We encourage utilization of the data included in this document, excluding the artwork. Please give credit to CHILDREN AT RISK if any statistics or information is used from this publication. We ask that the organizational name be printed in all capital letters. If the name needs to be abbreviated, please use C@R. Copies of the 2017-2018 edition of Growing Up in Houston: Assessing the Quality of Life of Our Children can be obtained by writing or calling our office at 713-869-7740.
Greetings!

As Mayor of Houston, I extend a special welcome to the readers of Growing Up in Houston: Assessing the Quality of Life of Our Children. This publication highlights significant indicators related to the well-being of youth in Houston.

CHILDREN AT RISK is a nonpartisan research and advocacy organization dedicated to addressing the root causes of poor public policies affecting children. For more than 25 years, CHILDREN AT RISK has evolved from an organization researching the multitude of obstacles children face to macro-level change to better the future of our city and state through community education, collaborative action, evidence-based public policy and advocacy for our youth at the local and state level. It has grown exponentially in its capacity to speak out and drive change for Texas’ children and has become one of the premier resources on children’s issues among major media outlets, public officials and the nonprofit sector.

Today, CHILDREN AT RISK is a research and educational organization. They are a leading source of accurate information and an advocate and catalyst for change on behalf of the children of Houston and Harris County. They are a persuasive voice for children speaking with knowledge, commitment and tenacity.

For these reasons and more, it brings me joy to offer my greetings and to wish CHILDREN AT RISK many more years of success.

Sincerely,

Sylvester Turner
Mayor
Data must be the catalyst and starting point to any conversation regarding the well-being of our children. While we can look at a multitude of indicators to gauge how we are doing as a city and state, we must also make sense of that data to fully understand its impact. Historically, Growing Up In Houston has aimed to do just that. As President and CEO of CHILDREN AT RISK, I want to welcome you to the fourteenth edition of Growing Up In Houston: Assessing the Quality of Life of Our Children!

In partnership with the United Way of Greater Houston and all the other great funders of CHILDREN AT RISK such as AIG, Shell, the W.K. Kellogg Foundation, and the Meadows Foundation, we are pleased to present you with this publication, providing a glimpse into the well-being of Houston’s children. With this publication, it is our goal to provide all who have a stake in our children’s future with a tool to help identify the most strategic and pressing areas for intervention, chart new paths to move Houston forward, and track progress over time. We believe this publication provides that invaluable insight, insight which is undoubtedly crucial in the midst of another Texas legislative session.

As the data in this publication depicts, Houston’s children are excelling in several ways and on the other hand are still lacking quality resources in key areas. Only 20% of 3rd grade children are reading at a college-ready pace (Level III Advanced), and more than a quarter of our city’s children are still not reading at the most basic level. While there were 1,570 calls from Texas to the Human Trafficking Resource Center in 2016 signifying an increased awareness in child trafficking, child victims are still being arrested while their perpetrators continue on. While several praiseworthy efforts are being made to increase the quality of parent education and family engagement programs, there were over 6,000 confirmed cases of child abuse in Harris County in a single year.

At CHILDREN AT RISK, we believe the needs of children should be our highest priority. Our hope is that all individuals – from public officials to parents to educators – can gain a solid understanding of the status of Houston’s children and commit to continuing in the fight for their futures. On behalf of CHILDREN AT RISK, I invite and encourage you to use this publication to advocate for children. While much progress has been made, there is still work to be done.

The time is now to believe in our children, ensuring they have whatever they need to reach their full potential. Let’s get to work!

For children!

Robert Sanborn, Ed.D
President and CEO
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High School Students in Houston Who Consumed Beer, Wine and/or Liquor in the Past Month by Ethnicity

As the largest city in Texas and the fourth largest city in the U.S., Houston is an epicenter for culture, economic development, and education. When it comes to child well-being, what happens in Harris County and surrounding counties matters a great deal. According to 2015 Census estimates, nearly two million children live in Harris County and bordering areas, representing nearly a quarter of all Texas children.1 Because of this sheer density, policy decisions impacting children have far-reaching consequences in the Houston metropolitan area. It's impossible for local and state policymakers to implement informed decisions without consideration of the state of Houston's children. This edition of Growing Up in Houston seeks to provide an overview of topics most relevant to child well-being, highlighting the areas in which Houston's children thrive, as well as those that need improvement. However, before delving into these topics, it is important to understand who Houston's children are.

The children of Houston reflect the city's tremendous racial, ethnic, and cultural diversity. Of the half a million children and adolescents living within Houston city limits, 43% are Hispanic White, 22% are Black, 15% are non-Hispanic White, and over 15% identify with another minority race or ethnicity.2 In addition to racial diversity, children in Houston belong to an extensive array of cultures, religions, and languages. This demographic breakdown highlights the unique challenges and opportunities that Houston's children face.

By 2020, 65% of jobs will require a post-secondary education and training.3 The majority of our students across Harris County are Black or Hispanic, yet very few are graduating college-ready. If we do not address this disparity, it will undoubtedly have an impact on our city's future.
More than half of Houston's children can speak a language other than English.\textsuperscript{4}

of cultural heritages. More than half have at least one parent who was born outside of the United States. Though these individuals represent nearly every nation, the most common region of origin is Latin America, followed by Asia. Unlike many of their parents, the overwhelming majority of children living in Houston were born in the U.S.\textsuperscript{3} As such, biculturalism is a common phenomenon in many Houston homes, with a large number of children benefitting from upbringings that combine elements of multiple cultures. One example of biculturalism is language. More than half of Houston's children can speak a language other than English.\textsuperscript{4}

Children in Houston are reared within a variety of household types. The vast majority of Houston children live with at least one biological or adoptive parent. Among these parent-led households, more than half encompass families with married couples as household heads.\textsuperscript{5} The remaining children live in single-parent homes, with predominately female household leaders. Of the children not living in a traditional parent-led household, approximately 13% live with a grandparent or another relative and around 1% are in some type of foster care arrangement.\textsuperscript{6}

Childhood experiences in Houston are heavily influenced by household income. Within city limits, the median family income is just over $40,000, slightly lower than the national median income of approximately $62,000. Household incomes in Houston exhibit striking variations across zip codes. West University is the wealthiest neighborhood in the state of Texas, with a mean household income of over $240,000.\textsuperscript{7} Just three miles southeast of West University is Houston's poorest zip code, which is home to a neighborhood known as Sunnyside. With a mean household income of nearly $31,000, over half of children in Sunnyside live below the Federal poverty level.\textsuperscript{8} These statistics highlight the stark contrast in experiences of Houston children who live within close proximity to one another.

Overall, 35% of Houston children live below the poverty level; approximately the same number of children directly benefit from public assistance programs, including Food Stamps/SNAP.\textsuperscript{9} These numbers are about 10% higher than the national average. It's important to note that household income trends in Houston also exhibit variation by race and/or ethnicity. Black and Hispanic individuals are three times more likely to live below the federal poverty level than their White counterparts in Houston.\textsuperscript{10} A recurring theme in this guide is the influence of a child's zip code and ethnicity on the opportunities he or she receives. Tackling these overt disparities are of utmost importance to the overall well-being of children and the future of the city.

Black and Hispanic individuals are three times more likely to live below the federal poverty level than their White counterparts in Houston. Currently, \textbf{35\%} of Houston children live below the poverty level.\textsuperscript{5}

As illustrated above, Houston's diversity discourages a one-size-fits-all approach to child policy issues. When considering evidenced-based solutions to policy problems, it is imperative to consider the demographics of the children and families featured in the given study when attempting to apply it to one's target population. Houston's children come from a variety of cultural backgrounds, household arrangements, and economic opportunity levels; this must be reflected in each piece of legislature targeting children in Texas. This edition of Growing Up in Houston examines issues such as early education, child abuse, health care, and other important topics that inevitably impact a child's life for better or for worse. These sections attempt to summarize the status of Houston's children, lending special attention to how each topic specifically affects diverse communities. Children are the future of Houston; diversity is their strength.
# EDUCATION

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### About CHILDREN AT RISK
Introduction

Numerous studies show a high-quality early education, most notably child care and Pre-Kindergarten, is critical to a child’s long-term success. While the quality of early education in Houston – and across Texas – remains low compared to other cities around the country, Houston is taking steps in the right direction.

Houston has been noteworthy for a continuous process in improvement in education, and these improvements continued in the 83rd Texas Legislative Session in 2013 when the state passed a bill that formalized a Quality Rating and Improvement System called Texas Rising Star (TRS) for state-funded child care programs. In the 84th Texas Legislative Session in 2015, the state invested $118 million for the second year of the biennium in high-quality public Pre-K programs. While these steps are encouraging, access to quality programs is still very limited, especially for our most vulnerable families.

While high-quality early education is associated with important short- and long-term benefits, low-quality care can have harmful effects on a child’s school readiness and academic achievement. As parents know and as studies continue to reflect, it is essential to ensure that high-quality child care and Pre-K is accessible to families of all income levels. Our state and local governments have the opportunity to do more to meet these families’ needs and provide parents with greater access to quality child care and Pre-K programs.

Quality Kindergarten through 12th grade public schools are essential in adequately preparing students for post-secondary academic and career success, especially in a region where 58% of students are identified as economically disadvantaged. Furthermore, Houston Independent School District (HISD) – the largest district in Texas – faces significant challenges with over three-quarters of its students identified as economically disadvantaged in a generally “property rich” environment. In HISD, 64% of students are considered “at-risk” of dropping out of school, and in 2016, 45% of the district’s schools received a D or F ranking by CHILDREN AT RISK.

College and career readiness is another important indicator when measuring a student’s ability and a school’s performance. In HISD, approximately 97% of high school students in the 2015 graduating class participated in the SAT/ACT exams; however, only 14% of them were at or above the criterion of 1110 on the SAT critical reading and mathematics sections combined, or 24 on the ACT composite to be considered college-ready. When analyzing graduation rates, it is also important to understand the factors that impact a student’s decision to drop out of high school, which largely impacts college and career readiness. Through understanding these factors, we can provide better support and more effective resources for at-risk students.

Research shows that children who attend a two- or four-year higher education institution after graduating high school are more likely to experience success in the workforce, and this success increases when students complete and graduate from their two- or four-year institution. Although we have seen a growth in enrollment, students at Texas universities and community colleges still lag behind in completion of their degree programs. This has serious consequences for students and for our economy.
Early Education

Quality early education is essential to a child’s long-term academic success and social skills. Having a quality early education experience increases school readiness, particularly for low-income children.

There are not enough quality child care providers to meet the demand of low-income families in Harris County. Of the 1,348 total providers that accept subsidized children, less than 13% are certified through TRS.

In 2016, Texas met 2 of the 10 benchmarks for minimum state Pre-K quality standards set by National Institute for Early Education Research (NIEER).

In 2015, the Texas Legislature established an additional $118 million for the second year of the biennium in state funding for high-quality Pre-K programs through the passage of House Bill 4 (HB 4).

In the 2016-2017 school year, 14 districts in Harris County began offering full-day public Pre-K, while 11 districts continued offering only half-day programs.

WE ARE HERE
A high-quality education during a child’s first few years is crucial to his or her long-term cognitive, social, and emotional development. High-quality early education programs can produce short- and long-term benefits for school readiness and academic outcomes.15 The demand for early childhood education programs continues to increase not only because of the growing number of working parents, but also in response to a greater awareness of the importance of education in a child’s early life.16 Of the more than 2,350,000 children ages 0-5 in Texas, 59% live in households where all parents are currently working.14 Out of all children in Texas, more than half are considered economically disadvantaged.

High-quality early education and child care can improve children’s health and promotes their development and learning. Conversely, low-quality care can have harmful effects on children’s language, social development, and school performance; particularly for those who are low-income.16 Before a child is old enough to enter the school system, working parents rely on people they know or child care providers to care for their child. However, the current quality of child care programs in Texas is relatively low. This is due to the low standards for licensing and child care teacher qualifications, as well as a lack of public funding.16 Additionally, the profession is historically undereducated, underpaid, and undervalued. Teachers receive higher pay in the public school system, steering the more educated teachers to work in the public education sector over the child care sector. As a result, child care teachers are often living close to poverty themselves.17

Low-income parents who are working or attending school may be qualified to receive child care assistance through a subsidy program managed by the Texas Workforce Commission (TWC).

Current List of Texas Rising Star-Ranked National Accreditations

| National Association for the Education of Young Children (NAEYC) |
| National Early Childhood Program Accreditation |
| National Accreditation Commission for Early Child Care and Education Program |
| Association of Christian Schools International |
| National Association of Family Child Care (NAFCC) |
| Commission on Accreditation-National After School Association |

Capacity of State Licensed or Registered Child Care Facilities in Harris County

185,555
However, due to the limited number of subsidized care providers, there are often waitlists in the Greater Houston Area. While TWC has been working to improve the number of quality providers that accept subsidies through TRS – the state’s quality certification program – there is still work to be done. Of the 1,348 licensed child care providers (licensed centers, licensed homes, and registered homes) that accept subsidized children in Harris County, less than 13% of these providers are accredited by TRS. This trend is mirrored across the state; however, TWC is working to increase provider participation in TRS.

Since 1985, Texas has offered public Pre-K to four-year-old children who are deemed “at risk.” Districts with 15 or more qualified four-year-olds are required to offer the state-funded half-day program. In the 2016-17 school year, 14 districts in Harris County provided local funding to expand their half-day programs to full-day programs, while 11 continued offering half-day programs. For children who qualify, these public Pre-K programs are free. For the children who do not, some districts charge tuition. For example, HISD requires a fee of nearly $500/month for 10 months for non-at-risk children to attend the district-run, part-time Pre-K programs.

For low-income families, we know that Pre-K has short- and long-term benefits for children. In 2016, CHILDREN AT RISK conducted a study that looked at the impact of public Pre-K in the state of Texas. The study included five districts – one of which was HISD – as well as 12 additional districts surrounding the major metropolitan areas. Overall, the study revealed that economically disadvantaged children who attend high-quality Pre-K score higher on the 3rd Grade STAAR Reading Assessment than their counterparts who either did not attend Pre-K or those who attended a low-quality program. The study also revealed that children who attend Pre-K are more likely to have a greater understanding of classroom structure, school routine, and socially appropriate behavior.

The quality of Pre-K in Texas is low compared to other states and their respective programs. According to NIEER, Texas – along with California and Florida – has one of the highest rates of child poverty yet some of the lowest quality standards in the nation. Texas only met 2 of the 10 benchmarks set by NIEER for minimum state Pre-K quality standards. Important missing benchmarks include a ratio of 1 staff to every 10 students and a maximum class size of 20 students.
In an effort to improve the state’s public Pre-K program, the Texas Legislature passed HB 4 in 2015 which established the High Quality Pre-K Grant program. This provided an investment of $118 million for the second year of the biennium to improve high-quality Pre-K programs across the state. The funding became available for eligible school districts to implement high-quality Pre-K programs in the 2016-2017 academic year. However, because quality Pre-K is funded through a competitive grant program, funding is not guaranteed indefinitely; the Texas Legislature must reapprove it every two years.

In Harris County:

10 districts offer full-day Pre-K

4 districts added full-day Pre-K for the 2016-17 school year

11 districts offer only half-day Pre-K
A PATH FORWARD

Quality public Pre-K programs can have substantial positive impacts on children’s early learning and social-emotional development. Research shows that in order to create a strong future workforce, low-income children must have access to full-day, high-quality Pre-K. To accomplish this, we support the following:

» Sustaining the high-quality Pre-K grant program at $118 million per year, or $236 million for the biennium.

» Creating sustainable funding for high-quality Pre-K through formula funding, which currently exists for Kindergarten through 12th grade.

» Limiting Pre-K classrooms to a maximum of 22 students, allowing no more than 11 students for each teacher aide in Pre-K classes with more than 15 students.

» Creating an Early Childhood through 3rd Grade teaching certificate. By encouraging teachers to focus on earlier grades, this certification would increase the number of teachers who are experts in teaching children during these pivotal early learning years.

The increased focus on TRS quality certifications for child care providers receiving state funding is a great start, and momentum around these efforts must continue. We suggest coordinating the state-funded child care data system and the public Pre-K data system to improve outcomes for children, maximize efficiency, and save taxpayer dollars.

To increase access to quality early education programs, we continue to support public-private Pre-K partnerships between school districts and quality child care providers.

High quality early learning programs tend to provide the greatest benefit for low-income children. Through TWC’s subsidized child care program, many are not receiving a quality education. To provide greater access, more quality child care providers should be recruited to open a few spots for children receiving subsidy.

The child care sector has high turnover and an undereducated, underpaid workforce. These problems make it difficult for child care providers to improve or prioritize quality. The TWC should explore innovative, cost-saving initiatives such as a shared services model in which child care providers share the costs of various services required to run their small businesses.
Quality Public Schools

Texas Education Agency’s (TEA) Region 4 serves 49 public school districts across seven counties, one of which is Harris County, and represents nearly 1.2 million students. HISD of Region 4 is the largest district in Texas, with nearly 70% Black or Latino students.

Approximately 58% of students in Region 4 and nearly 75% of students in HISD are deemed economically disadvantaged. Furthermore, over 64% of HISD’s students are “at-risk” for dropping out of school. In 2016, HISD had a CHILDREN AT RISK graduation rate of 79%.

The overall qualification of Region 4’s teachers has increased. However, more than 60% of teachers have less than 10 years of teaching experience, and the turnover rate has increased over the last few years.

According to CHILDREN AT RISK’s 2016 School Rankings, 45% of HISD schools received a D or F grade, 16% received a C, and 39% received an A or B.

Socioeconomic status is a key indicator of student achievement. Low socioeconomic status may limit a child’s access to educational resources and can lead to stress and conflict at home, in turn affecting a child’s academic achievement. The portion of students in Region 4 who are economically disadvantaged has been decreasing in recent years, yet these students still form the majority of HISD’s student population. In addition to the students identified as economically disadvantaged, 7% of HISD’s students are enrolled in special education programs and over 30% are English Language Learners (ELL). In order to support these vulnerable populations, we must continue working towards inclusive policies and the establishment of sustainable best practices.

Statewide almost 8% of the student population was enrolled in the Gifted and Talented (G/T) program in the 2015-16 school year, and the enrollment number jumps to 15% in HISD. Despite this seemingly greater advantage for Houston students, a recent report found HISD’s G/T program to be quite segregated, with White students and those from higher incomes to be disproportionately over-represented.

Over 64% of HISD students are considered at-risk of dropping out of school—much higher than the at-risk rate for students in Region 4 (52%) and the rate across Texas (50%). Despite its
The document discusses the high "at-risk" number, HISD graduation rates have increased by 9% over the last two years. In Harris County, this number has reached 84%. As high school completion is the most significant requirement for entering college, dropping out can create negative impacts on a student’s future learning and career pursuit. In 2015, Rice University conducted a study on various indicators of dropout rates in HISD. The results revealed that the following indicators were strongly related to dropout rates:

- Student began 9th grade at age 16+.
- Student received an F during 8th grade.
- Student had a disciplinary incident in 8th grade.
- Student failed to meet TAKS 8th grade math standard.
- Student’s school had an above district mean for at-risk students.
- Student was living in poverty.

In 2016, the percent of students identified as economically disadvantaged in HISD was 77%, Region 4 was 58%, and Texas was 59%.

The percent of 3rd grade students at Level III Advanced in Reading on the STAAR test from 2012 to 2016 for HISD, Region 4, and Texas is shown in the graph.
Studies show that a teacher’s subject-matter knowledge, level of experience, advanced degrees, and certification is positively associated with student achievement levels and low dropout rates. While it does not give a complete picture, 98% of teachers in Region 4 and HISD hold degrees. However, only 30% of HISD staff has 10 or more years of classroom experience, along with a higher percentage of first year teachers in comparison to the region and to the state. While first year teachers bring fresh perspective and energy to classrooms, studies show that in order for these beginning teachers to perform well, staff support and rigorous orientation programs are critical.

In order for campuses and districts to understand how they are performing among their peers across Texas, CHILDREN AT RISK releases annual School Rankings each spring. The rankings also exist as an accessible guide for students, parents, educators, and community members on local school performance. As part of the School Rankings, CHILDREN AT RISK assigns campuses a letter grade of A through F, as well as a state rank. In 2016, nearly half of HISD schools were given a D or F ranking.
The number of charter operators in Region 4 has remained relatively consistent over the past few years. In 2015, the region had **38 charter operators**.15

**Top 10 Elementary Schools in the Greater Houston Area**17

- River Oaks Elementary (Houston ISD)
- Commonwealth Elementary (Fort Bend ISD)
- T H Rogers Elementary (Houston ISD)
- Horn Elementary (Houston ISD)
- West University Elementary (Houston ISD)
- Creekside Forest Elementary (Tomball ISD)
- Colony Meadows Elementary (Fort Bend ISD)
- David Elementary (Conroe ISD)
- Bush Elementary (Houston ISD)
- Deretchin Elementary (Conroe ISD)

**Gold Ribbon Schools in the Houston Area**16

- De Chaumes Elementary School (Houston ISD)
- Park Place Elementary School (Houston ISD)
- Runyan Elementary School (Conroe ISD)
- Lyons Elementary School (Houston ISD)
- White Elementary School (Houston ISD)
- Pilgrim Academy Middle School (Houston ISD)
- O’Donnell Middle School (Alief ISD)
- Cobb 6th Grade Campus (Galena Park ISD)
- Southmore Intermediate (Pasadena ISD)
- Sharpstown High School (Houston ISD)

**Top 10 Middle Schools in the Greater Houston Area**18

- T H Rogers Middle School (Houston ISD)
- Fort Settlement Middle School (Fort Bend ISD)
- Lanier Middle School (Houston ISD)
- Beckendorff Junior High (Katy ISD)
- Seven Lakes Junior High (Katy ISD)
- Sartartia Middle School (Fort Bend ISD)
- Garland McMeans Junior High (Katy ISD)
- Pin Oak Middle School (Houston ISD)
- Project Chrysalis Middle School (Houston ISD)
- Wharton K-8 Dual Language Academy (Houston ISD)

**Top 10 High Schools in the Greater Houston Area**19

- Debaeky High School for Health Professions (Houston ISD)
- Carnegie Vanguard High School (Houston ISD)
- Eastwood Academy (Houston ISD)
- Clear Horizons Early College High School (Clear Creek ISD)
- Challenge Early College High School (Houston ISD)
- High School for the Performing and Visual Arts (Houston ISD)
- YES Prep - Southwest (YES Prep Public Schools Inc.)
- Kerr High School (Alief ISD)
- Clear Lake High School (Clear Creek ISD)
- Seven Lakes High School (Katy ISD(259,268),(492,306)

**Special Education Students**20

- 7% of Students in HISD
- 8% of Students in Region 4
- 9% of Students in Texas
Similarly, Texas is beginning to increase the transparency of its school rating system by implementing its own A through F grades for campuses. While the rating system is a good starting point, it does not measure other important indicators such as the quality of student-teacher interaction, the type of school leadership, or the school’s climate.

English Language Learners (ELL)\textsuperscript{21}

- 30\% of Students in HISD
- 22\% of Students in Region 4
- 19\% of Students in Texas

Percent of Students at Level III Advanced in Algebra I on the STAAR Test by the End of Course\textsuperscript{22}

Students with Disciplinary Placements\textsuperscript{23}

- 1\% of Students in HISD
- 1\% of Students in Region 4
- 2\% of Students in Texas
A PATH FORWARD

CHILDREN AT RISK has been assessing school performance for over a decade, and an emerging trend is the increase in high poverty schools that find a way for their students to succeed. For example, in HISD’s Sharpstown High School, nearly 100% of its students are economically disadvantaged. In three years, the school moved from a D grade to a B-. Preliminary assessments show that the following interventions contribute to success in high performing, high poverty schools:

» Providing more time on task for students
» Using data to determine interventions
» Creating a culture of high expectations
» Having teachers with a missionary zeal
» Having a strong principal as the campus leader
» Engaging students who come from a high-quality Pre-K program (in elementary schools)

Currently, property-wealthy school districts are required to give money back to the state, which is then distributed to “poorer” districts. HISD, for example, is one of these property wealthy districts, despite its three in every four students that are considered economically disadvantaged, or low-income, by the state’s standards. The 85th Texas Legislature should address the school financing structure in an effort to equitably fund public schools. One in 10 students in the U.S. is born in Texas, and Texas is already 38th in the nation when it comes to spending per student.

Teacher experience and professional development are key drivers to student achievement. Studies show that beginning teachers who participated in support and mentorship programs with the guidance of more experienced staff had higher satisfaction, commitment, and retention. By investing in such programs in Region 4, we could improve instructional practices and increase retention rate.

Minority students in Texas make up 71% of the student body, and 78% in Region 4. Such a diverse student population requires culturally sensitive strategies to increase diversity awareness among students and parents. Increasing culturally sensitive approaches, such as hiring teachers who look like their students, can help students succeed and create a more
College & Career Readiness

College or career readiness is an important indicator of a student’s progress and of a school’s performance.

According to CHILDREN AT RISK’s 2016 School Rankings, magnet schools in HISD are best preparing students to be college or career ready.

While the student participation rate in SAT or ACT exams is much higher in HISD than the participation rate in Region 4 and in Texas, the percentage of students in HISD who are considered college or career ready remains low.

Low graduation rates persist in some of the most economically disadvantaged districts in Harris County: HISD (79%), Aldine ISD (81%), and Alief ISD (83%).

As discussed above, student participation and performance in SAT or ACT exams is an important indicator in measuring whether or not students know and understand concepts needed for college or for their careers. In HISD, a district where students can take the SAT or ACT at no fee, 97% of students participated in the exam, a number much higher than the 72% in Region 4 and 68% in the state. However, only 14% of students in HISD were considered college or career ready according to SAT or ACT score standards, a number lower than the region and the state. Additionally, research shows that participation in AP/IB coursework offers students a challenging classroom experience, exposes them to a college-bound culture, and connects them early on with support to navigate the college system. In HISD, 58% of students participated in one or more AP/IB courses.

Students who are considered college or career ready are equipped with knowledge and skills to succeed in the entry-level workforce, an institute of higher education, or a job training program. TEA defines success in this area when students meet one of these criteria:

- Meet or exceed certain scores on the state exams, SAT, or ACT.
- Complete at least two advanced/dual-credit courses in 11th or 12th grade.
- Enroll in a coherent sequence of career and technical education courses as part of a four-year plan of study.

In a 2016 analysis, Texas’ education system received an overall score of 69.7 out of 100. The scores in the analysis were determined by a series of indicators such as equity, early...
CHILDREN AT RISK Graduation Rates (Grades 9-12)\textsuperscript{24}

<table>
<thead>
<tr>
<th>Year</th>
<th>HISD</th>
<th>Region 4</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>77%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>2014</td>
<td>79%</td>
<td>83%</td>
<td>88%</td>
</tr>
<tr>
<td>2015</td>
<td>79%</td>
<td>84%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Percent of Students in Career & Technical Education Programs\textsuperscript{25}

\begin{itemize}
\item 18\% in HISD
\item 23\% in Region 4
\end{itemize}

Percent of Students Who Took the SAT or the ACT\textsuperscript{26}

\begin{itemize}
\item 97\% in HISD
\item 72\% in Region 4
\item 68\% in Texas
\end{itemize}
Percent of High School Graduates Who Enrolled in Higher Education the Following Fall

Fort Bend 69%
Chambers 67%
Galveston 66%
Brazoria 61%
Harris 58%
Waller 48%
Liberty 46%

foundation outcomes, and K-12 achievement rates. Texas was ranked 41st in the nation for postsecondary participation, falling below the national average of students enrolled in higher education programs.
To increase the likelihood that a student will graduate high school, schools can implement important interventions that begin in elementary school. Schools can keep students at grade level throughout their elementary years, or require summer school for students who failed a class or were held back. In order to accomplish this, educators must have adequate support to properly meet student needs.

Middle school is an important and often overlooked time in a child’s academic career. Rice University’s dropout study indicates that a student’s experience in 8th grade is highly correlated with his or her likelihood to dropout in high school years. Schools can provide students who have behavioral problems or who fail a class with specific academic and/or emotional support, as well as better reintegrating students into school who have been placed in Alternative Education Programs (AEP). In addition, mental health professionals may be needed on an ongoing basis for some students.

For many at-risk students, the culture of college or the workforce is a different experience than their time at home. In order to succeed in college or in a career, children must meet higher expectations and possess soft skills such as communication, teamwork and collaboration, impulse control, and problem solving abilities. To better prepare students, schools can provide evidence-based training programs and intervention in the earliest academic years for at-risk students and their parents.

Educators and policymakers alike recognize expanded learning opportunities as a key strategy to improve academic achievement in schools. Learning time in Texas is based on the conventional school calendar of 180 seven-hour days, which does not allow for the depth of education necessary for all students to be successful. Texas should join national leaders in education reform by implementing programs designed to accelerate school reform and raise student proficiency through expanded learning opportunities.
College & Workforce Success

By 2020, two-thirds of jobs are predicted to require a career certificate or college degree; however, only 33% of adults age 18 and over in Texas currently meet those standards.

Across the major four-year universities in Texas, at least 75% of college graduates are employed, enrolled in a graduate program, or placed in military service upon graduation.

Public four-year universities in Houston experienced a 5% growth in college graduation rates between 2010 and 2015.

Many of the colleges that first-generation college students in Houston choose to attend after high school are also the schools with the highest dropout rates.

Average debt for students enrolled in four-year public institutions in Houston is $33,340 with 71% of students in debt.

A recent study by the Higher Education Coordinating Board found that only 21% of Texas students ultimately received a certificate or degree from a Texas institution within six years of graduating high school.63

WE ARE HERE
Pursuing higher education is often associated with an individual’s career and workforce success. A recent report from the U.S. Department of Education revealed that individuals who hold a bachelor’s degree earn 66% more than individuals with a high school diploma. In addition, an individual who holds a bachelor’s degree is far less likely to face unemployment.64

In the 19th century, the Industrial Revolution popularized the high-school diploma; following this trend, the modern-day Information Technology (IT) Revolution has popularized the...
bachelor's degree. Due to the IT Revolution, there is a surplus of jobs across industries that require college-level skills and knowledge of mathematics and computer programming.\textsuperscript{25} By 2020, two-thirds of jobs in the U.S. will require more than a high school diploma, but with only 33% of Texas adults age 18 and over currently meeting these standards, there is a considerable gap in skills that we must close.\textsuperscript{56, 67}

In the last five years, college graduation rates have risen in public four-year universities in the Greater Houston area. For example, the six-year graduation rate at the University of Houston-Main Campus has increased by nearly 5% in the last five years, but it is still low with only 58% of students completing within six years of enrollment.\textsuperscript{68, 69} This number is significantly lower than the rate of the University of Texas and Texas A&M University where 82% and 85% of students graduate within six years. The university with the lowest rate in Houston is Texas Southern University (20%) and the highest rate is Rice University (91%).\textsuperscript{70}

Four-year universities and two-year colleges are often measured by six- and three-year graduation rates respectively. While there are many understandable reasons as to why it

While minority enrollment is increasing statewide and Texas colleges and universities are becoming more diverse, there are still disparities in higher education enrollment. In Houston, more than half of our children are Hispanic; however, only 28% are enrolled in a public university.
takes students extra time to graduate, the additional time can mean higher student debt and a loss of potential earnings. For students seeking their bachelor’s degrees, each added year costs over $22,000 in attendance fees and $45,000 in lost wages.\textsuperscript{71}

The enrollment in community colleges has also experienced slight growth over the past two years.\textsuperscript{72} However, two-year college completion rates in Texas are even lower than four-year rates, with only 14% of students graduating at a rate of 150% time.\textsuperscript{73} This can be attributed to the fact that two-year colleges are often easier to enroll in, and they often offer a wide variety of options with little guidance or structure.\textsuperscript{74} The lack of structure often causes confusion for students at these two-year colleges, leading to higher dropout rates in comparison to four-year universities.\textsuperscript{75} Houston Community College and the Lone Star College System serving nearly 5,000 students both have 11% graduation rates.\textsuperscript{76}

With 50% of Texas children living in low-income households, accessibility to higher education will continue to be a hurdle in the coming years. The increasing cost of college in Texas and across the nation can be burdensome, especially for low-income students. Over the past decade, the cost of tuition, fees, room, and board at public institutions rose 34%, and the cost of attending a private institution rose 25%.\textsuperscript{77} The rising cost of college and growing financial burdens often force students to begin working as soon as possible. Average student debt for some Texas community colleges is nearly the same as the average debt for four-year public institutions. This disparity is exacerbated by the fact that most community colleges prepare students for lower-earning jobs, yet they are expected to pay off the same amount of debt.\textsuperscript{78} Loan repayment often impacts post-graduate success and quality of life, and financial pressure on college and post-college students often has a negative impact on future academic and social activities.

College experience and post-graduation achievement is most consistently measured by employment rates and workforce success. The city of Houston is consistently ranked among cities with growing job markets for young professionals; however, Texas has witnessed a slight decrease in employment in the past five years.\textsuperscript{79} Because of its high demand for a degreed workforce, Texas will need to improve its low college completion rates in order to have a productive workforce.
### Average Student Debt at Houston Area Public Four-Year and Two-Year Institutions$^{34,35}$

<table>
<thead>
<tr>
<th>Year</th>
<th>Four-Year Institutions</th>
<th>Two-Year Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0k</td>
<td>$33,340</td>
<td>$17,480</td>
</tr>
<tr>
<td>$10k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20k</td>
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<tr>
<td>$30k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40k</td>
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</tr>
</tbody>
</table>

### Percent of Students in Debt at Houston Area Public Four-Year and Two-Year Institutions$^{34,35}$

<table>
<thead>
<tr>
<th>Year</th>
<th>Four-Year Institutions</th>
<th>Two-Year Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>71%</td>
<td>33%</td>
</tr>
<tr>
<td>$10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20</td>
<td></td>
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<tr>
<td>$30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Highest Level of Educational Attainment in Texas (Age 25+)$^{36}$

<table>
<thead>
<tr>
<th>Level</th>
<th>Less than 9th grade</th>
<th>Some high school, no diploma</th>
<th>High school diploma</th>
<th>Some college, no degree</th>
<th>Associate degree</th>
<th>Bachelor's degree</th>
<th>Graduate or professional degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>25%</td>
<td>23%</td>
<td>7%</td>
<td>18%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Top 10 Fastest Growing Occupations in Houston

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>INDUSTRY</th>
<th>PERCENT GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petroleum Engineers</td>
<td>Mining, Quarrying, and Oil and Gas Extraction</td>
<td>57%</td>
</tr>
<tr>
<td>Industrial Machinery Mechanic</td>
<td>Mining, Quarrying, and Oil and Gas Extraction</td>
<td>55%</td>
</tr>
<tr>
<td>Industrial Machinery Mechanic</td>
<td>Wholesale Trade</td>
<td>46%</td>
</tr>
<tr>
<td>Computer User Support Specialists</td>
<td>Professional, Scientific, and Technical Services</td>
<td>42%</td>
</tr>
<tr>
<td>Meeting, Convention, &amp; Event Planners</td>
<td>Accommodation and Food Services</td>
<td>42%</td>
</tr>
<tr>
<td>Medical &amp; Clinical Laboratory Technicians</td>
<td>Health Care &amp; Social Assistance</td>
<td>40%</td>
</tr>
<tr>
<td>Industrial Machinery Mechanics</td>
<td>Manufacturing</td>
<td>40%</td>
</tr>
<tr>
<td>Civil Engineers</td>
<td>Professional, Scientific, and Technical Services</td>
<td>38%</td>
</tr>
<tr>
<td>Computer-Controlled Machine Tool Operators, Metal/Plastic</td>
<td>Manufacturing</td>
<td>38%</td>
</tr>
<tr>
<td>Software Developers, Applications</td>
<td>Professional, Scientific, and Technical Services</td>
<td>37%</td>
</tr>
</tbody>
</table>

Contributing Factors of Students Not Graduating in Texas

- 70% of community college students have not attempted a college-level math class within two years
- One advisor is available for every 400 students on average
- 1.7 millions students each year begin college in remediation
- Most full-time students do not take the credits necessary to graduate on time leading to longer course plans
- Many institutions have excessive degree requirements
- Many students waste time and money wandering the course catalog
- 75% of students juggle school, family, and work
- 60% of bachelor's degree recipients change colleges
- 33% of students say they couldn't get into a class they wanted to take

Percent of Students Graduating On-Time in Four-Year and Two-Year Institutions

- 21% in Four-Year Institutions
- 4% in Two-Year Institutions
A PATH FORWARD

Universities must invest in and prioritize college success, not just enrollment, especially among minority students on campus. Research shows that many minority students historically lack supportive mentors, leading to a lack of understanding about how to navigate the school system.\(^\text{80}\) UT has launched a new program—Project Mentoring to Achieve Latino Educational Success in order to combat the disappearance of Hispanic and Black males in higher education.\(^\text{81}\) By providing supportive mentors and services, this program is aimed to increase the graduation rates among students of color.

To meet the workforce demand and to prioritize hiring Texas residents, the state must implement strategies and increase funding to close the skills gap. State funding for higher education per student in Texas is 17% lower than it was in 2008 before the recession, and this has increased the cost of tuition by 23% in the same time period. Students—many of whom never graduate—are now shouldering a larger share of the cost. State funding increased slightly in the last year, but the Texas Legislature must continue to prioritize this spending to help alleviate the burden of tuition and increase the likelihood that a student will enroll in and complete college.\(^\text{82}\)

Providing faculty mentors to community college students has been proven to increase the likelihood of graduation.\(^\text{83}\) Several studies have shown that mentoring by college faculty has a positive impact on students’ persistence and academic achievement in college and helps students to be ready for professional careers.
STATUS OF CHILDREN

Chapter 1: EDUCATION
Early Education
Quality Public Schools
College & Career Readiness
College & Workforce Success

Chapter 2: HEALTH
Maternal & Infant Health
Access & Coverage
Sexual Health
Food Insecurity
Physical Activity & Environment
Chronic Illness
Mental Health
Substance Abuse

Chapter 3: SAFETY
Child Abuse & Neglect
Child Trafficking
Juvenile Justice

Chapter 4: PARENTING
Parent Education
Family Engagement

Endnotes
About CHILDREN AT RISK
Introduction

The overall health of a child has a great impact on his or her overall quality of life. Child health is heavily intertwined with environmental factors. Though numerous children face challenges associated with medical conditions that are largely unavoidable, many of the most prevalent health-related issues experienced by children and adolescents in Houston are preventable. Efforts to address the social determinants of health, such as timely prenatal care, access to food and shelter, and provision of preventative health services, are integral to enabling children to grow into healthy, strong adults.

Initiatives to improve child health must begin during pregnancy; research shows that quality pre- and perinatal care significantly improves maternal and neonatal outcomes, ensuring that children are given the best possible start toward healthy growth and development. Once a child is born, access to primary care services and vaccinations is tantamount for the prevention of many adverse medical and developmental conditions. Moreover, health insurance for children and families is vital in ensuring access to these needed services and options.

As a child approaches adolescence and gains more freedom, he or she faces choices about nutrition, physical activity, self-care, sexual behavior, and substance use. Evidenced-based health education curricula are essential for teaching adolescents about these topics, providing them with necessary information to make smarter, healthier decisions.

Ultimately, research shows that without good health, children are less likely to succeed in school, jobs, or relationships. Though many children continue to thrive within Harris and surrounding counties, a significant percentage struggles with limited access to healthy food, primary care services, and other resources essential to their overall well-being. As shown in this report, children from racial/ethnic minorities and from low-income families are consistently overburdened by poor health outcomes. Achieving health equity among children is imperative toward securing a hopeful future for the Houston metropolis.

Maternal & Infant Health

Approximately every 1 in 5 Texas children is born in Harris County.

Although it is of tremendous benefit to maternal and child health, many women in Harris County do not receive prenatal care.

Infant mortality rates have remained consistent for several years, but certain groups remain at a greater risk for premature birth, birth defects, or infant mortality.

Premature birth, which can be detrimental to an infant’s short and long-term health, can largely be eliminated through prenatal care, lifestyle, and environmental changes.

WE ARE HERE

Texas has the fourth highest birth rate (70/1,000) in the United States, with nearly 400,000 babies born each year. The birth rate is even higher in Harris County (72/1,000), where 1 in 5 Texas children is born. A significant number of the state’s children are born in Harris County, suggesting that the outcomes of...
city-level policies and strategies have a statewide impact. Thus, it is imperative to emphasize citywide pre- and perinatal health to ensure that all Texas children are able to reach their full potential.

Prenatal care is important for providing preventative care to all children, particularly for some of the most vulnerable segments of our population. Early prenatal care reduces the risk of pregnancy complications through providing access to important screenings and anticipatory guidance, thus promoting maternal and fetal well-being. Prenatal care visits allow health care providers to monitor fetal growth and development, as well as assess for maternal risk factors for pregnancy complications. Early and consistent prenatal care is vital for both maternal health and fetal development, as infant death is nearly five times more prevalent when mothers do not receive any early care. Unfortunately, in 2013 only 59% of pregnant women in Harris County had access to prenatal care in their first trimesters. Women not being aware of their pregnancies, lack of money or insurance for prenatal visits, and difficulty finding transportation are contributing factors to this alarmingly low rate.

Total Number of Children Born in Harris County per Year

68,292

In terms of maternal mortality, Texas has the highest rates of any developed area in the world. Deaths due to pregnancy and childbirth complications have steadily risen across the United States over the last decade; however, Texas has exhibited the sharpest increase. Between 2010 and 2012, the maternal mortality rate doubled in Texas from 19 deaths to 33 deaths per 100,000 women. As with the infant mortality rate data, striking disparities exist between Black mothers and those of any other race. The maternal mortality rate among Black mothers in 2011 was 67/100,000, a higher rate than some developing nations including war-torn nations like Iraq. Elevated maternal mortality rates in Houston have been attributed in part to lack of pre-natal care access, though this topic is still under investigation by local public health officials.

9% of infants born in Harris County are Low Birth Weight or approx. 5.5 pounds

In 2013, nearly 7 in every 1,000 infants in Harris County died before their first birthday, a number above the state average of 6/1000. While infant mortality rates have remained relatively stable in Harris County over the last decade, there are still significant disparities in mortality rates between different racial and ethnic groups. Black infants have nearly twice the mortality rate of any other racial or ethnic group (15 deaths per 1,000 in 2013); this number exceeds the infant mortality rates observed in many developing nations, including Mexico and Sri Lanka. By comparison, there were 6 deaths per 1,000 White infants and 5 deaths per 1,000 Hispanic infants in the same year. Fortunately, the leading cause of infant death in Harris County – complications related to short pregnancies and low birth weight – is largely preventable through efforts to reduce the number of preterm births. Other causes, such as Sudden Infant Death Syndrome (SIDS) and unintentional injuries, may be reduced through awareness and educational programs for parents.

59% of women in Harris County receive prenatal care starting in their first trimester

Infant Mortality Rate in Harris County

7 per every 1,000 infants

Infant mortality rate and maternal mortality rate are among the most heavily utilized vital statistics in population-based health comparison studies. For Harris County and Texas, both indicators are considered elevated in comparison to other developed regions, especially among the Black population. In 2013, nearly 7 in every 1,000 infants in Harris County died before their first birthday, a number above the state average of 6/1000. While infant mortality rates have remained relatively stable in Harris County over the last decade, there are still significant disparities in mortality rates between different racial and ethnic groups. Black infants have nearly twice the mortality rate of any other racial or ethnic group (15 deaths per 1,000 in 2013); this number exceeds the infant mortality rates observed in many developing nations, including Mexico and Sri Lanka. By comparison, there were 6 deaths per 1,000 White infants and 5 deaths per 1,000 Hispanic infants in the same year. Fortunately, the leading cause of infant death in Harris County – complications related to short pregnancies and low birth weight – is largely preventable through efforts to reduce the number of preterm births. Other causes, such as Sudden Infant Death Syndrome (SIDS) and unintentional injuries, may be reduced through awareness and educational programs for parents.
Premature birth – birth occurring before the 37th week of pregnancy – can be tied to a myriad of health risks and complications. Compared to other major U.S. cities, Houston has a higher rate of premature births, with 11% of infants born prematurely in 2014. Researchers have determined that Houston’s elevated rate of premature births is linked to citywide maternal obesity, lack of access to first trimester prenatal care, and longer than average exposure to traffic exhaust. One of the highest risks associated with premature birth is low birth weight, as babies who weigh less than 5.5 pounds at birth are 20 times more likely to not live past their first year of life. Aside from increased infant mortality rates, premature birth is also associated with increased illness and financial costs. The small size of premature infants leads them to have underdeveloped lungs, brain, and/or immune system, as they age and grow, there may be lasting physical and developmental disabilities. Long-term consequences may include developmental delay and an increased risk for chronic diseases such as asthma.

With this in mind, preventing premature birth is an important part of ensuring the health and well-being of children. Some of the widely known causes of premature birth are smoking,
illicit drug use, poor nutrition, untreated sexually transmitted infections, diabetes, high blood pressure, and toxic stress. In addition, environmental factors – such as air pollution, lead, and tobacco smoke – contribute to premature birth, in turn reducing U.S. economic productivity by an estimated $3.5 billion annually. Fortunately, many of the contributing factors of premature birth are preventable through education, screening, and maternal support services.

Vaccinations are also an important component of prevention, as they prevent infants and young children from catching and spreading communicable diseases. The recommended 4:3:3:1:3:3:1 Vaccination Schedule for children age 19-35 months protects against diphtheria, tetanus, pertussis, poliovirus, measles, mumps, rubella, Hib, hepatitis B, varicella, and pneumonia. In 2014, three-quarters of Houston children completed this vaccination series, which is significantly higher than the state average of 67% and on par with the national average. However, current vaccination rates are still below the level of protection required for herd immunity. For highly contagious diseases such as measles, 90-95% of the population must be immunized to prevent transmission. This means that vaccine-preventable illnesses currently continue to affect unvaccinated children and more vulnerable subsets of the population are put at risk.

Children from low-income families are more likely to have incomplete vaccinations. Finding clinics and navigating subsidized vaccine programs may be difficult, especially if children do not have a primary care provider. The state has started to address this issue by implementing ImmTrac, a vaccination record system that is available at no cost to all Texans. Additionally, educational programs to address parental concerns and access have successfully increased vaccination rates among low-income children. Vaccine education is beneficial for all families, especially as misconceptions grow regarding vaccine safety and as children are more and more susceptible to vaccine-preventable illnesses.

A PATH FORWARD

- Continue to improve access to prenatal care and postpartum services.
- Improve access to vaccination services and prioritize vaccine education to reduce noncompliance and exemptions.
- Emphasize health education and access to prenatal care for expectant mothers. Infant mortality and prematurity are tied to largely preventable factors.
- Increase access to postpartum care and continued support for new mothers. Data shows that the United States has a high infant mortality rate compared to other affluent nations. However, many of these deaths occur more than one month after birth, a trend that is not seen in other nations where postpartum home visits by nurses and other professionals are the norm.
Access and Coverage

Access to health insurance coverage is critical to a child’s well-being. In 2015, the average cost of a three-day hospital stay in the United States was around $30,000. Not only is a cost like this a significant financial burden, but hospital stays are also often unexpected, placing a significant strain on families. These high costs often present barriers to addressing children’s health needs promptly. As a result, uninsured children often end up in an emergency room as a last resort in lieu of seeking primary care. Services such as Medicaid, CHIP, THS, and school-based programs allow low-income children to get the health care that they need.

The gap in health insurance coverage among Texas children is influenced by several factors, including the registration process for the CHIP program, lack of programs for non-citizens, and stringent requirements for parental coverage. In order to reduce the burden of uninsured children in Texas, examination is needed of state program procedures and the relationship between state and national Medicaid services.

In 2014, 15% of Harris County children did not have health insurance. Without health insurance, children are unable to get the treatment and preventative services they need to stay healthy, which can impact their well-being and ability to learn.

Services such as Medicaid, CHIP, THS, and school-based programs allow low-income children to get the health care that they need.

Number of Texas Medicaid Recipients Under Age 18

2,949,951

Number of Texas Children Enrolled in CHIP

342,558

Though public insurance programs and school clinics are important assets for child health care provision in Texas, many children continue to fall through the cracks. In 2014, 15% of Harris County children were living without health insurance, a sobering number when compared to the 6% of children who were uninsured nationally during the same year. This exceptionally high rate of uninsured children in Texas can be attributed to
Number of HISD School-Linked Programs that Provide Medical Care to Underserved Children

10

A variety of factors, including socioeconomic status, Hispanic individuals, people living below 20% of the federal poverty line, and families of breadwinners whose employers do not provide insurance are particularly at risk of being uninsured. In Harris County, Hispanic children and American Indian children are the least likely to be insured. However, it is estimated that half of the uninsured Hispanic citizens living in Texas qualify for health care coverage under the Affordable Care Act or through private plans, a fact that raises concerns regarding access to private and public insurance. Additionally, non-citizens are almost three times as likely to be uninsured compared to U.S. citizens in Texas. Among Texas children in particular, more than half of uninsured children are eligible for public programs but are not enrolled, ranking Texas the second highest among states for percentage of uninsured children living below 200% of the federal poverty line. This discrepancy is likely tied to the CHIP and Medicaid requirements for re-enrollment every 12 months. CHIP also mandates a 90-day waiting period for which a child must be uninsured before receiving CHIP coverage.

Projected Consequences of Texas Not Expanding Medicaid (2016)

Federal Medicaid Funding Lost
$6.6 billion

Hospital Reimbursements Lost
$3.2 billion

Uninsured Individuals Who Will Not Qualify for Coverage
1,552,000

This high rate of uninsured Texas children may also be tied to whether or not their parents are insured. Children whose parents are uninsured are more likely to be uninsured themselves and are 7% less likely to visit a medical provider as a result. Conversely, in states where public health care programs were extended to parents of low-income families, eligible children participated in Medicaid at 20% higher rates.

When children are uninsured, emergency treatment is often used as a replacement for primary care services. This denies the child an opportunity for in-depth examination, preventative care, and follow-up services. It is also tremendously expensive, increasing the cost of care by 300% and requiring Texas hospitals to provide over $3 billion annually in charity care. Medicaid expansion was a key component of the 2010
Affordable Care Act. States were given autonomy to choose if and how this expansion would take place. Policymakers in Texas opted out of the expansion, leaving a gap in insurance coverage that has left some families without coverage. The lack of expansion in Texas has also led to a projected loss of nearly $10 billion in federal funding and hospital reimbursements in 2016, a significant economic loss for the state. This economic burden will impact the ability of programs such as Medicaid and CHIP to provide Texas children with opportunities for high quality health care.

A PATH FORWARD

- Increase health coverage for families. Research shows that children are more likely to have health coverage and a medical home when their parents are insured as well.

- Increase access and reduce barriers to seeking health care services for children. Mobile clinics and connections to community groups that promote health could provide a community-based strategy of improving access.

- School-based health care should be expanded, and best practices from districts like HISD, Pasadena ISD, and KIPP need to be shared. These programs have the potential to address children's health needs directly, as well as give families the tools they need to enroll their children in Medicaid and CHIP.
Sexual Health

**WE ARE HERE**
Sexual health plays an important role in the overall health and quality of life for teenagers and young adults. In 2015, 37% of high school students in Houston reported having sexual intercourse and 24% said that they were currently sexually active; sexual activity is defined as having vaginal, anal, or oral intercourse with at least one person in the past three months.46,47 Also in 2015, the percent of sexually active students increased as the students progressed through high school, with a particularly sharp 14% increase between the 11th and 12th grades.48 Teen sexual activity is correlated with higher rates of teen pregnancy and sexually transmitted infections (STIs), issues that impact society as a whole. Teen parents are less likely to graduate high school and have a higher probability of being impoverished as adults.49 Children born to teen parents also tend to have poorer educational, behavioral, and health outcomes throughout their lives.50 In 2014, 79 per 1,000 births in Harris County were to a teen mother, compared to the statewide rate of 63 per 1,000 births.51 Although teen birth rates are still considerably high, the rate has declined by 34% in Harris County in the last decade.52 This decline is associated with lower rates of sexual activity among teenagers, more effective contraception, and more access to information about pregnancy prevention.53 However, while the teen birth rate has declined in recent years, a teenager in Harris County still gets pregnant every 93 minutes. In 2015, 56 per 1,000 girls age 15-19 in Harris County gave birth.54 This is more than double the national teen birth rate.55

There are also disparities seen in which children are becoming teen parents. In Harris County, although approximately half of the adolescent population is Hispanic, it accounts for the majority of teen births.56 Conversely, White adolescents represent nearly a quarter of the adolescent population but only 12% of teen births.57,58

**ISSUE AT A GLANCE**
- Sexual health plays an important role in the overall health and quality of life for teenagers and young adults.
- 37% of high school students and 12% of middle school students in Houston report that they have had sexual intercourse.
- Teen births are more common among Black and Hispanic adolescents than White adolescents. However, teen pregnancy as a whole continues to decline nationally and in Harris County.
- Texas has the highest percentage of repeat teen births in the nation.

**Sexual activity is defined as having vaginal, anal, or oral intercourse with at least one person in the past three months**

High School Students in Harris County Who Reported Having Been Sexually Active 16,37

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>31%</td>
</tr>
<tr>
<td>2015</td>
<td>24%</td>
</tr>
</tbody>
</table>

**7% decline**
In addition to addressing teen pregnancy, preventing sexually transmitted infections (STIs) is an important component of sexual health. The most common STIs among Harris County children are chlamydia, gonorrhea, and syphilis (sexually contracted and congenital). In 2015, the rate of confirmed chlamydia infections in Harris County was 411 cases per 100,000 children, and the rate of confirmed gonorrhea infections was 106 per 100,000 children. These rates are comparable to rates of the adult population, indicating that children are vulnerable to STIs in the same manner that adults are. If used correctly, male condoms can serve as an effective method to reduce the risk of STI transmission. However, in 2015, 42% of sexually active high school students in Houston reported not using a condom the last time they had sexual intercourse, increasing their risk of contracting HIV and other STIs.

Human papillomavirus (HPV) is the most common STI in the United States, precipitating 14 million new cases annually, including in children and teens. Nearly all sexually active young people will become infected with HPV at some point in their lives. However, almost all HPV infections will be cleared without causing health problems. Treatment is available for some types of HPV, such as genital warts, which can be painful and embarrassing. It is important for young people to get vaccinated against HPV to prevent the development of certain types of cervical, anal, and oral cancers.
Americans are thought to come into contact with at least one strain during their lifetimes. Though most HPV infections are asymptomatic and self-resolving, the virus is responsible for about 4,000 cases of cancer annually in Texas alone. The HPV vaccine has been proven to prevent cases of cervical, anal, penile, and throat cancers. Despite its known safety and efficacy, HPV vaccination rates in Texas are low, with only 34% and 18% of eligible female and male youth, respectively, receiving all three doses. A concerted effort among providers and community advocates is needed to decrease the high rates of cancer.

HIV represents a challenge for many youth in Texas. Nationwide, 1 in every 5 new cases of HIV occurs in individuals between the ages of 15 and 24. Fortunately, with the advent of antiretroviral therapy, it is now possible for these young people to live full and healthy lives. The Baylor Pediatric AIDS Initiative (BIPAI) provides comprehensive services to Houston area children and teens age 0-19 that have contracted HIV either through vertical or sexual transmission. BIPAI serves more than half of the known HIV+ youth population in Houston, providing medical, psychological, and social services to promote health and quality of life for both infected children and their siblings.

1 in 5 teen births in Harris County are the mother’s second child or more

HIV represents a challenge for many youth in Texas. Nationwide, 1 in every 5 new cases of HIV occurs in individuals between the ages of 15 and 24. Fortunately, with the advent of antiretroviral therapy, it is now possible for these young people to live full and healthy lives. The Baylor Pediatric AIDS Initiative (BIPAI) provides comprehensive services to Houston area children and teens age 0-19 that have contracted HIV either through vertical or sexual transmission. BIPAI serves more than half of the known HIV+ youth population in Houston, providing medical, psychological, and social services to promote health and quality of life for both infected children and their siblings.

A PATH FORWARD

Texas needs to increase access to comprehensive, evidence-based sex education in schools in order to better protect children. Currently, sex and HIV prevention education are not required in Texas schools. Schools that do choose to provide information must emphasize abstinence, and content is not required to be medically accurate or include coverage of contraceptive methods.

Increase access to evidence-based parenting programs such as the Staying Connected with Your Teen program that teaches parents how to discuss pregnancy and STI prevention.

Prevention of repeat teen births must be a focus for Harris County and Texas. Education during interactions with the health care system for first time teen mothers has proved effective in reducing the rate of repeat teen pregnancies; it will require collaboration between health care workers, educators, and state officials in order to address this uniquely Texan concern.
Food Insecurity

A child's nutritional intake can impact his or her physical, academic, and emotional well-being.

Food insecurity among Houston's children arises from many factors including financial difficulties and access to healthy, nutritional, and affordable food options.

The Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children Program (WIC) provide nutritional assistance to low-income families and children.

School and summer food meal programs provide a stable source of nutrition to food insecure children; however, access must be improved to make these programs effective.

WE ARE HERE
Food insecurity is a social and economic condition that involves households facing limited or uncertain access to adequate food. In other words, a child who is food insecure either went without or does not know from where he or she will get the next meal. Children who face improper nutrition are more likely to get sick, may experience impairment to their growth and development, and encounter difficulties focusing and learning.

In 2014, more than a quarter of children in Harris County were food insecure. Food insecurity can arise from an inability to afford healthy food, or from living in communities where there is limited access to affordable and healthy food. These areas are called food deserts, and nearly 500,000 Harris County residents live in communities that are classified as such.

Percent of Children in Harris County that are Food Insecure\(^ {24}\)

26%

Average Monthly Percent of Children Receiving SNAP Benefits in Harris County\(^ {25}\)

34%

Age 0-5

28%

Age 5-17

The Number of Children (Age 0-4) in Harris County Who Are Utilizing the WIC Programs\(^ {26}\)

\[
\begin{array}{c|c|c|c}
\text{Year} & 2013 & 2014 & 2015 \\
\hline
\text{Number} & 133,137 & 126,967 & 122,515 \\
\end{array}
\]
Issues related to hunger have gained attention as local officials and community members are starting to address food insecurity. The Go Healthy Houston initiative has made progress toward improving access to healthy food for all Houstonians by promoting community gardens. Partnerships between the Go Healthy Houston initiative and groups such as CAN DO Houston are promoting “Healthy Corner Stores” by stocking low-cost fruits, vegetables, and whole grain foods in urban corner stores. This has resulted in a slight reduction in food insecurity in Houston over the past few years. With continued implementation efforts, the goal is to reduce food insecurity entirely in the city of Houston.

SNAP and WIC allow a significant number of impoverished children and families to supplement their monthly food budget. SNAP provides nutritional assistance to eligible low-income individuals and families. In Harris County, 34% of children under age 5 and 28% of children ages 5-17 receive food through SNAP. There are also specific nutrition opportunities for parents with young children. WIC is particularly beneficial, as it provides pregnant women, new mothers, and young children (ages 0-5) with access to nutritious foods and nutrition education services. Also, U.S. citizenship is not a prerequisite for WIC enrollment, increasing access to a large portion of Houston's vulnerable population.

Free and reduced-priced meal programs in schools are another powerful tool to combat hunger and reduce food insecurity among children. The National School Lunch Program (NSLP) and National School Breakfast Program (SBP) have been mainstays of school nutrition, providing low-income school children with access to consistent and nutritious meals in public schools throughout the nation. While these programs have had significant impact, the SBP has historically been underutilized across the state. In an effort to improve access to school breakfast for Texas students, the state passed a bill in 2013 that worked to make the SBP more accessible for students by taking away the cost of school breakfast in the most at-risk schools.

Only 42% of the eligible students in Harris County participate in free or reduced-priced breakfast on a daily basis

Only 70% of the eligible students in Harris County participate in free or reduced-priced lunch on a daily basis
Specifically, those school campuses where 80% or more of the students qualify for free or reduced-price meals must serve breakfast at no cost for all students attending that campus. In Harris County, 66% of students qualify for a free or reduced-priced meal, yet less than half of those students are participating in school breakfast at their school. This discrepancy is due to several reasons including bus schedules, late school arrivals, availability of meals, and the stigma associated with eating a school meal. By passing this bill, the state of Texas worked to reduce these barriers, and looks forward to seeing an increase in school breakfast participation in the coming years.

While school meal programs continually aim to improve the health and well-being of children, there are significant gaps in school meal service once the school day ends. In 2015, only 7 of the 25 school districts in Harris County utilized the At-Risk Afterschool Meal Program. Again, transportation logistics emerge as a barrier, as many children are unable to stay after school if bus transportation is not provided. The Houston Department of Parks and Recreation has launched an after-school meal program to address this concern by providing snacks and dinner to children in high-poverty communities. Children who are registered at a participating center spend time after school in a safe environment where they have consistent access to a healthy meal and can receive help with homework.

The school calendar also has an influence on a food insecure student’s likelihood of going hungry. Through the U.S. Department of Agriculture, an initiative known as the Summer Food Service Program (SFSP) was created to reach children during the summer months. However, participation in Texas has been low, as approximately 1 in 10 of the state’s low-income children who receive free or reduced-priced meals during the school year participate in SFSP. Barriers to participating in SFSP include insufficient transportation options to and from meal sites, lack of awareness of and how to participate in the program, inconvenient site locations and hours, and stigma associated with participating in the program during the summer months. Several SFSP sites in Texas have been working to overcome these barriers by hosting meal service in conjunction with programming at popular community locations such as public libraries. By operating out of a convenient location and creating a fun environment with a strong sense of community, these sites have reported higher attendance.

### A PATH FORWARD

- **Reassess zoning laws and emphasize strategies to ensure that communities have access to affordable, healthy foods.**
- **Increase access to healthy, affordable foods in food deserts through proven, innovative strategies such as Healthy Corner Stores, fresh food financing, and community gardens.**
- **Support summer and evening school meal programs, working to ensure that campuses are a safe and healthy gathering place, even once the school day is over.**
- **Expand partnerships between schools and community resources such as the Houston Food Bank.**
- **Utilize strategies that reduce the stigma associated with using school meal services. Breakfast in the Classroom and Second Chance Breakfast are two successful examples of this.**

### Only 1 in 10

of the state’s low-income children who receive free or reduced-priced meals during the school year participate in SFSP
Physical Activity & Environment

Physical activity plays a significant role in preventing obesity and other chronic conditions. In Houston, the vast majority of middle school and high school students do not meet the recommended activity level.

Proximity to parks is associated with increased physical activity and lower obesity rates for children; however, more than half of children in Houston do not use parks. Furthermore, park space in Houston is unevenly distributed with certain areas of the city having exceptionally low densities of park and green space.

Air pollution is tied to poor health outcomes for children both immediately after birth and throughout childhood.

**WE ARE HERE**

Physical activity – defined as anything that increases a child’s heart rate and makes breathing difficult – plays a significant role in preventing obesity and other chronic conditions. However, in 2015, more than half of Houston children did not participate in athletics at either the school or community level. Physical activity can also encompass exercise outside of an athletics setting. The Physical Activity Guidelines for Americans suggest that children and adolescents should strive for one hour of daily exercise each day to be physically fit. However, in 2015, three-quarters of middle school students and 80% of high school students in Houston did not achieve this activity level.

Although rates of inactivity have declined over the past five years, a significant portion of Houston youth do not practice healthy habits to ensure their long-term health. Other activities – such as playing video games and watching television – often take precedence, with middle and high school girls specifically reporting lower levels of physical activity and higher rates of these sedentary behaviors. School policies can encourage physical activity among children of all ages, both through structured physical education classes and scheduled recess time; physical education classes focus on teaching safe and healthy habits for physical activity, while recess uniquely addresses a child’s social, cognitive, and creative development. With this in mind, both physical education and recess must be considered integral parts of a child’s education.

**Number of Days in 2015 that Houston’s Air Quality was Designated Unhealthy**

32

Access to parks is tied to physical well-being and prevention of obesity and other chronic conditions, while neighborhoods with less access to open space are associated with more sedentary behavior and higher rates of child obesity. Currently, Houston has more than 23,000 acres of park space. However, this park space is not evenly distributed based on the population, as certain areas of the city have exceptionally low densities of park and green space. People’s park use and physical activity are correlated with the proximity of a park to their residence; this trend is especially evident among young children ages 4-7. Moreover, more than half of Houston children under age 19 do not use parks. One initiative that is working to increase park accessibility is the Bayou Greenways 2020 project. In creating and connecting park spaces along the existing structure of the bayous, the project’s goal is for 60% of Houston residents to live within 1.5 miles of the Bayou Greenway by year 2020, providing a projected increase in physical activity and a decrease in air pollution.
Air quality also plays a role in the health of children, as they are particularly susceptible to the negative effects of air pollution. In 2015, there were 45 days where Houston’s air quality was designated unhealthy for sensitive groups and/or the general population. Poor air quality is associated with asthma, flu, seasonal colds, and infections of the ears, nose, and throat. Poor air quality can also have negative impacts on a child’s lung function and may increase the risk of bronchitis. The negative health impacts associated with poor air quality also begin before birth, where exposure to environmental toxins can lead to higher rates of premature births. Unfortunately, pregnant women who are economically disadvantaged and of a minority race/ethnicity are more likely to live in neighborhoods with more air pollution. The effects of poor air quality are felt across the nation, costing the U.S. more than $4 billion annually from premature births as a result of poor air quality.

22% of Houston children report not participating in physical activity for at least 1 hour per week

A PATH FORWARD

- Encourage physical activity, such as school recess, physical education, and brain breaks, during the school day.
- Continue to provide improved opportunities for children to be physically active during and after school.
- Make it a priority to create and maintain safe parks and green spaces, especially in low-income communities.
- Monitor and critically assess air quality, especially in low-income areas.

Park Amenities that are Available to Houston Children (per 10,000)
Chronic Conditions

It is increasingly common for children to be afflicted by chronic diseases that continue into adulthood. Chronic disease can be caused by a combination of genetic factors, dietary components, physical activity levels, environment, and stress levels.

Texas is ranked 10th in the nation for highest childhood obesity rates with more than 19% of 10-17 year-olds identified as obese.

High pollution levels make asthma a pressing concern for Houston children; an estimated 7% of Harris County children have been diagnosed with pediatric asthma.

Disabilities impact children’s health and development, and there is often insufficient access to screening and support services.

Children and adolescents with chronic health conditions make up approximately 15-18% of the pediatric population in the United States. Children under this umbrella experience challenges rooted in a wide variety of medical conditions, including those with genetic, environmental, and multifactorial etiologies. Among the most common chronic conditions faced by children are asthma, obesity, fetal alcohol syndrome, cystic fibrosis, sickle cell disease, congenital heart anomalies, epilepsy, cerebral palsy, and developmental delay. Rates of chronic disease in children are on the rise in the United States, due in part to increased incidences of metabolic syndromes rooted in the obesity epidemic, as well as enhanced medical therapy that has enabled increased survivorship among cohorts with diseases like cystic fibrosis. Children with chronic conditions account for a large portion of health care expenditure, utilizing 53% of pediatric hospital days in 2000. In providing for children with chronic disease, early diagnosis and consistent medical care is crucial in reducing the burdens faced by both children and family units.

Childhood obesity has reached epic proportions in the U.S., as obesity rates have more than doubled in children and quadrupled in adolescents in the past 30 years. This chronic condition is caused by a variety of factors, such as a child’s genetics, dietary intake, level of physical activity, environment, and stress levels. Obesity has both short- and long-term health consequences for children; some examples are cardiovascular diseases, type 2 diabetes, bone and joint problems, sleep apnea, cancer, and social and psychological problems. These problems often persist into adulthood, requiring a lifetime
of medical treatment. A study conducted in 2011 found that more than 19% of children ages 10-17 in Texas were identified as obese, ranking Texas as the 10th most obese state in the nation. Similarly, 17% of high school students in Houston were identified as obese. Houston’s status as a diverse, urban city with a significant low-income population presents particular concerns in regards to childhood obesity. Children living in low-income urban areas are particularly vulnerable to childhood obesity due to dietary and physical activity limitations.

### Percent of Children in Harris County with Pediatric Asthma

**7%**

Asthma – a condition that causes shortness of breath, wheezing, coughing, and tightness in the chest – is another chronic condition that is of particular concern for Houston children, as it reduces a child’s quality of life and creates a significant economic burden of treatment. As a hub for shipping and manufacturing and as a city that depends on automobiles, Houston has particularly high levels of air pollution. Consequently, the American Lung Association ranked Houston as the 16th most polluted city in the nation. Access to medical care and healthy air environments are important for reducing the prevalence of asthma in children.

### Top Disabilities of Special Education Students in HISD

- **Learning Disability** 40%
- **Intellectual Disability** 14%
- **Speech Impairment** 13%

Children are also impacted by developmental delays and disabilities. Providing for these children’s needs requires resources for diagnosis, treatment, and continued monitoring of their conditions. One way that children and families can access needed services is through the Department of Assistive and Rehabilitative Services’ Early Childhood Intervention Program (ECI). The program helps support children ages 0-3 and their families by providing developmental services. Although over 6,000 children ages 0-3 in Harris County were served by the ECI program in 2015, this only represents 2% of 0-3 year-olds. It is highly likely that many more are in need of services but lack access to resources. As children with disabilities or developmental delays grow older, they may participate in Special Education programs. In the 2015-16 school year, 7% of HISD students were enrolled in Special Education programs. Among those 7%, the most common reasons for enrollment are learning disabilities, intellectual disabilities, and speech impairment.
A PATH FORWARD

Health education programs must be comprehensive. Discussing the risk of disease associated with unhealthy behaviors from an early age allows the focus to shift to preventative measures.

Health education programs must be accessible. Providing kid-centric health education classes at community centers and other sites allow

MENTAL HEALTH

An estimated 13% of Harris County children and adolescents have a diagnosed mental illness.

Adverse Childhood Experiences (ACEs) significantly increase the likelihood that a child or adolescent will develop a mental illness.

A large number of students in Texas who have been diagnosed with depression also report dealing with issues of family substance abuse, extreme poverty, or parents with mental illness.

Texas lags behind other states in funding for mental health services, spending only $40.65 per capita on children's mental health compared to the U.S. average of $119.62 per capita. This low level of spending ranks Texas 48th in the nation for mental health services expenditures.

Only 24% of children and adolescents in Harris County with severe mental illnesses receive services from the public mental health system.

WE ARE HERE

A child’s state of mental health has a large impact on his or her psychological, emotional, and social well-being. Mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Conversely, a child struggling with mental illness experiences impairments in thinking, mood, or behavior, making it difficult for him or her to cope with daily life. Unfortunately, mental illness is difficult to detect in children, largely because most symptoms are not as visible as they are with physical health or symptoms present themselves as “typical” childhood or adolescent behavior. Additionally, there is an ongoing myth that children do not experience mental health problems, despite the fact that an estimated 13% of Harris County children and adolescents have a diagnosed mental illness. However, untreated mental illness can impact a child's physical, cognitive, and emotional development, leading to problems at home or at school, and can impair the formation of positive relationships.

The risk of a child developing a mental health problem has been linked to a variety of factors, including poverty, childhood trauma, and substance abuse. Against resistance to recognize the connection between early childhood adversities and mental illness, recent research has established that Adverse Childhood Experiences (ACEs) – such as abuse or neglect, domestic violence, or parental substance abuse – are leading risk-factors for children experiencing mental health problems. For children, these mental health problems present as high rates of various conduct
disorders, attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and others. Furthermore, children who have been subjected to ACEs and traumatic life experiences are more likely to be admitted to a psychiatric hospital with longer and earlier admissions, receive higher doses of psychiatric medicines, and are more likely to self-harm or partake in suicide. This exposure to toxic stress causes a child’s body and brain to develop differently, resulting in poor immune functioning, poor cardiovascular health, or unexplained somatic symptoms. As these children grow into adults, their childhood exposure to fear and helplessness has not only affected their mental health but also their long-term physical well-being.

17% of high school students in Houston seriously considered attempting suicide in the past year.

More than 10% actually made attempts.

Mental and emotional health concerns are present for a significant portion of children in Houston. In 2015, more than 28% of high school students reported feeling sad or hopeless every day for two consecutive weeks in the past year, in such a way that they reported not being able to participate in usual activities. These symptoms align with the American Psychiatric Association’s DSM-5 Major Depressive Disorder, which a recent statewide study found high traces of in students who also face substance abuse in the family, extreme poverty, or parents with their own mental illnesses. Research also shows that untreated depression can lead to suicide; at least 17% of high school students in Houston seriously considered attempting suicide in the past year, and more than 10% actually made attempts.

Despite the prevalence of mental health risk factors, Texas spends only $40.65 per capita on children’s mental health and is ranked 48th in the nation for expenditures, leading to dramatic implications for our state’s children. As most long term mental illnesses begin showing signs early on in a child’s life, early intervention can make a big difference both for the child and for later costs to society. Currently, unmet mental health needs in Texas cost the state $270 billion in lost revenue, a cost that can be avoided through helping children manage underlying disorders at a young age.
However, due to the fact that existing public mental health services are fragmented across a variety of organizations and various school districts, many children in Harris County do not receive the services they need. Approximately 15% of children and adolescents waiting to receive needed services deteriorate into crisis, requiring intervention at psychiatric emergency centers, inpatient hospitals, or in jail. A decline in the number of children served by state and local agencies increases the reliance on providers in public school and the juvenile justice system, creating concerns about the criminalization of mental illness. The services that are available tend to focus on crisis treatment rather than early intervention, creating a stigma around swift help-seeking behavior.

The Children’s Assessment Center (CAC), a leading advocacy agency in Harris County, stands as a positive example of mental health care, providing wraparound services that focus on the individual child’s needs and rallying community-based services to support them. The CAC serves to prevent, investigate, and treat child sexual abuse, doing so through the provision of forensic services, therapy and psychological services for children and adults, medical services, and play therapy. Serving nearly 4,000 children in 2015, the CAC stands as an example of collaboration between multiple public and private agencies in support of children’s mental and physical well-being.

Number of Children Who Received Services at the Children’s Assessment Center in 2014-2015

![Number of Children](image)
Substance Abuse

Substance abuse among youth is related to a variety of cognitive, physical, and mental health effects. Research shows that adolescents who engage in substance abuse are more likely to experience impaired memory and an overall decrease in academic performance, as substance abuse is commonly connected to lower school attendance, declining grades, and higher dropout rates. In addition, adolescents who engage in substance abuse are likely to have a lack of interest in once normal activities and to experience problems in their relationships with family and friends.

Drug and alcohol abuse in children and adolescents often co-occurs with mental illness. Likewise, an adolescent’s exposure to substance abuse or mental illness in the home increases his or her chances of having a mental illness or abusing substances.

The average age that a child in Houston begins using substances is 13.

By the time students are seniors in high school, 70% will have consumed alcohol, 41% will have used marijuana, and 10% will have taken synthetic drugs.

The average age of initiation to substances in Harris County is 13.

By 12th Grade:

70% of students have consumed alcohol
41% have used marijuana
10% have taken synthetic drugs

require an examination of several indicators, including both a child’s engagement in and exposure to substance abuse.

The average age that a child in Houston begins using substances is 13. By the time students are seniors in high school, 70% will have consumed alcohol, 41% will have used marijuana, and 10% will have taken synthetic drugs. In the past two years, the percentage of high school students in Houston who reported smoking cigarettes has decreased. However, a significant

Percent of High School Students in Houston Who Used Tobacco in the Past Month

13
31%
number of students are putting themselves at risk in other ways. Nearly four times the rate of students solely smoking cigarettes reported using smokeless tobacco, cigars, and electronic vapor products in the past month. Additionally, while the use of cocaine has decreased, marijuana use among Houston teenagers has increased in the past two years. Alcohol, including beer, wine, and liquor, remains the most commonly used illicit substance among Houston high school students.

Intervention for substance abuse in children and adolescents is notoriously difficult. Many adolescents engage in various high-risk behaviors simultaneously or substance abuse is paired with some type of mental illness. Moreover, most treatment programs focus on only two to three risky behaviors, working to treat the behavior rather than the underlying risk factors. Rather than limiting the focus to the two to three negative behaviors, research shows that engaging in comprehensive prevention programs can produce long-term benefits for an adolescent’s well-being. Effective treatment for adolescents takes the whole of a person – his or her developmental stage, cognitive abilities, mental condition, and existing relational influences – into account.
Percent of High School Students in Houston Who Have Ever Taken Prescription Drugs Without a Doctor’s Prescription

15%

A PATH FORWARD

- Increase funding to support community-based programs and treatments.
- Emphasize a strong culture of support around recovery by bringing drugs and alcohol into conversations, making it easier for adolescents to be informed and get the help they need.
- Work towards comprehensive, evidence-based prevention programs that address all needs of the adolescent, rather than working to improve only one or two behaviors.
SAFETY
Introduction

The future of any society depends on its ability to nurture a generation of healthy children. A safe, supportive environment is vital to a child's ability to thrive and grow up to be a productive, engaged member of our community. Sadly, violence, exploitation, abuse and neglect, and delinquent behavior are a daily reality for thousands of children across Houston.

Child Abuse & Neglect

- There were 9,269 confirmed cases of child abuse in Department of Family and Protective Services (DFPS) Region 6 (Houston) in 2015, second only to Region 3 (Arlington) with 18,571 confirmed cases.
- Survivors experience immediate, and often lifelong, mental, emotional, and physical consequences of childhood maltreatment.
- Racial disparities across the U.S. in income, socioeconomic levels, and family structure contribute to higher rate of child maltreatment.
- Prevention and early intervention programs can eliminate the chief risk factors of child maltreatment.

WE ARE HERE

Child maltreatment defined under Texas law as the act, or failure to act, on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse or exploitation of a child, is a broad term that encompasses a range of harmful experiences children regularly face across our city and our state.

The Texas Department of Family and Protective Services (DFPS) reported 66,721 confirmed victims of child abuse and neglect in 2015. In DFPS Region 6, which encompasses the Greater Houston area, there were 9,629 confirmed victims of child abuse and neglect, one of the highest rates of confirmed child abuse cases in the state. Of these confirmed victims, 7,176 were neglectful supervision, 1,722 were physical abuse, and 657 were sexual abuse cases. While all cases of child maltreatment are harmful, in some circumstances the abuse may be so severe that it results in critical injury or even death. Although the number of confirmed fatalities in Harris County has decreased by half since 2010, 34 children in Houston still died as a result of abuse or neglect in 2015.

In addition to the heartbreaking reality of child fatalities in our community, recent studies on Adverse Childhood Experiences (ACEs), show that child maltreatment has immediate and long-term negative effects on a child's psychological, physical, and behavioral health. Children that experience maltreatment often suffer from anxiety, delayed cognitive development, and impaired socioemotional skills that lead to everything from behavioral problems to Post Traumatic Stress Disorder (PTSD). Childhood maltreatment has been associated with difficulties later in life as well. As adults, individuals that experience child
abuse and neglect report higher rates of substance abuse and chronic conditions such as heart, lung and liver diseases, obesity, cancer, high blood pressure, and high cholesterol.8

To mitigate these risks and to combat the high incidence of child maltreatment in Houston and in Texas, early intervention is key. State law mandates that all individuals report child maltreatment to the Texas Child Abuse Hotline. Additionally, certain professions (including teachers, police officers, and child care workers) must report any suspected abuse within 48 hours.9 Perhaps it is because of this mandate that school, medical, and law enforcement professionals account for over 50% of child maltreatment reports made to Child Protective Services (CPS).10 Statewide, CPS received 274,448 reports of child abuse and neglect in 2015, found 83% (228,112 cases) to be a priority, and opened an investigation on 82% (224,065) cases.11,12 In Houston alone, CPS completed 34,691 investigations and confirmed over 6,000 cases to be referred to services.13

Reports of child abuse were higher last year throughout the state. Instead of indicating that more children are being maltreated, this higher number of reports could indicate that the likelihood someone will make a report has increased. However, the latest edition of the National Incidence Study (NIS-4), conducted by the U.S. Department of Health and Human Services found that across the U.S. about half the cases of child maltreatment are either not reported or are reported but not investigated by CPS.14 While there is a myriad of factors that contribute to cases not being investigated, high caseloads and...
limited resources make it difficult for DFPS to provide the best support for children who may suffer from child abuse or family violence.

Caseworkers know that while removing a child from the home may be the safest course of action in a maltreatment situation, removal is only the beginning of the child’s involvement with CPS. Actual time spent in foster care varies widely by individual, but on average, children in Harris County are placed in state custody for approximately 27 months before receiving a permanent placement. Further, older children and children who spend more than 12 to 18 months in foster care are unlikely to ever receive a permanent placement. This is particularly true for minority children that are overrepresented in the system, both in terms of the percentage of confirmed child maltreatment victims and number of children in protective custody. Despite the fact that they constitute a much smaller fraction of the Harris County population, 49% of children in Harris County Protective Custody in 2014 were Black. Income, socioeconomic status, and family structure are among the strongest predictors of child maltreatment. Therefore, inequalities in the U.S., particularly across all of these indicators, exacerbate the prevalence of child maltreatment in minority communities.

With these risk factors in mind, family services must focus on prevention. It is crucial to target the causes of child maltreatment and address these risk factors through parenting classes, employment support services, assurance of adequate housing, access to aftercare, and community support. Harris County’s TRIAD Prevention Program (TRIAD) – a consortium of three Harris county agencies – aims to do just that. The program, which served over 17,000 youth in 2015, has nine unique programs with the goal of intervention prior to youth involvement with the DFPS, the mental health system, or the juvenile justice system. Their Intake Diversion program offers youth identified by law enforcement (or by walk-ins) with crisis intervention, referrals to assist families, comprehensive assessments, and screening for placement in the Kinder Emergency Shelter for youth living with family. The Kinder Emergency Shelter is a 24-hour residential facility that provides short-term care to children 12-17 years old until they can be returned home or to a permanent placement.
TRIAD programs Parenting with Love and Limits and Parent/Teen Survival Program offer Harris County youth and their families tools to improve conflict resolution and communication and set appropriate boundaries and consequences. Community Resource and Coordination Group (CRCG), another TRIAD program, brings together youth in crisis, their parent or guardian, and community organizations to discuss what services and treatment options are available, what services the youth has already accessed, and what type of obstacles may interfere with services.

The TRIAD Program also oversees the Community Youth Development (CYD) program which seeks to address issues that lead to juvenile crime by creating programs at schools in communities experiencing juvenile crime. CYD programs – currently operating in 12 intermediate schools and high schools in the Gulfton and Pasadena areas – include after school programs, summer programs, mentoring, self-esteem courses, sports programs, leadership development, life skills, support groups, and the Youth Advisory Committee. Similar in name but not to be confused with CYD, Community Youth Services (CYS) is a free voluntary crisis intervention and case management program separate from the TRIAD Program that brings together 13 school districts, the Pasadena Police Department, the Educational Services Division of the Harris County Juvenile Probation Department, and the Community Education Partners Charter School to prevent child abuse, likelihood to run away, school dropout, and delinquent behavior.

Another positive example of prevention and holistic care is the Services to At-Risk Youth (STAR) Program through the DFPS available in all 254 Texas counties. Administered locally by the DePelchin Children’s Center for youth in Harris, Fort Bend, and Waller counties, this program provides access to crisis counseling, short-term respite care, and individual counseling services for at-risk youth and families. STAR also provides child abuse prevention services ranging from media campaigns to parenting classes. In 2015, STAR served 24,097 youth and 19,478 parents throughout Texas.

A PATH FORWARD

- Continue to support evidence-based parent education programs with campaigns and training for parents to prevent abuse. Parents should also be empowered to recognize and respond to child maltreatment appropriately.
- Increase participation in early intervention and prevention programs available to families.
- Expand access to family-based services and family preservation services.
- Strengthen the relationship between CPS, school administrators, and teachers in order to capitalize on educators’ roles as the first line of intervention.

ADDITIONAL RESOURCES
- If there is immediate danger to a child, call 911
- National Parent Hotline: 1-855-427-2736
- Texas Runaway Hotline: (Call) 1-800-989-6884 or (Text) 512-872-5777
- To report child abuse, call the Texas Abuse Hotline: 1-800-252-5400
- Department of Family and Protective Services: https://www.dfps.state.tx.us/
- Children’s Assessment Center http://cachouston.org/
- Harris County Child Abuse Task Force: http://www.hccatf.org/
- Prevent Child Abuse Texas: http://preventchildabuse.org/
- Help for Parents, Hope for Kids: http://www.helpandhope.org/
Child Trafficking

Human trafficking is a $150 billion dollar industry based on supply and demand economics wherein the greater the exploitation, the greater the profit.

The most vulnerable children in our communities, including those that have suffered family violence, homelessness, and interpersonal trauma are the most at-risk for being sex trafficked.

A protective response to recovering victims of trafficking within the commercial sex industry followed by safe, trauma-informed services provides the best route to recovery.

In 2015, Houston had the highest number of trafficking victims in the nation identified through the National Human Trafficking Resource Center.

WE ARE HERE

Human trafficking is defined as the exploitation of an individual for sexual or labor purposes through the use of force, fraud or coercion. Essentially, trafficking is the commodification of human beings for commercial gain and has become one of the most lucrative criminal industries in the world. The International Labour Organization estimates that this industry produces $150 billion in annual profits, and $99 billion of those profits are made through commercial sexual exploitation.

Trafficking, in all its forms, is a market-driven economy based on the principles of supply and demand and is fueled by perpetrators via a low risk and high profit model. Traffickers use the system to their advantage by relying on the low risk of criminal prosecution and very high profit margins associated with this severe form of exploitation.

Trafficking takes many forms across the world and victims come from every race, ethnicity, gender, socioeconomic level, and nationality. In the United States, foreign-born individuals, undocumented residents and U.S. citizens are all trafficked within our borders every year. A common misconception is that victims have to be transported across a border for trafficking to occur. In reality, individuals become victims of trafficking within their own home, neighborhood or community. Additionally, any form of commercial sexual exploitation of a child, regardless of force, fraud, or coercion is considered to be sex trafficking and the most vulnerable children in our community are at high risk of becoming victims of this heinous crime. Although there is no one indicator for children at risk of becoming victims of trafficking, there are certain life experiences that make a child more vulnerable to exploitation. The matrix of risk factors include a history of running away, homelessness, a dysfunctional family environment, parental/caregiver substance abuse, history of sexual, emotional, physical abuse, history of neglect and/or maltreatment, interpersonal trauma, involvement with the juvenile justice system, and involvement with the foster care system. Traffickers often target children with low self-esteem that have been made vulnerable to manipulation through these Adverse Childhood Experiences (ACEs).

The Institute on Domestic Violence at University of Texas Austin led a study to evaluate the prevalence, economic impact, and overall understanding of human trafficking in Texas. Using estimations based on the victimization rate of high-risk sex-trafficking community segments, the study found that there are approximately 79,000 youth and minor victims of sex trafficking in Texas. The high-risk community segments include those at risk for child abuse or maltreatment, youth served by the DFPS, and the homeless. The victimization rate was estimated at 25% across each segment of the community. This study provides us with the best understanding of the number of youth affected by trafficking across Texas to date.

In addition to individual risk factors, the environment of a particular community also contributes to a child’s vulnerability to being trafficked. Unfortunately, Texas remains a locus for trafficking activity. In 2016 alone, the Human Trafficking Resource Center received 1,570 Texas-based hotline calls, the second...
Number of Hotline Calls From Texas to the Human Trafficking Resource Center in 2016

1,570

highest call volume of all 50 states. Houston is often referred to as a “hub” for trafficking activity largely due to its international seaport and airport and major interstate highways, as well as a steady calendar of national conventions, sporting events, and international business activities. In 2015, Houston had the highest number of trafficking victims in the nation identified through the National Human Trafficking Resource Center.

Although there is a growing awareness of domestic minor sex trafficking, law enforcement and victim assistance is still difficult to access. Even though it is well-recognized that juveniles in prostitution nearly always have a trafficker operating as their pimps, the minors are the ones being arrested. As reported by law enforcement, arresting a minor is sometimes the only viable option to remove the child from the trafficking situation and get them to a secure facility. More work needs to be done to ensure that first responders have an adequate alternative, aside from arrest, to keep these children safe. With more options, law enforcement professionals have the ability to respond with protective rather than punitive actions when they encounter a victim of child sex trafficking.

The Mayor’s Houston Area Council on Human Trafficking (HAC-HT) is a big part of the change in culture around human trafficking in the Houston area. HAC-HT joins federal, state, and local law enforcement with governmental and non-governmental organizations working in the anti-trafficking field. Using the 4P’s framework outlined in the United Nations’ Palermo Protocol: Prevention, Protection, Prosecution, and Partnerships, the goal of HAC-HT is to increase victim identification, raise awareness, and facilitate cooperation amongst organizations. Houston courts continue to provide alternatives to the punitive approach through GIRLS (Growing Independence and Restoring Lives), a Harris County specialty court. The court offers comprehensive services – including health care, drug treatment, case management, and job training – for girls at risk for sex trafficking, for girls engaged in prostitution, or for victims of sex trafficking.

In 2013, of 300 identified probable sexually oriented businesses in Houston, only 14 had licenses to operate.

Total Reported Child Victims of Human Trafficking in Texas (2007-2014)

320

Risk Factors for Child Sex Trafficking

- Running away
- Homelessness
- Dysfunctional family environment
- Parental/caregiver substance abuse
- History of sexual, emotional, or physical abuse
- History of neglect and/or maltreatment
- Involvement with the juvenile justice system
- Involvement with the foster care system

Once protection is secured, the key to long-term recovery for victims of sex trafficking is trauma-informed care. Much like victims of childhood abuse and neglect, children that experience commercial sexual exploitation, or sex trafficking, are at a higher risk of developing chronic physical and mental illnesses associated with toxic stress. Unfortunately, recovery from child sex trafficking is usually a lifelong process.

The Governor’s Child Sex Trafficking Team (CSTT), part of the Criminal Justice Division, was established in the 84th Legislative Session as a statewide effort to recognize, recover, and restore victims of child sex trafficking. The mission is to create and
support child-centered, trauma-informed care through a comprehensive, collaborative approach, combining promising and best practices from around the country. Specifically, the team seeks to increase capacity for community-based drop programs, specialized foster care projects for trafficked youth, and advocacy programs to assist victims navigating the court and health care systems. These programs are scheduled to begin in May and June of 2017, and are anticipated to significantly improve the landscape of services for youth victims of human trafficking in Houston.\(^5\)

### A PATH FORWARD

- Coordination within and between different state agencies in screening, identification and placement procedures for children returning to the foster care system as victims of child sex trafficking.

- More resources directed to creating a network of safe, appropriate and therapeutic housing for children that have been trafficked.

- Designated DFPS caseworkers that are specifically assigned to children who are at high risk or are returning to the system after being trafficked.

- Case workers should have a low caseload burden and have specialized training on highly traumatized children. A comprehensive plan for children who age-out of foster care that will help prevent them from having to resort to prostitution in order to meet their needs for food and shelter.

### ADDITIONAL RESOURCES


- Governor’s Child Sex Trafficking Team: [http://gov.texas.gov/cjd/topic_trafficking](http://gov.texas.gov/cjd/topic_trafficking)

- Trafficked Person Assistance Program, YMCA International Services: [https://www.ymcahouston.org/ymca-international/](https://www.ymcahouston.org/ymca-international/)

- United Against Human Trafficking: [http://uaht.org/](http://uaht.org/)


- National Human Trafficking Hotline: 1-888-3737-888
Juvenile Justice

WE ARE HERE
In Texas, children between the ages of 10-16 that engage in “delinquent conduct” or “conduct in need of supervision” fall under the jurisdiction of TJJD. TJJD works with local juvenile boards and juvenile probation departments to provide services to youth across the state of Texas. Every county in Texas is required to have a juvenile board that oversees the probation system and prosecution of juvenile cases as well as ensure services are being provided to youth in the system. When a child is adjudicated (similar to a conviction) for delinquent conduct there are three possible outcomes: the child is placed on probation overseen by the local juvenile board, the child is sent to a TJJD facility with an indeterminate sentence (for felony offense), or the child is sent to a TJJD facility with a determinate sentence. All children must be discharged or transferred to the adult prison system by the time they are 19.

As explained by TJJD, the purpose of the juvenile justice system is not just for public safety purposes or to hold children accountable for their actions. Its purpose is to rehabilitate children that have been in trouble with the law. This is often referred to as a protective response versus a more traditional punitive response model. A protective response is one that strays away from the ‘scared straight’ model of criminal justice reform and shifts to a more compassionate approach, one that restores children through therapeutic services and steers them towards becoming a productive citizen. This shift toward a protective response comes after a decades-long swing in the opposite direction. For many years, juvenile justice systems relied on a ‘get tough’ response system that relaxed requirements for youth being transferred to adult criminal courts.

In Harris County part of the protective response is referring youth to juvenile specialty courts, which are committed to rehabilitation instead of a primarily punitive approach. Specialty courts include GIRLS Court for child sex trafficking victims, SOAR Juvenile Drug Court, GRIP Juvenile Gang Court, and Juvenile Mental Health Court.

In the past few years, the Texas Juvenile Justice Department (TJJ D) has taken steps towards ensuring a protective response to delinquent behavior.

Children that are minorities, particularly children that are Hispanic and Black are overrepresented in the Juvenile Justice System in Texas.

Most youth under the jurisdiction of TJJD are referred to community-based services through deferred prosecution and probation supervision departments.
Texas continues to reform its approach to juvenile justice as more leaders are realizing that punitive response systems do not adequately factor in a child’s ability to understand the consequences of his or her actions. In 2013, the Texas Legislature ended the practice of charging students on their own campus with Class C Misdemeanors for Disruption of Class or Disruption of Transportation, two of the highest citations students received just prior to the passage of the law. Additionally, the legislature established a more thorough ticket and complaint issuance process, and removed prosecution for Failure to Attend School in 2015, requiring automatic expungement of former convictions or complaints. In 2015, Texas also mandated that police officers in school districts with over 30,000 students receive youth-focused training. These reforms have resulted in a drastic 90% reduction in the number of Class C Misdemeanor tickets and complaints issued by School Resource Officers from 2011-2012 to 2014-2015.

Outside of the 115 youth certified as adults, there were 62,535 formal referrals to the juvenile probation department throughout the state of Texas in 2015. Just over half of these referrals were for misdemeanor offenses, 23% for felony offenses, 16% for probation violations, and 10% for Conduct Indicating a Need for Supervision (CINS) offenses. Furthermore, 46,343 of these juveniles were served deferred prosecution or probation supervision. Of the juveniles that elected for deferred prosecution supervision, 69% demonstrated a low risk of reoffending. In addition to those under deferred prosecution supervision, 6,761 youth were in a residential placement, including non-secure, secure, and emergency facilities. Residential placement is most commonly reserved for youth under TJJD jurisdiction that have the highest need for severe sanction to reduce the risk of re-offense. The average daily population of youth in TJJD residential facilities in 2015 was 1,974, a decrease from the 1,798 youth in 2010.

Another positive step forward in Texas in the past few years has been to move away from certifying youth aged 17 and under as adults, which places them under the jurisdiction of the Texas Department of Criminal Justice. In 2015, 115 youth were certified as adults by TJJD, which was a 19% decrease from the 142 youth that were certified as adults in 2014.

For youth that have not demonstrated a strong need for residential placement and as an element of the protective response model, TJJD works to connect youth with community-based programming in order to facilitate stronger attachments between the youth and their community. In 2015, the department offered 1,458 community-based programs to
Youth Placements in Harris County Juvenile Probation Facilities in 2015

- County Post-Adjudication Placements: 1,001
- Private Post-Adjudication Placements: 141

Youth Admitted to Harris County Juvenile Probation Mental Health Facilities in 2015

- Burnett-Bayland Reception Center Drug Unit: 125
- Harris County Psychiatric Unit: 143

Average Cost per Youth per Day in Texas Juvenile Justice Department Facilities

- Secure State Facilities for Youth: $365
- County Juvenile Facilities: $51
- Probation: $10
The rate of referrals for Black youth more than doubles that of their population - this may indicate harsher and more frequent punishment towards minorities, rather than an increased likelihood to misbehave.20
juveniles under their jurisdiction as well at-risk youth in the community. Of these youth, 48% participated in a skill-building/activity-based program, 29% participated in a treatment-based program, and 23% participated in a surveillance-base program.70 Community-based programs that were offered in 2015 covered a diverse range of topics including anger management services, gang prevention/intervention, cognitive behavioral therapy, substance abuse prevention/intervention, sex offender programs, animal/equine therapy, intensive case management, vocational employment, and victim mediation.

Several programs are also offered through TRIAD. Justice of the Peace (JP) Court Wraparound Program provides services for youth and families involved with the JP Court. Court case managers work closely to help foster team building, develop individualized care plans, and encourage working together toward a common family goal.71 Similarly, Justice of the Peace Court Liaisons work with youth facing Class C misdemeanor offenses, including truancy, shoplifting, and disorderly conduct. The program uses resources from the judicial system, school district and local community, and faith-based organizations to provide service to these youth and their families.72

These programs fill vital needs for youth under the jurisdiction of TJJD. In 34% of the referrals to TJJD, the youth had a known or suspected substance abuse issue.73 Additionally, 33% of youth referred to juvenile probation last year had one or more mental health issue, many of which result in (or are a result of) the delinquent behavior that brought them under TJJD jurisdiction in the first place.74 A comprehensive and evidence-based response to a youth’s mental health needs significantly decreases the risk of re-offense.75

TRIAD Mental Health provides assessment and treatment to youth 10-17 years old with serious mental health issues, emotional difficulties, and behavior problems.76 With services centered on family, the program aims to help youth remain at home and out of mental health facilities and the juvenile justice system.77 For those that have already entered the jurisdiction of TJJD, the Special Needs Diversionary Program (SNPD) offers mental health treatment and specialized supervision to assist in rehabilitation and prevent further involvement in the criminal justice system.

A PATH FORWARD

- Improve school policing by requiring all school police officers to receive youth-focused training and to improve data collection on arrests and incidents.
- Implement effective delinquency prevention and diversion programs to keep youth out of the juvenile justice system.
- Increase access to community-based mental health services to prevent interaction with juvenile justice system.

ADDITIONAL RESOURCES

- Texas Appleseed: https://www.texasappleseed.org
- Texans Care for Children: http://txchildren.org/youth-justice/
- Texas Criminal Justice Coalition: http://www.texascjc.org/solutions-youth-justice
- TRIAD Prevention Program https://hcps.harriscountytx.gov/Our-Services/Youth-Services/TRIAD-Prevention-Program
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About CHILDREN AT RISK
Introduction

The future of our communities depends on their ability to nurture a generation of healthy children. In order to do so, we must address and care for all aspects of a child – his or her physical, mental, and emotional health. Most often it’s the parents who begin this process. During children’s early life, they establish a sense of identity, a view of the world around them, and make strides towards adulthood. Positive childhood experiences create children who feel secure learning new skills, who build healthy relationships with others, and who perceive the world as a non-threatening place.

Conversely, when children are in settings that do not meet their needs, they lack necessary development components needed to become healthy adults. When a child is exposed to maltreatment, loss, substance abuse, or other forms of trauma, research shows that his or her development is significantly altered. Adverse Childhood Experiences (ACEs) – traumatic events that have lasting effects on well-being – are highly connected to chronic illness, mental illness, and substance abuse as children grow into adults.

A child’s exposure to either healthy, positive childhood experiences or to trauma and ACEs is largely dependent on a child’s experience in his or her home and family. Children who are exposed to unstable caregiver relationships are likely to not rely on others for help, see the world around them as unsafe, and experience problems in future relationships. Unfortunately, we know that in 2014 alone there were over 6,000 confirmed cases of child abuse in Harris County, and over 13,000 reports of family violence.

To increase positive experiences in a child’s home and eliminate harmful ones, parent education and family engagement efforts can do a lot towards improving child outcomes. Through quality parent education programs, families are provided with knowledge and proven tools they can use every day. Likewise, meaningful family engagement practices offer avenues for parents to support their children in arenas outside of the home.

Parent Education

- Parent education provides opportunities for parents from all backgrounds to gain skills to interact with their children in a healthy way.

- In an effort to invest in programs that work, there has been an increased push from state legislators, program funders, and advocates to provide evidence-based and promising practice parent education programs.

- The Department of Family and Protective Services (DFPS) Region 6 currently funds 14 evidence-based and promising practice programs.

- In the 84th Texas Legislative Session, HB 2630 was passed to require that 75% of the state’s parent education funds go to evidence-based programs and the remaining funds to promising practice programs.

WE ARE HERE

Parent education is defined as “any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children in order to reduce the risk of child maltreatment and/or reduce children’s disruptive behaviors.” Parent education often focuses on teaching parents the basics of child development, sharing appropriate ways to discipline children, identifying unique strengths of the parents, and connecting parents to community resources and each other.
The importance of evidence-based education cannot be overstated, as evidence-based programs are targeted to meet specific quality outcomes that are supported by studies and control trials. There are some common elements of evidence-based programs, including a strong theoretical foundation, targeting of curriculum to a developmentally appropriate audience, evaluating the program in a manner that involves quality data collection and procedures, and evidence of program effectiveness. Evidence-based programs show the impact and outcome of parent education, whereas promising practice programs may demonstrate this to some extent, but require more intensive study. A recent analysis of 77 parenting programs revealed that specific elements of evidence-based parenting programs are strongly correlated with better outcomes for children. Specifically, it’s important that evidence-based programs teach parents emotional communication skills and positive parent-child interaction skills.

With a desire to invest in programs with a record of success, both government and non-governmental entities have increased their focus on evidence-based parent education. In 2013, the state passed Senate Bill 426, formally establishing a home-visiting program with the goal of educating at-risk parents and in turn improving family outcomes requiring a minimum of 75% of funds be allocated to evidence-based programs and the remaining spent on promising practice programs. To build on this, the state passed House Bill 2630 in 2015 also requiring a minimum of 75% of funds be allocated to evidence-based parent education programs, with the remaining funds spent on promising practice programs. HB 2630 also required funded programs to demonstrate adherence to an established program model and meet at least two of nine overarching outcomes defined in the bill.
In Texas, state funded parent education takes place primarily through Prevention and Early Intervention (PEI) within the Department of Family and Protective Services (DFPS). PEI works to prevent child abuse, child neglect, and juvenile delinquency and to develop strong, healthy, and stable families across the state. PEI initially operated as a contractor for DFPS Child and Protective Services (CPS) but has since undergone numerous changes in its organizational structure. In 2014, PEI became a standalone division within DFPS, and in 2016, Texas Health and Human Services Commission’s (HHSC) Texas Home Visiting (THV) program consolidated with them to improve efficiency and align state-funded parent education programs. PEI disperses funds to communities across the state; local organizations are awarded contracts and able to spend the funds allocated to them to operate the intended prevention program.

In the DFPS designated Region 6 which includes Harris County, there are currently 14 evidence-based and promising practice programs funded by the DFPS. In addition, several nonprofits throughout the city offer a variety of parent education classes. While some programs are more comprehensive – teaching developmental milestones and how to have positive parent-child relationships – others focus on limited parenting practices relevant for at-risk families and children. While funding allocations to PEI have steadily increased since the year 2011, the PEI budget accounts for a small percentage of the overall DFPS budget, and less than 1% of the Texas population is

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able to be served through PEI programs. In 2016, 73% of the funds statewide spent on parent education programs were allocated to the implementation of evidence-based and promising practice programs, 16% of funds are allocated to the implementation of programs that are not evidence-based, while the remaining are utilized for administrative costs of the local contract organizations.\(^{18}\)

As DFPS expands access to evidence-based parent education through both an increased number of programs and a diversification of touchpoints, they must identify the programs that meet the unique needs of the given community. Additionally, potential organizations should receive help if necessary to determine the best programs to implement based on the needs of those they serve. Otherwise, they may be choosing a program that has a set of outcomes, but the population does not have the corresponding need that the program is meant to address. As local contract organizations are identifying the appropriate evidence-based program to implement, they must take into consideration the entire culture of their community to ensure the information parents are receiving is useful for their families.

### Potential Outcomes of Evidence-Based Parent Education\(^6\)

| 1 | Improved Cognitive Development of Children |
| 2 | Increased School Readiness of Children |
| 3 | Reduced Child Abuse, Neglect, Injury |
| 4 | Improved Child Safety |
| 5 | Improved Social-emotional Development of Children |
| 6 | Improved Parenting Skills, Including Nurturing and Bonding |
| 7 | Improved Family Economic Self-Sufficiency |
| 8 | Reduced Parental Involvement with Criminal Justice System |
| 9 | Increased Paternal Involvement and Support |

To ensure coordination of parent education and family engagement activities, the Texas Legislature should create a parent education task force to coordinate efforts by Texas Workforce Commission (TWC), Texas Education Agency (TEA), and DFPS. A task force and better coordination at the local and state levels would support the agencies’ efforts to build stronger families and spend public dollars more efficiently.

Integrate parent education at the birth of the child by partnering with health care providers.

Diversify touch points of parent education programs to ensure parents have access to programs in locations convenient to them and with professionals with whom they have existing, trusting relationships.

Shift towards a population-based approach to reduce stigma and improve outcomes for children. Parent education is a valuable tool for everyone, not just families that meet various risk factor criteria.

Work to destigmatize parent education by counteracting incorrect assumptions and explaining the potential benefits to all parents.
Family Engagement

Family engagement is a partnership between an institution – such as a school or community organization – and the families they serve.

In Texas, family engagement programs take place in four primary settings: public schools that receive federal Title I funding, district Pre-K programs that participate in the state High Quality Pre-K Grant program, child care providers that receive state funds through the subsidy program and are also quality certified, and Early Head Start and Head Start programs.

ReadyRosie, a video and mobile technology tool to increase the home-school connection, is being implemented in several school districts across Harris County.

Spring Branch ISD is currently creating a Family E3 Framework to effectively engage families and their children.

While parent education is focused specifically on a parent’s skills and behaviors, **family engagement is a partnership between an institution** – such as a school or community organization – **and the families they serve.**

Federally, family engagement is a required activity for schools that receive Title I funding, a block grant meant to ensure that local school districts, who educate the most at-risk students, have sufficient funds to meet their needs. These funds are received by TEA, and then allocated to school districts based on the number of low-income students in the district. Schools receiving Title I funds are required to develop and distribute a written policy on parent involvement, have annual meetings, allow for opportunities for families to volunteer, and encourage school partnerships with parent programs. Schools are required to provide explanations to parents about the state's academic standards, as well as assist parents in understanding how they can enhance their student’s literacy achievements. Additionally, schools are encouraged to provide accommodations in meetings and materials, when possible, to parents with limited English proficiency and disabilities. While a variety of elements are required and encouraged under Title I, there is little guidance about what frameworks are meaningful for family engagement, what activities are most valuable to parents, or how to construct programs relevant to the needs of families and communities.

In 2015, House Bill 4 (HB 4), established the High Quality Pre-K Grant program. School districts who apply and meet the established quality standards receive funding to ensure delivery
of high quality Pre-K programs. All districts receiving dollars from this grant are required to develop and implement a family engagement plan at their Pre-K delivery sites. According to the grant requirements, an effective plan includes components that encourage collaboration between partners, values families, and creates a culture of age appropriate learning. The specific components are: family-to-family support, a network of community resources, increase family decision making, give families the tools to enhance extended learning, develop staff skills to support families, and evaluate the family engagement efforts. However, little guidance is given to schools about best practices for meaningful family engagement and what types of activities are most effective for each of the plan’s components.

The TWC manages federal funds to provide the subsidized child care program to families in need. The child care providers meet state minimum standards, but the state also has a quality rating certification in place, Texas Rising Star (TRS), for those that meet higher quality standards. Parental involvement and education is one of five categories by which a child care provider is evaluated. Parental involvement is measured by available parent education, policies, and community resources. To ensure compliance with all of the quality standards, each quality certified child care provider goes through a yearly monitoring visit. This means much of the parent education and involvement is monitored significantly through self-report as their visits likely leave little opportunity for mentors to observe the way families are interacted with.

Lastly, the U.S. Health and Human Services’ Administration for Children and Families allocates funds to organizations to deliver Early Head Start and Head Start programs in communities across Texas. Providers who operate Early Head Start and Head Start programs are required to incorporate family engagement strategies into all of the program services they provide. They are required to provide opportunities to parents to participate in the program, provide services in preferred languages, establish procedures that enhance communication between teachers, staff, and families, provide opportunities to discuss child progress with a teacher at least twice a year, and offer at a minimum the opportunity for a parenting class. Additionally, the Early Head Start or Head Start provider is required to conduct a family intake assessment in order to know how to best meet the needs of the family being served.
While there are many gaps in current parent engagement programs, there are some programs in Harris County that are providing parents with effective tools to engage with and support their children. An example of one of those programs is ReadyRosie. ReadyRosie is an early education tool used nationally to increase parent engagement efforts by leveraging video and mobile technology to meet parents where they are. ReadyRosie exists to increase the connection between a child’s home and their school by offering a free interactive tool to early childhood teachers to engage with parents raising 0-6 year-old children based on their specific needs. ReadyRosie reaches parents via email and/or text message, providing weekly activities for parents to do with their children, as well as instructional videos and other interactive tools. One school district in Harris County, Houston ISD, launched the program as part of their House Bill 4 High Quality Pre-K Grant program funding in an effort to connect Pre-K teachers with parents of young children. Other districts in Harris County implementing the ReadyRosie program are: Alief ISD, Clear Creek ISD, Cy-Fair ISD, Conroe ISD, Deer Park ISD, Galena Park ISD, Humble ISD, Katy ISD, Pasadena ISD, Spring ISD, Spring Branch ISD, and Stafford ISD.

Another example of positive strides forward for parent engagement programs is Spring Branch ISD’s community engagement framework. The Harris County district is currently developing a framework called the Family E3 Framework in an effort to effectively engage families on behalf of their children. The district believes in a shared commitment between schools, families, and the community to champion the success of the whole child. Spring Branch ISD believes that families are learners, partners, and advocates and as a result must be educated, engaged with, and empowered to see success in all children. They also recognize that the community Spring Branch ISD serves is very diverse. Therefore, each individual campus will be guided by a local Campus Demographic Profile under the Family E3 Framework that will be developed by metrics such as race/ethnicity, socioeconomic status, home language, and special populations. It will also include needs assessment information specific to the families served by each school. The district, campus, classroom, and family will all have roles and responsibilities to uphold two-way communication, authentic relationships, and customized learning resources.

Number of Districts in Harris County Implementing ReadyRosie

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To ensure coordination of parent education and family engagement activities, the Texas Legislature should create a parent education task force to coordinate efforts by Texas Workforce Commission (TWC), Texas Education Agency (TEA), and DFPS. A task force and better coordination at the local and state levels would support the agencies’ efforts to build stronger families and spend public dollars more efficiently.

Consider integrating evidence-based parent education programs into family engagement plans.

Utilize SmartParents.org to get information about services, parenting tips, and age appropriate activities to do with children.
Endnotes

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Status of Children Chart Endnotes


EDUCATION

2. HB 4, 84th Leg., Reg. Sess. (Tx. 2015).
18. CHILDREN AT RISK interviews with the Texas Workforce Commission and local workforce boards.

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3. Personal communication with Gulf Coast Workforce Solutions and Collaborative for Children.
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37 Texas Education Agency. (n.d.). 2013-2014 PFAI Fitness Assessment Data by District Grade and Gender. Retrieved from http://tea.texas.gov/Texas_Schools/Safe_and_Healthy_Schools/Physical_Fitness_Assessment_Initiative/Fitness_Data/


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2. 42 U.S.C.A. § 5106 (g)
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7. Public Information Request to Texas Department of Family and Protective Services.


16. Public Information Request to Texas Department of Family and Protective Services.


18. Public Information Request to Texas Department of Family and Protective Services, Prevention and Early Intervention.


28. Personal Communication with Early Matters Houston.

29. Personal Communication with Spring Branch ISD.

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6. Public Information Request to Texas Department of Family and Protective Services.


11. Personal Communication with Early Matters Houston.
Established in 1989, CHILDREN AT RISK is an organization dedicated to improving the quality of life of Texas children through strategic research, public policy analysis, innovation, community education, collaboration, and advocacy. We envision a world where children's needs are made a priority, and where children and their families have the resources needed to truly thrive. In order to bring this vision to fruition, CHILDREN AT RISK focuses its efforts on parent education, public education, child trafficking, and child's health. We would like to extend a special recognition and thanks to the United Way of Greater Houston Community Response Grant for generously funding this publication. We would also like to thank the members of our board, the CHILDREN AT RISK Institute, and the following partners for providing us with research, data, wisdom, and feedback on the book.

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