)	40% (0)
2003	25% (-18)	31% (+18)	44% (+4)
2004	22% (-21)	31% (+18)	46% (+6)
2005	23% (-20)	33% (+20)	43% (+3)



Source: Texas Youth Commission

There continues to be a disproportionate number of minority youth either incarcerated or on probation in Texas. African-American youth in particular have high rates of incarceration and probation compared to their representation in the general population. The Texas juvenile justice system responds more punitively to minority youth at every stage, from arrest through the filing of charges, detention before trial, transfer to adult criminal court, and commitment to adult or juvenile prisons. The overrepresentation of minority youth worsens as juveniles transition into the adult court and prison system.¹²⁷



Data by Community and Race/Ethnicity

High School Completion: For Texas dropout statistics by race and ethnicity over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign." Dropout statistics for counties, districts, and campuses are available from the Texas Education Agency at: <http://www.tea.state.tx.us/research/abs2.htm#Dropout>.

Workforce Program Outcomes: To find out what information is available about the performance of workforce programs in your area, contact your Local Workforce Development Board. A complete listing of state boards is available at: <http://www.twc.state.tx.us/dirs/wdbs/wdbweb.html>.

Unemployment: Metropolitan area and county-level employment and wage data by occupation is available from the Wage Information Network at: <http://www.texaswages.com>. Unemployment data for many metropolitan areas is also available from the Bureau of Labor Statistics at: <http://www.bls.gov/lau/home.htm>.

Regressive Taxation: Data on local Earned Income Tax Credit (EITC) claims is available from the Brookings Institution at: <http://www.brookings.edu/es/urban/eitc.htm>.

Child Poverty: Local data on child poverty for some cities and counties is available from the U.S. Census at <http://www.census.gov/acs/www/Products/Profiles/Single/2003/ACS/TX.htm>. County-level data on children receiving TANF is available from the Texas Kids Count Interactive Database: <http://www.cppp.org/kidscount>. Data on the income needed to live in different areas of Texas is available from the Family Security Index project by the Center for Public Policy Priorities at: <http://www.cppp.org/research.php?aid=120>.

Food Security: County-level data on child participation in food programs is available from the Texas Kids Count Interactive Database: <http://kidscount.cppp.org>.

Prenatal Care: For data on prenatal care by race and ethnicity over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign."

Low Birth Weight: For data on low birth weight by race and ethnicity over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign."

Infant Mortality: For data on infant mortality by race and ethnicity over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign." County-level data on infant mortality is available from the Department of State Health Services at: <http://www.dshs.state.tx.us/datareports.shtm>. Click on "Vital Statistics."

Access to Physicians: County-level data on primary care, mental health, and dental provider shortage areas is available from the Bureau of Health Professions at: <http://bhpr.hrsa.gov/shortage/>.

Emergency Room Use: A comprehensive variety of data on local health care spending for 1998 was prepared by the Texas Comptroller and are available at: <http://www.window.state.tx.us/specialrpt/hcs/>.



For data about emergency room use in your area, contact your local hospital. A list of Texas hospitals is available from the Texas Hospital Association at: <http://www.thaonline.org/TexasHospitals.asp>.

Medicaid Enrollment: County-level data on enrollment in children's Medicaid is available from the Texas Health and Human Services Commission at: <http://www.hhsc.state.tx.us/research/dssi.htm#med>.

CHIP Enrollment: County-level data on CHIP enrollment is available from the Texas Health and Human Services Commission at: <http://www.hhsc.state.tx.us/research/CHIP/ChipDataTables.html>.

Vaccinations: For data on vaccinations over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign."

Overweight/Obesity: For data on overweight and obesity by race/ethnicity, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign." Also the Department of State Health Services website at: <http://www.dshs.state.tx.us/phn/pdf/SPAN%20AJPH%20Article%202004.pdf>.

Teen Alcohol Use: County-level data on drug and alcohol use by Texas teens is available from the Department of State Health Services at: <http://www.tcada.state.tx.us/research/statistics/index.shtml>.

Teen Pregnancy: County-level data on teen pregnancy is available from the Department of State Health Services at: <http://www.dshs.state.tx.us/datareports.shtml>. Click on "Vital Statistics."

Adult Drug and Alcohol Abuse: County-level data on drug and alcohol abuse is available from the Department of State Health Services at: <http://www.tcada.state.tx.us/research/statistics/index.shtml>.

Children Repeating Early Grades: Retention data for each school district is available from the Texas Education Agency at: www.tea.state.tx.us/research/abs2.htm#retention.

Access to Mental Health Professionals in Schools: The number of Psychologists and Associate Psychologists by campus, district, or county is available from the Texas Education Agency at: <http://www.tea.state.tx.us/adhocrpt/>. Use the section called "Staff FTE and Salary Reports."

Access to Mental Health Professionals: County-level data on primary care, mental health, and dental provider shortage areas is available from the Bureau of Health Professions at: <http://bhpr.hrsa.gov/shortage/>.

Spending on Mental Health Treatment: County-level data on unmet mental health needs is available from the Mental Health Association in Texas at: http://www.mhatexas.org/MHMR2002Final3_03.pdf.

Children Receiving Public Mental Health Services: County-level data on mental health needs is available from the Department of State Health Services at: <http://www.dshs.state.tx.us/mhreports/01-05RevisedMHChildPre-PriPopData.pdf>. County-level data on unmet mental health needs in 2003 are available from the Mental Health Association of Texas at: http://www.mhatexas.org/MHMR2002Final3_03.pdf.



Teen Drug & Alcohol Abuse: County-level data on drug and alcohol use by Texas teens is available from the Department of State Health Services at:
<http://www.tcada.state.tx.us/research/statistics/index.shtml>.

Youth Suicide: County-level suicide data is available from the Texas Department of State Health Services at: <http://soupfin.tdh.state.tx.us/death10.htm>.

Child Care Capacity: County-level data on child population and child care is available from the Texas Department of Family and Protective Services, on pages 185-190 at:
[http://www.dfps.state.tx.us/About/Data Books and Annual Reports/2005/databook/default.asp](http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2005/databook/default.asp).

Pre-K Availability: County-level data on enrollment in public pre-K is available from the Texas Kids Count Interactive Database: <http://kidscount.cppp.org>.

Head Start: County-level data on enrollment in Head Start is available from the Texas Kids Count Interactive Database: <http://kidscount.cppp.org>.

Child Care Subsidies: To find out about child care costs and how many families currently receive child care subsidies in your area, consult your Local Workforce Development Board. A complete listing of state boards is available from the Texas Workforce Commission at:
<http://www.twc.state.tx.us/dirs/wdbs/wdbweb.html>. County-level data is available from the Texas Kids Count Interactive Database: <http://www.cppp.org/kidscount>.

Child Care Worker Pay Compared to Poverty Level: City-level data on average wages for child care workers is available from the Wage Information Network at: <http://www.texaswages.com>. Click on "Areas."

Achievement of Texas Rising Star Status: To find out if there are Rising Star certified providers in your area, consult your Local Workforce Development Board. A complete listing of state boards is available from the Texas Workforce Commission at: <http://www.twc.state.tx.us/dirs/wdbs/wdbweb.html>.

Child Care Accreditation: A list of NAFCC accredited child care homes in Texas is available at:
<http://www.nafcc.org/accred/search.html>.

Children Repeating Early Grades: For data on grade retention by race and ethnicity over time, visit our website at <http://www.texanscareforchildren.org> and click on "Children's Campaign." Retention statistics for each school district are available from the Texas Education Agency at:
www.tea.state.tx.us/research/abs2.htm#retention.

Identification of Abused Children: Statistics on reports and confirmed cases of child abuse and neglect are available from the Texas Department of Family and Protective Services at:
[http://www.dfps.state.tx.us/About/Data Books and Annual Reports/2005/databook/statistics-cps.asp](http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2005/databook/statistics-cps.asp).

Recurrence of Abuse or Neglect: Data on services provided by Child Protective Services to regions of the state is available from the Texas Department of Family and Protective Services at:
[http://www.dfps.state.tx.us/About/Data Books and Annual Reports/2005/databook/statistics-cps.asp](http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2005/databook/statistics-cps.asp).



Children Waiting for Adoption: Data about adoptions from the public child welfare system by Child Protective Services region is available from the Texas Department of Family and Protective Services at: http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2005/databook/statistics-cps.asp.

Number of Foster Care Placements: Data on average number of foster care placements by Child Protective Services region is available from the Texas Department of Family and Protective Services at: http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2005/databook/statistics-cps.asp.

Youth Substance Abuse Prevention Services: Regional data on self-reported drug and alcohol use by Texas teens is available from the Department of State Health Services at: <http://www.tcada.state.tx.us/research/statistics/index.shtml>.

Public Mental Health Services: County-level data on projected mental health needs is available from the Department of State Health Services at: <http://www.dshs.state.tx.us/mhreports/01-05RevisedMHChildPre-PriPopData.pdf>. County-level data on unmet mental health needs in 2003 is available from the Mental Health Association of Texas at: http://www.mhatexas.org/MHMR2002Final3_03.pdf.

Number of Youth Referred to Juvenile Probation: County-level juvenile probation referral data is available from the Texas Juvenile Probation Commission at: <http://www.tjpc.state.tx.us/publications/reports/RPTSTAT2003.pdf>. See pages 44-50.

Number of Youth Sentenced to Prison: Data on the characteristics of youth entering the Texas Youth Commission (TYC) by some counties and by region is available from TYC at: <http://www.tyc.state.tx.us/research/profile2.html>. County-level data on juvenile incarceration from 1999-2004 is available from the Texas Youth Commission at: http://www.tyc.state.tx.us/research/county_commit.html.

Probation Officer Caseload: County-level data on juvenile probation is available from the Texas Juvenile Probation Commission at: <http://www.tjpc.state.tx.us/publications/reports/RPTSTAT2003.pdf>.

Grade Level Completion/Reading Skills: Data on the characteristics of youth entering the Texas Youth Commission (TYC) by some counties and by region is available from TYC at: <http://www.tyc.state.tx.us/research/profile2.html>.

Adult Criminal Justice: County-level adult jail incarceration data is available from the Texas Department of Jail Standards at: <http://www.tcjs.state.tx.us/docs/incar.pdf>. State prison data for some counties is available from the Texas Department of Criminal Justice at: http://www.tdcj.state.tx.us/publications/executive/FY2005_Statistical_Report.pdf.



Sources

Race and ethnicity are reported differently by different data sources. We try to be clear in each measure about what definitions we are using. For more information about the race and ethnicity data given in any measure, please see the source documents available online at www.texanscareforchildren.org.

On most measures, we have noted a source for local data – if that source provides data for multiple local areas in Texas. There may be a variety of data sources in your local area on these topics that we weren't able to list. Contact your local United Way, your local government, or other agencies for data that we haven't included.

We have compiled extensive, detailed lists of sources used for our data in addition to the summary shown on each page. These detailed lists are available online. Please visit our website at www.texanscareforchildren.org and click on "Children's Campaign" for files with all of our source information.

If you have any questions about our sources or our number, please feel free to contact us at info@texanscareforchildren.org.

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