



**Children's  
Campaign Report:  
2009 Update**







## The Well Child

Texans Care For Children is dedicated to the vision of a well child. This child is thriving and receives all the supports and opportunities she needs to grow into a healthy, productive adult.

Care for the well child begins even before she is born. Her mother receives regular prenatal care, including mental health screenings, and does not use drugs, alcohol or tobacco. Once born, her caregiver holds her close, speaks to her often and bonds with her. The well child has health insurance that allows her to receive all the preventive care and acute care she needs, regardless of what disabilities or delays she may face. The well child can access healthcare, including mental health services, in her own community. She receives this medical care in a respectful, culturally competent way, and her family is provided with supports.

The well child lives in a secure home environment where her family earns a decent wage that allows for her basic needs to be met. She is safe within her neighborhood and does not live in fear of being victimized. Her caregivers are able to take advantage of money management skills training, so that they can increase their financial security. When a financial crisis does arise, supports are in place and available to help with housing and food, and her family is aware of these supports and how to access them.

The well child is active. She gets exercise each school day and lives in a community that is conducive to a healthy lifestyle. She has access to healthy, fresh, wholesome foods at school and at home. She is never too hungry to learn at school, because if her family cannot provide her with breakfast, her school does so.

The well child receives good child care. Her caregivers have quality, licensed child care available for her. The child care workers that she interacts with are well trained and attend to her social, emotional and cognitive development. The well child receives a developmentally rich education at home and elsewhere, beginning as an infant and extending through her college education. In school, she is given the skills she needs to resolve conflicts, and she is not the subject of bullying.

The well child has enriching activities to participate in after school, and she is encouraged to abstain from drugs, alcohol and tobacco. If she does develop a substance abuse problem or has mental health challenges, there are resources available within her school and community to identify and address her needs, and her family is given support in accessing these services. She receives effective sexual education in school so that she is less likely to have an unintended pregnancy.

The well child is not the victim of abuse. If she becomes the victim of abuse, she is assigned a caseworker who visits with her regularly and is with her until she has a permanent home. She lives in a safe home environment throughout her ordeal. She receives adequate mental health and general health care. She retains relationships with those in her network of family and friends who are able to support her. Her permanent placement meets her needs and her caregivers are helped in providing for her. She is provided with support so that she can successfully transition into adulthood from her placement.

The well child does not commit crime or engage in risky behaviors. If she commits an offense, she receives help in her community that guides her to make better choices. If she is ever sent to a juvenile justice facility, her mental health and general health needs are addressed in a setting that is conducive to her rehabilitation. She is provided with vocational training and education so that she sees alternatives to negative behaviors. She has adequate legal representation. She retains relationships with supportive family members.

The policymakers that impact the well child's life are aware of her needs and continue to make addressing her well-being a priority. This is our vision. We hope you will help us make it a reality for every Texas child.





## Table of Contents

The Well Child .....	1
Acknowledgements .....	4
Quick Statistics: Where We Stand, What We Spend .....	6
What Do All These Numbers Mean? .....	7
A Decade of Progress? .....	8
Children in Poverty & Family Economic Security .....	11
Child & Maternal Health .....	22
Children's Mental Health .....	38
Early Care & Education .....	50
Child Welfare .....	62
At-Risk Youth & Juvenile Justice .....	75



## Acknowledgements

Executive Director:

Eileen Garcia-Matthews (2009 Update)  
Susan Craven (1<sup>st</sup> Edition and 2007 Update)

Project managers and lead editor:

Jodie Smith (2009 Update)  
Andrea Brauer, Jodie Smith (2007 Update)  
Skye Kilaen (1<sup>st</sup> Edition)

Research, writing, and editing:

Christine Gendron (2009 Update)  
Peter Clark (2007 Update)  
Skye Kilaen (1<sup>st</sup> Edition)

Research, writing, and editing support:

Josette Saxton, Ginger Mayeaux (2009 Update)  
Jill Johnson, Amy Tripp (2007 Update)  
Amanda Akers, Brandy Gazo, Ileana Hinojosa, Josie Kluth, Mary Beth Kowalik, Lindsay Littlefield, Marianne Mahaffey, Grace Mitchell, Josette Saxton, Vanessa Solesbee, and Erica Swanholm (1<sup>st</sup> Edition)

Made possible in part by the Phil D. Strickland Memorial Fund for Public Policy.

**Our thanks go to all of the experts and advocates who have supported *The Children's Campaign 1st Edition and Updates*. We also thank our Coalition members who have been actively involved in planning our work together to improve children's lives. Without their expertise, enthusiasm, and commitment to children's issues, this project would not be possible.**

**Jenny Allaire**, Volunteer

**Sandy Anderson**, Volunteer

**Ken Apfel**, Formerly of the LBJ School of Public Affairs at the University of Texas

**Dr. Donna Bacchi**, Center for Tobacco Prevention and Control, Texas Tech University Health Sciences Center

**Shelley Barden**, Family Forward

**Dr. Stephen Barnett**, Texans Care For Children Board of Trustees

**Kim Bazan**, Formerly of Texas Network of Youth Services

**Mariah Boone**, Formerly of City of Corpus Christi Juvenile Assessment Center

**Sr. Helen Brewer**, Seton Healthcare Network

**Hon. Dolores Briones**, Formerly El Paso County Judge, Texans Care For Children Board of Trustees

**LaShonda Brown**, Texas Association for the Education of Young Children

**Bree Buchanan**, JD, The University of Texas School of Law, Children's Rights Project

**Dr. Ernest Buck**, Texas Pediatric Society

**Miryam Bujanda**, Methodist Healthcare Ministries

**Joan Burnham**, Texas Inmate Families Association

**Eva Carter**, National Child Care Information Center

**Carrie Casey**, Little People Development Center

**Cathy Castillo**, Formerly of San Antonio College

**Rebecca Cervantez**, Avance San Antonio

**Melody Chatelle**, United Ways of Texas

**Hon. Linda Chew**, 327th District Court Judge

**Cathy Cockerham**, Texas CASA

**Marion Coleman**, The Hogg Foundation

**Ann Costilow**, Center for Public Policy Priorities

**Jennifer Deegan**, Formerly of Center for Public Policy Priorities

**Ronda Deso**, Texas Association for Infant Mental Health

**Frances Deviney**, Center for Public Policy Priorities

**Julia Easley**, Coalition for North Texas Children

**Erin Espinosa**, Texas Juvenile Probation Commission

**Rob Faubion**, Formerly of Big Brothers Big Sisters Central Texas

**Miguel Ferguson**, The University of Texas School of Social Work

**Megan Ferland**, Formerly of Texas CASA

**Della Frye**, Head Start Lubbock ISD

**Melanie Gantt**, Retired

**Dr. Jose Gonzalez**, The University of Texas Medical Branch at Galveston

**Kaitlin Graham**, Texas Early Childhood Education Coalition



**Children's  
Campaign Report:  
2009 Update**



**Hon. Sherri Greenberg**, The LBJ School of Public Affairs at the University of Texas

**Kim Gresham**, Anderson Advertising and Texans Care For Children Board of Trustees

**Tomi Lee Grover**, BGCT Consultant

**Priscilla Guajardo**, Formerly of Southwest Key

**Gil Heron**, Formerly of Big Brothers Big Sisters Central Texas

**Winell Herron**, H-E-B Grocery Company

**Nancy Holman**, Texas Association of Child and Family Services

**Kara Johnson**, Texas Early Childhood Education Coalition

**Karen R. Johnson**, United Ways of Texas

**Marlin Johnston**, Former Director, Texas Department of Human Services and Texans Care For Children Board of Trustees

**Hon. William King**, Travis County District Court Judge

**Glenda Kirshbaum**, Collaborative for Children

**Linda Kokemor**, The Settlement Home

**Dr. Kathy Kramer**, The University of Texas School of Social Work and Texans Care For Children Board of Trustees

**Carrie Kroll**, Texas Pediatric Society

**Susan Kruk**, Collaborative for Children

**Sandy Lamm**, Camp Fire First Texas Council

**Laura Landsman**, United Way of the Capital Area

**Amy Loar**, Texas Appleseed

**Don Loving**, Retired

**Jensie Madden**, League of Women Voters of Texas

**Madeline McClure**, TexProtects

**Estela Medina**, Travis County Juvenile Probation

**Cam Messina**, VOICES for Children of San Antonio

**Janis Monger**, Formerly of Texas Appleseed

**Bee Moorehead**, Texas Impact

**Barbara Moss**, Texas Association for Infant Mental Health

**Elizabeth Mueller**, Community and Regional Planning Program at the University of Texas School of Architecture

**Selena Munoz**, Children's Advocacy Centers of Texas

**Nancy Neavel**, League of Women Voters of Austin

**Mary Ellen Nudd**, Mental Health Association of Texas

**Kris Kaiser Olson**, Parents for Public Schools, Inc. and President, Texans Care For Children Board of Trustees

**Cynthia Pearson**, Day Nursery of Abilene

**Mercedes Perez de Colon**, Avance Inc.

**Susan Pintchovski**, National Council of Jewish Women and Family Connections

**Liz Plaster**, Texas Association for the Education of Young Children

**Janet Pozmantier**, ChildBuilders

**Dr. Clift Price**, Texans Care For Children Board of Trustees

**Lori Prince**, Texas Association of Child and Family Services

**Marcia Rachovsky**, Formerly of the Texas Federation of Families for Children's Mental Health

**Hon. Alec Rhodes**, Former Member of Texans Care For Children Board

**Tiffany Roper**, Formerly of Center for Public Policy Priorities

**John Ross**, Tarrant County Youth Collaboration

**Melanie Rubin**, Texans Care For Children Board of Trustees

**Jason Sabo**, United Ways of Texas

**Melodya Salaires**, El Paso County Judge's Office

**Dr. Juan Sanchez**, Southwest Key

**Deanna Schexnayder**, UT Ray Marshall Center

**Carol Shattuck**, Collaborative for Children

**Elaine Shiver**, Parents as Teachers

**Laura Smith**, Collaborative for Children

**Mary Kay Smith**, Brazos Valley Community Action Agency

**Julia Spann**, Caritas of Austin

**Steve Spencer**, Texas Juvenile Probation Commission

**Bryan Sperry**, Children's Hospital Association of Texas

**Wendell Teltow**, Prevent Child Abuse Texas

**Monica Thyssen**, Advocacy Inc.

**Saralee Tiede**, Austin Chamber of Commerce

**Theresa Tod**, Texas Network of Youth Services

**Lisa Tomaka**, Border Children's Mental Health Collaborative

**Jordan Vexler**, Texas Appleseed

**Gyl Wadge**, Mental Health America of Texas

**Mitch Weynand**, Lifeworks

**Dawn White**, Family Service Association and Texas Association of Child Care Resource and Referral Agencies

**Pat Wong**, The LBJ School of Public Affairs at the University of Texas and Texans Care For Children Board of Trustees

**Kate Woodward Young**, Formerly of Texas Afterschool Association

**Dr. Rachel Yates**, Talking River Psychotherapy

**Don Zappone**, Austin Child Guidance Center



## Quick Statistics:

### Where We Stand, What We Spend

#### Among States, Texas Ranked... (1 is Best, 50 is Worst)

- 50th in percentage of children with health insurance in 2006. <sup>1</sup>
- 50th in percentage of adults with a high school diploma in 2006. <sup>2</sup>
- 49th in teen births in 2005. <sup>3</sup>
- 44th in children living in poverty in 2007. <sup>4</sup>
- 41st in child vaccinations in 2006. <sup>5</sup>
- 21st in infant mortality in 2005. <sup>6</sup>

#### Out of Every...

- Three Texas children that should have graduated from high school in 2006, one did not. <sup>7</sup>
- Four Texas children, one was poor in 2007. <sup>8</sup>
- Five Texas children, one lacked health insurance in 2006. <sup>9</sup>
- 12 Texas newborns, one was born with a low birth weight in 2006. <sup>10</sup>

#### Return on Investment...

For every dollar spent on high quality early childhood development, \$4 is saved by society at large. <sup>11</sup>

It costs only **\$655.56** to reach an at-risk youth with delinquency prevention through the Services To At-Risk Youth (STAR) program, <sup>12</sup> yet it costs **\$101,230.95** for each youth incarcerated at the Texas Youth Commission (TYC). <sup>13</sup>



## What Do All These Numbers Mean?

Throughout this document, "Texas Ranking Since 2000" refers to Texas' rank among all 50 U.S. states, excluding the District of Columbia. In cases where data are not available or reliable for all 50 states, we note how many states had data. For ranking purposes in this document, #1 is best and #50 is worst.

Race and ethnicity are defined and reported differently by different data sources. We note in each measure what definition 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](http://www.texanscareforchildren.org).

The original *Children's Campaign* report included data from the 1990s in many of its tables. Because the updates include more recent data and seek 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](http://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](mailto:info@texanscareforchildren.org).



## A Decade of Progress?

The tables below summarize data in the following sections of the report. “Texas Change Since 2000” is based on changes within Texas irrespective of changes in other states while “Texas Ranking Since 2000” is based 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 are available to the most recent year for which data are available. A “Texas Change Since 2000” of “Remained Steady” indicates a change of less than three percent from the first year to the last. A “Texas Change Since 2000” of “Mixed” means that the indicator improved by more than three percent in one set of data but worsened by more than 3 percent in another:

### CHILDREN IN POVERTY AND ECONOMIC SECURITY

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
HIGH SCHOOL COMPLETION	REMAINED STEADY	WORSE	15
WORKFORCE PROGRAM OUTCOMES	BETTER	NO RANK	16
UNEMPLOYMENT	REMAINED STEADY	BETTER	17
REGRESSIVE TAXATION	BETTER	NO RANK	18
CHILD POVERTY	WORSE	BETTER	19
COLLECTION OF CHILD SUPPORT	BETTER	BETTER	20
FOOD SECURITY	WORSE	REMAINED STEADY	21
FOOD STAMPS TO THE HUNGRY	BETTER	BETTER	22

### CHILD AND MATERNAL HEALTH

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
PRENATAL CARE	NOT AVAILABLE	NOT AVAILABLE	27
LOW BIRTH WEIGHT	WORSE	WORSE	28
INFANT MORTALITY	WORSE	WORSE	29
ACCESS TO PHYSICIANS	BETTER	WORSE	30
EMERGENCY ROOM USE	REMAINED STEADY	NO RANK	30
CHILDREN WITHOUT HEALTH INSURANCE	BETTER	REMAINED STEADY	31
MEDICAID ENROLLMENT	UNDETERMINABLE	NO RANK	33
CHIP ENROLLMENT	UNDETERMINABLE	NO RANK	34
VACCINATIONS	BETTER	BETTER	35
OVERWEIGHT CHILDREN	MIXED	NO RANK	36
TEEN ALCOHOL USE	BETTER	NO RANK	36
TEEN TOBACCO USE	BETTER	NO RANK	37
TEEN BIRTH RATE	BETTER	REMAINED STEADY	38



## CHILDREN'S MENTAL HEALTH

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
YOUNG ADULT DRUG AND ALCOHOL ABUSE	WORSE	WORSE	43
CHILDREN REPEATING EARLY GRADES	WORSE	NO RANK	44
ACCESS TO MENTAL HEALTH PROFESSIONALS IN SCHOOLS	BETTER	NO RANK	45
ACCESS TO MENTAL HEALTH PROFESSIONALS	BETTER	NO RANK	46
PUBLIC SPENDING ON MENTAL HEALTH TREATMENT	REMAINED STEADY	WORSE	47
CHILDREN RECEIVING PUBLIC MENTAL HEALTH SERVICES	WORSE	NO RANK	48
TEEN DRUG & ALCOHOL ABUSE	WORSE	NO RANK	49
YOUTH SUICIDE	BETTER	NO RANK	50

## EARLY CARE AND EDUCATION

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
CHILD CARE CAPACITY	WORSE	NO RANK	54
PRE-K AVAILABILITY	BETTER	WORSE	55
HEAD START ENROLLMENT	UNDETERMINABLE	NO RANK	56
CHILD CARE SUBSIDIES	BETTER	NO RANK	57
CHILD/STAFF RATIO	MIXED	NO RANK	58
CHILD CARE WORKER TRAINING	REMAINED STEADY	NO RANK	59
CHILD CARE WORKER PAY	BETTER	NO RANK	60
ACHIEVEMENT OF TEXAS RISING STAR STATUS	WORSE	NO RANK	60
CHILD CARE ACCREDITATION	MIXED	NO RANK	61
CHILDREN REPEATING EARLY GRADES	WORSE	NO RANK	62

**Children's  
Campaign Report:  
2009 Update**



**CHILD WELFARE**

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
ABUSE & NEGLECT PREVENTION SERVICES	BETTER	BETTER	67
IDENTIFICATION OF ABUSED CHILDREN	BETTER	NO RANK	68
CHILD PROTECTIVE SERVICES (CPS) CASELOADS	NOT AVAILABLE	NO RANK	69
CPS TURNOVER	BETTER	NO RANK	70
RECURRENCE OF ABUSE OR NEGLECT	REMAINED STEADY	NO RANK	71
CHILDREN WAITING FOR ADOPTION	MIXED	NO RANK	72
MISTREATMENT IN FOSTER CARE	WORSE	NOT AVAILABLE	73
FOSTER CARE PLACEMENTS	BETTER	NO RANK	74
YEARS GROWING UP IN FOSTER CARE	BETTER	NO RANK	74
SHORT-TERM OUTCOMES FOR FOSTER CARE ALUMNI	BETTER	NO RANK	75

**AT-RISK YOUTH AND JUVENILE JUSTICE**

INDICATOR	TEXAS CHANGE SINCE 2000	TEXAS RANKING SINCE 2000	PAGE
YOUTH SUBSTANCE ABUSE PREVENTION SERVICES	BETTER	NO RANK	81
PUBLIC MENTAL HEALTH SERVICES	WORSE	NO RANK	82
YOUTH REFERRED TO JUVENILE PROBATION	BETTER	NO RANK	83
YOUTH SENTENCED TO PRISON	BETTER	NO RANK	84
PROBATION OFFICER CASELOAD	BETTER	NO RANK	85
ACCESS TO MENTAL HEALTH TREATMENT IN JUVENILE JUSTICE SYSTEM	MIXED	NO RANK	86
ACCESS TO SUBSTANCE ABUSE TREATMENT IN JUVENILE JUSTICE SYSTEM	BETTER	NO RANK	87
READING SKILLS	MIXED	NO RANK	88
RECIDIVISM	MIXED	NO RANK	89
DISPROPORTIONATE MINORITY REPRESENTATION	MIXED	NO RANK	90
ADULTS IN CRIMINAL JUSTICE SYSTEM	BETTER	WORSE	92



## Children in Poverty & Family Economic Security

### What's The Problem?

Most of the poor people in Texas are children. In fact, twenty two percent of Texas children live in households that the federal government considers poor, compared to the national average of seventeen percent.<sup>14</sup> The reality for Texas families may be even worse. In 2008 the government considered a family of four to be poor if their annual household income was \$21,200 or less.<sup>15</sup> Family advocates estimate that a family of four in most major cities in Texas needs twice that amount to make ends meet.<sup>16</sup> This suggests that, in reality, as many as two to three in five Texas children may be poor or near poverty, and not have access to things like food, clothing, shelter, and the medical care that they need to grow into healthy adults.

Why are children poor? Children are poor because they live in households headed by poor adults. Parents may be poor for a variety of reasons, but unemployment is typically not one of them. In fact, in 2005, almost sixty percent of Texas' poor families with children had one or more adults who worked half of the year or more.<sup>17</sup> The number of working families that cannot make ends meet has been increasing for several reasons. One reason is that in 2005, income inequality within the United States hit a record high. The share of national after-tax income going to households in the bottom and middle fifths of households was the smallest since 1929.<sup>18</sup> In addition, total spending for most work supports has remained relatively stagnant since 2002, rather than increased to help offset the widening gap between the rich and the poor. For instance, the real value of the Child Care and Development Block Grant (CCDBG), the largest source of federal funding for child care assistance, actually eroded as a result of inflation between 2002 and 2005, and the limited growth in spending for the State Children's Health Insurance Program (SCHIP) and Medicaid was primarily used to account for the growing cost of health care.<sup>19</sup>

There are vast consequences of family economic insecurity that may follow children into adulthood. Children who grow up in poverty are more likely to have low earnings as adults, engage in crime, and have poor health throughout their lives.<sup>20</sup> Poverty is often intergenerational, but with significant and targeted policy changes in Texas, its cycle can be stopped. Since people are poor for different reasons, poverty has no one-size-fits-all solution. A variety of anti-poverty policies including wage-supports, health insurance, mental health treatment and child care are required to ensure that all Texas families have the opportunity to be financially secure.

### What About Recent Changes?

Despite the fact that so many families face economic insecurity, state agencies in 2007 were asked to propose a 10% cut to their 2008-09 budgets, which would have reduced the public safety nets available to families in times of economic distress. By the end of the 80<sup>th</sup> Legislation Session, however, the 10% cut to critical social services was avoided. The 80<sup>th</sup> Legislature passed Senate Bill 589 by Senator Jane Nelson. SB 589 clarifies the Texas Workforce Commission's ability to serve all parents of children receiving Temporary Assistance for Needy Families (TANF), not just those parents subject to a work requirement. Further protection for poor families was adopted in House Bill 75 by Representative Elliott Naishtat, sponsored by Senator Jeff Wentworth. HB 75



created a process for an individual to challenge the Health and Human Services Commission's (HHSC) decisions regarding an application for public benefits, such as Medicaid or Food Stamps. It allows applicants who have been denied benefits and wish to contest a decision to request an administrative review by an attorney of the HHSC or file a petition with a district court in Travis County to have the decision reviewed.

## How Do We Fix It?

### Over the long-term, we should work to:

- P.1 Fund public education – from early care through college – that prepares children and youth of all races and ethnicities to succeed. See data indicators 1, 3, and 5.
- P.2 Reform our vocational training, workforce training, and welfare-to-work programs to ensure their success in helping workers achieve economic independence and well-being. See data indicators 2, 3, and 5.
- P.3 Ensure that low-income parents have the transportation and child care assistance they need in order to find and maintain employment. See data indicators 2, 3, and 5.
- P.4 Raise the minimum wage. See data indicators 5, 7, and 8.
- P.5 Create a fair system of taxation so that low-income families do not pay a higher percentage of their income in taxes than other groups, as they do under our current “regressive” tax system. See data indicators 4 and 5.
- P.6 Help families across Texas learn to manage their money, save, and plan for the future. See data indicator 5.
- P.7 Ensure that the child support system helps custodial parent families get the resources to which they are entitled. See data indicators 5, 6, 7, and 8.
- P.8 Support programs with demonstrated effectiveness of reducing the rates of unplanned and teenage pregnancy. See data indicators 1 and 5.
- P.9 Promote housing stability for vulnerable families by increasing funding for the Housing Trust Fund and establishing incentives for public housing authorities to use existing subsidies for home ownership rather than renting. See data indicator 5.
- P.10 Expand free and reduced price school breakfast and lunch programs to make nutritious foods that meet the 2005 United States Department of Agriculture's 2005 Dietary Guidelines for Americans available to all Texas children in need. See data indicators 5 and 7.



P.11 Ensure that all state agencies are transparent in making decisions related to family economic security and that related data are easily accessible by the public. See all data indicators in this section.

**As first steps, we should take immediate action to:**

- P.i Protect funding for critical health and human service programs that together keep millions of children and families from malnutrition, illness, eviction, and homelessness. See data indicators 2, 5, 7, and 8.
- P.ii Repeal the Temporary Assistance for Needy Families (TANF) full-family sanction policies enacted in 2003 that punish children for their parents' actions. See data indicators 2 and 5.
- P.iii Adopt TANF policies that allow Texas to meet federal work participation requirements and avoid financial penalties under federal requirements without pushing hard-to-serve families off of TANF. See data indicators 2 and 5.
- P.iv Ensure the functionality and effectiveness of the TANF, Medicaid, CHIP and Food Stamps Integrated Eligibility and Enrollment System (TIERS). See data indicators 5, 7, and 8.
- P.v Increase funding for community-based outreach efforts to compensate for past cuts, keep up with population growth, and ensure that children in need receive the benefits for which they are eligible, such as Food Stamps, Medicaid, CHIP, and free or reduced price school lunch and breakfast. See data indicators 5, 7, and 8.
- P.vi Promote high school graduation and job success by supporting programs that reduce unintended teen pregnancies, mentor high school youth, increase youth's sense of belonging to community, and encourage positive interaction with peers. See data indicators 1, 3, and 5.
- P.vii Support existing microenterprise networks in Texas that provide capital to small entrepreneurs who are not served by traditional capital markets. See data indicators 3 and 5.
- P.viii Require all legislation that affects 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. See data indicators 5, 7, and 8.
- P.ix Establish a state goal to measurably reduce child poverty by 20 percent by 2012. See data indicators 5, 7, and 8.
- P.x Coordinate an inter-agency strategic plan on children's issues through the Health and Human Services Commission (HHSC) Office of Program Coordination for Children and Youth to elevate coordination of and accountability for children's issues across health, human services, juvenile justice, education, and other child-serving agencies. See all data indicators in this section.



## Have We Progressed?

### I. High School Completion

☹ Texas Change Since 2000: REMAINED STEADY

☹ Texas Ranking Since 2000: 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
2006	78.7%	85.5%	50

Source: U.S. Census Bureau

More than 20 percent of Texans do not have a high school diploma, making us the least educated state in the nation. In 2006, 91 percent of non-Hispanic white adults had completed high school, compared to roughly 83 percent of black adults and 54 percent of Hispanic adults.<sup>21</sup> This has serious consequences in regards to family economic security and equality, as the average annual income for full-time, year-round workers who had not completed high school was only \$23,400 in 2000, compared to \$30,400 for those with high school diplomas and \$52,200 for those with bachelor's degrees.<sup>22</sup> Unless new actions are taken to retain students through grade twelve, the poor educational attainment level of Texans will not change. See recommendations P.I, P.8, and P.vi.



## 2. Workforce Program Outcomes

☺ Texas Change Since 2000: BETTER

### **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%
2006*	4.78 MILLION	76.9%	82.4%
2007	1.59 MILLION	78.4%	82.2%

Source: Texas Workforce Investment Council, Texas Workforce Commission

\* From 2004 to 2006, the state included the education agencies in their definition of "customers served."

The Texas Workforce Commission is the state government agency charged with overseeing and providing workforce development services to employers and job seekers of Texas. Programs for job seekers include apprenticeship programs, on-the-job training, and education provided through community-based organizations and state education agencies. While both the percentage of participants in the Texas Workforce Development System who entered jobs and the percentage of participants who retained their jobs decreased between 2000 and 2003, those rates have steadily improved since then and are now beyond the level they were at in 2000. See recommendations P.2, P.3, P.i, P.ii, P.iii, P.ix.



### 3. Unemployment

☺ Texas Change Since 2000: REMAINED STEADY

☺ Texas Change Since 2000: 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%	36
2006	4.9%	4.6%	37
2007	4.3%	4.3%	23

Source: U.S. Bureau of Labor Statistics

The unemployment rate in Texas has dropped over the past five years, and it is now near the level it was in year 2000. This is clearly a positive trend for job seekers in Texas; however, it is important also to view these figures in conjunction with the estimates for child poverty that are on the subsequent page. Taken together, data for both indicators suggest that employment does not always guarantee family economic security. The recent federal minimum wage increase will help families achieve financial stability through work, as it is expected that 1.1 million Texas children have parents who will benefit from it directly.<sup>23</sup> It will not bring all families out of poverty, however; since even at \$7.25 an hour, a full-time minimum wage worker will only earn between \$13,920 and \$15,080 per year, depending on the number of hours worked.<sup>24</sup> The Texas Workforce Commission projects that Texas will gain nearly 2 million jobs between 2000 and 2010, but many of those jobs have been and will continue to be in low-paying professions.<sup>25</sup> Thirty six percent of Texas children were living in families where no parent had full-time, year-round employment in 2006.<sup>26</sup> See recommendations P.1, P.2, P.3, P.vii, P.vi, Pix.



#### 4. Regressive Taxation

☺ Texas Change Since 2000: 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 20% PAY
2001	NA	NA	NA
2003	14.6%	4.7%	3.4%
2005	14.2%	7%	5.1%
2007	12.8%	6.4%	4.7%

Source: Office of the Comptroller; Center for Public Policy Priorities

\*Texas change since 2000 designation based on the change for families in the lowest 20% of income bracket.

Texas has a regressive tax system, meaning lower income families pay a significantly higher percentage of their annual income in taxes than higher income families do. In 2007 the poorest 20 percent of Texas families earned less than \$24,899 and paid an estimated 12.8 percent of their income in state taxes.<sup>27</sup> The wealthiest 20 percent, on the other hand, earned more than \$109,183 and only paid an estimated 4.7 percent of their income in state taxes.<sup>28</sup> The reason for this is that Texas relies heavily on sales and property taxes and does not have a state income tax. A sales tax has a proportionally larger impact on smaller family budgets than on larger ones, taxing the poor more than the wealthy. Other kinds of taxes, such as the U.S. federal income tax, are structured to tax the wealthy at a higher rate than the poor: As long as Texas relies on sales and property taxes rather than on a state income tax, the state places a heavier burden for state revenues on those who can least afford it. See recommendation P.5, Pix.



## 5. Child Poverty

☹ Texas Change Since 2000: WORSE

☺ Texas Ranking Since 2000: BETTER

### **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
2006	22.0%	17.4%	45
2007	22.9%	17.6%	44

Source: U.S. Census Bureau

Approximately one in four Texas children lives in poverty. In 2007, the state's ranking improved slightly compared to other state, even though the state's poverty rate increased, due to a large increase in child poverty in another state. It has long been known that these children are more likely to have health problems, engage in crime, and have low earnings as adults; however, new research has found that the consequences of poverty are even more harmful and direct than most people realize. Neuroscientists recently found that poverty in early childhood causes children to experience unhealthy levels of stress hormones and impairs their neural development and memory.<sup>29</sup> The consequences of poverty may follow children throughout their lives.

In 2008 the poverty level was \$21,200 for a family of four,<sup>30</sup> but family advocates estimate that families in most major cities in Texas actually need twice that to make ends meet.<sup>31</sup> This means that there are actually many more poor children in Texas than data suggest, and as many as two to three in five Texas children may be deprived of access to the food, clothing, shelter, and medical care that they need to thrive.

Most poor families in Texas are working families, and in 2005, almost sixty percent of Texas' poor families with children had one or more adults who worked half of the year or more.<sup>32</sup> Government assistance programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, and Medicaid are available to some poor families, but strict eligibility requirements and lengthy



application processes mean they cannot always be accessed by those who need them, and the relief they provide is limited. For instance, in 2006 only 2 percent of poor children in Texas received TANF,<sup>33</sup> and those who did receive the cash assistance received, on average, only \$228 per family per month.<sup>34</sup> All of the recommendations relate to this indicator.

## 6. Collection of Child Support

☺ Texas Change Since 2000: BETTER

☺ Texas Ranking Since 2000: 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
2004	62.9%	51.3%	14
2005	67.8%	54.5%	9

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

\* Only includes cases registered with the state child support collection agency.

Texas has continually improved its collection of child support and is now in the top quarter of states in child support enforcement in the nation. The average amount of child support received by the 5.3 million custodial parents across the nation who received at least some of the support they were due was \$4,700 in 2005, sixteen percent of their average income that year.<sup>35</sup> This is great news for Texas' single-parent families, and it illustrates how Texas can succeed when we make children a priority. There was concern that the success would be short-lived because in 2006 Congress passed the Budget Reconciliation Act, which made significant cuts to funding for the enforcement of child support.<sup>36</sup> The Texas Legislature addressed these concerns, however, by appropriating an extra \$55 million in state funds for child support enforcement in 2007.<sup>37</sup> See recommendation P.7.



## 7. Food Security

☹ Texas Change Since 2000: WORSE

☹ Texas Ranking Since 2000: REMAINED STEADY

### **Percent of households reporting food insecurity\***

YEAR	TEXAS	U.S.	TEXAS RANKING
2000-2002	14.8%	10.8%	48
2002-2004	16.4%	11.4%	50
2004-2006	15.9%	11.3%	48

Source: U.S. Department of Agriculture 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.

Nearly sixteen percent of Texans went hungry at some point between 2004 and 2006, and Texans are more likely to go hungry than residents of all but two other states. In addition to putting a burden on Texas children and families, rising hunger rates have hit Texas charities and food banks hard. Many have had record numbers of people turn to them for food and are either strained by, or unable to keep up with, rising demand.<sup>38</sup> This has long-term consequences because children who experience hunger suffer from two to four times as many health problems as low-income children who do not experience food shortages.<sup>39</sup> They also have lower standardized test scores and are more likely than other children to be absent from school.<sup>40</sup> Texas has made some progress in addressing this problem, as ninety-nine percent of Texas schools now participate in the federal School Breakfast Program, and more than a million low-income children eat breakfast in schools around the state.<sup>41</sup> See recommendations P.4, P.7, P.10, Pi, Piv, P.v, P.viii, Pix.



## 8. Food Stamps to the Hungry

☺ Texas Change Since 2000: BETTER

☺ Texas Ranking Since 2000: BETTER

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

YEAR	TEXAS	U.S.	TEXAS RANKING
2000	46%	56%	46 (TIE W/ 1 STATE)
2001	45%	53%	45
2002	47%	54%	42 (TIE W/ 3 STATES)
2003	45%	56%	44 (TIE W/ 1 STATE)
2004	57%	61%	34
2005	60%	65%	35 (TIE W/ 1 STATE)

Source: U. S. Department of Agriculture Food and Nutrition Service

More than 2.3 million low-income Texans benefited from food stamps each month in 2007, the program's 30<sup>th</sup> anniversary. One striking aspect of the food stamp program in Texas is that 40 percent of people eligible for food stamps do not actually receive assistance. The state has made progress during the past few years in getting food assistance to a greater percentage of those who are eligible, but we still need to significantly improve outreach and enrollment efforts. To be eligible for food stamps in 2007, a family of four had to meet certain resource and income tests, including earning a combined net income of less than \$20,652.<sup>42</sup> The average eligible family receives only \$3 per person per day for food, making it difficult for many families to afford an adequate diet.<sup>43</sup> In fact, research suggests that people who have limited resources to purchase food may be forced to choose less healthy, higher calorie foods over fresh fruits and vegetables, since they are more energy-dense and have a higher calorie-to-cost ratio.<sup>44</sup> See recommendations P.4, P.7, Pi, Piv, P.v, Pix.



## Child & Maternal Health

### What's The Problem?

Children need to be healthy to learn, play, and grow, but our state does not have a good record regarding children's health. Texas ranks last among the states in the number of children without health insurance. In 2005, there were more than 400,000 Texas children under the age of six who did not have health insurance.<sup>45</sup> Health insurance is important because without it children may not get the preventive care that they need. Texas children also are less likely to receive the Center for Disease Control recommended series of vaccines than children in most other states. The rate of low birthweight babies in Texas is also above the national average, and we have the highest teen pregnancy rate in the country. Additionally, rates of alcohol and tobacco use are higher amongst Texas teens than teens in the nation as a whole.

### What About Recent Changes?

Texas has made some progress towards improving children's health. The state recently implemented the CHIP Perinatal Health Program, which offers health insurance to low-income pregnant women who do not qualify for Medicaid. The 80th Legislature also established a Nurse-Family Partnership program in 2007, through which registered nurses are available to make home visits to low-income first-time parents to help them learn about what is needed for the healthy development of their child. These programs are expected to be very beneficial to babies in Texas, and they are an excellent starting point for improving children's health overall. Texas needs to follow up by taking action to help children of all ages grow into healthy adults.

Growing awareness of the importance of adequate health care and nutrition in a child's early years and the long-term cost savings associated with effective preventative care allowed legislation focused on improved child health outcomes to gain momentum during the 2007 legislative session. Many legislators were concerned over the decline in Children's Health Insurance Program (CHIP) enrollment of 206,574 children (41%) from September 2003 to October 2006 and in Children's Medicaid by 89,544 children since December 2005. The large number of bills filed early in the session relating to CHIP and Children's Medicaid signaled a strong base of support for efforts to improve access to public health programs for children.

House Bill 109 by Representative Sylvester Turner and sponsored in the Senate by Senator Kip Averitt emerged as the primary vehicle of change and was designed to enroll an additional 170,760 children who are eligible but not enrolled in CHIP over the following two years. HB 109 included the following CHIP reforms: returning to 12-months continuous eligibility with electronic income eligibility checks every six months for families between 185% and 200% of the Federal Poverty Level; allowing for the deduction of child care expenses from a family's income when determining a child's eligibility; eliminating the 90 day waiting period before coverage begins for uninsured children; increasing the assets limit to \$10,000 (from \$5,000) and the vehicle allowance up to \$18,000 (up from \$15,000); and increasing CHIP outreach efforts to enroll eligible children. Although other legislation and amendments were proposed that would have applied CHIP reforms to Children's Medicaid, most prominently Senate Bill 266 by Senator Judith Zaffirini, the session ended without similar expansion of Children's Medicaid.



The state budget designated \$28 million for CHIP outreach activities and House Bill 3575 by Representative Patrick Rose addresses the fact that errors and delays in the Health and Human Services electronic eligibility system caused hundreds of children to be erroneously denied coverage and in many cases contributed to delays in urgently needed medical care. HB 3575 created a Health and Human Services Eligibility Legislative Oversight Committee and requires HHSC to contract with an outside party to audit the electronic eligibility systems.

The 2007 Texas Legislature did not provide additional appropriations for obesity prevention programs at the Department of State Health Services, though \$20 million was approved to support physical education programs for middle school students. Also, Senate Bill 530 by Sen. Nelson was a major advancement in the fight against child obesity. SB 530 improved the current physical activity requirement for elementary school students and expanded it to apply to middle school students. The bill also requires annual physical fitness assessments for students in grades 3-12. The first round of data from the physical fitness assessments was released in July 2008. The data from the assessments will not only be useful to individual families, but it also is the largest study of child obesity to date anywhere in the world. The 2007 legislative session ended without significant improvement to school nutrition policies, and efforts to expand the comprehensive anti-tobacco program from pilot areas to the entire state were not funded.

## 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 good health care. 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:

- H.1 Expand health insurance options and increase enrollment efficiencies so that all Texas children are insured. See data indicators 14, 15, and 16.
- H.2 Offer incentives to employers who provide health care coverage to employees and their families. See data indicator 14.
- H.3 Increase CHIP and Medicaid reimbursement rates to ensure that enough health care professionals are available to serve all children enrolled in these programs regardless of where they live. See data indicators 12, 15, and 16.
- H.4 Promote a consistent medical home, or primary care physician, for all children. See data indicators 12, 13, 14, 15, and 16.

**Children's  
Campaign Report:  
2009 Update**



- H.5 Reduce the incidence of low birth weight by ensuring that pregnant women receive assistance to stop using alcohol, tobacco and illegal drugs as soon as pregnancy is determined. See data indicators 9, 10, and 11.
- H.6 Ensure equal access and non-discriminatory practices in health care delivery by expanding the health care workforce, especially the pediatric sector; through medical education investment and incentives and by promoting medical and nursing school curricula and continuing education on cultural competence. See data indicator 12.
- H.7 Promote livable community planning to facilitate walking, biking and other neighborhood-based physical activity opportunities. See data indicator 18.
- H.8 Ensure that all schools take a coordinated approach to providing primary and secondary prevention initiatives and effective health-related education for children in order improve the health of Texas youth by increasing acquiring health-promoting behaviors and reducing health risk behaviors. See data indicators 18, 19, 20, and 21.
- H.9 Support funding to expand comprehensive anti-tobacco programs and make Texas a smoke-free state. See data indicators 10 and 20.
- H.10 Expand free and reduced price school breakfast and lunch programs to provide nutritious foods that meet the 2005 United States Department of Agriculture's 2005 Dietary Guidelines for Americans to all Texas children in need. See data indicator 18.
- H.11 Adopt policies that encourage health care providers to offer family planning services and pre-conception health as part of their patients' routine health care. See data indicators 9, 10, 11, and 21.
- H.12 Ensure that 95 percent of children receive recommended immunizations within their first 36 months of life. See data indicators 14, 15, 16, and 17.
- H.13 Ensure that the Health and Human Services Commission, the Department of State Health Services, the Texas Department of Agriculture, and the Texas Education Agency are transparent in making decisions related to maternal and child health and that related data is easily accessible by the public. See all data indicators in this section.

**As first steps, we should take immediate action to:**

- H.i Offer all parents the option of purchasing children's health insurance through a CHIP buy-in program, with premiums increasing as household incomes increase. See data indicators 13, 14, and 16.
- H.ii Simplify Children's Medicaid by moving to 12-month continuous eligibility. See data indicator 14 and 15.



**Children's  
Campaign Report:  
2009 Update**



- H.iii 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. See data indicators 13, 14, 15, and 16.
- H.iv Increase funding for community-based CHIP and Children's Medicaid outreach to compensate for past cuts, keep up with population growth, and ensure that children who are eligible for these programs enroll. See data indicators 13, 14, 15, and 16.
- H.v Increase the number of healthy-weight births by ensuring that pregnant women who use tobacco receive help quitting. See data indicators 9, 10, 11, 20 and 21.
- H.vi Provide adequate support for children with extraordinary medical and mental health needs by reducing the waiting lists for children with special healthcare needs and supporting programs like the Medicaid buy-in program for children with disabilities, to ensure that medical costs do not drive families into bankruptcy or force them to give up custody of their children. See data indicators 14, 15, and 16.
- H.vii Fund structured screenings at well-child visits, in child care settings, and in schools to assess and treat problems early before they escalate into more serious liabilities for a child. See data indicators 12, 14, 15, 16, 18, 19, 20, and 21.
- H.viii Support Coordinated School Health by creating a funding mechanism to implement it in every school district in the state and by strengthening criteria for School Health Advisory Councils (SHACs) to make them more effective. See data indicators 18, 19, 20, and 21.
- H.ix Promote healthy nutrition in schools by applying the United States Department of Agriculture (USDA) school lunch nutritional guidelines to all foods and beverages available on school campuses and securing the Texas Department of Agriculture's Texas Public School Nutrition Policy by making it a state law. See data indicator 18.
- H.x Build partnerships with local farmers, schools, markets, community groups and governments to promote increased consumption of fruits and vegetables for all Texans, including those who live in lower income neighborhoods with poor access to affordable, fresh produce. See data indicator 18.
- H.xi Improve nutrition and physical education in early childhood environments. See data indicator 18.
- H.xii Require daily physical education for children in grades K-12 and daily recess in younger grades. See data indicator 18.
- H.xiii Provide positive, structured activities to all Texas youth during non-school hours within their local communities. See data indicators 18, 19, 20, and 21.
- H.xiv Reduce unintended teen pregnancy by providing Texas youth with accurate and comprehensive sexual education in our schools. See data indicator 21.
- H.xv As a central component of broader policy changes to enhance the state's healthcare workforce, create a loan forgiveness program for health care providers who serve children and youth. See data indicators 12, 13, 14, 15, and 16.
- H.xvi Coordinate an inter-agency strategic plan on children's issues through the Health and Human Services Commission Office of Program Coordination for Children and Youth to elevate coordination of and accountability for children's issues across health, human services, juvenile justice, education, and other child-serving agencies. See all data indicators in this section.



## Have We Progressed?

### 9. Prenatal Care

Texas Change Since 2000: NOT AVAILABLE\*

**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
2004	81.8%	83.9%	29 of 41 (TIE W/ 1 STATE)
2005	64.1%*	83.9%	NOT AVAILABLE

Source: U.S. Centers for Disease Control

\*In 2004 the CDC's National Center for Health Statistics released two revised standard worksheets to enhance the collection of quality, reliable data on births. Texas, along with 11 other states, has begun using the new worksheets, but other states have not. For this reason, the percentage of women who began prenatal care during their first trimester of pregnancy in 2005 is not comparable to the 2005 national average or to previous years.

Texas made little progress over the first half of the decade in expanding access to prenatal care. From 2000 to 2004 approximately, one in five women did not get prenatal care in the first trimester of their pregnancies. One in three women did not receive timely prenatal care in 2005. This is problematic because insufficient prenatal care is a risk factor for low infant birthweight, infant death and other maternal and infant health problems.<sup>46</sup>

Half of all Texas births are covered by Medicaid, and many of those babies will remain on Medicaid throughout their childhood.<sup>47</sup> The state of Texas can save money in the long run by expanding access to prenatal care, since prenatal care helps prevent infant health problems before they start. Texas recently made an attempt to improve infant and maternal health and save money by implementing the CHIP Perinatal Program. The program is expected to provide health coverage to 35,000 low income pregnant women.<sup>48</sup> See recommendation H.1, H.2, H.5, H.11, H.v, and H.xiv.



## 10. Low Birth Weight

☹ Texas Change Since 2000: WORSE

☹ Texas Ranking Since 2000: WORSE

### **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
2004	8%	8.1%	22 (TIE W/ 3 STATES)
2005	8.3%	8.2%	27 (TIE W/ 4 STATES)
2006*	8.4%	8.3%	30 (TIE W/ 1 STATE)

Source: U.S. Centers for Disease Control

\*Data for 2006 are preliminary.

A baby is considered to have low birthweight if he or she weighs less than 5 lbs, 8 oz. The rate of low birthweight babies in Texas decreased to 7.1 percent in 2002, but it has been climbing steadily ever since. This increase has occurred despite declines in the teen birth rate and increased access to prenatal care, causing experts to suggest that other factors, such as maternal health and poverty may be factors.<sup>49</sup> Low birthweight babies are 25 times more likely than healthy babies to die before their first birthday, making low birthweight a major predictor of infant mortality.<sup>50</sup> It is also correlated with other health morbidities, including impaired immune function, reduced muscle strength, cognitive disabilities, diabetes, and heart disease.<sup>51</sup> The percentage of low birthweight infants in Texas is close to the national average, and African-American babies are twice as likely to be low birthweight as white babies.<sup>52</sup> See recommendation H.1, H.2, H.5, H.11, H.v, and H.xiv.



## II. Infant Mortality

☹ Texas Change Since 2000: WORSE

☹ Texas Ranking Since 2000: 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
2004	6.3	6.8	20
2005	6.6	6.9	21

Source: Annie E. Casey Foundation

Infant mortality is considered to be one of the most basic indicators of the well-being of a population and on the health status of its children because it is associated with a variety of factors, including maternal health, socioeconomic conditions, quality of and access to medical care, and public health practices.<sup>53</sup> Texas' rank in infant mortality dropped significantly in five years, and reached 20th in the country in 2005. This is particularly significant given that the United States has the second worst infant mortality rate in the developed world.<sup>54</sup> It is important to note that the infant mortality rate is not the same among all racial groups. In 2005, 13.7 per 1,000 African American babies died, more than twice the rate of non-Hispanic white babies that died.<sup>55</sup> This disproportionality may be due to the disproportionately high rate of poverty among African American families. See recommendation H.1, H.2, H.3, H.4, H.5, H.11, H.v, and H.xiv.



**12. Access to Physicians**

☺ Texas Change Since 2000: BETTER

☹ Texas Ranking Since 2000: 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
2004	212	255	41
2005	213	266	41

Source: U.S. Census Bureau

Texas' ranking in this category dropped between 2000 and 2005 because the U.S. average had risen. Almost half of Texas counties are designated Health Professional Shortage Areas for primary care physicians, and in some Texas counties, there are not any physicians or obstetrics gynecologists at all. There is also a shortage of medical facilities in many areas of the state. Sixty-three of 254 Texas counties do not have an acute care hospital, and 123 counties have only one.<sup>56</sup> While most counties with health professional shortages are rural, physicians may not always be accessible to individuals in metropolitan areas either due to lack of insurance, income level, or other barriers. Texas recognizes that lack of providers is a problem and has tasked the health committees in the Texas Senate and House of Representatives with studying the health care professional shortage in their interim charges. See recommendations H.3, H.4, H.6, H.i, H.ii, H.iii, H.iv, and H.xv



### 13. Emergency Room Use

☺ Texas Change Since 2000: REMAINED STEADY

**Emergency room visits per 100,000 Texas residents**

	2000	2001	2002	2003	2004	2005	2006
TEXAS	35,200	36,600	37,900	37,600	35,400	35,800	35,400

Source: The Henry J. Kaiser Family Foundation

Emergency room visits in Texas increased between 2000 and 2002, despite the fact that the state's emergency room capacity decreased by 5 percent.<sup>57</sup> Emergency room use has declined slightly since then, but many emergency room visits are still not primarily used for emergencies. 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.<sup>58</sup> When large numbers of people go to the emergency room for non-emergencies, they hinder the ability of the system to handle real emergencies. This can lead to an increase in health care costs for all Texans, through higher health insurance premiums and even increased taxes.<sup>59</sup> More than 40 percent of the cost of providing healthcare services to the uninsured is paid by people with health insurance through higher premiums.<sup>60</sup> In 2005, Texas ranked 42nd in the nation in the increase in cost of health insurance premiums due to unreimbursed health care costs for the uninsured.<sup>61</sup> See recommendations H.1, H.2, H.3, H.4, H.i, H.ii, H.iii, H.iv, and H.xv.



## 14. Children Without Health Insurance

☺ Texas Change Since 2000: BETTER

☹ Texas Ranking Since 2000: REMAINED STEADY

### **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%	10.9%	49
2006	21.2%	11.7%	50
2007	21.4%	11.0%	50

Source: U.S. Census Bureau

Texas ranks last among the states in the percent of children with health insurance. Over 400,000 children under age six in our state are uninsured.<sup>62</sup> A Texas child was slightly more likely to have coverage in 2007 than in 2000, but less likely to have coverage than a child in any other state. Our ranking as last has serious consequences. Research released by the Institute of Medicine in 2003 found that fifty percent of children who are uninsured had not had a doctor's visit within the last year and were at risk for higher levels of hospitalization for avoidable health problems.<sup>63</sup> Once admitted to a hospital, uninsured children receive fewer services and are more likely to die than insured patients.<sup>64</sup> Even if an uninsured child does not succumb to health problems serious enough to warrant hospitalization, children who lack stable health coverage have been found to have poorer health status than those with continual health insurance coverage.<sup>65</sup>

Whether a child has health insurance is influenced by many factors, including city of residence and family income. For example, 35 of 254 Texas counties account for 80 percent of the state's uninsured.<sup>66</sup> Additionally, health insurance coverage correlates with household income. Fewer than 60 percent of families with incomes at half of the federal poverty line or below have all members covered, compared to 90 percent of families with incomes double the federal poverty line.<sup>67</sup> See recommendations H.1, H.2, H.3, H.4, H.i, H.ii, H.iii, H.iv, and H.xv.



## 15. Medicaid Enrollment

☹ Texas Change Since 2000: UNDETERMINABLE\*

### **Enrollment in Medicaid**

YEAR	NUMBER OF CHILDREN ENROLLED	PERCENT OF TEXAS CHILDREN ENROLLED IN MEDICAID
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	27.6%
JANUARY 2007	1,761,486	27.1%
JANUARY 2008	1,827,956	NOT AVAILABLE

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

\*The change in Medicaid enrollment since 2000 cannot be assessed as better or worse because data for number of children eligible for Medicaid in each year are not available. Though more children are enrolled in Medicaid now than in 2001, the Texas child population, child poverty rate, and other eligibility criteria have also changed over that time frame, making it unclear whether increasing enrollment is better or worse compared to the number of children eligible.

Medicaid is a health coverage entitlement program that is jointly funded by the states and the federal government. There are roughly 2.8 million Texans enrolled in the program, and more than two thirds of them are children.<sup>68</sup> Despite relatively high enrollment levels, children are actually the least expensive group for Medicaid to cover. In fact, non-disabled children made up 68 percent of the Medicaid caseload in 2005, but were responsible for only 28 percent of Medicaid expenditures.<sup>69</sup> The percent of Texas children enrolled in Medicaid has increased dramatically since 2001. This means that more low-income Texas children are getting the healthcare they need, but it also means that there are a lot of children who are poor and fall within Medicaid's household income restrictions. Additionally, not all of the children who are potentially eligible for Medicaid are enrolled. In fact, an estimated 750,000 to 850,000 uninsured Texas children who could be enrolled in either Medicaid or the Children's Health Insurance Program (CHIP) are not.<sup>70</sup> State requirements present barriers to enrollment in Medicaid and CHIP, and the decline in children's Medicaid enrollment in 2006 was driven primarily by state eligibility staffing shortages.<sup>71</sup> Texas can cut its number of uninsured children in half by dramatically increasing the number of currently qualified uninsured children enrolled in Medicaid and CHIP.<sup>72</sup> See recommendations H.3, H.4, H.12, H.ii, and H.iii.



## 16. CHIP Enrollment

☹ Texas Change Since 2000: UNDETERMINABLE\*

### **Enrollment in CHIP**

YEAR	NUMBER OF CHILDREN ENROLLED	PERCENT OF TEXAS CHILDREN ENROLLED IN CHIP
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	4.9%
JANUARY 2007	321,815	5%
JANUARY 2008	352,891	NOT AVAILABLE

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

\*The change in CHIP enrollment cannot be assessed as better or worse because data for number of children eligible for CHIP in each year are not available. Though more children are enrolled in CHIP now than in 2001, the Texas child population, child poverty rate, and other eligibility criteria have also changed over that time frame, making it unclear whether increasing enrollment is better or worse compared to the number of children eligible.

Like Medicaid, the Children's Health Insurance Program (CHIP) is a health coverage entitlement program that is jointly funded by the states and the federal government. The primary difference between Medicaid and CHIP is that CHIP covers children whose families have incomes too high to qualify for Medicaid. To qualify for CHIP a child must be a U.S. citizen or legal permanent resident, live in Texas, and meet household income eligibility requirements. In 2008, the income eligibility requirement was a household income at or below \$42,400 for a family of four. Families are required to share in the costs of their CHIP coverage by paying semi-annual enrollment fees and co-pays that vary depending on income level.

CHIP enrollment hit its highest point in May 2002 when more than half a million Texas children were enrolled. Since then, more than 200,000 children have been dropped from CHIP coverage. The drop in CHIP enrollment is the result of devastating changes in the eligibility rules that the Legislature made in 2003. Additional complications with CHIP enrollment arose when the eligibility and enrollment system was outsourced to a private contractor in 2005, and these complications contributed to disenrollment in the program. Enrollment is slowly increasing again, however; because some of those changes were reversed in 2007 by the Health and Human Services Commission.<sup>73</sup> Reversing the negative impact of these policy and administrative barriers is critical to restoring health care coverage for children of the Texas working poor. See recommendations H.1, H.3, H.4, H.12, H.i, H.iii, and H.iv.



17. Vaccinations

☺ Texas Change Since 2000: BETTER

☺ Texas Ranking Since 2000: 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
2006	76.7%	80.6%	41

Source: U.S. Centers for Disease Control

\*The 4:3:1:3:3 series, which includes four doses of combined diphtheria/tetanus/pertussis vaccine (DTP), three doses of poliovirus vaccine (polio), and one dose of combined measles/mumps/rubella vaccine (MMR), plus three doses of Hib vaccine and three doses of hepatitis B vaccine (HepB).

Vaccinations are an important tool we have to protect children from contracting disease. Texas has significantly increased its rate of child vaccination due to a focused, multi-year initiative of the Department of State Health Services. Immunizations are an excellent example of how Texas can improve child well-being when leadership supports an issue and allocates appropriate resources. The decline in vaccination rates from 2005 to 2006 merits close monitoring to ensure that gains earlier in the decade are not eroded. See recommendations H.i, H.4, H.12, H.i, H.ii, H.iii, and H.iv



## 18. Overweight Children

☺ Texas Change Since 2000: MIXED

### **Percent of children who are overweight**

YEAR	4 <sup>th</sup> GRADE	8 <sup>th</sup> GRADE	11 <sup>th</sup> GRADE
2000-2002	26%	19%	15%
2004-2005	23%	20%	19%

Source: Texas Department of State Health Services

The percent of overweight elementary school aged children in Texas declined between 2000 and 2005 as a result of changes in school nutrition, physical activity and comprehensive school health requirements in elementary schools. Those changes were not implemented in middle and high schools, however, and the percent of adolescents who are overweight in Texas rose instead of declined. Follow up data has not been collected since 2005, but researchers at the Michael and Susan Dell Center for Advancement of Healthy Living expect to collect new data on the percent of Texas children who are overweight in 2009.

Children who are overweight or obese have a high risk of overweight or obesity as adults. The most common problem associated with childhood obesity is type-2 diabetes, which increases the risk of other chronic conditions and health complications. Texas has already had success in reducing obesity; now it is 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 older children begin to benefit. See recommendations H.7, H.8, H.10, H.viii, H.ix, H.x, H.xi, H.xii, and H.xiii.

## 19. Teen Alcohol Use

☺ Texas Change Since 2000: 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%
2002	51%	49%
2004	47%	48%
2006	46%	45%

Source: Texas Department of State Health Services, National Institute on Drug Abuse



Alcohol use among teens has been declining since 2000, both in Texas and nationally. This is great news since alcohol use, especially when excessive, is often associated with risky behaviors such as driving while impaired and unprotected sexual activity, and there is a correlation between substance abuse and poor grades in school.<sup>74</sup> Progress still needs to be made, however, as there is still a high percentage of teens who use and abuse alcohol. Roughly 22 percent of students in grades 7-12 reported binge drinking in 2006.<sup>75</sup> Texas students are less likely to use drugs and alcohol if their parents are involved in school activities, and they live with both parents.<sup>76</sup> See recommendations H.8, H.vii, H.viii, H.xiii, and H.xvi.

## 20. Teen Tobacco Use

☺ Texas Change Since 2000: BETTER

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

YEAR	TEXAS	U.S.
2000	31%	31%
2002	27%	27%
2004	28%	25%
2006	26%	22%

Source: Texas Department of State Health Services, National Institute on Drug Abuse

The decline in teen tobacco use in Texas is good news, although the decrease has not kept pace with national trends. The rate of Texas youth who reported that they had ever tried tobacco was approximately 55 percent in 1990, but dropped to 51 percent in 2000 and 45 percent in 2002. The decrease was even greater among younger students.<sup>77</sup> 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.<sup>78</sup> It is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.<sup>79</sup> See recommendations H.8, H.9, H.vii, H.viii, H.xiii, and H.xvi.



## 21. Teen Birth Rate

☺ Texas Change Since 2000: BETTER

☹ Texas Ranking Since 2000: 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)
2004	63	41	50
2005	62	40	49 (TIED FOR LAST)

Source: Annie E. Casey Foundation

As of 2005, the teen birth rate had declined to 62 per every 1,000 teenage girls in Texas, but Texas still had the highest teen birth rate in the country because the Texas rate of decline in the teen birth rate did not keep pace with the national rate of decline.<sup>80</sup> Studies suggest that the reduction in teen pregnancy and teen parenthood over the past decade is the result of increased abstinence among teens, higher contraceptive use among teens having sex, and more effective contraception methods.<sup>81</sup> Additionally, research has found that sexually active youth are less likely to become pregnant, father a child, or contract a sexually transmitted disease when they have had informed conversations with their parents or other adults about contraception and other reproductive health issues.<sup>82</sup> A recent study conducted by the Center for Disease Control found that one in four teenage girls in the U.S. has a sexually transmitted disease.<sup>83</sup>

Teen mothers in Texas are less likely to receive timely prenatal care and more likely to have no prenatal care at all than older Texas women.<sup>84</sup> Babies born to teen mothers are more likely to live in poverty, drop out of school, have a child while in their teens, and rely on public assistance than babies born to mothers who are adults.<sup>85</sup> Nationally, 83 percent of teens who give birth are from poor or low-income families.<sup>86</sup> In addition, although teen motherhood rates have dropped across all major racial groups, African American and Latino teens are still two to four times more likely than non-Hispanic white teens to bear a child.<sup>87</sup> See recommendations H.4, H.8, H.11, H.vii, H.viii, H.xiii, H.xiv, and H.xvi.



## Children's Mental Health

### What's The Problem?

It is important that adults help children learn how to talk about their feelings and find positive ways to deal with emotions like sadness, anger and fear. Parents, teachers, child care workers 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, some children still develop mental health problems due to biological factors or traumatic experiences. It is important that high quality mental health services are available to children who need them so that they do not enter adulthood with untreated or undiagnosed mental health challenges.

Texas is lacking in services for child and adult mental health. Our state ranks 49<sup>th</sup> in per capita public spending on mental health treatment. More than half of the counties in Texas do not have enough mental health professionals to treat all of the residents who need mental health services. Additionally, only 18 percent of children who were potentially eligible for public mental health services received them from the state last year.<sup>88</sup>

While mental health services are expensive, not treating mental health disorders costs significantly more money in the long run. Too often, for example, children with mental health needs that go unidentified end up in the juvenile justice system. In fact, almost 40 percent of incarcerated youth in our state were diagnosed as having serious mental health problems in 2006.<sup>89</sup> If mental health needs go untreated until children reach adulthood, those children 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 addressed them adequately on the front end.

### What About Recent Changes?

Texas is a "partial parity" state, which means that health insurance plans must provide coverage for certain specified illnesses like schizophrenia, though plans do not have to cover many mental disorders, such as eating disorders. Parity is one building block toward a system where every child can access the mental health services he or she needs, and advocates supported multiple bills during the 80<sup>th</sup> Legislature to require health plans to cover all mental illnesses on equal terms with physical illness. Senate Bill 568 by Senator Rodney Ellis was the most promising, but the session ended without passing mental health parity legislation for children or adults.

Prior to the reorganization of health and human services agencies in the 2003 legislative session, the Office of Children's Mental Health existed at the Texas Department of Mental Health and Mental Retardation (TDMHMR). After restructuring, the Office of Children's Mental Health was abolished and mental health service provision was absorbed by the Department of State Health Services (DSHS). The result has been a decline in the priority of, coordination of, and accountability for children's mental health services in Texas. Further, funding for adult and children's mental health services is often reported



together, so how much Texas is actually spending on children's mental health is unclear. With little specific information about children's mental health and no accountability mechanism separate from adult mental health, there is no way of ensuring that children's mental health gets adequate focus. The 80<sup>th</sup> Legislature considered multiple bills to address these accountability and coordination problems, primarily Senate Bill 1503 by Senator Zaffirini and its companion, House Bill 2339 by Representative Naishtat. That legislation would have created a Children's Behavioral Health Council charged with providing a coordinated, comprehensive, interagency approach to the development and delivery of behavioral health services to children. The Council also would have administered grants to develop local systems of care and have designed an integrated funding structure for providing children's behavioral health services. SB 1503 would have gone far in increasing the priority of, coordination of, and accountability for children's mental health services and its failure was a major loss.

The Department of State Health Services (DSHS), the primary state agency charged with mental health service delivery, requested \$82 million in new funding for community-based mental health crisis services for children and adults in 2007. This item was funded by the Legislature, yet only 3 of 14 programs funded with this money in 2008 focus on crisis services for children and adolescents. The remainder serve only adults.

In 2008, the Health and Human Services Commission is pursuing a federal waiver to address the behavioral health needs of children at risk for parental relinquishment to the state by providing services to these children as it currently does for children with mental retardation. Further, the Department of State Health Services increased its children's mental health staff in 2008 and is making positive changes towards increasing the visibility of children's mental health within its organizational structure. The Texas Juvenile Probation Commission (TJPC) has also increased its organizational focus on adolescent mental health by creating a new Behavioral Health Division to address the significant mental health needs of a high percentage of youth referred to probation. The juvenile justice system is now a major provider of adolescent mental health services in Texas because the state's public health and educational systems are failing to intervene early in the lives of children who need help.

## 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 be successful.

### Over the long-term, we should work to:

- M.1 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. See all data indicators in this section.

**Children's  
Campaign Report:  
2009 Update**



- M.2 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. See data indicator 23.
- M.3 Develop family-friendly parental leave policies that allow parents of infants and toddlers time to nurture their children's development. See data indicators 22, 23, 28, and 29.
- M.4 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. See data indicators 22, 23, 25, and 26.
- M.5 Require child care workers and public school teachers to receive adequate training in children's social and emotional development and mental health. See data indicator 22, 23, 24, 25, 27, 28, and 29.
- M.6 Teach children and youth of all ages emotional literacy to develop empathy for others and to resolve conflict without violence or aggressive behavior. See all data indicators in this section.
- M.7 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. See all data indicators in this section.
- M.8 Fund and implement a comprehensive suicide prevention system, including communications technologies commonly used by youth. See data indicators 22, 24, 25, 26, 27, 28, and 29.
- M.9 Ensure that mental health and substance abuse treatment, including school-based services, are provided quickly to children and youth in need. See data indicators, 22, 23, 24, 26, 27, 28, and 29.
- M.10 When a child needs mental health services, collaborate with the family in tailoring services to match the needs and strengths identified by the family. See data indicators 23 and 27.
- M.11 Increase funding for alcohol and substance abuse prevention and treatment programs for children and adolescents of all ages, especially research-based programs in educational settings. See data indicators 22, 24, 26, 27, 28, and 29.
- M.12 Provide incentives for employers to offer mental health benefits as part of an affordable health insurance package and to cover mental health needs the same way that other health needs are covered. See data indicators 22, 25, 28, and 29.
- M.13 Improve public awareness about the nature and prevalence of mental illness, reduce associated social stigma, and combat prevalent mental health myths. See all data indicators in this section.
- M.14 Increase the research base of the prevention field by dedicating funding and technical assistance to the evaluation of state-funded prevention programs. See data indicators 24, 25, 26, and 27.



- M.15 Support a public dialogue around the connection between gun violence and youth health and mortality. See data indicator 29.
- M.16 Ensure that the Health and Human Services Commission and the Department of State Health Services are transparent in making decisions related to children's mental health and that related data are easily accessible by the public. See all data indicators in this section.

**As first steps, we should take immediate action to:**

- M.i 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. See all data indicators in this section.
- M.ii Increase public funding for community-based children's mental health services through funds to Community Resource Coordination Groups (CRCGs) and Texas Integrated Funding Initiative (TIFI) sites, setting aside a portion of mental health crisis funds for services to children and youth, and adequate pay for mental health care providers who take patients under CHIP and Children's Medicaid. See all data indicators in this section.
- M.iii Increase accountability for children's mental health in Texas by tasking the Health and Human Services Commission (HHSC) Office of Program Coordination for Children and Youth with coordinating an inter-agency strategic plan on children's issues across health, human services, juvenile justice, education, and other child-serving agencies. The plan would contain recommendations to the Legislature on how to best keep children and youth with mental health challenges in a family environment and prevent them from going into institutions like state hospitals, juvenile justice facilities, and residential treatment centers. See all data indicators in this section.
- M.iv Assure that youth in juvenile justice facilities 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. See data indicators 22, 26, 27, 28, and 29.
- M.v Improve mental health services for youth in the juvenile justice system by providing flexible funding through local CRCGs for youth leaving juvenile justice facilities and to divert youth with complex needs from juvenile facilities, allowing for the temporary suspension of Medicaid and CHIP benefits so that covered youth retain coverage upon release from a secure facility, adequately funding mental health and substance abuse services in juvenile facilities, continuing juvenile court monitoring of youth at the Texas Youth Commission (TYC), and requiring the Texas Department of Family and Protective Services (DFPS) to provide services to foster youth committed to juvenile facilities. See data indicators 22, 26, 28, and 29.
- M.vi Expand support for a family partner model to help families navigate public systems and know which services are available for their child, how to advocate for their child's rights, how to get specialized testing done at school or by their health care provider; how to get a referral for services from school-based diagnostic testing, and how to ensure consistency in their child's medication if the child is incarcerated.



M.vii 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. See data indicators 23, 24, and 27.

M.viii Fund structured screenings at well-child visits, in child care settings, and in schools to assess and treat problems early before they escalate into more serious liabilities for a child. See all data indicators in this section.

M.ix As a central component of broader policy changes to enhance the state's healthcare workforce, create a loan forgiveness program for mental health care providers who serve children and youth to pay for student loans in exchange for a specified number of years of service. See data indicators 24, 25, 26, and 27.

## Have We Progressed?

### 22. Young Adult Drug and Alcohol Abuse

☹ Texas Change Since 2000: WORSE

☹ Texas Ranking Since 2000: 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
2001-2002	21.4%	21.7%	16
2002-2003	20.1%	21.4%	9
2003-2004	19.5%	21.15%	9
2004-2005	20.7%	21.5%	15
2005-2006	19.8%	21.6%	10

Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)



Drug and alcohol abuse among young adults has increased both in Texas and nationally since 2000. Texas is currently in the top ten of the national rankings, but our rank has fluctuated. Almost one fourth of adults between the ages of 18 and 25 in Texas abuse drugs or alcohol. This has a detrimental impact on our state's children because many of these young adults are parents. Children whose parents abuse alcohol or drugs are more likely to have mental, physical and emotional health problems.<sup>90</sup> Parental substance abuse is also a prime risk factor for child abuse and neglect. See recommendations M.I-M.6, M.II, M.i-M.v, and M.vii.

### 23. Children Repeating Early Grades

☹ Texas Change Since 2000: WORSE

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

YEAR	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%
2004-2005	3.7%	6.4%	3.6%
2005-2006	3.7%	6.4%	3.7%

Source: Texas Education Agency

Slightly more children are being held back at kindergarten, first, and second grades than at the start of 2000. The increase in the retention of kindergarteners since 2000 has been particularly notable. During the 2005-2006 school year, 12,559 kindergarteners, 22,540 first graders, and 12,477 second graders were retained at their grade level.<sup>91</sup> Repeating early grades can be a sign that emotional or behavioral problems are interfering with learning and preventing a child from developing properly. This is a problem because early grade retention increases the likelihood of inadequate academic, social, and emotional development and may push children who already have emotional and behavioral problems further behind.<sup>92</sup> Students who are older than their peers are more likely to engage in at-risk activities including substance abuse, early sexual activity, violence, and suicide when they are teens.<sup>93</sup> See data indicators M.I-M.6, M.i, M.vi., and M.viii.



## 24. Access to Mental Health Professionals in Schools

☺ Texas Change Since 2000: 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
2003-2004	2,772
2004-2005	2,667
2005-2006	2,659
2006-2007	2,576

Source: Texas Education Agency

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

Nationally, 50 percent of children with serious emotional disturbances drop out of high school, as do 30 percent of all students with disabilities.<sup>94</sup> National research also shows that school mental health programs strengthen students' social, emotional, and decision-making skills and result in higher grades and improved scores on standardized tests.<sup>95</sup> The number of students per school mental health professional has decreased in Texas, meaning the state is increasing the accessibility of mental health professionals in schools. Expanding the accessibility of school-based mental health care to students is an effective way to help keep them in school and on a healthy, productive path. See data indicators M.5, M.7, M.8, M.9, M.i, M.vi, M.viii, and M.ix.



## 25. Access to Mental Health Professionals

☺ Texas Change Since 2000: BETTER\*

### **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%
2007	188	74%
2008	170	67%

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

\* Based on change since 2004. 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.

More than half of Texas counties are still designated as mental health professional shortage areas, although there are slightly fewer counties with shortages than there were in previous years. Rural counties are more likely to suffer from mental health professional shortages, and residents of rural areas face many barriers to obtaining mental health care.<sup>96</sup> See data indicators M.4, M.7, M.ii, M.iii, M.vii, M.viii, and M.ix.



## 26. Public Spending on Mental Health Treatment

☺ Texas Change Since 2000: REMAINED STEADY

☹ Texas Ranking Since 2000: 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
2004	\$36.70	\$98.00	38
2005	\$36.47	\$103.43	49

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

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

\*\*The Research Institute did not collect or report data on public spending on mental health treatment in 2000.

Texas increased per capita spending by its mental health agency several years ago, but our mental health agency's spending is still below what it was in 2001 though the state's population has grown considerably. The national average for per capita spending on mental health treatment by state mental health agencies rose while spending in Texas declined, so our rank dropped. We now rank second to last among the states. It is important to note that the figures above have not been adjusted for inflation, so the decrease in per capita spending by the state's mental health agency is even more significant than it appears. One reason Texas' mental health agency spends less than mental health agencies in other states is that Texas only serves people who are "severely mentally ill," whereas many other states also serve residents with more moderate mental health needs.<sup>97</sup> It is important to note that money from other state agencies and the federal programs such as Medicaid is also spent on mental health services in each state. For instance, the Texas Education Agency pays for mental health professionals to work in our state's public school system. In fact, the variety of funding sources for public mental health services highlights an underlying problem with the mental health system: it is actually not a unified system at all. Mental health services are important because half of all Americans will experience a mental disorder at some point in their lives.<sup>98</sup> The majority of adults with mental illness is or will be parents, and neglecting their mental health needs could have a significant impact on their children. See data indicators M.5, M.7, M.8, M.9, M.11, M.13, M.14, M.16, M.i-M.vi, M.viii, and M.ix.



## 27. Children Receiving Public Mental Health Services

☹ Texas Change Since 2000: 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%
2005	26,213	17%
2006	27,666	18%
2007	28,445	18%

Source: Mental Health America of Texas, Texas Department of State Health Services (DSHS)

\*Data on children receiving public mental health services was not collected in this manner in 2000.

Even fewer eligible children receive services from the state mental health agency than do eligible adults. Both the number and percent of eligible children who receive mental health services have declined since 2001 and now fewer than one in five eligible children receives mental health services from the state. Some children may be receiving treatment from a private source, but those who are not receiving services may suffer from mental health problems and their consequences later in life. For instance, youth who have experienced at least one major depressive episode are at an increased risk for substance abuse.<sup>99</sup> Additionally, between one half and three fourths of youth in the juvenile justice system nationally are estimated to have a diagnosable mental health disorder.<sup>100</sup> See data indicators M.7, M.8, M.9, M.11, M.i, M.ii, M.iii, M.viii, and M.ix.



## 28. Teen Drug & Alcohol Abuse

☹ Texas Change Since 2000: WORSE

**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%
2003-2004	8.7%	8.9%
2004-2005	8.9%	10.3%

Source: U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)

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

\*\*SAMHSA did not collect or report this data for 2001-2002.

Texas teens are slightly more likely to abuse drugs and alcohol than they were in the past, but less likely to abuse them than all teens nationally. Excessive alcohol use is associated with risky behaviors such as driving while impaired and unprotected sexual activity.<sup>101</sup> Substance abuse has also been correlated with low grades in school.<sup>102</sup> Marijuana is the most commonly used illicit drug among young adults, but illicit use of prescription drugs is becoming increasingly common.<sup>103</sup> Adolescents with a major depressive disorder are more likely than other adolescents to initiate substance abuse.<sup>104</sup> M.I-M.I.3, and M.i-M.viii.



## 29. Youth Suicide

☺ Texas Change Since 2000: BETTER

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

YEARS*	TEXAS	U.S.
2000	5.6	4.7
2001	4.7	4.6
2002	4.8	4.3
2003	5.4	4.2
2004	4.6	4.7
2005	4.8	4.5

Source: U.S. Centers for Disease Control

Youth suicide rates have decreased nationally and in our state. This is good news, but it is important to note that the number of adolescents who attempt suicide each year increases year to year due to population growth. It is difficult to record suicide attempts because they may not necessarily be treated in a hospital or recorded as self-injury.<sup>105</sup> Children who are victims of violence are more likely to commit suicide, and substance abuse may be involved in half of all suicide cases.<sup>106</sup> See data indicators M.I-M.13, M.15, and M.i-M.viii.



## Early Care & Education

### What's The Problem?

There are nearly 2 million children under the age of five in Texas. These young children are in the midst of the most rapid period of brain growth that will occur during their lifetime. Decades of research have shown that virtually every aspect of a young child's development is affected by the environments, experiences, and relationships they encounter. Most parents have to work, which means that Texas families must rely on others to care for their children while parents are working to support their family. Yet Texas sets low standards for child care providers, from child-to-staff ratios to the training required for teachers and caregivers. In Texas, a person must complete only eight hours of pre-service training to be licensed to care for young children while the state requires 1,500 hours of training to be licensed to cut people's hair.

It is important that Texans work towards increasing the availability of child care and pre-kindergarten programs that are safe, affordable, and provide the types of experiences that lay the foundation for our children's long-term success. Failing to do so is detrimental not only to the child, but to the state and society as well. High quality child care and early education is associated with long-term outcomes such as academic success, higher graduation rates, increased workforce participation, as well as reduced rates of criminal involvement and welfare participation in adulthood.<sup>107</sup>

### What About Recent Changes?

In the Texas legislative session of 2007, Senate Bill 50 by Senator Judith Zaffirini was a comprehensive bill that sought to improve the quality of early care and education programs in Texas. Despite gaining significant bipartisan and public support, SB 50 died waiting for a final vote. However, funding for many of the provisions in SB 50 was included in the state's final budget, including funds to expand pre-kindergarten services through the Texas Early Education Model (TEEM) project, increase certain child care reimbursement rates, and support professional development opportunities for early care and education professionals.

As in previous sessions, numerous bills were filed to limit the class size for public pre-kindergarten. None of the bills made it out of committee, and there remains no limit to how many students can be enrolled in a pre-kindergarten class in public schools. In a move to encourage small business to offer on-site child care for their employees, the Legislature passed House Bill 385 by Representative Michael Villarreal, which makes it easier for small businesses to support their employees' child care needs by exempting them from many of the standards that other child care facilities must meet.

The 80<sup>th</sup> Legislature recognized the importance of early learning opportunities for at-risk children by including a provision in Child Protective Services reform legislation (Senate Bill 758 by Senator Jane Nelson) to allow children to remain eligible for public pre-kindergarten after leaving foster care. That same legislation expanded background checks of employees of registered child care facilities, which the Department of Family and Protective Services is now implementing.



House Bill 199 by Representative Jerry Madden addressed the critical first year of a child's life. It established a residential program for mothers in prison to stay together with their babies in order to increase mother-child bonding, to provide the mother with childbirth education, to support the baby's wellness, and to teach parenting education classes.

## 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 do not have to choose between working and keeping their children safe.

### Over the long-term, we should work to:

- E.1 Raise the reimbursement rates for providers of subsidized child care so that providers are paid the local market rates for care without impacting the number of children served. See data indicator 33.
- E.2 Set consistent, high quality standards across all early childhood programs including nationally recommended benchmarks for child-to-staff ratios, teacher and caregiver training, and properly addressing young children's social-emotional development, so that all parents can choose a program that meets their needs while ensuring the best for their children. See data indicators 34, 35, 37, 38, and 39.
- E.3 Support an increase in both capacity and quality of infant and toddler care so that parents who need care for their very young children can access it. See data indicators 30, 35, 38, and 39.
- E.4 Support an increase in pay for child care providers. See data indicators 35, 36, and 39.
- E.5 Invest state funds in Head Start and Early Head Start programs. See data indicators 30, 32, 35, and 39.

### As first steps, we should take immediate action to:

- Ei Pay higher subsidized child care reimbursement rates to providers who voluntarily exceed minimum standards, such as Texas Rising Star providers, Texas Early Education Model (TEEM) participants, and Texas School Ready Certified providers. See data indicators 31, 33, 35, 36, 37, 38, and 39.
- Eii 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. See data indicators 30 and 33.

**Children's  
Campaign Report:  
2009 Update**



- E.iii Increase state funding of child care licensing and regulation activities, and use the four percent of Child Care and Development Fund dollars that the federal government designates for improving the quality of care to fund activities that directly improve child care quality. See data indicators 35, 36, 37, 38, and 39.
- E.iv Increase the number of pre-service and annual training hours that caregivers must complete, and require the use of qualified trainers in licensed child care programs. See data indicators 35 and 39.
- E.v Support the professional development of early care and education professionals by establishing a clear career path within the field, increasing the number of training hours that caregivers must complete, and requiring the use of qualified trainers in licensed child care programs. See data indicators 35, 38, and 39.
- E.vi Provide full day public pre-kindergarten programs to eligible children through public-private partnerships between school districts, Head Start, and child care providers. See data indicators 30, 31, 32, and 39.
- E.vii Support the implementation of the Raising Texas Plan, a statewide collaborative effort to strengthen Texas' system of services for young children and families. See data indicators 30, 31, 35, 36, 37, 38, and 39.
- E.viii Support communities in developing their own strategic planning, service delivery, and management capacity to improve the care provided in all regulated and informal child care settings. See data indicators 30, 31, 35, 36, 37, 38, and 39.
- E.ix Limit pre-kindergarten class sizes to no more than 20 students, with a maximum staff-to-child ratio of 1 to 10, regardless of the delivery setting. See data indicator 34.
- E. x. Improve nutrition and physical education in early childhood environments. See data indicator 18.
- E.xi Increase the transparency of the Texas Workforce Commission, the Texas Department of Family and Protective Services, the Texas Education Agency, and public private partnerships to ensure that data are available. See all data indicators in this section.
- E.xii Coordinate an inter-agency strategic plan on children's issues through the Health and Human Services Commission (HHSC) Office of Program Coordination for Children and Youth to elevate coordination of and accountability for children's issues across health, human services, juvenile justice, education, and other child-serving agencies. See all data indicators in this section.



## Have We Progressed?

### 30. Child Care Capacity

☹ Texas Change Since 2000: 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%
2005	912,933	1,185,805	23.0%
2006	936,393	1,244,718	24.8%

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

\* 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 continued to increase modestly over the last few years, but not enough to keep up with increases in the number of children under age six whose parents work. There are roughly 100,000 more child care spots available than there were in 2000, but roughly 200,000 more children under the age of six who need child care. As a result, Texas lacks child care capacity for one in four children. While many children are served by informal, unregistered care providers, the data may underestimate shortages because some 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 unsafe environments and not working. Several studies show a link between high child care costs and unemployment among low income workers.<sup>108</sup> See recommendations E.3, E.ii, E.vi, E.vii, and E.vii.



### 31. Pre-Kindergarten Availability

☺ Texas Change Since 2000: BETTER

☹ Texas Ranking Since 2000: WORSE

**Percent of Texas school districts that offer pre-kindergarten programs**

YEAR	PERCENT	ENROLLMENT	TEXAS RANKING*
2000-2001	NA	NA	NA
2001-2002	73%	147,324	15 OF 47
2002-2003	74%	157,498	18 OF 49
2003-2004	NA**	NA**	NA**
2004-2005	76%	176,547	19 OF 49
2005-2006	80%	182,293	24 OF 50
2006-2007	78%	187,824	21 OF 50

Source: National Institute for Early Education Research (NIEER)

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

\*\*NIEER published 2002-2003 data in its 2003-2004 Yearbook.

Enrollment in pre-kindergarten programs in Texas has increased in recent years, and more school districts provide pre-kindergarten than in the past. However, almost one quarter of Texas school districts still do not offer a pre-kindergarten program. This is problematic because the purpose of pre-kindergarten is to help children develop the skills necessary for success in the elementary curriculum, including language, mathematics, and social skills.<sup>109</sup> 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.<sup>110</sup> They also have higher earnings as adults and are less likely to become dependent on public assistance or involved in crime.<sup>111</sup>

Texas began providing public school pre-kindergarten services to eligible children in 1984. The state currently provides a minimum of half-day pre-kindergarten for students aged four who speak limited English, are eligible for free or reduced price lunch, are homeless, have ever been in foster care, have a parent on active-duty in the military, or whose parent has been injured or killed while serving in the armed forces. In 2003, Texas launched the Texas Early Education Model (TEEM), a pre-kindergarten pilot program that has since shown success in promoting learning in literacy, language and math. During the 2006-2007 school year, 2000 classrooms participated in the TEEM project, reaching 30,000 of the children who are enrolled in the state's public pre-kindergarten system.<sup>112</sup> See recommendations E.i, E.vi, E.vii, and E.viii.



## 32. Head Start Enrollment

☺ Texas Change Since 2000: UNDETERMINABLE \*

### **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****
2005-2006	7% OF 3'S 9% OF 4'S	7.4% OF 3'S 10.5% OF 4'S	62,367
2006-2007	8% OF 3'S 10% OF 4'S	8% OF 3'S 11% OF 4'S	65,886

Source: National Institute for Early Education Research

\*The change in Head Start enrollment cannot be assessed as better or worse because data for number of children eligible for Head Start in each year are not available. Though more children are enrolled in Head Start now than in 2001, the Texas child population, child poverty rate, and other eligibility criteria have also changed over that time frame, making it unclear whether increasing enrollment is better or worse compared to the number of children eligible.

\*\*These data were not published by NIEER.

\*\*\*NIEER published 2002-2003 data in its 2003-2004 Yearbook.

\*\*\*\*NIEER published the 2003-2004 Texas enrollment figure in lieu of 2004-2005 Texas enrollment in its 2004-2005 Yearbook.

While the number of children enrolled in Head Start in Texas has increased since 2000, the state's population has also grown, resulting in Head Start enrollment rates remaining steady. Although the rates of three and four-year-olds enrolled in Head Start in Texas are similar to national enrollment rates, a greater share of Texas children are eligible due to higher poverty rates.<sup>113</sup> Texas does not provide any state funding for the Head Start program, as some other states do, so all of the funding for Head Start in Texas comes from the federal government. 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 programs provide preschool classes as well as health, nutritional, social, and other services to increase the school readiness of young children in low-income families and improve their chances of succeeding in later school years.<sup>114</sup> The program emphasizes family and community involvement and provides support services such as parenting education and health education to parents.<sup>115</sup> Law enforcement professionals overwhelmingly agree that expanding educational child care is an effective way to reduce youth crime and violence.<sup>116</sup> See recommendation E.vi.



### 33. Child Care Subsidies

☺ Texas Change Since 2000: BETTER\*

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

YEAR	NUMBER SERVED (MONTHLY AVERAGE)	WAITING LIST
2000	97,544	31,125
2001	103,829	39,193
2002	110,425	37,336
2003	112,015	30,054
2004	112,007	27,861
2005	116,740	27,675
2006	115,909	31,111
2007	123,798	22,937

Source: Texas Workforce Commission

\*Texas Change Since 2000 determined by number of children on waiting list.

\*\* 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 remain unaffordable for many Texas families. The state helps some families pay for child care through subsidy programs, although few families are guaranteed assistance and many families who qualify are placed on long waiting lists. Those who do receive assistance may find their child care options limited. Because regional reimbursement rates represent less than half of the rates paid by families paying privately, many providers must cap the number of subsidized children they accept in order to stay in business.

Many more families do not qualify for assistance but still cannot afford child care. Operating under strict guidelines and within the limited funding that is provided to them, Local Workforce Development Boards set eligibility requirements that are more stringent than federal standards. Data from the Texas Workforce Commission shows that in 2003, only about 8 percent of children who meet federal requirements received subsidized child care.<sup>117</sup> See recommendations E.i, E.i, and E.ii.



### 34. Child/Staff Ratio

☺ Texas Change Since 2000: MIXED

**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	IS TEXAS WITHIN NAEYC RECOMMENDATIONS?	TEXAS	NAEYC	IS TEXAS WITHIN NAEYC RECOMMENDATIONS?
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 facilities in Texas are still allowed to have higher staff to child ratios than national standards recommend. Recognizing the importance of low child-to-caregiver ratios, the National Association for the Education of Young Children (NAEYC) revised its standards in 2004. However, Texas has not revised its ratio standards since 2000, with the exception of slightly lowering the child-to-staff ratio for caring for children who are at least three years old. Low child to staff ratios are important because quality staff-child contact is linked to better classroom skills in early grades.<sup>118</sup> Low ratios between children and caregivers decrease the amount of disciplinary action and increase the quality of care.<sup>119</sup> One reason it has been difficult to improve staff to child ratios is that providers in rural and low-income communities cannot charge parents enough to cover the cost of additional staff.<sup>120</sup> See recommendations E.2 and E.ix.



### 35. Child Care Worker Training

☺ Texas Change Since 2000: REMAINED STEADY

**Minimum hours of training required for a child care worker**

YEAR	TEXAS TRAINING REQUIREMENTS	TRAINING RECOMMENDED BY NAEYC
2000- PRESENT	8 PRE-SERVICE HOURS 15 ANNUAL HOURS	CHILD DEVELOPMENT ASSOCIATE CREDENTIAL
	HIGH SCHOOL DIPLOMA OR GED	ATTAINED OR WORKING TOWARDS ASSOCIATE OR BACHELOR'S DEGREE

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

Experts recommend that child care workers have at least a Child Development Associates credential or an associate degree in Early Childhood Education/Child Development or the equivalent, but Texas only requires that they have 8 pre-service hours and a high school diploma or GED.<sup>121</sup> In Texas, someone must have 600 hours of pre-service training to be a licensed manicurist and 1500 hours of pre-service training to be a licensed cosmetologist, but only 8 hours of pre-service training to care for a child in a licensed center.<sup>122</sup> Capacity shortages and low worker pay are two reasons it will be difficult to raise the minimum training required to provide child care. See recommendations E.2, E.3, E.4, E.1, E.iii, E.iv, E.v, E.vii, and E.viii.



### 36. Child Care Worker Pay

☺ Texas Change Since 2000: BETTER

**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%
2006	\$15,700	\$20,444	76.8%
2007	\$19,670	\$21,027	93.5%

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

Low pay and lack of benefits deter qualified child development professionals from entering and staying in the child care field.<sup>123</sup> The average child care worker made almost \$5,000 less than the poverty level in 2006. These figures represent the average salary for all child care workers, including both center directors and caregivers in centers and homes. This means that someone who is starting out in the child care field and does not direct a center would earn even less. Turnover rates among child care staff are among the highest of any profession.<sup>124</sup> See recommendations E.4, E.i, E.iii, E.vii, and E.viii.

### 37. Achievement of Texas Rising Star Status

☹ Texas Change Since 2000: WORSE

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

YEAR	2000	2001	2002	2003	2004	2005	2006	2007
PROVIDERS WITH RISING STAR STATUS	NA	NA	18.6%	20.1%	18.0%	17.0%	14%	11%

Source: Texas Workforce Commission



Child care providers who voluntarily exceed minimum standards may be eligible for certification through the Texas Rising Star program, which was established by the state legislature in 1999 to encourage child care providers to offer quality care and to assist in the costs that are associated with this type of care. Texas Rising Star providers receive a higher reimbursement rate for caring for children enrolled in the state's child care subsidy program. The state eliminated funding for Texas Rising Star in 2003; however, the mandated program continues to operate on local funds. Without state resources to support the program, the number of Texas Rising Star certified child care programs has dwindled across the state. See recommendations E.2, E.i, E.iii, E.vii, and E.viii.

### **38. Child Care Accreditation**

☺ Texas Change Since 2000: 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%
2006	6%	10%	0.4%	0.7%
2007	6%	10%	0.3%	0.9%
2008	5%	9%	0.4%	0.9%

Source: National Association of Child Care Resource and Referral Agencies

\* Child care centers accredited by the National Association for the Education of Young Children (NAEYC), National Child Care Association (NCCA), and National School Age Care Alliance (NSACA) and child care homes accredited by National Association for Family Child Care (NAFCC).

Child care centers and homes in Texas are less likely to be accredited than centers and homes in other states. One reason for this is that Texas has lower standards for child care providers than accreditation organizations. For instance, the National Association for the Education of Young Children (NAEYC) requires significantly more training than Texas minimum standards. NAEYC requires 75 percent of teachers in a center to have at least a Child Development Associate (CDA) certificate. Texas only requires 8 hours of pre-service training to work in a licensed child care facility, with 15 hours of annual training thereafter. Providers may want to offer high quality care, but with limited resources and tight operating margins, an accreditation process may be too costly for many non-profit and small business child care facilities in Texas to undertake. See recommendations E.2, E.3, E.i, E.iii, E.v, E.vii, and E.viii.



### 39. Children Repeating Early Grades

☹ Texas Change Since 2000: WORSE

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

YEAR	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%
2004-2005	3.7%	6.4%	3.6%
2005-2006	3.7%	6.4%	3.7%

Source: Texas Education Agency

At the end of the 2005-2006 school year, roughly four percent of kindergarteners, six percent of first graders, and four percent of second graders did not advance onto the next grade. Rates of early grade retention have increased slightly since the 1999-2000 school year for each grade, but the rate of retention in kindergarten has increased the most. In Texas, grade promotion is determined by proficiency in language arts, math, science, and social studies, meaning that to be held back, a child must lack proficiency in one of those areas. Researchers have found that learning-related skills such as independence, responsibility and cooperation are critical for academic success, and that these skills are developed as early as age three.<sup>125</sup> Emphasis on early literacy has tended to overshadow the importance of these other school readiness skills in recent years. See recommendations E.2, E.3, E.4, E.i, E.iii, E.iv, E.v, E.vi, E.vii, and E.viii.



## Child Welfare

### What's The Problem?

Texas underwent a major reform in its child welfare system in 2005 in response to several high-profile child deaths, an investigation by the state Comptroller, and intensive media coverage. The Texas Legislature passed a second wave of reforms in 2007, and it is anticipated that a third wave will be considered in the 2009 legislative session. This continued attention to the state system that handles child abuse and neglect is a welcome antidote to years of under-investment in this critical system.

Currently, one of the most pressing concerns in Texas' Child Protective Services is that the inter-related issues of high caseloads and high staff turnover are leading to poor outcomes for children in the state's care. Caseworkers have caseloads that far exceed those in other states and those recommended by the Child Welfare League of America. As a result, caseworker turnover rates are significantly higher than turnover rates for other state employees. High turnover translates into a less experienced workforce and greater stress on remaining workers. Overburdened caseworkers sometimes fail to make appropriate decisions, compromising children's safety.

### What About Recent Changes?

There are some promising recent developments in child welfare. One is that the Texas Legislature in 2007 increased the state's investment in child abuse and neglect prevention by funding Senate Bill 156 by Senator Florence Shapiro to implement the Nurse-Family Partnership, a home visitation program. Home visitation programs are a wise public investment because they influence family dynamics during the critical, formative early years of a child's life. These programs have proven successful in improving parenting practices, increasing family members' health and economic self-sufficiency, promoting healthy child development, and reducing child maltreatment. The state's recent investment is only a fraction of what is needed to reach the at-risk, first-time parents across the state whose children could benefit so tremendously from programs that use a home visitation model for child abuse prevention.

Additionally, the Texas Department of Family and Protective Services (DFPS) is increasingly involving families as active partners in addressing their own challenges. Family Group Decision Making is a model where extended family, friends and service providers come together to develop a plan to keep a child safe and provide for his or her needs. DFPS is now using this approach in all stages of service, though it does not yet have the resources to offer it to all families who could benefit from this strengths-based approach. The 80<sup>th</sup> Texas Legislature did not pass legislation to expand assistance to family members who care for children in their family who would otherwise be in foster care.

Another trend in child welfare concerns older youth who "age out" of the foster care system when family reunification or adoption is not possible. Outcomes for this group are generally not good. Their rates of high school graduation and employment are lower than their peers who were not in foster care, and their rates of substance abuse, mental health disorders, and incarceration are higher. Clearly, in many cases the child welfare system is not doing well in helping youth transition successfully



to independent living. One positive change in the welfare system is that youth in care are beginning to have a louder voice in the decisions that affect their care. DFPS is seeking the input of foster youth, the Department has adopted a youth bill of rights, and peer support groups have organized both among youth in care and among foster care alumni in Texas.

The 80<sup>th</sup> Texas Legislature fully funded the \$99 million that DFPS identified as necessary to support CPS Reform II in Senate Bill 758 by Senator Jane Nelson. Further, House Bill 3505 by Representative Will Hartnett, companion to Senate Bill 1411 by Senator Royce West, was a key win for Texas children. HB 3505 increased the hours of required training for judges and mandates that two hours must be on child abuse and neglect topics such as child sexual abuse, child and child caregiver attachment, child development relating to abuse and neglect, and medical aspects of child abuse and neglect.

## 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 the state often cuts 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 a necessary backup plan when prevention falls short. Lack of preventative programs leads to 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 must require adequate reporting to ensure accountability.

### Over the long-term, we should work to:

- W.1 Provide assistance to families who need help meeting basic needs of food, shelter, and child care. See data indicators 40 and 44.
- W.2 Promote parent education about what children need as they grow and develop. See data indicators 40 and 44.
- W.3 Engage local communities in child abuse and neglect prevention training. See data indicators 40, 41, and 44.
- W.4 Fund treatment for adult survivors of child abuse and those with mental illness or substance abuse problems. See data indicators 40 and 44.
- W.5 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. See all data indicators in this section.
- W.6 Offer sufficient pay, training, workload levels, and supervisory ratios, and a supportive work environment for all CPS workers to attract and retain qualified staff. Implement a "hire-ahead" policy within CPS to ensure full staffing. See data indicators 42, 43, 46, 47, 48, and 49.



- W.7 Base state laws and policies concerning child abuse and neglect on best practices. See all data indicators in this section.
- W.8 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. See data indicators 40, 41, 42, 45, 47, 48, and 49.
- W.9 Adopt child welfare interventions that promote healthy attachment between a child and caregiver in order to support the development of children in the foster care system. See data indicators 40 and 44.

**As first steps, we should take immediate action to:**

- W.i 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. See data indicators 42 and 43.
- W.ii Promote more robust transition support – including safe, stable, affordable housing and access to physical and mental health services – for youth who leave state custody to live on their own and ensure that foster children receive effective life skills training, preparation for employment or higher education, and financial literacy including access to Individual Development Accounts. See data indicators 42 and 49.
- W.iii Support increases in funding for in-home visitation programs, family-mentoring models, and best practice youth development programs to prevent child abuse. See data indicators 40, 41, and 44.
- W.iv Increase the research base of the child abuse and neglect prevention field by dedicating funding and technical assistance to the evaluation of state-funded prevention programs. See all data indicators in this section.
- W.v Recruit, train, support, and retain enough foster and adoptive homes so that children can be placed in a setting that meets their individual needs. See data indicator 42, 45, 46, 47, 48, and 49.
- W.vi 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, including an increase in adoption subsidies to remove financial barriers of moderate income families who otherwise qualify to adopt children in the foster care system. See data indicators 45, 46, 47, 48 and 49.
- W.vii Expand the CPS pilot project to increase in-home Family-Based Safety Services for poverty-related neglect and include housing support so that children are only removed when their parents are neglectful, not when they are poor. See data indicator 41.



**Children's  
Campaign Report:  
2009 Update**



- W.viii Support family-centered child welfare practices by implementing a Kinship Care Subsidy Program for relatives below 200% of the federal poverty level who become a child's legal guardian or custodian, by increasing kinship care and family team meetings to increase the likelihood of a child remaining within an existing support network, and by expanding funding to DFPS to hire the Family Group Decision Making workers necessary to use family conferencing at every stage of the process for every possible child in the system. See data indicators 42, 45, 47, 48, and 49.
  
- W.ix Design and implement a technology integration system for more effective data sharing between public and private providers, law enforcement, judges, courts, state agencies and other key system stakeholders to minimize duplication of services, provide equal access to case information and promote cooperation and efficiencies among stakeholders. See data indicator 41.
  
- W.x Improve representation of children and children's interests in child abuse and neglect cases. See data indicators 44, 45, 46, 47, 48, and 49.
  
- W.xi Support funding to develop pediatric centers of excellence to assess, diagnose, and treat child abuse. See data indicators 41 and 44.
  
- W.xii Coordinate an inter-agency strategic plan on children's issues through the Health and Human Services Commission (HHSC) Office of Program Coordination for Children and Youth to elevate coordination of and accountability for children's issues across health, human services, juvenile justice, education, and other child-serving agencies. See all data indicators in this section.



## Have We Progressed?

### 40. Abuse & Neglect Prevention Services

☺ Texas Change Since 2000: BETTER

☺ Texas Ranking Since 2000: 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
2004	8.2	26.7	26 OF 34
2005	8.3	25.7	27 OF 35

Source: U.S. Department of Health and Human Services Administration for Children and Families

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

Prevention services prevent child abuse and neglect from occurring, reoccurring, or intensifying; prevent children from unnecessarily entering foster care; and promote the safe and timely reunification of children with their families.<sup>126</sup> Examples of these services include parenting education, housing assistance, substance abuse treatment, day care, home visits, and individual and family counseling.<sup>127</sup> This measure ranks states based on their use of federal funds to provide these services through programs such as Texas Families: Together and Safe (TFTS). While Texas greatly increased its use of federal funds for prevention services in 2002 and 2003, funding for prevention services dropped in 2004 and remained low in 2005. Texas has also used some of its own state funds to prevent child abuse and neglect through the DFPS Prevention and Early Intervention (PEI) division.

In addition to reducing childhood trauma, preventing abuse and neglect reduces taxpayer money spent on hospitalization, mental healthcare, foster care, law enforcement, special education, juvenile delinquency, criminal justice, and lost productivity in the workforce.<sup>128</sup> A report published by child welfare advocates in 2007 estimated that child abuse and neglect costs the United States more than \$103.8 billion annually.<sup>129</sup> Despite the importance of prevention, the federal government limits the amount of funds that can be spent on prevention services in order to put more money toward foster care costs, and states may make additional reductions in their budget for prevention. Unless money is spent to prevent child abuse and neglect, child welfare expenses will continue to rise. See recommendations W.i, W.2, W.3, W.4, W.8, W.9, W.iii, W.iv, and W.xii.



## 4I. Identification of Abused Children

☺ Texas Change Since 2000: 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	8.1	12.4
2004	8.2	11.9
2005	9.8	12.1
2006	10.6	12.1
2007	11.2	NOT AVAILABLE

Source: Texas Department of Family and Protective Services, U.S. Department of Health and Human Services Administration for Children and Families

We should expect rates of abuse and neglect in Texas to be at least the national average, if not higher, because Texas has a higher poverty rate than most states, and poverty is a major risk factor for child abuse and neglect.<sup>130</sup> The number of confirmed victims of child abuse and neglect in Texas has grown closer to the national average. This is a positive change because it indicates that our state is doing a better job of identifying children who are being abused and neglected. One reason for the improvement may be that the Legislature approved an increase in funding to hire investigative caseworkers in 2006.<sup>131</sup> In 2007, there were 102,434 confirmed cases of child abuse and neglect in Texas and 15,920 children were removed from their homes.<sup>132</sup> Neglectful supervision was the most common confirmed allegation, and it made up 59 percent of the confirmed cases of child abuse and neglect.<sup>133</sup> More than one third of confirmed cases of child abuse and neglect in Texas were children aged 3 or younger<sup>134</sup> and a recent report published by the Center for Disease Control estimates that one in every 43 babies in the U.S. is a victim of child abuse or neglect.<sup>135</sup> Texas also ranks 45<sup>th</sup> among states in the number of child abuse fatalities.<sup>136</sup> See recommendations W.3, W.5, W.ix, and W.xi.



## 42. CPS Worker Caseloads

Texas Change Since 2000: NOT AVAILABLE

### **Average monthly caseload per Child Protective Services (CPS) worker**

	2000	2001	2002	2003	2004	2005	2006	2007
TEXAS	NA	25.0	25.9	26.7	25.6	28.5	33*	31.2*

Source: Texas Department of Family and Protective Services

\*2006 and 2007 figures are average daily (rather than average monthly) caseloads.

The average caseload of CPS workers in Texas continues to be well above the 10-17 cases recommended by the Child Welfare League of America.<sup>137</sup> One reason excessive caseloads are a problem is that they prevent timely investigations. Excessive caseloads also make it impossible for caseworkers to visit the foster children and birth families on their caseload as often as they should. Caseloads are even higher for certain kinds of caseworkers. Conservatorship caseworkers, those responsible for the permanency and well-being of children in the state's care, had an average of 43 cases in 2007.<sup>138</sup> In fact, the federal government recently fined Texas \$4 million for not seeing to it that foster children received the number of monthly visits by conservatorship caseworkers that are required by federal child welfare performance standards in 2006.<sup>139</sup> In 2007, the Texas Legislature approved funding for very modest decreases in conservatorship caseloads with the goal that caseloads would decrease to 41 by 2009, a goal still far from national averages and standards. See recommendations W.6, W.7, W.8, W.i, W.vii, and W.ix.



### 43. CPS Turnover

☺ Texas Change Since 2000: BETTER

**Turnover rate for entry-level Child Protective Services (CPS) worker 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%
2006	37.7%	15.8%
2007	40.8%	17.4%

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

\*Turnover rate is for CPS Worker II positions, the classification for entry-level CPS workers.

Child welfare caseworkers experience low pay, a risk of violence, staff shortages, high caseloads, administrative burdens, inadequate supervision, and inadequate training, all of which contribute to high turnover.<sup>140</sup> Staffing shortages make it difficult for caseworkers to fulfill their many responsibilities, including investigating allegations of abuse and neglect, documenting their findings, recommending actions to maximize child safety, providing in-home services, and assisting children who are placed in foster care.<sup>141</sup> See recommendations W.6, W.7, W.8, W.i, W.vii, and W.ix.



#### 44. Recurrence of Abuse or Neglect

☺ Texas Change Since 2000: 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	2006	2007
TEXAS	85.1%	91.0%	90.4%	91.6%	91.3%	90.8%	90.8%	90.6%

Source: Texas Department of Family and Protective Services

\*Texas Change Since 2000 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 been very successful at preventing the recurrence of child abuse and neglect once a child returns home. This is important because family reunification is the case plan for as many as half of all children in foster care.<sup>142</sup> Family 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.<sup>143</sup> See recommendations W.I, W.2, W.3, W.4, W.8, W.9, W.i, W.iii, W.viii, W.ix, and W.xi.



## 45. Children Waiting for Adoption

☺ Texas Change Since 2000: MIXED

### **Number of adoptions and children waiting for adoption\***

YEAR	ADOPTED	WAITING	PERCENT OF CHILDREN AWAITING ADOPTION ADOPTED
2000	2,063	2,833	73%
2001	2,261	3,183	71%
2002	2,248	3,473	65%
2003	2,444	3,766	65%
2004	2,512	4,504	56%
2005	3,173	4,547	70%
2006	3,376	5,428	62%
2007	4,023	6,232	65%

Source: Texas Department of Family and Protective Services

\* Waiting at the end of the fiscal year.

Texas has done a great job of increasing the number of adoptions of children in foster care. Due to an increase in the number of kids in the system, however, the number of children waiting to be adopted has grown. As a result, the state is consummating adoptions for a smaller percentage of those waiting adoption than it was at the beginning of the decade. Unless children whose parental rights have been terminated are adopted, many of these children will eventually age out of the system without a permanent family. One thing our state offers to encourage families to adopt children from foster care is adoption assistance. The adoption assistance program helps defray some of the costs associated with adopting a special needs child through benefits such as health care coverage for the child, reimbursements for certain adoption expenses, and monthly payments to assist with the child's needs.<sup>144</sup> The Department of Family and Protective Services is adopting rules in 2008 to expand adoption assistance for certain children who are not as likely to be adopted to equal the foster care payment that would otherwise be made to support the child. See recommendations W.7, W.8, W.9, W.v, W.vi, W.viii, W.ix, and W.x.



## 46. Mistreatment in Foster Care

☹ Texas Change Since 2000: WORSE

**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
2005	0.55%	29 OF 43
2006	0.80%	NOT AVAILABLE
2007	0.40%	NOT AVAILABLE

Source: U.S. Department of Health and Human Services Administration for Children and Families, Texas Department of Family and Protective Services

\* All 50 states did not report on this measure. The number shown is Texas' rank in comparison with reporting states.

The percent of children who suffer from abuse and neglect while in foster care has fluctuated since 2000. While very few foster children are abused by their foster care provider; even a small number is a tragedy. In 2006, three foster children died in Texas homes overseen by private agencies. Their deaths may have played a role in reversing Senate Bill 6 from the 2005 Texas Legislature, which called for the outsourcing of Child Protective Services' child placement function to private companies. One reason it is difficult to ensure that foster homes are of high quality is that Texas has a shortage of foster families. In 2007, the state had to keep more than 500 abused and neglected children in a state office or hotel room for at least one night because there was no appropriate home for them. DFPS made it a high priority to address that problem so that there are almost no children spending the night in state office or hotel rooms while awaiting placement in 2008. See recommendations W.5, W.7, W.i, W.v, W.viii, W.ix, W.x, and W.xi.



## 47. Foster Care Placements

☺ Texas Change Since 2000: 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	2006	2007
TEXAS	3.3	3.3	3.4	3.3	3.1	3.2	3.0	3.1

Source: Texas Department of Family and Protective Services

\* This is a five year average.

Texas has achieved a small reduction in the average number of placements for children in temporary or permanent foster care. These figures include the child's 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.<sup>145</sup> Undergoing multiple placements is linked to medical problems and can hurt children psychologically and emotionally because of the disruption in the bonding process between child and caregiver.<sup>146</sup> The average length of time that children who were adopted in 2007 spent in foster care prior to their adoption was just over two years and four months.<sup>147</sup> This figure does not take into account the number of years that those who were not adopted have spent in foster care. See recommendations W.5, W.7, W.i, W.v, W.viii, W.ix, W.x, W.xi, and W.xii.

## 48. Years Growing Up in Foster Care

☺ Texas Change Since 2000: BETTER\*

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

	1996-2000	2001	2002	2003	2004	2005	2006	2007
TEXAS	5.3	5.4	5.5	5.2	5.3	5.2	5.0	5.1

Source: Texas Department of Family and Protective Services

\* Texas Change Since 2000 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, by turning 18, or by finishing high school.

Our state needs to work harder at placing children who are waiting for permanent homes. In 2007, 8.7 percent of foster children left state care by "aging out" rather than by being permanently placed with a family or returning home.<sup>148</sup> These 1,411 emancipated teens had an average of 8.3 different foster home placements and were in the system for more than five years.<sup>149</sup>



This means that many of them enter adulthood without the stability and support that teens need. As a result, 1 in 4 will likely be incarcerated within their first two years of leaving the system,<sup>150</sup> nearly as many will be homeless at some point after age 18,<sup>151</sup> nearly half will not have a high school diploma by age 19,<sup>152</sup> and fewer than 3 percent will earn a college degree.<sup>153</sup> See recommendations W.5, W.7, W.i, W.v, W.viii, W.ix, W.x, W.xi, and W.xii.

## 49. Short-term Outcomes for Foster Care Alumni

😊 Texas Change Since 2000: 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%
2004	45%	78%
2005	38%	75%
2006	44%	71%

Source: Texas Department of Family and Protective Services

\* Youth who complete 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 these data come from the self-reports of only foster alumni who complete the survey, they do not capture the outcomes of non-responding youth and may reflect a bias.

More than 7,000 foster care youth ages 16 through 20 received Preparation for Adult Living (PAL) services in 2007.<sup>154</sup> The purpose of the PAL program is to ensure that older youth in foster care are prepared for their inevitable emancipation from the system.<sup>155</sup> Services include everything from counseling and self-esteem building activities to classes on important skills such as driver's education, money management, vocational training, and preparation for college entrance exams.<sup>156</sup> Despite the important services that PAL provides, youth aging out of foster care still face many struggles. Specifically, teens who have been emancipated from the system report that they would like to have access to more one-on-one services such as counseling, mentoring, and therapy.<sup>157</sup> See recommendations W.5, W.7, W.i, W.ii, W.v, W.vi, W.viii, W.ix, W.x, and W.xii.



## At-Risk Youth & Juvenile Justice

### What's The Problem?

Texas' juvenile justice system is in crisis. A lack of delinquency prevention before youth enter the system, in connection with a lack of quality treatment within the system, is causing the juvenile justice system to fail Texas youth and communities. Only Louisiana incarcerates more youth than Texas, and recidivism rates for the Texas Youth Commission (TYC) are above 50 percent. The most recent cycle of abuse was brought to the public's attention in early 2007. These problems have led the Legislature to begin a reform of Texas' juvenile justice system, in particular the Texas Youth Commission. While reform of the system is desperately needed, the best way to ensure that youth grow up to be law-abiding citizens is to address the factors that put them at risk for entering the juvenile and criminal justice systems in the first place.

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 help overcoming challenges of poverty, mental health disorders, substance abuse, or past victimization through child abuse or neglect. In 2006, 36 percent of incarcerated Texas youth had a documented history of being abused or neglected, 74 percent came from an environment that was defined as "chaotic" by TYC, and 52 percent came from families with a history of criminal behavior.<sup>158</sup> National estimates of the percent of youth in the juvenile justice system who have diagnosable mental health disorders range from 50 to 75 percent.<sup>159</sup> By helping these children early in their development, we can assist them in living healthy lives and prevent them from entering the juvenile and criminal justice systems.

There are many things we can do to help at-risk youth in our state. For \$657 the state can provide services to a youth and their family through the Services To At-Risk Youth (STAR) program, a proven prevention program that reduces family conflict and truancy.<sup>160</sup> For \$1,000, the state can provide a year of mentoring that reduces the likelihood of dropping out of school and using drugs or alcohol.<sup>161</sup> Texas can also invest in strong early care and education programs, which have been proven to dramatically reduce the odds that disadvantaged children will end up committing crimes.<sup>162</sup> Although these prevention programs cost money, their price tags pale in comparison to the \$60,000 per year that it costs the state to imprison a child in the Texas Youth Commission (TYC).<sup>163</sup> Services for at-risk youth play an important role in building strong and safe communities, and they will save our state money in the long run.



## What About Recent Changes?

During the 80<sup>th</sup> Texas Legislature, legislators began addressing problems in the state's juvenile justice system after a major youth sex abuse scandal brought attention to long-standing conditions of confinement in the youth state prisons, the Texas Youth Commission (TYC). The resulting legislation, Senate Bill 103 by Senator "Chuy" Hinojosa, represents a major stride towards creating a more rehabilitative and less retributive juvenile justice system. The most significant reforms underway include:

- Lowering staff-to-youth ratios to 1:12;
- Segregating youth by age and crime;
- No longer committing misdemeanor youth to TYC;
- Moving youth age 19 and over from TYC, going instead to parole or the adult system;
- Creating an Office of Inspector General and Office of Ombudsman to increase oversight and are functioning well;
- Increasing juvenile correctional officers' training to 300 hours from 80 hours;
- Using community-based alternatives, where possible, to decrease the TYC population and rehabilitate youth in less restrictive environments; and
- Placing TYC under conservatorship, with several changes in executive leadership.

TYC and the Texas Juvenile Probation Commission (TJPC) are both undergoing review by the Sunset Commission in 2008 for consideration by the Legislature in 2009. Those reviews will likely yield continued reforms, including recommendations regarding moving toward a regionalized juvenile justice system structure with smaller facilities and more options for treatment and rehabilitation. The agency plans released under Conservator Richard Nedelkoff in 2008 are largely in line with nationally-identified best practices in juvenile justice and provide a positive roadmap to reform. The agency's most significant challenge currently is sustaining the vision for reform through the implementation stage and the 2009 legislative session.

As a result of an anticipated transfer of part of the TYC population to the county juvenile probation departments, in 2007 TJPC funding was increased \$82.45 million above its request for the 2008-09 biennium (\$39 million in 2008 and \$43.39 million in 2009). TJPC passes through funds appropriated by the Legislature to the counties. TJPC is also currently leading a state-level collaboration funded by the John D. and Catherine T. MacArthur Foundation to help improve the nation's juvenile justice system. Texas is receiving funding under the MacArthur's Models for Change initiative to address the mental health needs of juvenile justice-involved youth.

Increasing attention is being paid to school policies and practices that funnel children and youth into the juvenile justice system, especially for behaviors that have traditionally been viewed as discipline or conduct issues rather than criminal issues. Research published by state and national organizations is highlighting the school-to-prison pipeline, and especially concerning are the high numbers of special education students, black students, and kindergarten and pre-kindergarten children overrepresented in disciplinary referrals to alternative education programs. As policymakers' understanding of the interconnections between the education and juvenile justice systems increases, it is anticipated that the Texas Legislature will consider actions that decrease the flow of students from schools to prisons.



## 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:

- J.1 Address the root causes of juvenile crime, including poverty, lack of educational opportunities, and child abuse. See data indicators 52, 53, 58, 59, and 60.
- J.2 Promote high school graduation and job success by supporting programs that reduce unintended teen pregnancies, mentor high school youth, increase youth's sense of belonging to community, and encourage positive interaction with peers. See data indicators 52, 53, 58, 59, and 60.
- J.3 Teach children and youth of all ages emotional literacy to develop empathy for others and to resolve conflict without violence or aggressive behavior. See data indicators 52 and 53.
- J.4 Ensure that youth and their families have adequate legal representation. See data indicators 52, 53, 55, 56, 58, and 59.
- J.5 Fund, develop, and use alternatives to incarceration where appropriate, including mental health courts and drug courts. See data indicators 50, 51, 52, and 53.
- J.6 Prioritize youth education and vocational training that equip youth to be self-sufficient. See data indicators 57 and 58.
- J.7 Consider the particular needs of girls in the design of juvenile justice programs and facilities. See data indicator 54.
- J.8 Involve families in youth rehabilitation and connect families to support services they may need. See data indicators 50, 51, 52, and 53.
- J.9 Create an entity within the state government to provide objective research to state policymakers on criminal justice issues. See all data indicators in this section.
- J.10. Increase the research base of the delinquency prevention field by dedicating funding and technical assistance to the evaluation of state-funded prevention programs. See data indicator 50.



- J.1.1 Ensure that the Texas Juvenile Probation Commission, county juvenile probation departments, and the Texas Youth Commission are transparent in making decisions related to children's mental health and that related data are easily accessible by the public. See all data indicators in this section.

**As first steps, we should take immediate action to:**

- J.i Incarcerate only the most serious offenders in small, regionalized county and state juvenile justice facilities that promote rehabilitation in a non-violent environment. See data indicator 53.
- J.ii Improve juvenile justice interventions at the county and state level by using wrap-around services and community-based treatments in probation and parole that have a positive effect on youth both before and after system involvement. See data indicators, 50, 51, 52, 52, and 54.
- J.iii Decrease public school practices that funnel students into the juvenile justice system by using research-based practices to reduce disciplinary referrals and keep schools, reforming practices related to Disciplinary Alternative Education Programs (DAEPs) and discretionary expulsions, and decriminalizing challenging student behaviors. See data indicators 50, 52, and 53.
- J.iv Increase funding significantly for research-based practices geared towards delinquency prevention. See data indicator 50.
- J.v Improve funding for quality mental health services and services for youth with intellectual and developmental disabilities in juvenile justice facilities. See data indicators 55, 56, and 57.
- J.vi 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. See data indicators 50, 52, and 53.
- J.vii Fully fund substance abuse and mental health services to meet the needs of youth incarcerated in juvenile justice facilities who need these services. See data indicators 55 and 56.
- J.viii Fund community-based substance abuse and mental health programs to address the needs of youth leaving juvenile justice facilities in order to reduce the recidivism rate. See data indicators 50 and 58.
- J.ix Support funding to improve local juvenile justice departments' ability to keep youth out of secure facilities using alternatives to incarceration. See data indicators 50, 51, and 52.
- J.x Ensure that youth in any juvenile justice facilities 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. See data indicators 51 and 58.



**Children's  
Campaign Report:  
2009 Update**



- J.xi Offer special programs for children of incarcerated parents to help them develop a path to a positive adulthood. See data indicator 60.
- J.xii 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. See data indicator 59.
- J.xiii Coordinate an inter-agency strategic plan on children's issues through the Health and Human Services Commission (HHSC) Office of Program Coordination for Children and Youth to elevate coordination of and accountability for children's issues across health, human services, juvenile justice, education, and other child-serving agencies. See all data indicators in this section.



## Have We Progressed?

### 50. Youth Substance Abuse Prevention Services

☺ Texas Change Since 2000: 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
2005	82.5
2006*	143.3

Source: Texas Legislative Budget Board, Texas Department of State Health Services, U.S. Census Bureau

\*The 2006 figure is an estimate.

After a decline in services, Texas has expanded the reach of youth substance abuse and prevention programs. This is important because national research findings suggest that 8.2 percent of 12 to 17 year olds abused or were dependent on illicit drugs or alcohol in 2006.<sup>164</sup> 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. See recommendations J.5, J.10, J.ii, J.vi, J.vii, and J.viii.



## 51. Public Mental Health Services

☹ Texas Change Since 2000: 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%
2005	26,214	18%
2006	27,666	18%
2007	28,445	18%

Source: Mental Health America in Texas, Texas Department of State Health Services

There has been a dangerous decline in the percent of Texas children eligible for public mental health services who are actually receiving those services. It is estimated that 20 percent of youth in the general population have a mental health problem and roughly 10 percent are emotionally disturbed.<sup>165</sup> The National Mental Health Association estimates that only one third of youth who need mental health intervention services receive any services.<sup>166</sup> When youth do not receive the assistance they need, they often end up in trouble, at great cost to Texas. In 2006, 38 percent of youth sent to TYC were diagnosed as having "serious mental health problems."<sup>167</sup> Youth are eligible for public mental health services if they have been diagnosed with a mental illness; exhibit serious emotional, behavioral or mental disorders; and have a serious functional impairment, are at risk of disruption of a preferred living arrangement or child care due to psychiatric symptoms, or are enrolled in a school system's special education program because of a serious emotional disturbance.<sup>168</sup> See recommendations J.1., J.5, J.9, J.ii, J.vi, J.viii, J.ix, and J.x.



## 52.Youth Referred to Juvenile Probation

☺ Texas Change Since 2000: 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
2004	43.9
2005	41.2

Source: Texas Juvenile Probation Commission

Based on reporting in 2005, 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,<sup>169</sup> the trend suggests a drop in juvenile crime. Police agencies account for nearly 80 percent of formal referrals to juvenile probation departments, and schools account for many of the remaining 20 percent.<sup>170</sup> Most referred offenders are male, and male offenders tend to commit more serious crimes than female offenders.<sup>171</sup> The average age of referred offenders was 14 ½ in 2005, but 16 year olds were referred to the juvenile probation department more than any other group.<sup>172</sup>

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.”<sup>173</sup> 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 violence and crime.<sup>174</sup> See recommendations J. I -J. I I, J.ii, J.iii, J.vi, J.ix, J.xii, and J.xiii.



## 53. Youth Sentenced to Prison

☺ Texas Change Since 2000: 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
2004	111.8
2005	107.3

Source: Texas Youth Commission, Texas Juvenile Probation Commission

Based on reporting in 2005, the rate of juvenile incarceration is declining in Texas. The Texas Youth Commission has been undergoing major reform since 2007, when several allegations of sexual and physical abuse of youths were made. There is also concern about the return that the state is getting on the money it puts into TYC, and many lawmakers have begun to question the punitive nature of the system. In 2006, more than 2,500 Texas youth were committed to TYC.<sup>175</sup> The average length of stay for youth in residential facilities was 20.5 months, and TYC had a residential population of 4,800 at the end of 2006.<sup>176</sup> These numbers are decreasing as the agency implements reforms passed in 2007.

Texas can save taxpayers' money by making prevention services more available to at-risk youth. For instance, research indicates that attending a high-quality pre-kindergarten program dramatically reduces participation in juvenile and adult crime.<sup>177</sup> This means that every dollar the state spends on early care and education may significantly reduce the amount of dollars the State would otherwise have to spend to incarcerate youth and adults in the future. See all recommendations.



## 54. Probation Officer Caseload

☺ Texas Change Since 2000: BETTER

### ***Average probation officer caseload***

YEAR	TEXAS PROBATION OFFICER CASELOAD
2000	28
2001	29
2002	28
2003	28
2004	26
2005	24

Source: Texas Juvenile Probation Commission

Caseloads for caseload-carrying juvenile probation officers ranged from 1 to 106 juveniles in 2005 across 126 single county and 43 multiple-county departments.<sup>178</sup> The average caseload was 24 juveniles per officer in 2005, a slight improvement from what it had been previously. Reducing the average probation officer caseload allows time for probation officers to adequately help and monitor youth who are on probation and parole. Additionally, juvenile probation officers help youth access the services they need, such as treatment for mental health disorders and substance abuse. See recommendations J.5, J.8, J.ii, J.iii, and J.ix.



## 55. Access to Mental Health Treatment in Juvenile Justice System

☺ Texas Change Since 2000: MIXED

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

YEAR	PROBATION*	INCARCERATED**
2000	NA***	20%
2001	31%	18%
2002	35%	16%
2003	37%	15%
2004	33%	15%
2005	NA***	14%
2006	40.5%	12%
2007	NOT AVAILABLE	11%

Source: Texas Juvenile Probation Commission, Texas Youth Commission

\*The percent of youth with mental health needs on probation who *received* treatment services

\*\*The percent of youth with mental health needs who were incarcerated and *completed* treatment

\*\*\*TJPC did not collect or report data for 2000 or 2005.

Youth in Texas' juvenile justice system have insufficient access to mental health care. Thirty eight percent of youth committed to the Texas Youth Commission in 2006 were diagnosed as having "serious mental health problems" at intake, but only 28 percent received mental health services, and even fewer completed a treatment program.<sup>179</sup> In addition, an even larger percentage of incarcerated youth have mental health challenges. In 2006, 36 percent of incarcerated youth had a documented history of being abused or neglected, 74 percent came from a "chaotic environment," and 52 percent came from families with a history of criminal behavior.<sup>180</sup> A 2008 survey of youths in custody in the Harris County Juvenile Detention Center found that nearly half of incarcerated youths suffered from mental health problems including bipolar and attention deficit disorders.<sup>181</sup> 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. See recommendations J.9, J.v, J.vii, J.xii, and J.xiii.



## 56. Access to Substance Abuse Treatment in Juvenile Justice System

☺ Texas Change Since 2000: BETTER

### ***Percent of incarcerated youth with treatment needs who receive treatment***

YEAR	INCARCERATED
2000	29%
2001	28%
2002	32%
2003	30%
2004	31%
2005	38%
2006	40%
2007	44%

Source: Texas Youth Commission

Texas has increased the availability of drug and alcohol treatment for youth incarcerated by the Texas Youth Commission (TYC). We still have a long way to go though, as more than half of incarcerated youth still do not get the substance abuse treatment they need. 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.<sup>182</sup> See recommendations J.9, J.v, J.vii, J.xii, and J.xiii.



## 57. Reading Skills

☺ Texas Change Since 2000: MIXED

**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	I MONTH'S GAIN	ON GRADE LEVEL
2000	NA	13%
2001	70%	15%
2002	67%	17%
2003	65%	19%
2004	67%	17%
2005	72%	19%
2006	66%	18%
2007	65%	16%

Source: Texas Legislative Budget Board, Texas Youth Commission

Research shows that high levels of literacy correspond to lower juvenile delinquency and recidivism rates.<sup>183</sup> On average, juveniles committed to TYC enter the system with a reading level that is four years behind their non-offending peers.<sup>184</sup> It is important that incarcerated youth get the education and resources they need to improve their reading skills. The fact that only 65 percent of youth released from TYC have made appropriate gains in reading level for the number of months they were incarcerated means that more than one third of incarcerated youth are falling even further behind their peers than they may have been upon entering the system. In 2006, 40 percent of inmates were identified upon intake as eligible for special education services, and 83 percent had IQs below the mean score of 100 points.<sup>185</sup> Additionally, the median math achievement level of juveniles upon intake to TYC was 5th grade,<sup>186</sup> even though most of the juveniles committed were 16.<sup>187</sup> By helping these youth achieve academic success, Texas may be able to provide them with new opportunities for successful functioning upon release. See recommendations J.4, J.6, J.11, J.i, J.xii, J.xiii.



## 58. Recidivism

☺ Texas Change Since 2000: 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	NOT AVAILABLE	48%
2005	NOT AVAILABLE	47%
2006	53%*	50%

Source: Texas Juvenile Probation Commission, Texas Youth Commission

\*The 2006 TJPC recidivism rate is based on a 2 year timeframe.

Texas must ensure that youth released from the TYC and TJPC are as well prepared as possible for leading productive 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.<sup>188</sup> 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.<sup>189</sup> The five-year and lifetime recidivism rates are much higher than the one-year and two-year rates in the table above. See all recommendations.



## 59. Disproportionate Minority Representation

☺ Texas Change Since 2000: 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 for each racial/ethnic group within the system. The number in parentheses is how many percentage points that number varies from the total Texas juvenile population.

### 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)
2006	22% (-17)	34% (+21)	44% (-1)
2007	20%*	35%*	44%*

Source: Texas Youth Commission

\*Population breakdown is not yet available.



## 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)
2004	31% (-11)	24% (+11)	45% (+4)
2005	30% (-11)	25% (+12)	45% (+3)

Source: Texas Juvenile Probation 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. White youths have low rates of incarceration and probation compared to their representation. One reason for this disproportionality may be that disciplinary referrals at school are the strongest predictor of future involvement in the Texas juvenile justice system, and minority students in Texas are significantly over-represented in schools' discretionary disciplinary suspensions and referrals.<sup>190</sup> The overrepresentation of minority youth is more prevalent at the Texas Youth Commission than the Texas Juvenile Probation Commission, and it worsens as youth transition into the adult court and prison system. One in 15 black men age 18 or older is incarcerated in the U.S. compared to 1 in 36 Hispanic men and 1 in 106 white men.<sup>191</sup> The young are also more likely to go to prison than older adults are.<sup>192</sup> This is most pronounced among black men, as 1 in 9 black men between the ages of 20 and 34 is in prison, but only 1 in 115 black men over the age of 55 is incarcerated.<sup>193</sup> See recommendations J.1, J.2, J.4, J.5, J.6, J.8, J.9, J.11, J.12, J.13, J.14, J.15, J.16, J.17, J.18, J.19, J.20, J.21, J.22, J.23, J.24, J.25, J.26, J.27, J.28, J.29, J.30, J.31, J.32, J.33, J.34, J.35, J.36, J.37, J.38, J.39, J.40, J.41, J.42, J.43, J.44, J.45, J.46, J.47, J.48, J.49, J.50, J.51, J.52, J.53, J.54, J.55, J.56, J.57, J.58, J.59, J.60, J.61, J.62, J.63, J.64, J.65, J.66, J.67, J.68, J.69, J.70, J.71, J.72, J.73, J.74, J.75, J.76, J.77, J.78, J.79, J.80, J.81, J.82, J.83, J.84, J.85, J.86, J.87, J.88, J.89, J.90, J.91, J.92, J.93, J.94, J.95, J.96, J.97, J.98, J.99, J.100, J.101, J.102, J.103, J.104, J.105, J.106, J.107, J.108, J.109, J.110, J.111, J.112, J.113, J.114, J.115, J.116, J.117, J.118, J.119, J.120, J.121, J.122, J.123, J.124, J.125, J.126, J.127, J.128, J.129, J.130, J.131, J.132, J.133, J.134, J.135, J.136, J.137, J.138, J.139, J.140, J.141, J.142, J.143, J.144, J.145, J.146, J.147, J.148, J.149, J.150, J.151, J.152, J.153, J.154, J.155, J.156, J.157, J.158, J.159, J.160, J.161, J.162, J.163, J.164, J.165, J.166, J.167, J.168, J.169, J.170, J.171, J.172, J.173, J.174, J.175, J.176, J.177, J.178, J.179, J.180, J.181, J.182, J.183, J.184, J.185, J.186, J.187, J.188, J.189, J.190, J.191, J.192, J.193, J.194, J.195, J.196, J.197, J.198, J.199, J.200, J.201, J.202, J.203, J.204, J.205, J.206, J.207, J.208, J.209, J.210, J.211, J.212, J.213, J.214, J.215, J.216, J.217, J.218, J.219, J.220, J.221, J.222, J.223, J.224, J.225, J.226, J.227, J.228, J.229, J.230, J.231, J.232, J.233, J.234, J.235, J.236, J.237, J.238, J.239, J.240, J.241, J.242, J.243, J.244, J.245, J.246, J.247, J.248, J.249, J.250, J.251, J.252, J.253, J.254, J.255, J.256, J.257, J.258, J.259, J.260, J.261, J.262, J.263, J.264, J.265, J.266, J.267, J.268, J.269, J.270, J.271, J.272, J.273, J.274, J.275, J.276, J.277, J.278, J.279, J.280, J.281, J.282, J.283, J.284, J.285, J.286, J.287, J.288, J.289, J.290, J.291, J.292, J.293, J.294, J.295, J.296, J.297, J.298, J.299, J.300, J.301, J.302, J.303, J.304, J.305, J.306, J.307, J.308, J.309, J.310, J.311, J.312, J.313, J.314, J.315, J.316, J.317, J.318, J.319, J.320, J.321, J.322, J.323, J.324, J.325, J.326, J.327, J.328, J.329, J.330, J.331, J.332, J.333, J.334, J.335, J.336, J.337, J.338, J.339, J.340, J.341, J.342, J.343, J.344, J.345, J.346, J.347, J.348, J.349, J.350, J.351, J.352, J.353, J.354, J.355, J.356, J.357, J.358, J.359, J.360, J.361, J.362, J.363, J.364, J.365, J.366, J.367, J.368, J.369, J.370, J.371, J.372, J.373, J.374, J.375, J.376, J.377, J.378, J.379, J.380, J.381, J.382, J.383, J.384, J.385, J.386, J.387, J.388, J.389, J.390, J.391, J.392, J.393, J.394, J.395, J.396, J.397, J.398, J.399, J.400, J.401, J.402, J.403, J.404, J.405, J.406, J.407, J.408, J.409, J.410, J.411, J.412, J.413, J.414, J.415, J.416, J.417, J.418, J.419, J.420, J.421, J.422, J.423, J.424, J.425, J.426, J.427, J.428, J.429, J.430, J.431, J.432, J.433, J.434, J.435, J.436, J.437, J.438, J.439, J.440, J.441, J.442, J.443, J.444, J.445, J.446, J.447, J.448, J.449, J.450, J.451, J.452, J.453, J.454, J.455, J.456, J.457, J.458, J.459, J.460, J.461, J.462, J.463, J.464, J.465, J.466, J.467, J.468, J.469, J.470, J.471, J.472, J.473, J.474, J.475, J.476, J.477, J.478, J.479, J.480, J.481, J.482, J.483, J.484, J.485, J.486, J.487, J.488, J.489, J.490, J.491, J.492, J.493, J.494, J.495, J.496, J.497, J.498, J.499, J.500, J.501, J.502, J.503, J.504, J.505, J.506, J.507, J.508, J.509, J.510, J.511, J.512, J.513, J.514, J.515, J.516, J.517, J.518, J.519, J.520, J.521, J.522, J.523, J.524, J.525, J.526, J.527, J.528, J.529, J.530, J.531, J.532, J.533, J.534, J.535, J.536, J.537, J.538, J.539, J.540, J.541, J.542, J.543, J.544, J.545, J.546, J.547, J.548, J.549, J.550, J.551, J.552, J.553, J.554, J.555, J.556, J.557, J.558, J.559, J.560, J.561, J.562, J.563, J.564, J.565, J.566, J.567, J.568, J.569, J.570, J.571, J.572, J.573, J.574, J.575, J.576, J.577, J.578, J.579, J.580, J.581, J.582, J.583, J.584, J.585, J.586, J.587, J.588, J.589, J.590, J.591, J.592, J.593, J.594, J.595, J.596, J.597, J.598, J.599, J.600, J.601, J.602, J.603, J.604, J.605, J.606, J.607, J.608, J.609, J.610, J.611, J.612, J.613, J.614, J.615, J.616, J.617, J.618, J.619, J.620, J.621, J.622, J.623, J.624, J.625, J.626, J.627, J.628, J.629, J.630, J.631, J.632, J.633, J.634, J.635, J.636, J.637, J.638, J.639, J.640, J.641, J.642, J.643, J.644, J.645, J.646, J.647, J.648, J.649, J.650, J.651, J.652, J.653, J.654, J.655, J.656, J.657, J.658, J.659, J.660, J.661, J.662, J.663, J.664, J.665, J.666, J.667, J.668, J.669, J.670, J.671, J.672, J.673, J.674, J.675, J.676, J.677, J.678, J.679, J.680, J.681, J.682, J.683, J.684, J.685, J.686, J.687, J.688, J.689, J.690, J.691, J.692, J.693, J.694, J.695, J.696, J.697, J.698, J.699, J.700, J.701, J.702, J.703, J.704, J.705, J.706, J.707, J.708, J.709, J.710, J.711, J.712, J.713, J.714, J.715, J.716, J.717, J.718, J.719, J.720, J.721, J.722, J.723, J.724, J.725, J.726, J.727, J.728, J.729, J.730, J.731, J.732, J.733, J.734, J.735, J.736, J.737, J.738, J.739, J.740, J.741, J.742, J.743, J.744, J.745, J.746, J.747, J.748, J.749, J.750, J.751, J.752, J.753, J.754, J.755, J.756, J.757, J.758, J.759, J.760, J.761, J.762, J.763, J.764, J.765, J.766, J.767, J.768, J.769, J.770, J.771, J.772, J.773, J.774, J.775, J.776, J.777, J.778, J.779, J.780, J.781, J.782, J.783, J.784, J.785, J.786, J.787, J.788, J.789, J.790, J.791, J.792, J.793, J.794, J.795, J.796, J.797, J.798, J.799, J.800, J.801, J.802, J.803, J.804, J.805, J.806, J.807, J.808, J.809, J.810, J.811, J.812, J.813, J.814, J.815, J.816, J.817, J.818, J.819, J.820, J.821, J.822, J.823, J.824, J.825, J.826, J.827, J.828, J.829, J.830, J.831, J.832, J.833, J.834, J.835, J.836, J.837, J.838, J.839, J.840, J.841, J.842, J.843, J.844, J.845, J.846, J.847, J.848, J.849, J.850, J.851, J.852, J.853, J.854, J.855, J.856, J.857, J.858, J.859, J.860, J.861, J.862, J.863, J.864, J.865, J.866, J.867, J.868, J.869, J.870, J.871, J.872, J.873, J.874, J.875, J.876, J.877, J.878, J.879, J.880, J.881, J.882, J.883, J.884, J.885, J.886, J.887, J.888, J.889, J.890, J.891, J.892, J.893, J.894, J.895, J.896, J.897, J.898, J.899, J.900, J.901, J.902, J.903, J.904, J.905, J.906, J.907, J.908, J.909, J.910, J.911, J.912, J.913, J.914, J.915, J.916, J.917, J.918, J.919, J.920, J.921, J.922, J.923, J.924, J.925, J.926, J.927, J.928, J.929, J.930, J.931, J.932, J.933, J.934, J.935, J.936, J.937, J.938, J.939, J.940, J.941, J.942, J.943, J.944, J.945, J.946, J.947, J.948, J.949, J.950, J.951, J.952, J.953, J.954, J.955, J.956, J.957, J.958, J.959, J.960, J.961, J.962, J.963, J.964, J.965, J.966, J.967, J.968, J.969, J.970, J.971, J.972, J.973, J.974, J.975, J.976, J.977, J.978, J.979, J.980, J.981, J.982, J.983, J.984, J.985, J.986, J.987, J.988, J.989, J.990, J.991, J.992, J.993, J.994, J.995, J.996, J.997, J.998, J.999, J.1000.



## 60. Adults in Criminal Justice System

☺ Texas Change Since 2000: BETTER

☹ Texas Ranking Since 2000: 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
2004	4,116	2,781	50
2005	4,021	2,763	50

Source: U.S. Department of Justice Bureau of Justice Statistics

Texas adults are more likely to be in the criminal justice system than adults in any other state. Between 1985 and 2005 the number of Texans in prison jumped 300 percent,<sup>194</sup> and experts project that an additional 14,000 to 17,000 people will be in incarcerated in Texas within the next five years.<sup>195</sup> This is a problem for Texas children because fifty-six percent of state and federal prisoners have children under 18 years of age.<sup>196</sup> Over half of these children are under age 10.<sup>197</sup> Parental incarceration has been found to have a variety of negative effects on children. These effects include a 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.<sup>198</sup> Additionally, incarcerated fathers are significantly less likely to pay mandated child support than fathers who are not incarcerated.<sup>199</sup>

Texas has begun to take actions to lower the number of its residents that are in jail. In 2007 legislators from both parties authorized correctional system reform. Rather than invest hundreds of millions of dollars in more prison beds, our state's leaders funded the expansion of drug courts, improved accessibility to drug treatment programs, and approved broad changes in parole practices.<sup>200</sup> These improvements are expected to save Texas \$210 million over the first years, as well as an additional \$233 million long-term if the recidivism rate drops and the state does not have to build new prisons.<sup>201</sup> See recommendations J.i, J.9, J.iv, J.xi, and J.xiii.



For further information contact:

**Texans Care For Children**

[info@texanscareforchildren.org](mailto:info@texanscareforchildren.org)

814 San Jacinto, Suite 201

Austin, Texas 78701

512-473-2274 (phone)

512-473-2173 (fax)

[www.texanscareforchildren.org](http://www.texanscareforchildren.org)



814 SAN JACINTO, SUITE 201  
AUSTIN, TEXAS 78701