children at Risk

GROWING UP IN HOUSTON

2019-2020 Assessing the Quality of Life of Our Children

HOUSTON

Robert Sanborn – *President & CEO*
Mandi Sheridan Kimball – *Director, Public Policy & Government Affairs*
Katie McConnell – *Chief Operating Officer*
James Caruthers – *Senior Staff Attorney*
Paul Dewey – *Chief Development Officer*
Shay Everitt – *Director, Early Childhood Education, Center for Social Measurement & Evaluation*
Kellie O'Quinn – *Director, Center for Social Measurement & Evaluation*
Edith Rahimian – *Director, Center for Parenting & Family Well-Being*
Yael Ross – *Director, Center for New American Children & Education*
Maricela Carrera – *Staff Accountant*
Lissa Cordova-Leon – *Project Coordinator, Center for Social Measurement & Evaluation*
Rashena Flagg – *Public Relations Consultant*
Patrick Gill – *Associate Director, Center for Social Measurement & Evaluation*
Gretchen Himsl – *Policy Analyst, Center for Parenting & Family Well-Being*
Sara Moran – *Assistant Director, Center for Social Measurement and Evalution*
Luis Negreros – *Controller*
Alyssa Purcell – *Special Events Manager*
Charanya Ravikumar – *Associate Director, Development*
Caroline Roberts – *Staff Attorney*
Kelcie Silvio – *Senior Research and Advocacy Fellow*
Jennifer Sudkamp – *Assistant Director, Development*
Kimber Williams – *Assistant Director, Development*
Chanel Brown – *Americorps VISTA, Disaster Recovery and Research*
Genesis Herrera – *Americorps VISTA, Event and Disaster Research*
Rebecca Harms – *Americorps VISTA, Disaster Recovery and Research*

NORTH TEXAS

Jenny Eyer – *Senior Policy Analyst / Manager, Center for Child Health Research & Policy*
Colleen Campbell – *Director of Development*
Julie Morris – *Associate Director, North Texas Programs*

INTERNS

Lauren Biegel
Ajith Kumar
Kaitlyn May
Sarah Ann Naizer
Bella Tincher
Amina Williams

Published by CHILDREN AT RISK | Layout and Design by Squidz Ink Design

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 current or previous editions of *Growing Up in Houston: Assessing the Quality of Life of Our Children* can be obtained by emailing info@childrenatrisk.org or calling our office at 713-869-7740.

Letter from our CEO

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 fifteenth edition of *Growing Up In Houston: Assessing the Quality of Life of Our Children*!

In partnership with the United Way of Greater Houston, JPMorgan Chase & Co , and Center for Civic Leadership at Rice University, and our many other partners throughout the years, we are pleased to present you with this publication, providing a glimpse into the well-being of Houston's children. The goal of the publication is to provide stakeholders 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. Local leaders can better serve children by identifying macro-level solutions and opportunities for cross-sector collaboration. We believe this publication provides that invaluable insight, insight which is undoubtedly crucial in the midst of another Texas legislative session.

The data in this publication tells a story of Houston's children excelling in several ways, yet still lacking quality resources in key areas. Hurricane Harvey had an incredible impact on our youngest Houstonians and their families spanning all areas of their lives from health to education to safety. Public officials and local stakeholders can use this information to help address the continued impacts of Hurricane Harvey and better prepare for future disaster response.

With a greater focus on the needs of adults and young adults who are disconnected from school and work, we've included a new section in this edition: Opportunity Youth and Young Adults (OYYA) thanks to generous support from JP Morgan Chase& Co. Young adults lacking the right skills or education have less opportunity to achieve financial stability and contribute to our local economy. Understanding Houston's OYYA population will help leaders address related challenges and pave the way for a brighter future for our next generation.

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

Table of Contents

STATUS OF CHILDREN 4

Chapter 1: EDUCATION

Early Childhood Education (ages 0-5) 8
Kindergarten – 12th Grade 15
After High School 20

Chapter 2: HEALTH

Introduction 24
Maternal and Infant Health 24
Access and Coverage 27
Food Insecurity, Nutrition, and Physical Activity 29
Sexual Health 33
Mental Health 35
Substance Abuse 38

Chapter 3: SAFETY

Introduction 42
Child Abuse, Neglect, and Foster Care 42
Juvenile Justice 46
Child Trafficking 49

Chapter 4: PARENTING

Introduction 54
Who Are Houston's Families 54
Supports Available to Houston Families 58

Chapter 4: HOUSTON'S OPPORTUNITY YOUTH & YOUNG ADULTS (OYYA)

Introduction 64
Houston's Opportunity Youth & Young Adults (OYYA) in Context 64
Who Are Houston's Opportunity Youth & Young Adults? 66
Education and Work Experience 68
Teenage Pregnancy and Early Motherhood 70
Social and Financial Supports for Opportunity Youth & Young Adults 71

Endnotes 75
About CHILDREN AT RISK 105

Status of Children

As Texas's largest metropolitan city and one of the biggest in the country, Houston is home to 2 million children, representing almost a quarter of all Texas children—all with backgrounds just as diverse as their needs.[1] With a child population that is continuously growing, it is crucial for parents, educators, and policymakers to be aware of our youngest Houstonians' needs and vulnerabilities.[2] This issue of *Growing Up in Houston* will provide an overview of topics that directly affect children in Harris County. Based on data collected on key topics of concern, this publication aims to highlight the areas in which Houston children thrive and those that need improvement. This will allow all stakeholders to develop an infrastructure to address and care for all aspects of children. Before exploring the complexity of these issues, it is important to understand the basic demographics of Houston's children.

Houston is an incredibly diverse city, with its share of minority children slightly higher than the statewide average. Together, Hispanic and African American children represent almost three-quarters of the child population in Houston, while white children only account for 21%.[3] While people born in Latin America continue to represent the largest immigrant group in Texas, the rate at which they immigrate has decreased in the last decade.[4]

Across Harris County homes, nearly half speak a language other than English, 34% of whom speak Spanish. Furthermore, 8% of residents speak a language other than English or Spanish, which is higher than any other Texas metropolitan area.[5] This multi-cultural trend is also seen in neighboring Fort Bend County, where children speak over 100 different languages at home.[6] Additionally, more than 96,000 students in Harris County school districts are foreign-born.

More than

4 in 10 children

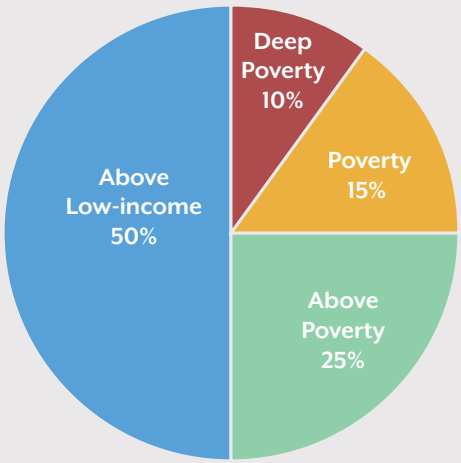
in the Houston area are New American Children.

Nearly 1 in 5 foreign-born children living in Texas call Houston home.[7] That demographic is included in our state's population of New American Children—first and second-generation immigrant children. New American Children may be both documented or undocumented, living with documented or undocumented parents, or be classified as unaccompanied minors. Out of the 7.6 million Texas children, 1 in 3 is a New American Child.[8] Moreover, of the approximate 1.7 million children in the Houston area, 45% are New American Children.[9] More than 4 in 10 children in the Houston area are New American Children.

New American Children often face an array of obstacles that may affect their psychosocial development and adaptability. The emotional stress of adjusting to a new environment, learning English as a second language, and navigating the cultural divide might manifest in the form of anxiety and other psychosocial challenges. Other frequent adversities of New American Children include poverty, residential mobility, broken family ties, and the loss of social support networks.[10]

Houston's diversity is also found at the family nucleus, as most households are comprised of non-traditional family-structures. In Houston, less than half of children live in a traditional nuclear home—that is, with biological, step, or adoptive parents. Moreover, close to 5% live with a grandparent.[11]

Income Levels for Children under 18 in Harris County, 2017[2]



- Deep Poverty (less than 50% FPL)
- Poverty (50-99% FPL)
- Above Poverty (100-199% FPL)
- Above Low-income (200% FPL or more)

For two parents with one child, annual income for families in each low-income group in 2017 was:

- **Above poverty (low-income): below $39,460**
- **Poverty: below $19,730**
- **Deep poverty: below $9,865**

In Harris County

50% of children

are in low-income households.

Economic inequality is yet another obstacle that widely affects Harris County's children, as 50% are in low-income households.[12] Even more alarming, 10% of children in Harris County live in deep poverty—in a household earning an income at or below 50% of the federal poverty level (FPL), posing significant additional challenges for children's well-being.[13] For a family of four, this translates to a little more than $12,000 each year.[14] Of any major metropolitan area in Texas, Houston has the greatest share of children living in deep poverty.

In Houston, the median household income is slightly higher than $47,000, which is about $10,000 below the national median income.[15] However, that amount varies greatly depending on the neighborhood. In West University, for example, the median household income is more than $220,000. In Sunnyside, less than 10 miles away, the median household income is under $30,000.[16] To further highlight this disparity, more than 75% of students in Sunnyside schools are economically disadvantaged, compared to only 1% in West University schools.[17] Across Houston, nearly 40% of children benefit from some form of public assistance, which is 10% greater than the national average.[18]

Of any major metropolitan area in Texas, Houston has the greatest share of children living in deep poverty

HURRICANE HARVEY IMPACT

Hurricane Harvey was a storm like no other, ravaging the Gulf Coast; all of the 1.7 million children in the Greater Houston Area were impacted by Hurricane Harvey.[19] Hundreds of thousands of homes and apartments were flooded displacing families, school districts across the Gulf Coast were closed for at least one week, child care providers in the Houston area were damaged or destroyed limiting access to care for young children, students that rely on school food programs had limited access to healthy and nutritious food, and all children experienced emotional trauma and distress.[20] Many children and their families are still working to recover from the storm's detrimental impact and need the support of community organizations, philanthropy, and local and state policy that prioritize their needs.

The policy recommendations and research featured in this publication do not focus only on traditional families and children, but also on the particularly vulnerable groups in Houston. In Harris County in 2017, Child Protective Services handled more than 6,000 confirmed cases of child abuse or neglect, accounting for 10% of all Texas confirmed cases.[21] Law enforcement also handled 244 cases of minor trafficking, a third of all trafficking cases that year.[22] Additionally, there are nearly 4,000 children in foster care in Texas.[23]

Due to the great diversity of its children and residents, advocates and policy makers in Houston must adopt a holistic approach targeting the needs and obstacles of its diverse child population. When designing policies and programs, it is crucial to consider the unique challenges faced by the different groups that make up our city. Children are the future of Houston; diversity is their strength.

Education

Early Childhood Education (ages 0-5)

OVERVIEW

The term "Early Childhood Education" (ECE) refers to education and care that a child receives from birth to age 8. From ages 5 to 8, children are enrolled in formal schooling in a traditional public school, charter school, private school, or home school setting. The type of ECE children access from birth to age 5 varies based on parent preferences, as well as the availability and affordability of programs. The primary types of ECE programs during the first 5 years include:

- **Child care (colloquially referred to as "day care")** – typically private settings serving children from birth through age 12. There are about 3,400 child care providers licensed to serve more than 200,000 children in Harris County.
- **Early Head Start and Head Start** – federally-funded program for very low-income families. There are 98 programs serving 8,330 children in Harris County.
- **Public School Pre-Kindergarten (Pre-K)** – a program based in school districts for 3-year-olds and 4-year-olds who meet certain eligibility criteria. There are 39,996 children in Harris County in public Pre-K programs across 25 school districts.
- **Family, Friend, and Neighbor Care** – informal care provided by an available family member, friend, or neighbor. This is a common child care option, but not a part of the formal ECE system.

These ECE programs are often fragmented—operating on their own with little or no coordination with each other or other important early childhood programs such as public assistance (e.g. food stamps, healthcare, etc.), public school, or family support networks.

QUALITY ECE HAS A LIFE-LONG IMPACT

In Texas, the state does not contribute to the education of most children until they enter kindergarten at age 5, leaving parents and caregivers to navigate the complex ECE system on their own. This system hurts both parents and the state because ECE is truly a two-generation workforce support: laying the educational foundation for children and setting them up for academic and career success, while simultaneously giving parents the opportunity to work.

During the first three years of life, children's brains develop more than one million new neural connections every second, and children are building many of the skills that will persist throughout their lives.[1] Quality ECE has lasting positive impacts on children: higher early academic skills, lower rates of special education placements in school, higher high school graduation rates, and lower rates of externalizing behaviors such as aggression and cheating.[2] Quality early interventions help children build critical executive functions such as working memory, impulse control, and cognitive flexibility—all of which are key in both school and the workplace, and are especially important for children growing up in high-stress environments.[3] Experts estimate that quality learning programs in a child's earliest years can generate benefits through their lifetime of over $7 for every $1 spent and that these effects are especially powerful for low-income children. This high rate of return falls as you wait to intervene later in a child's life, with far fewer gains from interventions that start during high school and post-secondary years.[4]

CHILD CARE

Child care is offered to children from birth through age 12 in a variety of settings, including homes, churches, schools, or centers, and in both nonprofit or for-profit operations. Many programs offer either full day or part day care, and provide enrichment for school-age children after school and during breaks. Formal child care settings are inspected and regulated by the Texas Health and Human Services Commission (HHSC) through its Child Care Licensing division.

According to the federal government, child care costs should take up no more than 7% of a family's income, but costs are so high that this is unrealistic for most Texan families. In the Houston region, an average family with one infant and one toddler can expect to pay more than a quarter (27%) of their annual income. For a family living in poverty, that jumps to 64% of their income.[5] For parents in and around Harris County in need of child care, Collaborative for Children has created an online resource to help them: **www.findchildcarenow.org**.

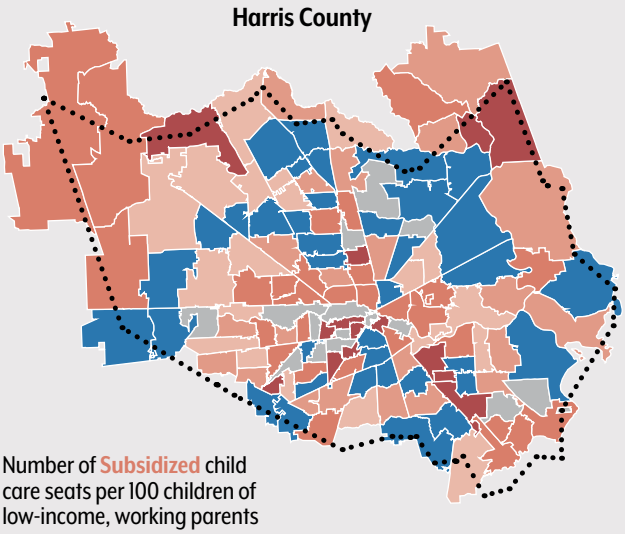
WHAT IS QUALITY CHILD CARE?[1]

- *Provides children warm, nurturing interactions with appropriately trained teachers focusing on school readiness, child development, and health/nutrition.*
- *Has enough teachers in each classroom so that they have the capacity to interact well with each child.*
- *Offers a developmentally appropriate curriculum.*
- *Engages families in their child's schooling experience.*
- *Provides nutritious meals and physical activities suitable for the child's age.*

Most low-income children in Harris County lack access to affordable child care in their neighborhood; Fewer have access to quality care[2]

*Across Harris County, **75%** of low-income children with working parents live in a subsidized child care desert, where the availability of subsidized child care meets less than a third of the demand.*

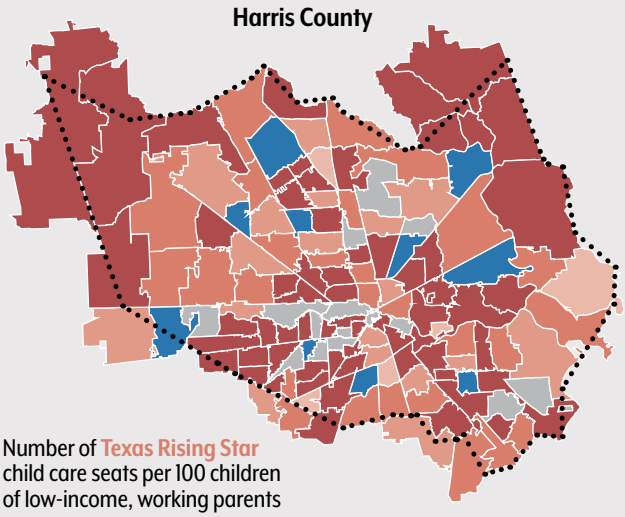
Subsidized Child Care Deserts



Number of Subsidized child care seats per 100 children of low-income, working parents

0-4	5-9	10-24	25-33	Not a Desert	Too few children
14 zip codes	29	22	21	37	18

Texas Rising Star Child Care Deserts



Number of Texas Rising Star child care seats per 100 children of low-income, working parents

0-4	5-9	10-24	25-33		Too few children
64 zip codes	27	18	4	10	18

Not a Desert

*When it comes to **quality** care, nearly **95%** of low-income children in Harris County with working parents live in a Texas Rising Star child care desert.*

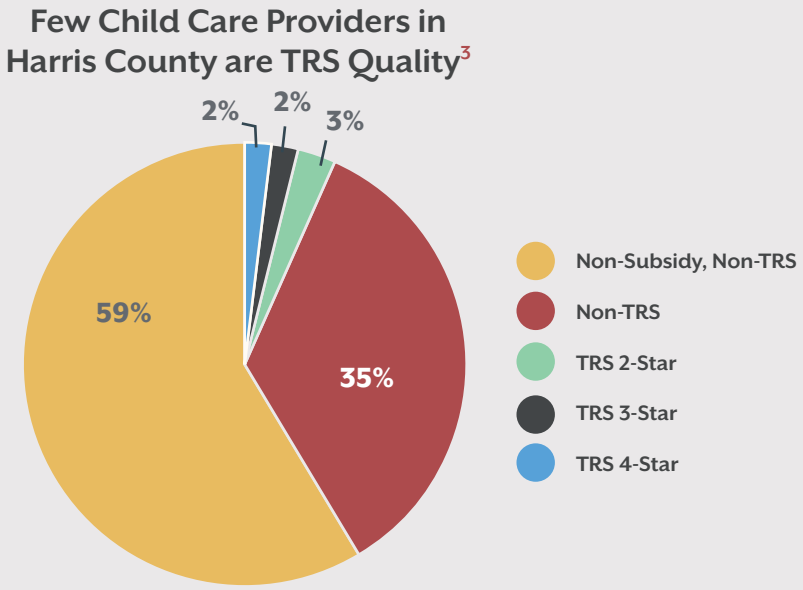
Families who cannot afford child care can apply for subsidies or aid provided by the federal government through the Child Care and Development Block Grant (CCDBG), which is managed by the Texas Workforce Commission (TWC). To receive child care subsidies, parents must meet income requirements and be working or going to school. Nearly 18,000 children in Harris County receive child care through this subsidy program. Only 41% of child care providers in Harris County are part of this subsidy program, which means parents on this program have fewer options than private-pay parents.[6]

Many child care programs receiving support from TWC are not providing quality care. Most only meet minimum licensing standards, which are woefully lacking and can be harmful to child development. For example, to begin working as a child care teacher in Texas, one must be 18, have a high school diploma or equivalent, and receive eight hours of the required 24 hours of pre-service training.[7] Compare this to a barber, who must have 1500 hours of training and pass an exam.[8]

Fortunately, Texas has a Quality Rating and Improvement System called Texas Rising Star (TRS), which is available to child care centers and homes in the subsidy system. This voluntary certification allows child care providers to demonstrate a commitment to providing quality beyond that required by licensing standards. TRS providers can be certified at one of three star levels—2, 3, or 4—based on progressively rigorous standards.

In March 2018, Congress approved a historic increase to the CCDBG budget with Texas's share growing by 45%, or $229 million, each year. This increase will help TWC invest in quality child care and serve more children. This is greatly needed since only 16% of subsidized child care providers in Harris County are quality, and only 28% of eligible children in Harris County are served by this child care subsidy program.[9]

Child care is a difficult industry, and many businesses struggle to remain open, let alone provide quality care and education. For more information on the challenges faced by child care providers and potential solutions, please visit **www.childrenatrisk.org/ece**.



HURRICANE HARVEY IMPACT

Many child care providers experienced flooding as a result of Hurricane Harvey; Collaborative for Children and Save the Children worked together to assess the extent and impact of the damage across the Greater Houston Area. They targeted and assessed nearly 2,500 child care providers using flood data coupled with community risk factors.[10] Of these, more than 670 child care providers were identified as having significant damage or as being destroyed impacting operations and in some cases prohibiting them from opening, limiting care access for children and making it difficult for parents to go to work because they lacked places for their children's care. Afterwards the Child Care Recovery Grant Program was launched to support child care providers in covering the cost of repairs, replenishing needed supplies and materials, and building recovery plans for future disasters. Organizations are also working with providers to move them into the Texas Rising Star quality rating and improvement system to encourage child care providers to not only recover, but recover with high quality to best serve their current and future children.

EARLY HEAD START AND HEAD START

The U.S. Department of Health and Human Services administers two additional ECE programs serving disadvantaged children: Early Head Start and Head Start. Early Head Start provides care for children from birth to age 3, as well as support for pregnant women, while Head Start provides care to 3- and 4-year-olds. In 2017, these programs enrolled 8,330 children in Harris County.

Early Head Start and Head Start have higher quality standards than Texas's minimum licensing standards for child care, though the quality in practice can vary across programs.[11] Unlike many other states, Texas does not allow Early Head Start or Head Start to be part of Texas Rising Star. Parents looking for Head Start centers can find them using the Department of Health and Human Services Center Locator resource: **https://eclkc.ohs.acf.hhs.gov/center-locator**.

Lack of Access to Subsidized Child Care in Harris County[4]

About 50,000 children with low-income, working parents in Harris County lack access to quality, affordable child care.

TRS-Certified Child Care Seats: 5,800 (8.5%)

Non-TRS Subsidy Seats: 12,000 (17.7%)

No Subsidized Child Care Seat: 50,200 (73.8%)

PUBLIC SCHOOL PRE-KINDERGARTEN (PRE-K)

The Texas government funds a half-day pre-kindergarten (Pre-K) program for eligible students through the Texas Education Agency. To be eligible, a child must be:

- Economically eligible to receive free or reduced lunch;
- Unable to speak and comprehend the English language;
- Homeless;
- The child of active duty member of the armed forces or the child of a member of the armed forces who was injured or killed while on active duty;
- In foster care, or having been in previously; or
- The child of a first responder killed or injured in the line of duty.[12]

Public school districts with more than 15 eligible 3- or 4-year-olds must provide half-day Pre-K to all eligible children. Unfortunately, only four out of Harris County's 25 school districts are serving 3-year-olds. Further, only 14 Harris County school districts fund full-day Pre-K programs.

The state's public Pre-K system of half-day care for only some 4-year-olds and even fewer 3-year-olds is unhelpful to many working families and places an unfair burden on school districts who try to expand programs to meet the needs of families. Approximately 1 in 4 eligible 4-year-olds in Harris County are not enrolled in public Pre-K, and even many of those who are enrolled attend school districts only offering half-day programs. Since 60% of children under age 6 in Harris County have all parents in the full-time workforce, these half-day programs are burdensome to many families.[13]

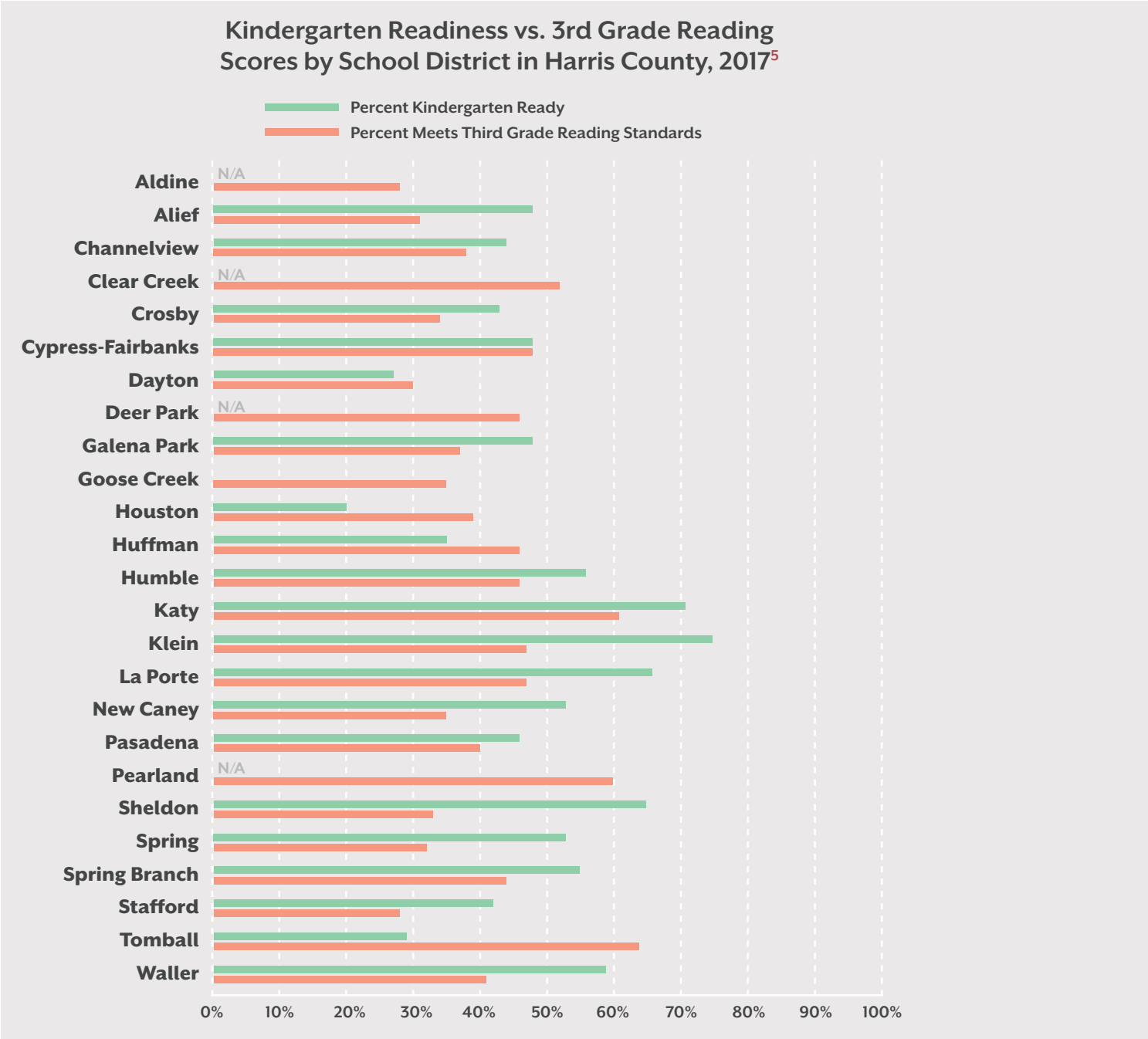
Kindergarten readiness among economically disadvantaged children in Harris County is 20% higher for children who attended public Pre-K than those who did not. To ensure these short-term gains persist, state and local stakeholders must invest in quality education before and after their year in public Pre-K at 4 years old.[14]

The National Institute for Early Education Research is a leading resource to assess public Pre-K program quality. Texas's program meets 5 of their 10 quality benchmarks, excelling in areas of teacher qualifications and expectations for child learning and development, while falling behind in standards related to quality assurance, quality improvement, and appropriate limits on class sizes and number of children in the care of each teacher.[15]

In 2015, the Texas State Legislature passed House Bill 4, which provided $118 million for the biennium for the High Quality Pre-K Grant Program. This program gave additional one-time funding to school districts who met higher quality standards in their Pre-K classrooms. When the legislature met again in 2017, they made the quality standards mandatory for all school districts, but this mandate did not come with additional funding to help school districts meet the new standards.[16] While this improved quality is greatly needed, school districts are already stretched for resources and the impacts of this additional unfunded burden have yet to be seen.

TRANSITION TO K-12 SCHOOL SYSTEM

The transition for 5-year-olds into the formal Kindergarten through 12th Grade (K-12) school system is generally fragmented and does not set students up for success. In Houston ISD, over 40% of children are not ready to learn when they reach Kindergarten.[17] In many districts across Harris County, students who appear ready for school before Kindergarten are no longer reading on grade level by 3rd grade, an important marker of future academic success.[18] This concerning trend should be addressed to ensure all students receive the education they need.



Lack of Data. Though many of the 26,000 children in Harris County enrolled in subsidized child care, Head Start, and Early Head Start will likely attend public school programs, there is little coordination between those programs and the public school system. This results in separate, disconnected student data systems for every program, poor utilization of public resources, and inadequate information about effectiveness of various programs.

Market Competition. Working parents need access to affordable, full-day care for their children starting in the child's infancy. If public school Pre-K begins to offer this to 3- and 4-year-olds, it takes them out of the child care market. Many child care providers fear that

this loss would put them out of business, and this effect was observed in Oklahoma after it introduced universal Pre-K. Georgia, on the other hand, designed its universal Pre-K to work alongside child care, and observers there found an expansion of the private child care market. These examples demonstrate that, when programs are designed thoughtfully, public Pre-K and child care do not necessarily need to be competitors.[19]

Our youngest Houstonians deserve a better start to life, and our parents deserve a quality, affordable, stable program to care for and educate their children. If employers want to hire Houstonians, rather than rely on imported workers from other cities and states that invest in ECE, we need to fix this broken system, advocate for change, and invest in these young learners.

A PATH FORWARD

- **Invest in supports for families with children birth through age 3.** *Houstonians can no longer accept that we have mostly poor-quality child care options for our children during their most critical years of brain development—the same years that parents are most stressed and strapped for resources. In the 2018 Kinder Houston Area Survey, 67% of Harris County respondents said they favored increasing local taxes that would fund universal preschool education for all children in Houston.*[20] *Local leaders can seize this opportunity to invest in children who we want to grow into healthy, contributing citizens in the next two decades.*

- **Increase access to quality, full-day early childhood education (ECE) programs.** *A recent CHILDREN AT RISK study found that students who were economically disadvantaged had 40% higher odds of reading at a college-ready pace if they attended full-day Pre-K.*[21] *Students who are low-income can benefit greatly from multiple years of care and education in a quality ECE setting before entering the traditional school setting.*[22] *Quality ECE helps children be school-ready, and children who cannot read on grade level by 3rd grade are four times more likely to drop out of high school.* [23]

- **Ensure efficient use of public programs for children birth to age 5.** *Currently, parents must navigate disconnected programs and systems to find ECE options for their children. Parents and their children would benefit from a one-stop system where they can identify and apply for any or all of their options including Early Head Start, Head Start, subsidized child care, and public school Pre-K.*

- **Coordinate data across public ECE programs.** *Public elementary schools find it difficult to know what ECE programs children had before public Pre-K or kindergarten. Child care providers want to know if they are adequately preparing children for school. ECE programs funded by taxpayer dollars should be coordinating their data in order to more effectively serve families, make more informed decisions, and provide greater transparency to lawmakers and the public.*

- **Invest in the child care workforce to provide quality ECE.** *Local leaders can coordinate clear, affordable higher education options for child care educators: professional development that builds toward an ECE credential, which counts toward an Associate's Degree, which counts toward a Bachelor's Degree. Pairing options for training, credentials, and degrees with higher wages can help professionalize the child care workforce and allow these workers—mostly women, many of color—to better provide for their own families. Other cities in Texas have found success in this work, and Harris County has a huge opportunity as it claims nearly one-fifth of the state's child care educators.*[24]

- **Develop partnerships with child care providers and public school Pre-K.** *In order to expand access to quality care and education, some public school Pre-K programs in Harris County have begun to partner with child care providers to serve 3- and 4-year-olds. These partnerships also allow school districts and child care providers to blend different sources of public funds, while also ensuring child care providers can continue to care for infants and toddlers, who are the most expensive age groups to serve.*
- **Align and improve kindergarten readiness assessment tools, either locally or statewide.** *If we wish to accurately compare kindergarten readiness data across districts, and to later connect student achievement, assessment tools must be aligned. We must also ensure that our kindergarten readiness assessments accurately capture the full range of critical early childhood developmental domains.*

Kindergarten – 12th Grade

Students in Texas public schools take the State of Texas Assessments of Academic Readiness (STAAR) every spring; elementary and middle school students take Reading and Math exams and high school students take End of Course exams in several subjects including Algebra I, English I, and English II. Students are able to score in four categories: Does Not Meet, Approaches, Meets, and Masters. The four performance categories provide context and understanding for each student for how he or she is performing and how much intervention may be necessary to ensure academic success.[25]

Students at the Meets cutoff are able to think critically, apply skills, and are sufficiently prepared for life after high school.

A student in the Meets Grade Level category is likely to succeed in the next grade level with some minor intervention. Students at the Meets cutoff are able to think critically, apply skills, and are sufficiently prepared for life after high school. The cutoffs between these categories vary by test and grade level. For example, on the 3rd Grade Reading Exam in the 2016-2017 school year, students needed to answer 76% of the questions correctly to be at the Meets Grade Level.[26]

For the past 13 years, CHILDREN AT RISK has ranked nearly 8,000 public schools in Texas to help parents, educators, and community members understand how their schools are performing and spark dialogue on the quality of public education in our state. The CHILDREN AT RISK School Rankings can be found at **www.texasschoolguide.org**. The rankings consist of four domains: (1) Student Achievement, (2) Campus Performance, (3) Student Growth, and (4) College Readiness. The last domain, College Readiness, only applies to high schools. Student Achievement is based on the percentage of students performing at the Meets cutoff in STAAR Reading and Math for elementary and middle school students and End of Course (Algebra I, English I, English II) exams for high school students. The second domain, Campus Performance, compares schools' student performance to other schools statewide

with similar levels of poverty. The third domain, Student Growth, measures individual student improvement on standardized tests one year to the next. The fourth domain, College Readiness, assesses high school graduation rates, SAT/ACT scores, and AP/IB participation rates. Each school in Texas is then assigned a grade and rank based on its performance across the domains.

Many schools across the Houston region receive "A" or "B" grades in CHILDREN AT RISK's annual School Rankings. Here are examples of area schools which have scored well in the various domains:

REPORT CARD[6]

STUDENT ACHIEVEMENT	A	**TH Rogers in Houston ISD has an "A"** in Student Achievement - 89% of its students are at the Meets Grade Level on the STAAR Reading and Math exams, one of the highest percentages in the entire state.
CAMPUS PERFORMANCE	A	**Field Elementary in Houston ISD has an "A"** in Campus Performance - 87% of its students are economically disadvantaged but 69% of its students are at the Meets Grade Level on the STAAR Reading and Math exams. This is significantly higher than socioeconomically similar schools across Texas.
STUDENT GROWTH	A	**Calder Road Elementary in Dickinson ISD has an "A"** in Student Growth - Of all elementary schools in the Greater Houston Area, the students at this school exhibit the greatest growth year-to-year on their STAAR Reading and Math exams.
COLLEGE READINESS	A	**Debakey HS in Houston ISD has an "A"** in College Readiness - The number one high school in the entire state, Debakey HS has a graduation rate of 98% and an average SAT score of 1910.

WHAT ARE CHILDREN AT RISK'S SCHOOL RANKINGS?

- *An annual ranking of nearly 8,000 public schools in Texas to help parents, educators, and community members understand how their schools are performing.*
- *Schools receive a letter grade, much like students in school, and also a rank.*
- *Visit* **www.texasschoolguide.org** *for any school's in-depth profile and an interactive map of all schools.*
- *In 2018, CHILDREN AT RISK ranked over 1,400 elementary, middle, and high schools in the Greater Houston Area (8 county area).*
- *42% of schools in the Greater Houston Area earned an "A" or "B" grade.*

In the 2018 School Rankings, CHILDREN AT RISK ranked over 1,400 elementary, middle, and high schools in the Greater Houston Area consisting of eight counties. Of those 1,400 schools, 42% earned an "A" or "B" grade.

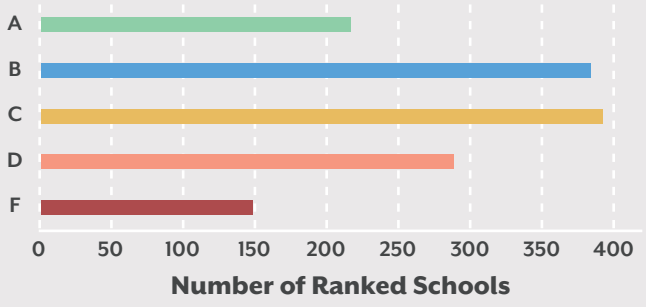
CHILDREN AT RISK ranks both traditional public schools and public charter schools. According to the Texas Education Agency, "charter schools are subject to fewer state laws than other public schools. The reduced legislation encourages more innovation and allows more flexibility, though state law does require fiscal and academic accountability from charter schools. The state monitors and accredits charter schools just as the state accredits school districts."[27] When comparing the performance of charter schools to traditional public schools, charter schools in the Greater Houston Area overall perform higher than traditional public schools in the area, and they also perform higher compared to other charter networks elsewhere in the state. In the Greater Houston Area, 47% of charter schools have "A" or "B" grades compared to 41% of traditional schools.

When comparing the performance of charter schools to traditional public schools, charter schools in the Greater Houston Area overall perform higher than traditional public schools in the area

As a whole, schools with a high share of economically disadvantaged students are underperforming compared to their more affluent counterparts. However, there are many schools excelling despite these challenges. Each year, CHILDREN AT RISK recognizes schools that are high-performing ("A" or "B" schools) and have a high concentration of students who are low-income or in poverty. In order to qualify, at least 75% of a schools' students must be living in such economically disadvantaged circumstances. These schools are known as Gold Ribbon Schools. Unfortunately, only 9% of the Houston area's schools with a high portion of low-income students are considered Gold Ribbon Schools.[28] This demonstrates that there is a path for low-income students to succeed and that our local schools can do better to meet the needs of these students.

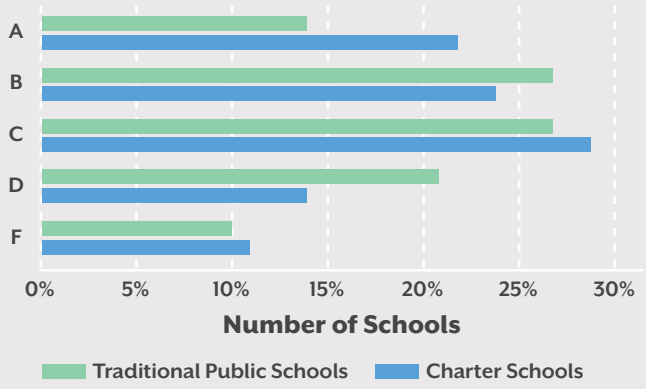
CHILDREN AT RISK 2018 School Rankings Grade Distribution, Greater Houston Region[7]

Total Schools Rated: 1,427



Performance of Traditional Public vs. Charter Schools in Harris County, 2018[8]

Charter schools tend to slightly outperform traditional public schools.



In general, students across the Houston region graduate high school at high rates, regardless of background. However, many of those students are not graduating ready to be successful in college and beyond. Students are considered college ready if they achieve a score of 1100 (out of 1600, not including the optional writing

Gold Ribbon Schools in Harris County School Districts[9]

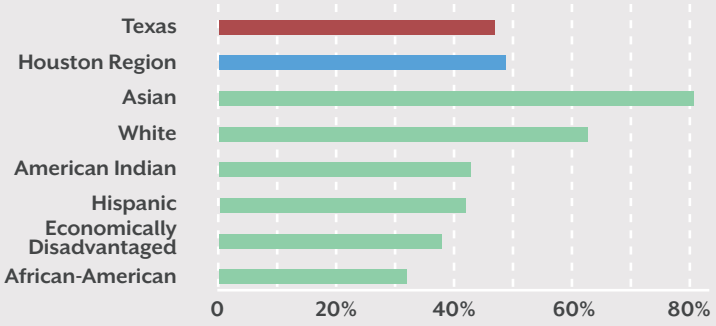
	Total Enrollment	Total campuses	Total No. A or B schools	No. Gold Ribbon Eligible Schools	No. Gold Ribbon Schools	% Gold Ribbon of Eligible Schools
HOUSTON ISD	229399	273	89	136	21	15%
CYPRESS-FAIRBANKS ISD	114075	82	51	13	2	15%
FORT BEND ISD	73615	72	42	12	0	0%
KATY ISD	72026	59	41	1	0	0%
ALDINE ISD	59541	60	3	44	2	5%
CONROE ISD	59313	53	36	11	1	9%
PASADENA ISD	55990	62	16	43	9	21%
KLEIN ISD	51076	44	28	6	0	0%
ALIEF ISD	46045	41	8	38	6	16%
CLEAR CREEK ISD	41607	43	32	1	0	0%

section) on the SAT or a score of 21 (out of 36) on the ACT. Schools in the Houston region particularly underserve students of color when it comes to helping them be ready for college when they graduate high school. Schools must ensure that all students are graduating with the skills and knowledge necessary to be successful after high school.

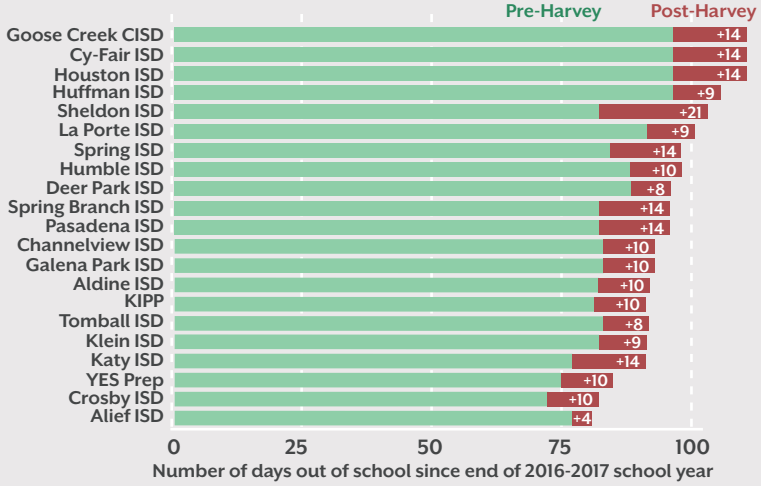
In addition to interventions such as early childhood education discussed previously, working to curb the effects of summer learning loss is vital to ensuring all students are prepared for life beyond high school. In the Greater Houston Area, students spend nearly 100 days out of school during the summer break. Overall, achievement significantly declines during the 100-day break—in some cases as much as a month of learning during the school year can be lost during the break. Furthermore, economically disadvantaged students are impacted more than their more affluent counterparts, particularly in reading.[29] During the 2017-2018 school year, students in the Greater Houston Area were out of school an additional two weeks due to Hurricane Harvey, or even longer in school districts that were most affected by the storm.

Houston Region College Ready Graduates by Group, 2017-2018[10]

Houston area schools must ensure students of all backgrounds graduate ready for success after high school.



Hurricane Harvey delayed the start of the 2017-2018 school year by more than a week for most students in Harris County[11]



HURRICANE HARVEY IMPACT

Districts all across the gulf coast region of Texas experienced damage as a result of Hurricane Harvey. In Harris County, 15 districts and nearly 740,000 children were out of school for at least 10 days following Harvey's landfall. In Houston ISD alone more than 210,000 students were impacted by the storm. In addition to the many schools that were closed for two or three weeks, after Harvey nine schools experienced such significant damage that they were relocated for the entire school year and four are being rebuilt and remain dislocated. The school closures, displacement, change in routine, and trauma experienced as a result of Harvey all impacted students' mental health and ability to learn. Districts and schools focused their efforts on maintaining normalcy for students and teachers, supporting their physical and emotional needs, and returning to learning.

A PATH FORWARD

- **Extend the school day and school year.** *Across the Greater Houston Area, students are out of school for an average of 100 days. Research shows low-income students lose an average of two months of learning every summer. 60% of students in Texas are low-income and would benefit from more time on task.*

- **Increase access to quality, full-day early childhood education (ECE) programs.** *A recent CHILDREN AT RISK study found that students who were economically disadvantaged had 40% higher odds of reading at a college-ready pace if they attended full-day Pre-K.*[30] *Students who are low-income can benefit greatly from multiple years of care and education in a quality ECE setting before entering the traditional school setting.*[31] *Quality ECE helps children be school-ready, and children who cannot read on grade level by 3rd grade are four times more likely to drop out of high school.*[32]

- **Learn from high-performing, high-poverty schools.** *As mentioned above, there are nearly 400 high-performing, high-poverty schools across the state. Schools with a large percentage of low-income students that are underperforming can learn from others with similar demographics who have been able to be successful. For example, low-income schools can begin using data for intervention with their students and setting a culture of high expectations.*

- **Increase teacher and principal quality in chronically underperforming schools.** *Dallas ISD (DISD) decreased its number of "Improvement Required" schools from 43 in 2015 to 3 in 2018. One of their more impactful initiatives has been the Accelerating Campus Excellence (ACE Initiative), which identifies, recruits, and places their high-performing principals and teachers in their most struggling schools. DISD has been able to do this through a Teacher Evaluation Initiative and by recruiting teachers with a $10,000 stipend and principals with a $15,000 stipend. One of their ACE campuses, Blanton Elementary School, went from an F in 2016 to a C+ in 2017 to a B+ in 2018 in the CHILDREN AT RISK School Rankings.*

After High School

In the Greater Houston Area, there are over 50 options for postsecondary education including four-year public universities like the University of Houston, two-year community colleges like Houston Community College or Lone Star Community College, and trade schools that offer shorter programs centered on a specific career skill such as automotive work. Overall, in the Greater Houston Area, enrollment in higher education has slightly increased since 2010. In Harris County specifically, around 3,000 more students enrolled in 2017 than in 2010.

In Harris County specifically, around 3,000 more students enrolled in 2017 than in 2010.

Getting accepted to college is just the first step for many students; 20% of economically disadvantaged students who enroll in college never actually attend classes in the fall.[33] This gap is called the "summer melt." A variety of barriers prevent students from enrolling, including complex paperwork and issues with financial aid. Several strategies, such as personal interactions with school counselors throughout the summer, have been identified to successfully ensure that students enroll as planned.[34]

For many students that ultimately attend a college or university, cost continues to be a barrier. In Texas, the average student debt for graduates is slightly over $26,000.[35] This debt is particularly burdensome for students who do not finish their degrees.

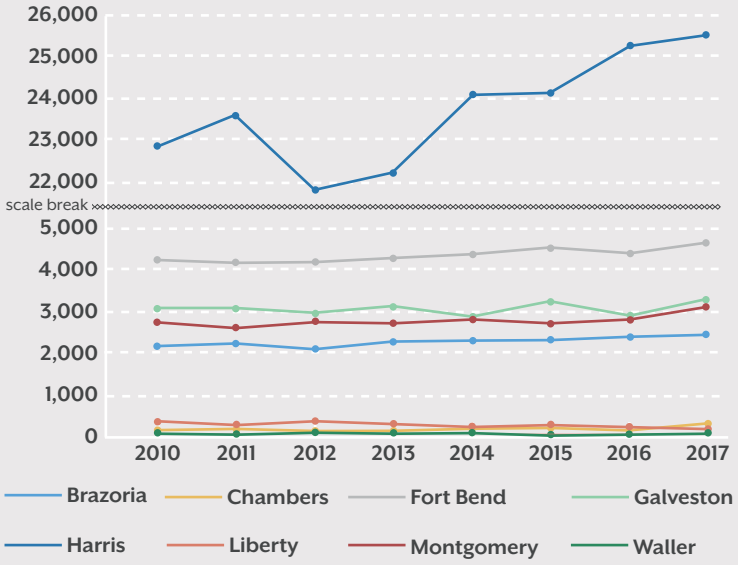
A recent study by the Texas Tribune found that, though more than half of all 8th graders from 1997 to 2006 were economically disadvantaged, these students represented only 40% of those who enrolled in college, and only 28% of those who graduated. This again indicates that our schools are not preparing all students equitably for success after high school. In the greater Houston Area overall, only one in every four students during this time period completed college.[36]

Completion Rates and Average Student Debt at Houston Area Colleges and Universities[13]

Average student debt is high, despite many students not finishing within 6 years.

INSTITUTION	AVERAGE STUDENT DEBT	6-YEAR COMPLETION RATE, 2017
UH Victoria	$30,516	25%
Texas Southern University	$41,143	26%
UH Downtown	$28,538	28%
Lamar University	$31,700	34%
Sam Houston State	$32,124	58%
UH Main Campus	$27,970	61%
UH Clear Lake	$23,875	100%

Higher Education Enrollment Over Time in Houston Area Counties[12]



By 2030, the goal of 60x30TX is for 60% of Texans ages 25-34 to earn a certificate or degree.

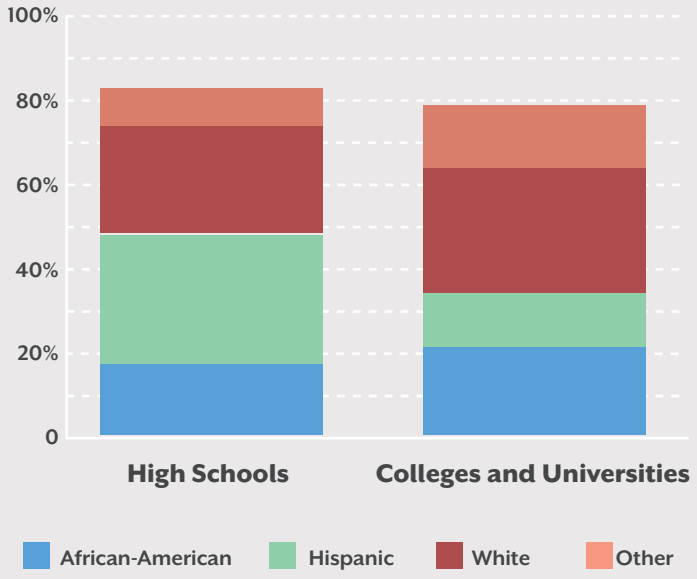
Not all students need to enroll in college after high school. Another option for students are trade schools, which offer smaller classes, minimal admissions requirements, and job-specific training. Other students may choose to pursue military service, which will provide post-service financial assistance for education. However, recent changes in the economy mean that more students will need to earn at least a certification beyond a high school diploma in the future. In 2015, the Texas Higher Education Coordinating Board adopted a strategic plan known as "60x30TX" to 1) increase completion rates of higher education certificates or degrees, 2) provide opportunities for students to learn marketable skills, and 3) decrease the burden of student debt. By 2030, the goal of 60x30TX is for 60% of Texans ages 25-34 to earn a certificate or degree. The plan also places an emphasis on increasing the share of minority students and those who are economically disadvantaged who enroll in, attend, and complete college.[37]

In an increasingly automated world and workplace, it will be important to place an emphasis on marketable skills, and social emotional skills like leadership and collaborative problem-solving.

Texas's 60x30TX plan recognizes the importance of ensuring that higher education curriculum is aligned with skills that students will use in the workplace. By the year 2020, 60% or more of new jobs will require some type of education or training beyond high school.[38] With this in mind, it is imperative to address the impact of automation on jobs—or the replacement of human labor with technology, devices, or machines.[39] A recent study on the effects of automation found that jobs requiring less than a high school diploma are nearly three times more likely to be automated than jobs requiring a college degree. In an increasingly automated world and workplace, it will be important to place an emphasis on marketable skills, and an increasing focus on social emotional skills like leadership and collaborative problem-solving.[40]

Enrollment in Houston Area Public High Schools vs. Public Colleges and Public Universities[14]

Houston high schools must ensure all students have the opportunity to enroll in college



A PATH FORWARD

- **Combat summer melt.** *To prevent summer melt, colleges and universities can engage incoming first-year students over the summer and throughout their first semester. They can also have regular interactions via face-to-face meetings or even text messaging to help new students navigate potential barriers such as financial applications and more.*

- **Support Texas's 60x30TX strategic plan.** *Houston's education stakeholders, from public schools and higher education programs to nonprofits and local governments, can coordinate efforts to help meet the goals of the state's 60x30TX strategic plan. Stakeholders can design and implement strategies to increase college completion, decrease the burden of student debt, and create curriculum that develops marketable skills in students—with focused efforts on minority and economically disadvantaged populations.*

Health

Introduction

A healthy child is one who is vibrant, attending school, receiving well-visit checks, and able to manage any chronic illness. Children who are healthy are better learners, have improved educational outcomes, and can access additional future economic opportunities. Unfortunately, there are several barriers that make the path to health difficult for the most vulnerable Texas children. Children in Texas are at an increased risk of being uninsured, which can lead to poor health outcomes and higher medical expenses for families. Children lacking health insurance often go without medical care, leading them to miss school days and fall behind academically. A child's health, whether good or bad, can have ripple effects throughout their lifetime.

The starting point for good health begins before a child is born. A healthy mother and a healthy pregnancy are vitally important for a child's health outcomes. As a child grows, it is important that he or she receives regular well-child checks, timely vaccinations, and dental care. Once children reach school age, the continuation of these habits is important, as is a healthy diet, opportunities for physical activity, and appropriate education on healthy behaviors.

Leaders in Houston and across Texas have recently made an effort to improve health outcomes for children, namely around school meal access, but there is significantly more work to be done. For children growing up in Houston, it is not easy to be healthy. We must work to create policies that encourage healthy choices, enable families to more easily sign up for health insurance and find high quality care, and have access to both physical activity and health education in school. All Houston children should have the opportunity to grow up in a healthy environment no matter their neighborhood, school district, or their economic status.

Maternal and Infant Health

Texas has the seventh highest birth rate (70/1,000) in the United States, with more than 400,000 babies born each year. The birth rate is even higher in Harris county (74/1,000), where one in five Texas children are born.[1] Prenatal care is crucial for providing preventative care and improving birth outcomes. Early prenatal care allows health care providers to monitor fetal growth and development, as well as identify health problems that can cause complications in the future.[2] This can help women control existing conditions, such as high blood pressure and diabetes, which in turn reduces an infant's risk for complications.[3] Unfortunately, in 2016 only 66% of pregnant women in Texas had access to prenatal care in their first trimester. The number is even lower for Harris County, where between 2013 and 2015, an average of only 61% of women received prenatal care in the first trimester.[4]

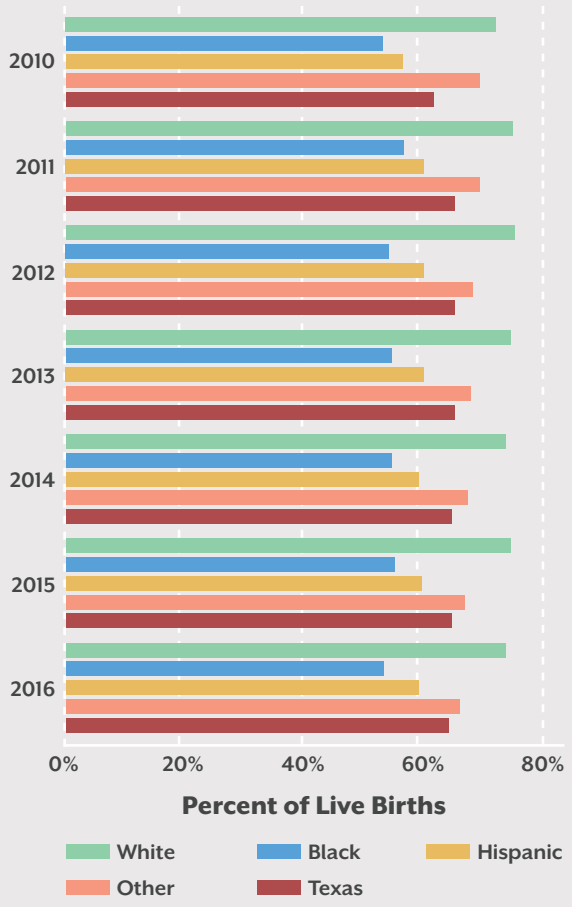
In Harris County, reproductive health is often not included in women's regular primary care which limits access to critical health screenings.[5] The complexity of eligibility for Medicaid, along with the fact that women lose their Medicaid coverage 60 days after giving birth, reinforces existing disparities. Although women covered by Medicaid are supposed to automatically transition into the State's Healthy Texas Women program for postpartum coverage, this transition does not always take place.[6]

Pregnancy-related complications and deaths in Harris County are largely preventable. Between 2012 and 2015, the top medical causes of maternal death included cardiovascular disease, infection and hemorrhage.[7] But the risks are not equally distributed. In 2018 the Texas Maternal Mortality and Morbidity Task Force found that black women bear the greatest risk for maternal death. The maternal mortality rate for black women in Texas remains significantly higher than other races with an average of 13.9 deaths per 100,000 live births.[8] Out of the 71,252 women who delivered in Harris County in 2015, one in five women had at least one condition that put them at higher risk for severe maternal morbidity.[9]

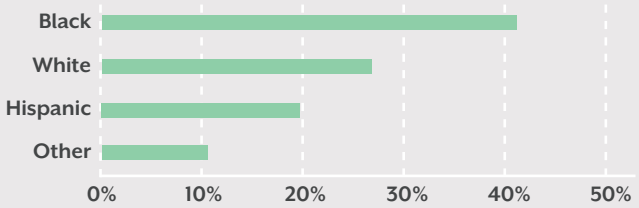
Research shows implicit bias, income, and race results in significant disparities in care, especially for black women. In an effort to address these alarming trends, the Houston Endowment convened a steering committee to learn more about maternal health in Harris County and develop a community-wide effort to reduce the rate of maternal mortality. They concluded that improving data collection on maternal health, addressing implicit bias, and improving access to health care services will significantly improve maternal health in Houston.[10]

Much like the maternal mortality rate, Harris County and Texas continue to see elevated rates of infant mortality. In 2014, 6 out of every 1,000 infants in Harris County died before their first birthday.[11] Texas has made great progress in reducing this rate, but black families in Texas and the U.S. are still disproportionately impacted by infant mortality. Black infants have nearly twice the mortality rate of any other racial or ethnic group (11 deaths per 1,000 in 2015).[12] However, rates for all races vary across zip codes, even within the same city. For example, mortality rates for infants of black mothers in Houston vary eight-fold from from 3.3 deaths per 1,000 in the 77077 zip code to 28.1 deaths per 1,000 in 77026.[13] This variation can be explained by social, environmental, and economic factors at the community level. The leading cause of death of black infants in Harris County - complications related to premature birth and low birth weight[14]

Percent of Live Births Where Mother Received Prenatal Care in the First Trimester in Texas [1]



Maternal Death Rates by Race/ Ethnicity in Texas, Annual Average for 2012-2015[2]

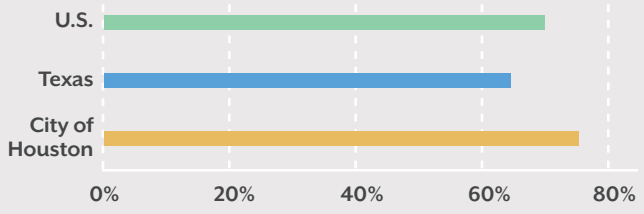


- is largely preventable. Still, a variety of barriers stand between pregnant women and children and the care they need.

Premature birth - birth occurring before the 37th week of pregnancy - puts infants at a higher risk of neurological, breathing, and digestive problems. Because these infants are not fully mature, they are more likely to be admitted to the NICU, which can put significant financial strain on a family. While the average medical costs for a healthy full-term baby from birth through the first year is $5,085, the average cost for a premature and/or low birth weight baby is $55,393.[15] Numerous factors have been associated with premature birth, including lack of prenatal care, obesity, smoking, and even air pollution.[16] In 2017, 10.6% of babies born in Texas were born premature.[17] Prenatal care is the best way to prevent preterm births and low birth weight babies, which reinforces the need to ensure all women in Houston have access to these health care services.

Pregnancy and childbirth can result in considerable changes in both the physical and mental health of the mother. An estimated one out of every seven new mothers in Harris County and in Texas experience significant depression, making Postpartum Depression (PPD) the most common complication of childbirth. PPD is commonly thought of as just depression; however, many women also experience anxiety, obsessive-compulsiveness, or frustration.[18] Unfortunately, only 15% of Texas women with PPD actually receive professional treatment.[19] Recent Texas legislation has given mothers covered under Medicaid access to PPD screenings and referrals to mental health providers for counseling. Still, Medicaid coverage ends 60 days after giving birth, whereas PPD can occur anytime during the first year after childbirth. Lawmakers should continue working to ensure that Texas women receive the care they need.[20]

Children Who Adhere to the CDC Recommended Vaccine Schedule for Age 19-35 months[3]



It is estimated that

75%

of children across the country do not receive vaccines at the recommended time.

Vaccination plays a vital role in preventing the spread of communicable diseases. The vaccine schedule recommended by the CDC for children age 19-35 months is designed to protect infants and children early in life when they are the most vulnerable.[21] In 2017, 74% of Houston children completed this vaccination schedule, which is higher than both the state average of 68% and national average of 70%.[22] While there is a high eventual completion rate of the recommended vaccination schedule, it is estimated that nearly 75% of children across the country do not receive vaccines at the recommended time; meaning that a significant amount of children are under-vaccinated.[23] If a child does not receive the full number of doses, they become vulnerable to serious diseases, such as diphtheria, tetanus, pertussis, polio virus, measles, mumps, rubella, Hib, hepatitis B, varicella, and pneumonia.[24] Unfortunately, children from low-income families are more likely to have incomplete vaccinations.

Vaccinations also protect other children who have certain medical conditions, lack access to

preventative care, or are too young to receive a vaccine by creating "herd immunity" of the larger population and making it more difficult for disease to spread. When parents "opt-out" their children of vaccines, vulnerable subsets of the population are put at risk.[25]

A PATH FORWARD

- *Adopt recommendations made by the Texas Maternal Mortality and Morbidity Task Force to reduce maternal mortality and improve access to prenatal and postpartum care, particularly in at-risk populations.*
- *Support the Harris County Steering Committee's efforts to identify causes and reduce maternal mortality in Harris County by increasing emphasis on earlier prenatal care and recognizing the role of culturally appropriate care, mental health and social supports to women during and after pregnancy.*
- *Texas legislators should extend Medicaid coverage for 1 year postpartum to ensure that all mothers have access to health care and services following the birth of their child.*
- *Texas legislators can adopt stronger legislation around childhood vaccines in order to protect all children from preventable illness.*

Access and Coverage

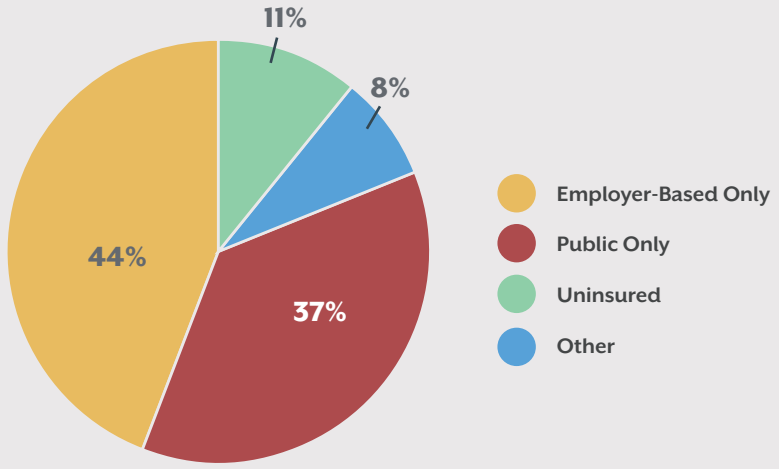
Children with health insurance have improved access to needed services, medications, and preventative care.[26] Texas children can be covered through private or public health insurance programs. Private coverage is most often found through a parent or guardian's employer, while public health insurance is found through either Medicaid or the Child Health Insurance Program (CHIP). In Texas, more than 3 million children are enrolled in either Children's Medicaid or CHIP. In Harris County, approximately 550,000 children are enrolled in Children's Medicaid and 75,000 children in CHIP.[27]

More than

3 million

children are enrolled in either Children's Medicaid or CHIP.

Health Insurance Coverage by Type for Texas Children, 2017[4]



While there has been a collective effort to ensure children have health insurance coverage, for the first time in nearly ten years, 2017 saw an increase in the number of uninsured children in Texas and across the country.[28] Approximately 20% of all uninsured children in America live in Texas. More than one in 10 children in Texas are uninsured, and *more than 15% of uninsured Texas children live in Harris County*. With the cost of an average 3-day hospital stay reaching nearly $30,000, low-income children and their families are living one playground injury, one asthma attack, or one high fever away from serious financial instability.[29] An unexpected illness or injury could require a family to choose between healthcare and paying monthly bills.

To address these issues for our most vulnerable families, Texas lawmakers could expand Medicaid under the Affordable Care Act to provide 1.6 million more people with health insurance coverage. This includes the 638,000 Texans who are in the coverage gap, meaning they have no feasible option for health insurance without Medicaid expansion.[30]

To compound the lack of access to health insurance coverage for Texas families, in 2018 federal funding for the program to help families sign up for health insurance was cut by 78%.[31] This can make it more difficult for parents to find a health insurance plan and navigate this process, risking further losses to healthcare coverage for themselves and their children.

Health insurance coverage is essential to a child's healthy development long before their birth. When pregnant women have access to prenatal care, their children are healthier as adults.[32] In 2016, 65.1% of mothers entered prenatal care within the first trimester in Texas.[33] Ensuring that pregnant women have access to care in the early stages of pregnancy can have a lasting impact on both mother and child.

HURRICANE HARVEY IMPACT

Following Harvey, some communities experienced limited access to health care when Texas Children's Hospital was forced to close a few pediatric clinics and urgent care clinics due to hurricane damage, impacting thousands of patients in those communities.[34] *While alternatives to care were provided for families, many lacked resources to access care in areas far from their homes, forcing them to delay care for a period of time. Additionally, it is believed that many families also had to forego purchase of medical care and medicine to cover the costs of basic necessities and recovery after damage and displacement from Harvey. Access to healthcare for children, especially vulnerable children impacted by poor air quality and toxins after Harvey, is critical to ensuring their healthy development.*

Yet, health insurance does little to improve or maintain a child's health if there is no nearby doctor or hospital to provide care. Recognizing the importance of healthy students, many school districts have partnered with healthcare providers to establish school-based or school-linked programs, providing medical and mental health care to underserved children. Houston ISD has 10 school-based health sites plus two mobile clinics that help provide care to students, and in some cases to their families and the community as well.[35]

Access to health insurance and quality care is essential for a healthy child. Local and state leaders must recognize the important role health plays in a child's life, and make healthy children a policy priority.

A PATH FORWARD

- *Expand Medicaid in Texas so that more adults will have coverage, which will lead to more children having coverage and access to well-child doctor visits.*
- *More school districts can employ school-based health clinics and work to ensure their students have health insurance coverage.*

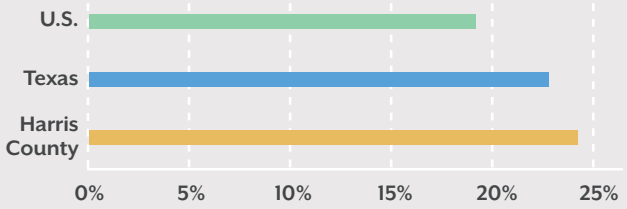
Food Insecurity, Nutrition, and Physical Activity

The United States Department of Agriculture (USDA) defines a food insecure household as one that was uncertain or unable to provide enough food to meet the needs of all their family members due to a lack of finance or other resources.[36] A survey conducted by the USDA shows households with incomes below 185% of the poverty line, households with children headed by a single woman, Black, non-Hispanic households, Hispanic households and households located in the South are at higher risk of being food insecure.[37]

Texas's child food insecurity is greater than the rest of nation, with 23% of Texan children being food insecure. Harris County has a child food insecurity rate slightly higher than the state average, measuring at 23.5%.[38]

Proper nutrition and food intake are critical in a child's early growth and development. Food insecurity influences physical, cognitive, social-emotional, and economic growth and development. Children who experience food insecurity and hunger are more likely to repeat a grade in elementary school, encounter developmental impairments in areas like language and motor skills, or have more social and behavioral problems.[39] Food insecurity has a major impact on the efficacy and success of education, and thus, the economy. One recent study found the lifetime effects of hunger for one year alone costs the U.S. economy almost $3.4 trillion in total spending, over $1.5 trillion in gross product, and 15.9 million years of employment.[40]

Portion of Children who are Food Insecure, 2016[5]



There are three federal primary programs dedicated to reducing food insecurity: the Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children (WIC); and school meal programs. These programs address food insecurity and hunger by providing nutrition education and assistance to low-income families in need.

SNAP is the largest program in the hunger safety net.[41] In February 2018, SNAP served 304,542 households in Houston and generated nearly $147.5 million in economic activity.[42] There are more than 120,000 children under age 5 and 265,000 children age 5-17 living in Houston households that are utilizing SNAP benefits.[43] On average, 25.6% of children in Harris County receive SNAP benefits each month.[44] Although

many low-income families in Houston are enrolled in SNAP, there are still an estimated 258,000 eligible residents which are not participating.[45]

In February 2018, SNAP served

304,542

households in Houston and generated nearly $147.5 million in economic activity.

WIC serves low-income pregnant women, breast-feeding mothers, postpartum women, and children up to age 5 who are found to be at nutritional risk.[46] Participants receive food assistance, nutrition education, breastfeeding support, and health service referrals.[47] In 2017, Texas's average monthly WIC participation was nearly 822,000 women and children.[48] The Houston Department of Health and Human Services WIC program serves around 80,000 women and children, which is about 42% of the estimated potentially eligible participants within Harris County.[49] Texas WIC participation has been declining since FY 2014, with sharp drops in participation in 2018.[50]

Four school meal programs funded by the USDA provide access to nutritious meals in public schools throughout the nation: the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Child and Adult Food Program (CACFP), and the Summer Food Service Program (SFSP).[51] More than 60% of public school students in Harris County are eligible for these programs; however, participation is low. Less than half of eligible students are accessing SBP, and about three-quarters of those who qualify are accessing NSLP.[52]

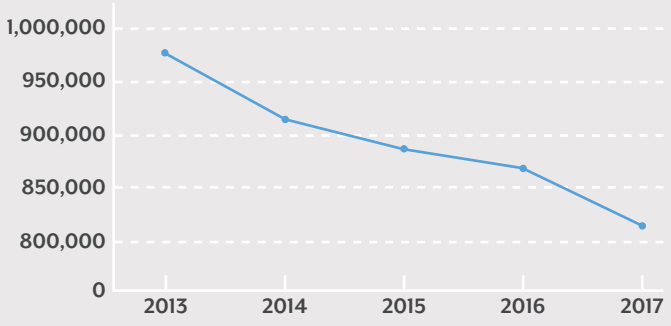
Texas is currently ranked

45th

for SFSP participation.

The Summer food Service Program(SFSP) provides meals and provides meals to students during the summer months when they are out of school. Without having to show any form of identification, any child 18 years or younger is able receive a snack or meal from an SFSP site (e.g. schools, churches, park site). Transportation dramatically impacts SFSP participation since school buses are not running on a regular schedule during the summer. Texas is currently ranked 45th for Summer Meals participation.[53] For every 100 students that participated in NSLP during the school year, only 8.2 students participated in SFSP in Texas.[54]

WIC Participation in Texas[6]



HURRICANE HARVEY'S IMPACT ON FOOD SECURITY

Prior to Hurricane Harvey, nearly 1 in 4 children experienced food insecurity. However, this rose significantly following the hurricane.[55] The nearly 3 in 5 school children who were eligible for school food programs were unable to easily access them due to flooding and school closures. Many families lost wages from job closures and incurred unexpected costs due to the storm, causing even greater risk for food insecurity. To meet the need, the Houston Food Bank nearly tripled the pounds of food distributed each month by partnering with more than 100 agencies, deploying additional disaster mobile units, and increasing access to food through school food pantries and backpack buddies.[56] Additionally, the United States Department of Agriculture (USDA) and Texas Department of Agriculture (TDA) supported families and children by making Disaster-SNAP benefits available and expanding eligibility for school food programs in the districts most heavily impacted.

While it is important to look at nutritional intake when considering child health, it is also important to look at how much time kids spend being physically active. The Harvard School of Public Health says that physical activity is "the most variable factor-and the most easily modified" factor contributing to obesity, which impacts nearly one in five children across Texas.[57] In other words, while there is no single solution to the obesity epidemic, increasing physical activity is an effective and easily implemented step in the right direction.

68%

of Houston high schoolers and 58% of Houston middle schoolers do not reach the target of 60 minutes of activity every day.

Regular physical activity can combat many health problems beyond obesity including heart disease, cancer, type 2 diabetes, high blood pressure, and osteoporosis. The USDA recommends one hour of physical activity daily for children and adolescents. Unfortunately, in a typical week, at least 68% of Houston high schoolers and 58% of Houston middle schoolers do not reach the target of 60 minutes of activity every day.[58] This survey also reports that nearly 40% of Houston high school students play video games or use their computers (for something other than school work) for three or more hours a day. Since these students are not reaching that 60 minute threshold at home, their lack of physical activity during the typical school day only adds to this sedentary lifestyle.

Almost half of Houston high schoolers and middle schoolers did not go to a P.E. class on one or more days in an average week when they were in school, further reducing opportunities for daily physical activity.[59] While Texas has a requirement for number of minutes of physical activity, it is not strongly enforced. To make matters worse, Texas does not have specific requirements for school recess, which can provide another outlet for physical activity for children and can bring benefits to classroom behavior as well.[60]

Researchers found that 8 and 9-year-old children who had at least one daily recess period of more than 15 minutes had better classroom behavior.[61] For students in the 1st grade, the less time they spent being physically active, the fewer gains they made in reading and math in the following two years.[62] Recess can also benefit students' nutrition; holding recess before lunch increased students' fruit and

vegetable consumption by 54%.[63] Economic and racial disparities exist here as well. A recent study found that African American students and students from low-income families were more likely to be given no recess or minimal recess.[64]

Establishing policies to protect recess time in schools is an important step towards improving child access to safe play time in an outdoor environment. This is especially important for low-income students and students of color because, nationwide, those populations have less access to green space than whiter, wealthier areas.[65] Having a green space near a child's home has been associated with reduced aggression and more behavioral maturity.[66] In the Greater Houston Area, an organization called SPARK School Park Program has been working to increase green space efficiently for over 30 years and partners with 12 area school districts to help them develop a plan to keep their playground open as parks after hours and on weekends.[67]

Houston has

66,848

acres of park space.

Along with the over 200 SPARK parks, Houston has 66,848 acres of park space. [68] Even with all of this space, it remains inaccessible for many families: Houston ranks 77th for access to park spaces of the largest 100 cities in the country, behind Austin, Dallas and San Antonio.[69] On the other hand, Houston ranks highly (15th) on a different scale: the nation's most polluted cities.[70] According to the Air Quality Index (AQI), the city of Houston had 103 "good days," 136 "moderate days," and 7 days that were "unhealthy" for some groups in 2017.[71] Considering air quality is crucial in the conversation about children's overall health because it contributes to asthma, the leading chronic health condition in children.[72]

HARVEY'S IMPACT ON CHRONIC CONDITIONS OR ENVIRONMENT & PHYSICAL ACTIVITY OF CHILDREN

Air pollution levels rose significantly after Harvey made landfall. Not only were children exposed to high levels of air pollution outside, but flooded homes also experienced an increase in toxic levels of pollutants inside, largely due to the lack of air ventilation. Families struggled to find long-term temporary housing, leading many to continue living in damaged homes with exposure to pollutants, such as mildew, mold, and matter from construction debris.[73] Industrial facilities across Houston released an estimated 4.5 million pounds of air pollution.[74] Children are particularly vulnerable to air pollution because their lungs are still developing and they breathe more often than adults. The extent of the health impacts on children from the storm remains largely unknown; efforts must be made to understand how children were affected.[75]

Asthma is a disease that impacts the lungs and can cause episodes of wheezing, breathlessness, chest tightness, and coughing.[76] In Houston, this is a common ailment with over one-fifth of high school students have been told by a doctor that they have asthma.[77] African-American children are twice as likely as white children to be diagnosed with asthma, and this racial disparity is even more exaggerated in economically disadvantaged areas.[78] While further research is needed, one likely explanation for this trend is the fact that low-income children tend to live in more high-risk areas and have less access to health insurance and quality medical care.[79] Unfortunately, untreated asthma is one of the leading contributors to chronic absenteeism in schools. According to the CDC, every classroom of 30 children is likely to have at least three children with an asthma diagnosis.[80]

A PATH FORWARD

- *Support advocacy at the local level with School Health Advisory Councils (SHACs) to establish school recess policies and have them board-approved to ensure students have access to daily recess.*
- *Continue to advocate at the state level for statewide requirements for schools to publish their recess policies—or lack thereof—so that parents, educators, and students have an understanding of recess in their districts.*
- *Promote initiatives that ensure schools are asthma-friendly environments by educating students on how to take their medications properly, providing a healthy environment to reduce asthma triggers, ensuring a full-time nurse is trained to treat students with asthma.*

Sexual Health

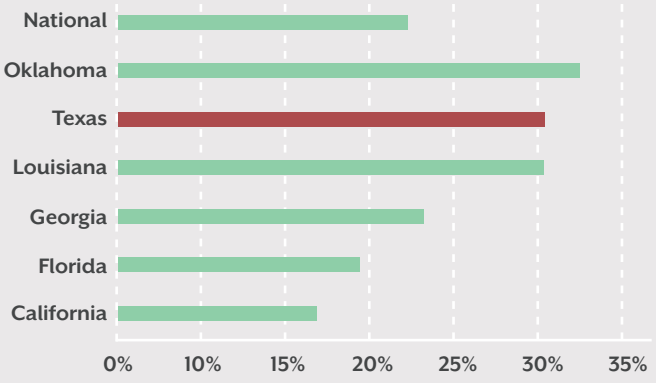
Sexual health plays an important role in the overall health of teenagers and young adults. The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality. This well-being is not only the absence of disease or infirmity, it encompasses the ability to exercise agency to make decisions regarding sexual health and sexuality, free of coercion, discrimination, and violence.[81]

In 2017, 35% of high school students in Houston reported having sexual intercourse and 24% said that they were currently sexually active. In the same year, 11% of middle school students in Houston reported having sexual intercourse.[82]

Sexual activity is defined as having any type of intercourse with at least one person in the past three months. Research shows that early initiation of sexual activity is associated with more sexual partners, less use of condoms, sexually transmitted infection, and pregnancy during adolescence.[83]

Rates of sexual activity among both middle and high school students has dropped markedly over the last decade. There has also been a decline in teen birth rates in Texas, but they remain much higher than the national average. Texas teen birth rate in 2016 was 31 per 1,000 females, the 4th highest in the country.[84]

State Comparison of Teen Birth Rates, 2016[7]



Only about

1/2 of teen mothers

earn a high school diploma by age 22, compared to 90% of women without a teen birth.

The disparities with teen pregnancy can be found at the local level, as well. Although only about half of the Harris County adolescent population is Hispanic, Hispanic youth account

for about 65% of teen births.[85] Furthermore, of every 1,000 births to white women, 49 of those births are to teens, whereas, of every 1,000 births to Hispanic women, 113 of those births are to teens.[86] In 2015, the Houston area had the sixth-highest teen birth rate for an area of over 100,000 people in the country.[87] These rates are particularly concerning because teen birth and parenthood are associated with social, health, and financial consequences. Only about half of teen mothers earn a high school diploma by age 22, compared to 90% of women without a teen birth.[88] Nearly one-third of teenage girls who dropout of high school cite pregnancy or parenthood as a primary reason. This rate is even higher for Hispanic and black teens, at nearly 40%.[89] Moreover, when compared to children born to older parents, children born to teen parents are more likely to have lower academic achievement, enter the child welfare and correctional systems, and become teen parents themselves.[90] These consequences can create a cycle of conditions that perpetuates existing disparities.

Sexually transmitted infections (STIs) are another important component of sexual health. Half of the 20 million new STIs reported in the U.S. each year are among people between the ages of 15 to 24.[91] The most common STIs include chlamydia, gonorrhea, and syphilis. Using male and female condoms correctly can reduce the risk of STIs and HIV.[92] Yet, in 2017, 23% of high school students in Houston and 42% of middle school students in Houston did not use a condom or any other method to prevent pregnancy and STIs..[93]

Human papillomavirus (HPV) is the most common STI in the United States, infecting 79 million Americans, often in their late teens and early 20s. In most cases, HPV is asymptomatic and self-resolving, but the virus is known to be responsible for a variety of cancers. There is no cure for the HPV infection, but a safe and effective vaccine is available. Unfortunately,

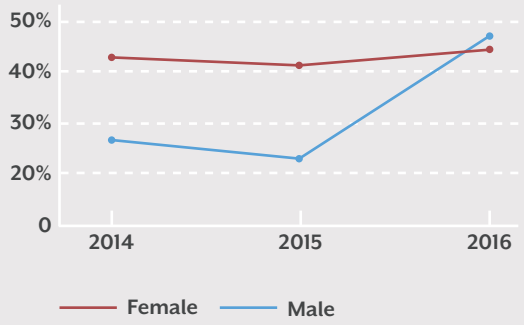
Texas has the

5th lowest

HPV vaccination rate in the country.

Texas has the 5th lowest HPV vaccination rate in the country.[94] More recently, Houston has seen a steady increase in HPV vaccination rates.[95]

Estimated HPV Vaccination Coverage among Houston Adolescents aged 13-17[8]



Comprehensive sex education plays a vital role in helping teens practice safe sex behaviors and plan for the future.[96] Several states have started implementing standards for instruction on topics such as sexually transmitted diseases (STDs), healthy relationships, sexual orientation, gender, and consent.[97] Unfortunately, Texas is falling behind. Health education classes are no longer required for students, and if school districts choose to teach sex education, they are required by the state to emphasize abstinence. During the 2015-2016 school year, more than half of school districts in Texas used abstinence-only curriculums.[98] However, increasing emphasis on abstinence education is correlated with higher teenage pregnancy and birth rates. Furthermore, most major abstinence-only curriculums do not discuss lesbian, gay, bisexual, transgender and queer (LGBTQ+) issues which leaves an entire

population of students without important health information.[99]

Fortunately, there are signs of overall improvements in the status of sexual education in Texas. In a 10-year period (2006-2016), the share of Texas school districts using abstinence-plus materials increased from 2% to 25%. These materials differ from abstinence-only materials by offering additional information on contraception and condoms.[100] School districts, including Houston ISD, are taking their own steps to improve sexual education by requiring a health class for graduation and using the state-approved HealthSmart curriculum which is evidenced-based and inclusive of LGBTQ+ students.[101]

A PATH FORWARD

- *Texas lawmakers can reinstate the requirement of a Health Education Credit to graduate high school.*
- *Support efforts in Houston and throughout Texas to improve HPV vaccination rates in teens.*
- *Texas leaders can re-evaluate the state's approach to sex education and incorporate evidence-based curriculum in order to benefit children and address the needs of all students.*

Mental Health

The mental health of children plays an important role in their overall physical health, as well as their likelihood to succeed in school, work, and society. Children with adequate support for their social and emotional development are more likely to engage in healthier behaviors, develop trusting relationships, and have a more positive perception of the world around them. Parents and caregivers play a vital role in providing support, stability, and meaningful interactions with their children. These positive early experiences that children have with caregivers and families sets them on a path for optimal brain development from birth to adulthood.[102]

Unfortunately, the mental health and wellness of children can be threatened by a variety of negative or traumatic experiences, commonly known as Adverse Childhood Experiences or ACEs. While it is important to note that every child is effected by adverse experiences differently, ACEs are known to have long-term effects on mental health, achievement, and overall well-being. In Texas specifically, the number of children who have experienced at least three ACEs is slightly higher than the nationwide average, and a little less than half of the child population below 17 has experienced at least one adverse experience. These numbers are even higher for African-American and Hispanic children. In the West South-Central region of the U.S., which includes Houston, three in every four African American children have experienced at least one adverse experience.[103]

Almost

1-in-5

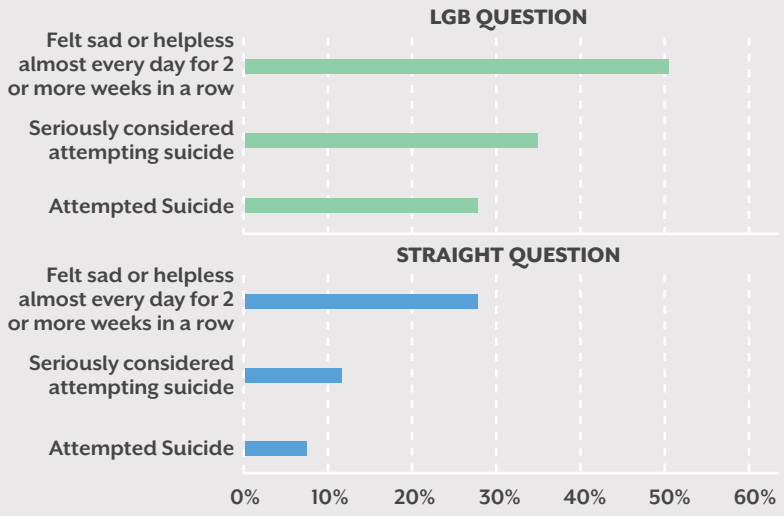
high school students report seriously considering attempting suicide.

Nationwide, approximately 15 million children and adolescents live with a mental health disorder.[104] In Houston, 34% of high school students report feeling sad or hopeless

almost every day for weeks at a time in such a way that they cannot complete normal activities. Furthermore, almost one in five high school students report seriously considering attempting suicide, and 12% have actually attempted suicide.[105]

These rates are even higher for lesbian, gay, or bisexual (LGB) youth in Houston, with those feeling sad or hopeless nearly double that of heterosexual youth. Additionally, Houston youth who are LGB are three times more likely to attempt suicide.[106] LGB youth in relation to heterosexual youth are not inherently more depressed or suicidal. Instead, this trend highlights the disparity in social experiences that LGB youth or youth of other sexual minorities have, compared to youth who are heterosexual. Youth of a sexual minority are more likely to be exposed to higher levels of bullying, prejudice, and discrimination, which creates stressful environments.[107] The most recent Youth Risk Behavior Survey found that LGB youth in Houston were three times more likely to experience cyber-bullying and twice as likely to experience bullying on school property compared to their heterosexual classmates.[108]

LGB Mental Health and Straight Mental Health Comparison, 2017[9]



Trauma-informed care allows providers to see a child's behavior or perception of the world through the lens of his or her adverse experience.

Fortunately, there are proven strategies to counter the negative and powerful effects of trauma or adverse experiences in childhood. Youth who are exposed to a variety of protective factors, such as a positive relationship with caring adults, are more likely to have better outcomes. Additionally, youth who have adaptive skills, including the ability to regulate emotions on their own, are likely to be less affected long-term by their adverse experiences. This resiliency can be cultivated through an approach known as trauma-informed care, which seeks to 1) realize the widespread impact of trauma, 2) recognize the symptoms of trauma, 3) integrate knowledge and recognition of trauma into practice, and 4) prevent any further trauma.[109] Trauma-informed care allows providers and teachers to see a child's behavior or perception of the world through the lens of his or her adverse experience. In turn, youth can learn healthy coping and communication skills.[110] Trauma-informed care takes place in a multitude of settings where providers interact with children and families such as schools, the child welfare system, child care settings, and more. However, trauma-informed care is

More than

70% of students

who do not receive mental health services outside of the classroom, receive them at school.

especially important in schools, as more than 70% of students who do not receive mental health services outside of the classroom, receive them at school.[111] Unfortunately, systems of care that serve children are often unaware of trauma experiences, which may lead to re-traumatization and failure to provide appropriate referrals.[112]

IMPACT OF HARVEY ON CHILDREN'S MENTAL HEALTH

Even if children did not live in homes that flooded, it is likely that they experienced emotional and mental trauma during and after the storm, resulting in a range of responses and emotions from children. Access to mental health supports was and remains critical to supporting the mental health needs of children in Houston.

After the storm, and with limited supply of mental health services in the Houston area, organizations such as the Center for School Behavioral Health at Mental Health America of Greater Houston, The Trauma and Grief Center at Texas Children's Hospital, First3Years, and the Baker Institute at Rice University began to organize and plan how to best meet the needs of families.[113] Grant funding allowed them to increase access to services, bringing trauma and mindfulness training to educators and parents, and social-emotional development education for students. Institutions that support and serve children should continue to invest in mental health services and build capacity to provide services to students in times of need unrelated to disaster.

Texas has made strides in recent years to increase access to mental health services for all. In response to the trauma caused to more than a million public school students by Hurricane Harvey and its aftermath, the state created the Hurricane Harvey Task Force on School Mental Health Supports.[114] However, this task force does not have dedicated funding nor the statutory authority necessary to take many of the steps needed to address this challenge.

It is estimated that the costs associated with mental, emotional, or behavioral disorders in young people to be nearly $250 billion nationally.

While this taskforce was a step in the right direction, there is still much more work to be done to ensure our children have access to the resources they need. Of the approximately 15 million children and adolescents living with a mental health disorder in the U.S., only 7% receive the appropriate services they need.[115] This issue cannot be ignored; it is estimated that the costs associated with mental, emotional, or behavioral disorders in young people to be nearly $250 billion nationally annually.[116] Now is the time to address mental health in Texas to ensure a better future for our children.

A PATH FORWARD

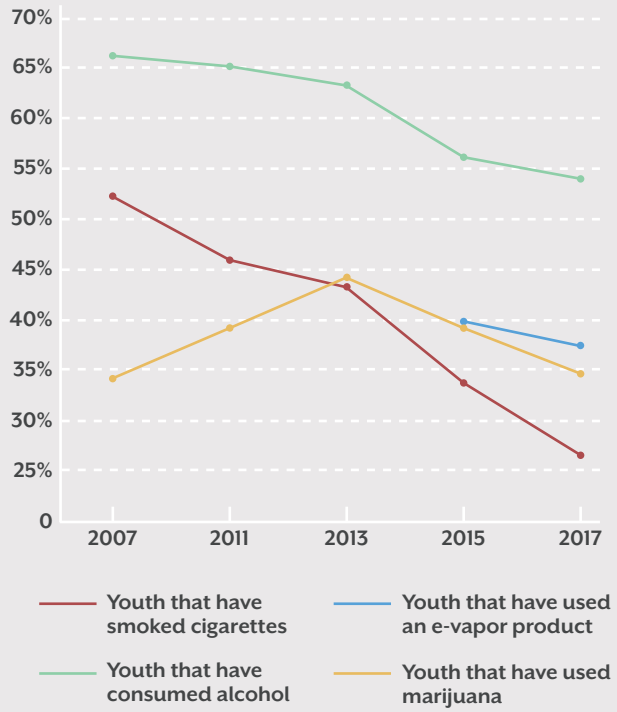
- *Adopt policies and programs promoting and advocating for ACEs prevention.*
- *Create access to trauma-informed care for children (particularly in schools).*
- *Increase access to mental health services and information.*

Substance Abuse

Substance use among youth can begin a pattern of social and health risks, including declines in academic performance, loss of interest in once normal activities, and problems with relationships with friends and family.[117] The earlier an adolescent begins to use substances, the more likely he or she is to develop a dependence. This reflects the harmful influence that substances have on the developing brain, which is especially concerning considering that adolescents in Harris County are using substances by age 13 on average.[118] Similarly, 95% of adult smokers begin smoking before the age of 21.[119]

By the time Texas students are seniors in high school, 64% will have consumed alcohol, 42% will have used marijuana, and 43% will have used an electronic-vapor product.[120] While the percentage of students in Houston who report using alcohol, marijuana, and tobacco has declined over the past two years, students are putting themselves at risk in other ways.[121] Electronic-vapor products, also known as e-cigarettes or vapes, are devices that can be used to inhale an aerosol, or e-liquid, which typically contains nicotine, flavorings, and other chemicals.[122] They are now the most commonly used form of tobacco among youth. Among middle and high school youth nationwide, e-cigarette use has more than tripled since 2011.[123] While adults primarily report using e-cigarettes as an aid to quit traditional cigarettes, youth are attracted to e-cigarettes because of the flavorings.[124] More than 98% of youth report that their first e-cigarette was flavored while a little over half of adults report the same. Furthermore, more than 75% of youth report that they would not use e-cigarettes if flavors were not available.[125]

Youth Risk Behaviors for Students in Houston 9th-12th Grade[10]



95%

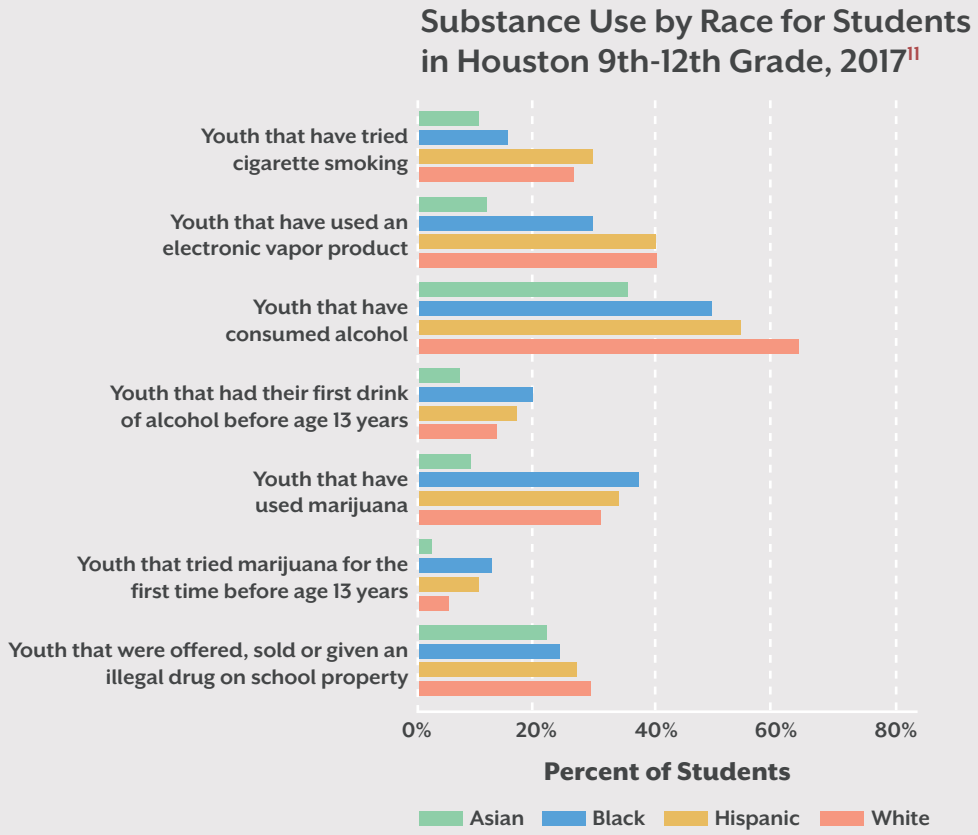
of adult smokers began smoking before the age of 21

E-cigarette use has

more than tripled

since 2011.

Media, advertisements, and social media can significantly impact the way students perceive substance use. Many alcohol advertisements are placed on media platforms that are popular among adolescents. Teens who see alcohol use on television are more likely to start drinking alcohol at a younger age. Teens also report their favorite alcohol brands tend to be



the same brands that have high advertising expenditures.[126] Similarly, higher exposure to smoking in movies is associated with early initiation to smoking.[127] There are similar trends in e-cigarette advertisements. E-cigarette companies have rapidly increased advertising spending. In just three years, companies increased their spending from *$6.4 million to $115 million*. As a result, 70% of U.S. middle and high school students were exposed to e-cigarette advertisements by 2014.[128] These advertisements contribute to the low perceived harm for e-cigarettes and, until recently, there was little advertisement regulation in place. The U.S. Food and Drug Administration has made it illegal to sell e-cigarettes to anyone under the age of 18; however, nearly a quarter of high school students in Houston reported that they acquired their own electronic vapor products by buying them in a store.[129]

Any amount of nicotine is dangerous, and youth who use e-cigarettes are four times more likely to smoke cigarettes in the future.[130] Continued nicotine use in adolescence can make other drugs, such as cocaine, more pleasurable to the brain.[131] Furthermore, e-cigarettes do not necessarily have to contain nicotine in order to be harmful. Studies have found that some flavor compounds, such as cinnamon extract, appear to become harmful when heated in an e-cigarette. Researchers have also found toxic metals such as nickel, chromium, and manganese in e-liquids.[132]

Youth who use e-cigarettes are

four times more likely

to smoke cigarettes in the future.

Fortunately, there are several evidenced-based programs that address specific aspects of adolescent substance use and its consequences. Combining addiction treatment medicines with behavioral therapy can produce long-term benefits for an adolescent's well-being.[133] Additionally, there have been several conversations around potential legislation for substances, including e-cigarettes. Given that nicotine in any form is unsafe, comprehensive tobacco prevention and control strategies, including efforts to reduce youth exposure to advertising, are critical to prevent all forms of tobacco use among youth.[134]

A PATH FORWARD

- *Advocate for legislation for e-cigarette products that matches that of other tobacco products such as not being able to advertise on TV or radio.*
- *Texas should raise the legal sale age of tobacco - including e-cigarettes - to 21.*
- *Restrict sales of flavored tobacco products to reduce interest youth have in buying e-cigarettes or other flavored tobacco products.*
- *Increase access to evidence-based treatment programs and addiction services that support and address all needs rather than just fixing one or two behaviors.*

Safety

Introduction

A safe, supportive environment is vital to a child's future ability to be a productive, engaged member of our community. Trauma may affect a child's health, academic and professional success, and emotional development, but is a daily reality for thousands of children across Houston. Fortunately, research and programs are evolving to provide Houston children with the resources and social support systems that they need to succeed. Children truly are the arbiters of the future, and their success must be fostered to secure a vibrant future for the city of Houston.

Adverse Childhood Experiences (ACEs) are essentially traumatic experiences. Child abuse and neglect are included as ACEs; maltreated children are more likely to suffer from anxiety, experience delayed cognitive development, and have impaired socio-emotional skills.[1] Children who have suffered trauma may exhibit behavioral problems related to Post Traumatic Stress Disorder (PTSD), and these behavioral problems could send a child along a path that will only lead to greater trauma.[2] Children who have been abused and neglected are at higher risk for juvenile delinquency and future victimization by human traffickers. As adults, individuals that experienced 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.[3]

As adults, individuals that experienced 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.

Child Abuse, Neglect and Foster Care

One of the first traumas that a child may experience can come at the hands of their very own parents or caretakers. Under Texas law, child abuse includes an 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. The child abuse statutes are written broadly to encompass the range of harmful experiences that children regularly face across our city and our state.[4] Survivors experience immediate and often lifelong mental, emotional, and physical consequences of childhood maltreatment.

The Texas Department for Family and Protective Services (DFPS) reported 63,657 confirmed victims of child abuse and neglect in 2017.[5] Nearly 16% (10,130) of confirmed victims of child abuse and neglect resided in the Greater Houston area (DFPS District 6), and this district has one of the highest rates of confirmed child abuse in the state.[6] Of the confirmed victims,

The Texas Department for Family and Protective Services (DFPS) reported

63,657

confirmed victims of child abuse and neglect statewide in 2017

In 2017 in Harris County, there were

6,551

confirmed victims of child abuse.

7,516 were neglectful supervision, 1,630 were physical abuse, and 11,030 were sexual abuse cases.[7] Although the number of confirmed fatalities in Harris County has decreased by 50% since 2010, 31 children in Houston still died as a result of abuse or neglect in 2017.[8]

In 2017 in Harris County, there were 6,551 confirmed victims of child abuse.[9]

CHILD ABUSE PREVENTION

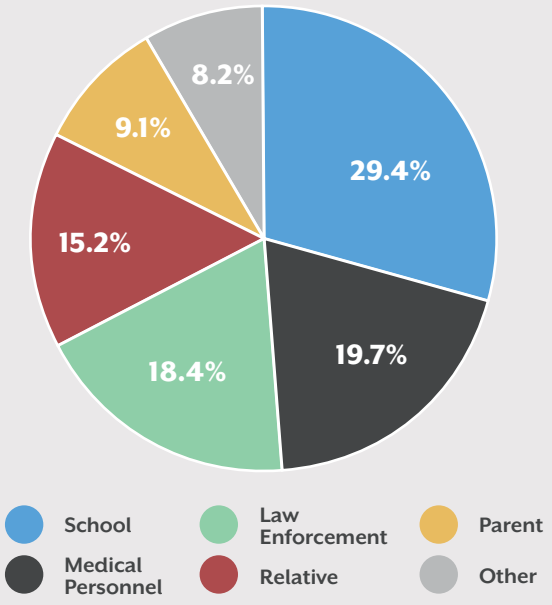
Every individual is a mandatory reporter of child maltreatment under state law. If you suspect a child is being abused or neglected, you should report to the Texas Child Abuse Hotline. Certain professionals (including teachers, police officers, and child care workers) must report any suspected abuse within 48 hours.[10] Statewide, reports of child maltreatment increased by almost 9 % from 2015 to 2017, and CPS received 298,732 in 2017 compared to 274,448 reports two years prior.[11] Approximately 99.8% of reports resulted in an intake through the screening process, and CPS opened an investigation on 72% (215,224) cases.[12] In the Houston area alone, CPS completed 38,098 investigations and found reason to believe that abuse or neglect had occurred in 6,520 cases.[13] Statewide, Texas CPS designated 39,570 intakes as "reason to believe," and were "unable to determine" whether abuse or neglect had occurred in 15,135 cases.[14]

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

In the Houston area (Region 6) alone, CPS completed 38,098 investigations and found reason to believe that abuse or neglect had occurred in 6,520 cases.

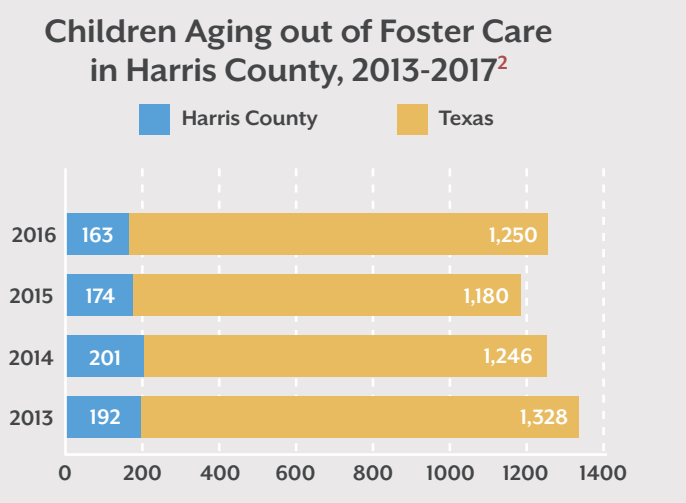
CPS.[15] CPS and DFPS caseworkers are stretched extremely thin, and it is difficult for DFPS to provide the best support for children who may suffer from child abuse or family violence. Children are not always separated from their families, and families are often referred to a number of services aimed at helping parents to create a safer home environment. If a problem can be resolved and the child can be safely reunited with their parent, it is generally presumed to be best for the child.

Sources of Allegations of Child Abuse In Harris County, 2017[1]



CHILD PROTECTIVE SERVICES AND FOSTER CARE

Sometimes CPS cannot allow a child to stay in their home, and a child will enter foster care. On average, children in Harris County are placed in state custody for approximately 27 months before receiving a permanent placement.[16] Older children and children who spend more than 12 to 18 months in foster care are unlikely to ever receive a permanent placement.[17]



STATE OF FOSTER CARE IN TEXAS

Many of the longstanding problems that exist within Texas child services were brought to light through a federal civil lawsuit brought by a class of plaintiffs made up of former or current children in foster care against the state of Texas. In the Court's verdict, Judge Janice Jack on December 17, 2015 held that Texas's foster system 'is broken, and it has been that way for decades.'" In, 2018, Judge Jack stated: "Two years and one legislative session later, the foster care system of Texas remains broken."[18] The court found that the State took the bare minimum steps to aid the Special Masters assigned to reforming foster care, and ignored the Court's order to "establish and implement policies and procedures to ensure that Texas's PMC foster children are free from an unreasonable risk of harm." (D.E. 368, Page 245).[19] Judge Jack ruled that Texas violated PMC children's right to be free from an unreasonable risk of harm. The court also set out the policies and procedures for PMC children. The common thread through many of these objections was impossibility to comply due to lack of funding.[20]

Texas DFPS failed to protect children against physical and sexual abuse, failed to track foster children's past abuse and assign them to housing accordingly, and failed to provide them with the training and documentation necessary to prepare them for exiting the program. Sexually abused children were housed with other children without the proper resources and caretakers; as a result, there were a number of reports of sustained child-on-child sexual abuse in Texas foster care.[21] Abused and neglected children often suffer complex trauma and would undoubtedly benefit from trauma-informed care, and caseworkers and foster parents should undergo training on trauma and its effect on children.

SERVICES FOR CHILDREN IN FOSTER CARE

Now that researchers have correlated traumatic events with long-term effects on children, prevention services should 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. Children must also have access to trauma informed care and mental health resources.[22] The Houston Police Department can refer youth to the Harris County Triad Program, or parents and children can receive resources as walk-ins. TRIAD's programs connect families with resources to improve their relationship, resolve conflicts, and offer services that might be needed. Further, 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.[23]

The TRIAD program also connects with local schools through the state's Community Youth Development (CYD) program and Community Youth Services. CYD participants can participate in after school and summer programs, mentorship programs, support groups, and even sports; Community Youth Services provides free crisis intervention and case management to children who are at risk for delinquent behavior and dropping out of school. [24] The Services to At-Risk Youth (STAR) Program provides access to crisis counseling, short-term respite care, and individual counseling services for at-risk youth and families and child abuse prevention services ranging from media campaigns to parenting classes.[25]

A PATH FORWARD

- *Incorporate trauma-informed practices into existing foster care services and prevention programs.*
- *Reform and restructure Texas' foster care system using a community based care model to increase efficiency, decrease caseworker caseload, and maintain foster children's social connection.*
- *Increase participation in early intervention and prevention programs available to families.*
- *Improve the type of training teachers and administrators receive to the signs of abuse, neglect, and trauma 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/**

Juvenile Justice

FROM PUNISHMENT TO REHABILITATION

In the landmark 1967 Supreme Court opinion "In Re Gault", the Court ruled that juveniles possessed due process rights under the fourteenth amendment and contemplated the ways in which a child's culpability differed from that of an adult's.[26] Gerald Gault, fifteen years old at the time of his offense, was convicted of making a lewd phone call to a neighbor. For the same offense, an adult would face a maximum of two months, in stark contrast to Gault's sentence of six years.[27] The juvenile justice system's historical primary purpose was to rehabilitate children rather than to punish them, but the Supreme Court acknowledged that juvenile facilities were often unsuccessful at improving the lives of their wards.[28]

After decades of "tough on crime" rhetoric, the Texas Juvenile Justice Department (TJJD) has taken steps towards ensuring a protective response to delinquent behavior. A protective response is one that strays away from the 'scared straight' model of criminal justice reform and shifts to a more compassionate approach, restoring children through therapeutic services and steering them towards becoming a productive citizen.

Many of the children arrested and tried for their offenses by the juvenile justice system have already experienced trauma and multiple ACEs.[29] In fact, almost 93% of juvenile detainees have experienced at least one trauma.[30] In the unlikely event that a child has not experienced trauma before his arrest, he may experience trauma during his incarceration, particularly if he is confined in an adult facility.[31]

In the past, children were transferred to adult criminal courts at a very high rate, even though children incarcerated in adult prisons were more likely to reoffend.[32] Texas has reformed its approach to juvenile justice as more leaders realized that punitive response systems did not adequately factor in a child's ability to understand the consequences of his or her actions.[33] Children who have experienced violence and trauma are more likely to act out in harmful ways during their youth, and harsh punitive measures may only condemn them to a cycle of recidivism.

Juveniles housed in adult prisons are 36 times more likely to commit suicide than children housed in juvenile facilities.

Children who are transferred to adult prisons are far more likely to be the victims of physical and sexual violence.[34] Prison guards struggle to protect minors without restricting them to solitary confinement, and juveniles housed in adult prisons are 36 times more likely to commit suicide than children housed in juvenile facilities.[35] Children in adult prisons are rarely provided the type of educational opportunities that would allow them to finish high school, and are therefore less likely to gain employment and more likely to reoffend.[36]

Judges overseeing juvenile cases have broad discretion and can call for alternatives to traditional punitive measures. By allowing children to stay in school and remain connected to their community, they have the opportunity to grow, mature, and change their behavior without the negative influences, stress, and potential trauma associated with incarceration.

RAISING THE AGE

Groups such as the Texas Association of

Business and Texas Public Policy Foundation have called for raising the age that children can be tried as adults from 17 to 18. However, 138 children were still certified as adults in 2017.[37] Children who are tried as adults can be placed in a facility designated for adults.

Of the juveniles that elected for deferred prosecution supervision,

64%

demonstrated a low-risk of reoffending.

There were 53,860 formal referrals to the juvenile probation department throughout the state of Texas in 2017.[38] 50% of these referrals were for misdemeanor offenses, 27% were for felony offenses, 15% for probation violations, and 8% were for Conduct Indicating a Need for Supervision (CINS) offenses.[39] Furthermore, 40,288 of these juveniles received deferred prosecution or probation supervision.[40]

Of the juveniles that elected for deferred prosecution supervision, 64% demonstrated a low-risk of reoffending.[41]

JUVENILE JUSTICE AND SCHOOLS

Texas juveniles have historically received many of their citations in school. Partially in response to recent school shootings and violence, some school police departments have moved towards a community-policing model that emphasizes personal connection with members of the community. By getting to know students and engaging with them daily, school police departments can identify issues before they require direct intervention and foster a healthier relationship with the population. In 2015, Texas mandated that law enforcement in school districts with over 30,000 students receive youth-focused training.[42] This 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.[43]

JUVENILE DIVERSION COURTS AND SPECIAL SERVICES

Harris County has piloted several juvenile specialty courts, often referred to as diversion courts, as part of the movement towards a more protective response. Specialty courts include GIRLS Court for child sex trafficking victims, SOAR Juvenile Drug Court, GRIP Juvenile Gang Court, and Juvenile Mental Health Court.[44]

The Justice of the Peace (JP) Court Wraparound Program provides services for youth and families. Court case managers work closely to help foster team building, develop individualized care plans, and encourage working together toward a common family goal.[45] 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 services to these youth and their families.

36% of youth referred to juvenile probation last year had one or more mental health issues.[46] A comprehensive and evidence-based response to a youth's mental health needs significantly decreases the risk of re-offending.[47] Texas policymakers have recently expressed interest in tele-health solutions to students' mental health concerns, and schools could potentially connect students in need with providers through videoconference technology. This would be an important step in preventing children from venturing into the juvenile justice system.

TRIAD Mental Health provides assessment and treatment to youth 10-17 years old with serious mental health issues, emotional difficulties, and behavior problems.[48] For those in the jurisdiction of TJJD, the Special Needs Diversionary Program (SNDP) offers mental health treatment and specialized supervision to assist in rehabilitation and prevent further involvement in the criminal justice system.

The Texas Juvenile Justice Department has made efforts to connect youth with community-based programming, fostering connections between the youth and their community in an effort to decrease recidivism. In 2017, the department offered 1,517 community-based programs to juveniles under their jurisdiction as well as at-risk youth in the community. Of these youth, 41% participated in a skill/building/activity-based program, 34% participated in a treatment-based program, and 25% participated in a surveillance-based program.[49]

36%

of youth referred to juvenile probation last year had one or more mental health issues.

A PATH FORWARD

- *Improve school policing by requiring all school police officers to receive youth-focused training using a community-policing model.*
- *Improve data collection on juvenile arrests and incidents within schools.*
- *Implement effective delinquency prevention and diversion programs to keep youth out of the juvenile justice system.*
- *Increase access to mental health services to prevent interaction with the juvenile justice system, including access to tele-health professionals in public schools.*
- *Create a smoother path for children exiting juvenile facilities and reentering schools.*
- *Raise the age at which youth can be charged as an adult to eighteen.*

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**

Child Trafficking

In 2017, Texas had the second-highest number of trafficking victims in the nation identified through the National Human Trafficking Resource Center. According to Texas law, any commercial sex act (meaning something of value is exchanged) with a minor is sex trafficking.[50] Trafficking is the commodification of human beings for commercial gain and has become one of the most lucrative criminal industries in the world.[51] The International Labour Organization estimates that of the $150 billion in annual trafficking profits, $99 billion is made through commercial sexual exploitation.[52] Trafficking, in all its forms, is a market-driven economy based on the principles of supply and demand. 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.[53]

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.[54] The most vulnerable children in our community are at high risk of becoming victims of this heinous crime.[55]

RISK FACTORS

Traffickers often target children with low self-esteem that have been made vulnerable to manipulation through ACEs such as 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.

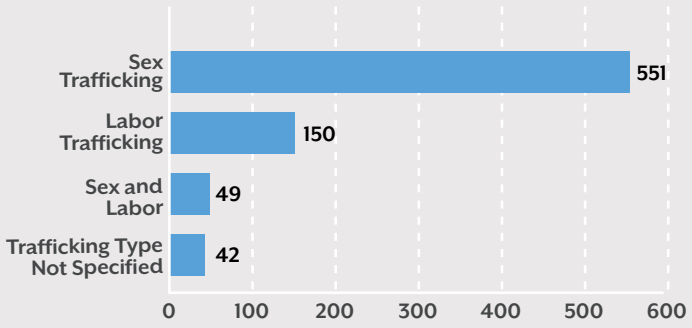
There are approximately

79,000

youth and minor victims of sex trafficking in Texas

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.[56] The study found that there are approximately 79,000 youth and minor victims of sex trafficking in Texas annually.[57] The victimization rate was estimated at 25% across each segment of the community.[58] This study provides us with the best understanding of the number of youth affected by trafficking across Texas to date. 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 2017 alone, the Human Trafficking Resource Center received 2,102 (as compared to 1,570 in 2016) Texas-based hotline calls, the second 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.[59]

Reported Child Victims of Human Trafficking in Texas, 2017[3]

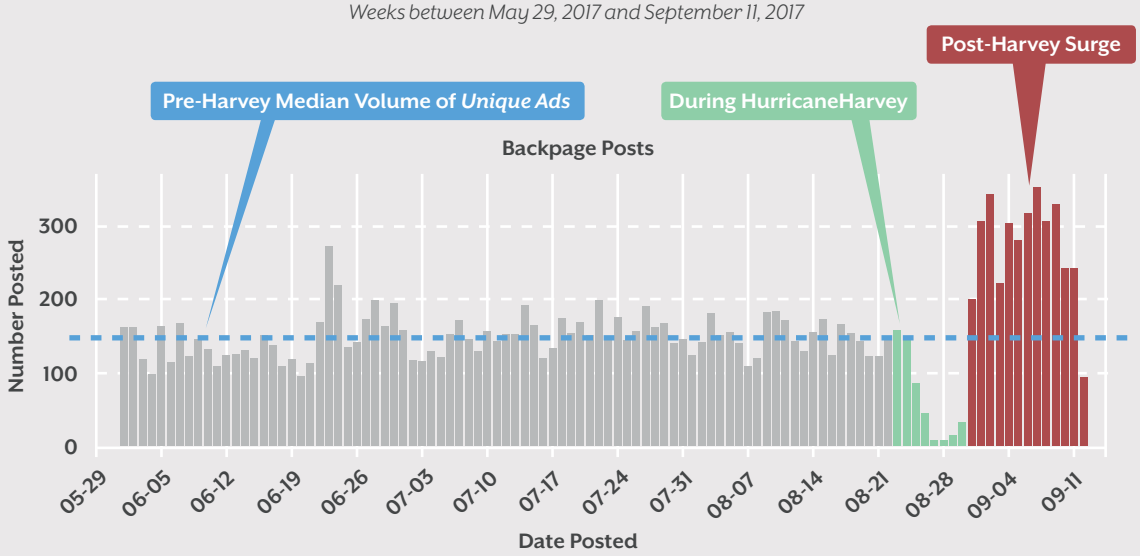


HURRICANE HARVEY IMPACT

Prior to its seizure by federal agencies in April 2018, Backpage.com was the website most associated with prostitution and sex trafficking and more than 100 unique ads offering illegal commercial sex were posted every day in Houston. Human traffickers frequently used Backpage.com to post ads offering sex with their victims, including minor victims. As shown in the graph below, the number of ads posted diminished to almost zero during the storm itself, then over the next few days surged up to levels unseen since 2015 (when major credit card companies still allowed their cards to be used to purchase ads on Backpage.com).

Houston Online Sex Ads Surge After Hurricane Harvey[4]

Weeks between May 29, 2017 and September 11, 2017



Weeks between May 29, 2017 and September 11, 2017

A number of factors could explain this massive uptick, including attempts by traffickers to recoup income lost during the storm, individuals entering or returning to prostitution because of loss of housing or income due to Harvey, or an influx of ads in anticipation of an increased population of male workers in the Houston area for storm recovery-related work. Regardless of reason, children engaged in human trafficking were directly impacted. The City of Houston and partner organizations worked in the months after Harvey to decrease trafficking offenses across communities.

Although there is a growing awareness of domestic minor sex trafficking, law enforcement and victim assistance is still difficult to access. It is well-recognized that juveniles in prostitution nearly always have a trafficker operating as their pimp, yet minors are the ones being arrested.[60] Arresting a minor is sometimes the only viable option to remove the child from the trafficking situation and get them to a secure facility.[61] More work needs to be done to ensure that first responders have adequate alternatives to punitive actions and can respond with protective measures when they encounter a victim of child sex trafficking.

The City of Houston has established a multi-faceted approach to identifying and helping human trafficking victims. This includes the grant-funded placement of a psychology fellow at an area hospital, which has led to 56 patient

screenings, 28 of which screened positive for sex or labor trafficking. Through the use of donated funds, the City is also providing short-term care for potential victims through a shelter program collaborative that has so far facilitated 90 placements who have spent 1,657 nights in the shelter. In addition, 563 homeless youth were screened; youth who screen positive are offered an immediate connection with a partner victim service agency.

An exciting development in the area of victim restoration/intervention is Project 180, a court program funded by the Office of the Texas Governor that provides diversion to approximately 350 young people aged 17 to 24 charged with prostitution-selling under Texas Penal Code § 43.02(a).[62] The goal is to provide a bridge to community resources and reduce the harm of a final conviction with respect to arrested sellers who likely entered into the life as adolescents while increasing the criminal justice focus on prosecuting of sex buyers and exploiters.

The Governor's Child Sex Trafficking Team (CSTT), part of the Criminal Justice Division, was established in the 84th Texas Legislative Session in 2015 as a statewide effort to recognize, recover, and restore victims of child sex trafficking.[63] The mission is to create and support child-centered, trauma-informed care. Community-based drop programs, specialized foster care projects for trafficked youth, and advocacy programs to assist victims navigating the court and health care systems are anticipated to significantly improve the landscape of services for youth victims of human trafficking in Houston.[64]

Another area of concern for children is their proximity and access to Illicit Massage Businesses, or IMBs. These are "massage parlors" that are fronts for prostitution and, oftentimes, human trafficking. These businesses operate more-or-less openly, using the veneer of a legitimate industry to hide their criminal activity. In April 2018, CHILDREN AT RISK mapped the location of all IMBs in Texas and plotted their locations in relation to Texas public schools.[65] With 259 of these locations located in Harris County, the Greater Houston Area has the highest concentration of IMBs in the state. Over 16,000 public school students in Harris County attend a school that is within a thousand feet of an IMB; 300,000 attend schools that are within a mile. This nearness decreases student safety, puts sex-buyers in close proximity to children during school hours (typically, an IMB's busiest hours are in the morning before 9:00 a.m. and during lunch), and desensitizes students—especially male students—to sex-buying and predatory behavior. Visit **www.childrenatrisk.org** to view this interactive map.

Over 16,000

public school students in Harris County attend a school that is within a thousand feet of an IMB.

A PATH FORWARD

- *Strengthen the laws used by the City of Houston and the Office of the County Attorney to prosecute IMBs and empower private citizens and businesses to take action.*
- *Provide training to school boards and school superintendents on human trafficking. This will create awareness of this issue among leadership and enable them to implement teacher trainings in schools where it is needed.*
- *Improve 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.*
- *Direct more resources to creating a network of safe, appropriate and therapeutic housing for children that have been trafficked.*
- *Designate DFPS caseworkers to be specifically assigned to children who are at high risk or are returning to the system after being trafficked.*
- *Lower DFPS case workers' caseload burden and provide specialized training on highly traumatized children. Develop 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

- Houston Area Council on Human Trafficking **http://humantraffickinghouston.org/houston-area-council-to-combat-human-trafficking/**
- Governor's Child Sex Trafficking Team **http://gov.texas.gov/cjd/topic_trafficking**
- Trafficked Person Assistance Program, YMCA International Services: **https://www.ymcahouston.org/ymca-international/**
- United Against Human Trafficking: **http://uaht.org/**
- Catholic Charities: **http://www.catholiccharities.org/**
- National Human Trafficking Hotline: 1-888-373-7888

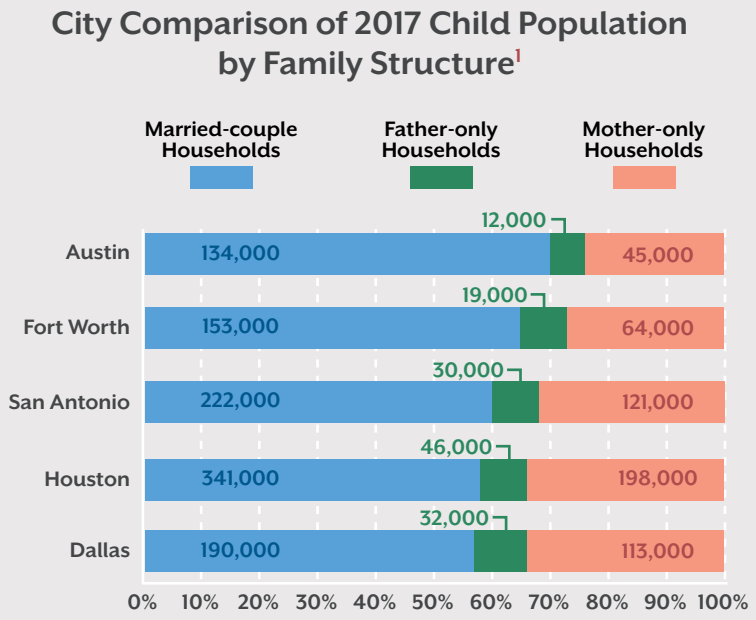
Parenting

Introduction

The future of our community is in the hands of today's parents. The most important job of a parent is to create a nurturing and safe environment for children to grow into responsible, successful adults. Parents and guardians are more than caretakers – they are lifelong teachers, instrumental in their children's social, emotional, cognitive, and physical development.

Interactions with caregivers and other family members are the first influence on a child's development. Parent-child relationships that are warm, open, and communicative are associated with higher self-esteem, lower depressive symptoms, better academic performance, and fewer negative outcomes in adulthood.[1] Furthermore, when children have positive parent-child relationships, they are more likely to effectively self-regulate their emotions and productively manage stress later in life.[2] Conversely, when children do not have positive relationships with their parents, or encounter other negative experiences during childhood, they often lack the essential precursors to developing into well-adjusted adults.[3] The importance of a parent's role in the long-term well-being of a child cannot be over-emphasized. In order to understand how to best support healthy parent-child relationships, we must first understand the needs and dynamics of Houston families. The information in this chapter will provide insight into the characteristics of families in Houston, supports that are available to them, and opportunities to increase access to effective supports for families.

Who Are Houston's Families



FAMILY STRUCTURE

Houston residents favor non-traditional family structures compared to the rest of the nation. Only slightly more than half of Houston children live in a married nuclear family, a lower percentage than in other Texas cities.[4] Conversely, 10% of Houston children live with cohabitating domestic partners, the largest percentage of Texas cities, and 5% of Houston children are cared for by grandparents.55 Across Texas, there are 46,400 same-sex couples and 20% are raising children.[6]

Single-parent families have also grown slightly in Texas from 31% to 34% since 2000.[7]7 But today nearly half, 43%, of Houston families are single-parent homes.[8] In the last decade, single-parent families in Houston have increased from 226,000 to 244,000 in Houston.[9]Most of these homes, 81%, are female-led, although a small portion are father-led[10]

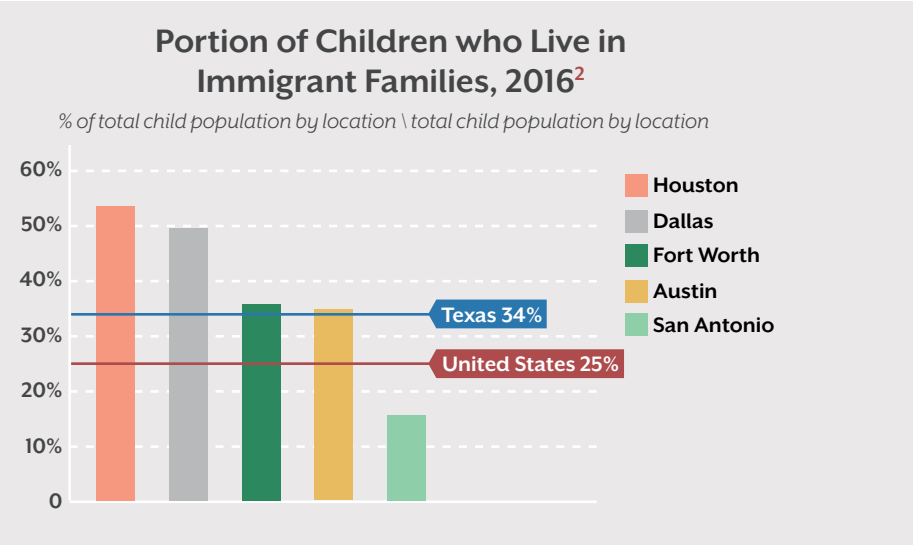
Even with diverse living arrangements, it is parenting practice and parent-child interactions, not family structure that most influences the trajectory and well-being of the child. A child's development is significantly influenced by family interactions, as these interactions equip children for healthy adult relationships outside of the family and impact their perceptions of the safety and opportunity of the broader world.

The overwhelming majority

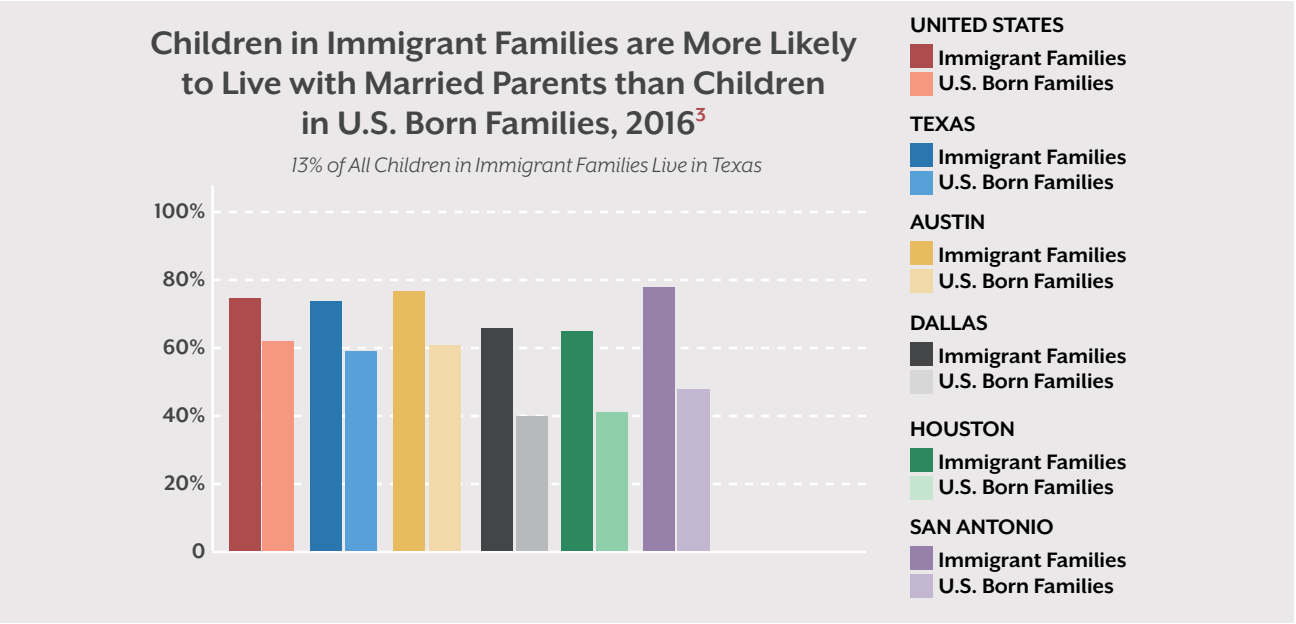
– 86% –

of Houston children living in immigrant families are legal citizens

Many children in Houston belong to immigrant families, where the child is foreign-born or resides with at least one foreign-born parent. In fact, over half of Houston children, 54%, belong to this demographic.[11] However, our Houston families are reshaping the national idea of the traditional immigrant family. The overwhelming majority – 86% – of Houston children living in immigrant families are legal citizens and long-term residents, with 95% of Houston immigrant children having been in the country for more than five years.[12]



Moreover, immigrant children are more likely to live with married parents than children who are not immigrants.[13] Sixty-four percent of Houston immigrant children live with married parents compared to the 41% of U.S.-born children – almost a 25% difference. Likewise, only 35% of immigrant children in Houston live in single-parent homes, compared to the 59% of children who were born in the U.S.[14]



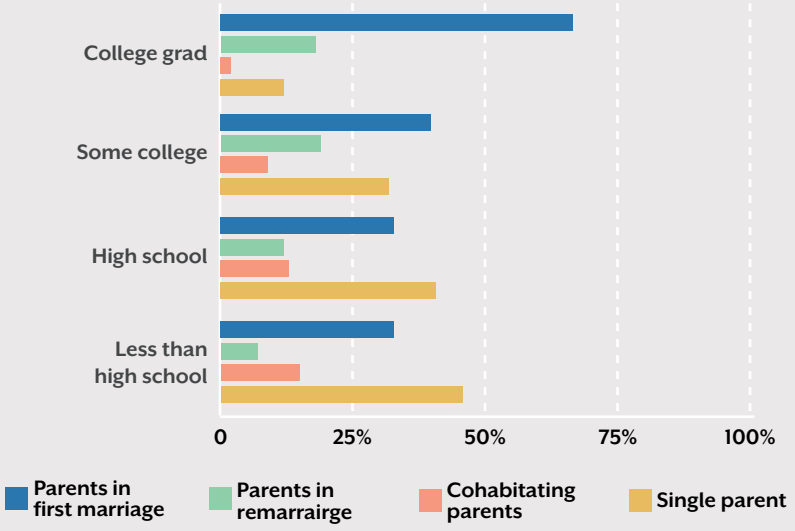
Top 10 Languages Spoken in Houston other than English, 2015[4]

Spanish	6,983,380
Vietnamese	193,408
*Chinese	140,971
Tagalog	72,248
German	69,140
French	60,730
Hindi	60,730
Urdu	57,662
Korean	57,662
Arabic	55,304

*Includes Cantonese, Mandarin other Chinese languages

Still, immigrant families face multiple obstacles while adjusting to life in Houston. Nearly two-thirds of Houston children in immigrant families live with parents who have difficulty speaking English, and one-third live in a household where no member is a native or proficient English speaker.[15] Educators, policymakers, child care providers, and healthcare providers must navigate this cultural divide to ensure the well-being of all Houston children.

Children by Household Head's Educational Attainment[5]



Nearly a third of Houston children live in homes where the household head did not graduate from high school, and another 42% live with a household head who holds only a high school diploma or GED.

Parents' education levels can also impact child development. Children of parents with more education typically perform better academically and are less likely to make poor health choices, like smoking and binge drinking.[16] Nearly a third of Houston children live in homes where the household head did not graduate from high school, and another 42% live with a household head who holds only a high school diploma or GED.[17] Higher education degrees, such as a bachelor's degree, are held by significantly smaller groups: 14% of Houston children live with household heads that hold a bachelor's degree, and only 9% with those who hold a graduate degree.[18] In Harris County, approximately 240,000 children have all available parents in the labor force.[19] However, 35% of working Houston families with children are low-income.[20]

HOUSEHOLD FINANCES

Childhood poverty has short-term as well as long-term effects. Children from lower-income families are at a greater risk for poor academic, behavioral, and health outcomes.[21]

Houstonians earn an average income of approximately $74,500 before taxes, an income slightly higher than the national average.[22] However, the median income for Houston families is about $42,000, significantly lower

than the national median of $68,000 for families, indicating the great disparities of wealth in our city.[23]Furthermore, 35% of Houston families qualify as low-income working families. To qualify as low-income family, the household income must be less than twice the federal poverty level, have at least one parent who works 50 or more weeks during the previous year, and has at least one biological child under age 18.[24]

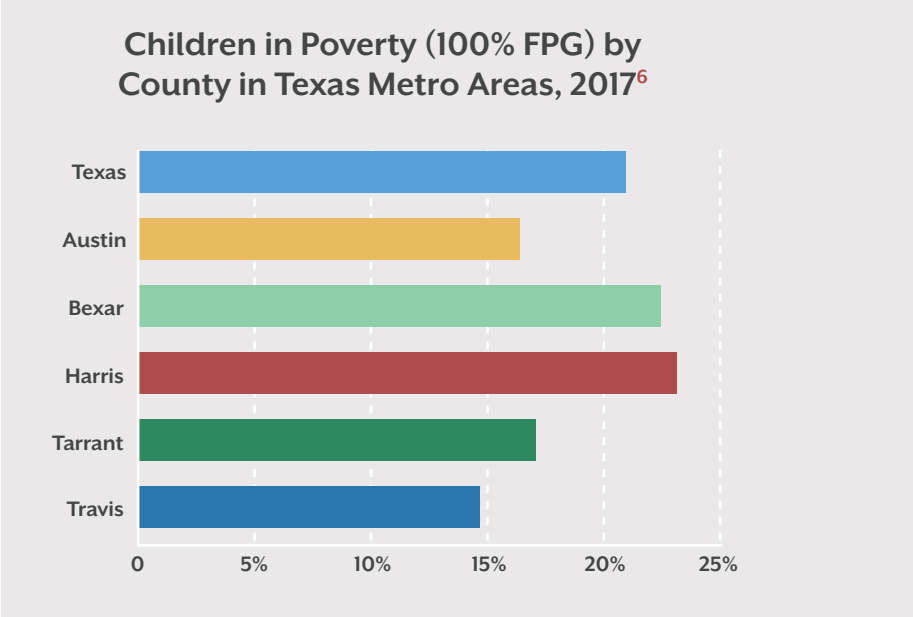
Hispanic children are

3 times

as likely to live in poverty as white children.

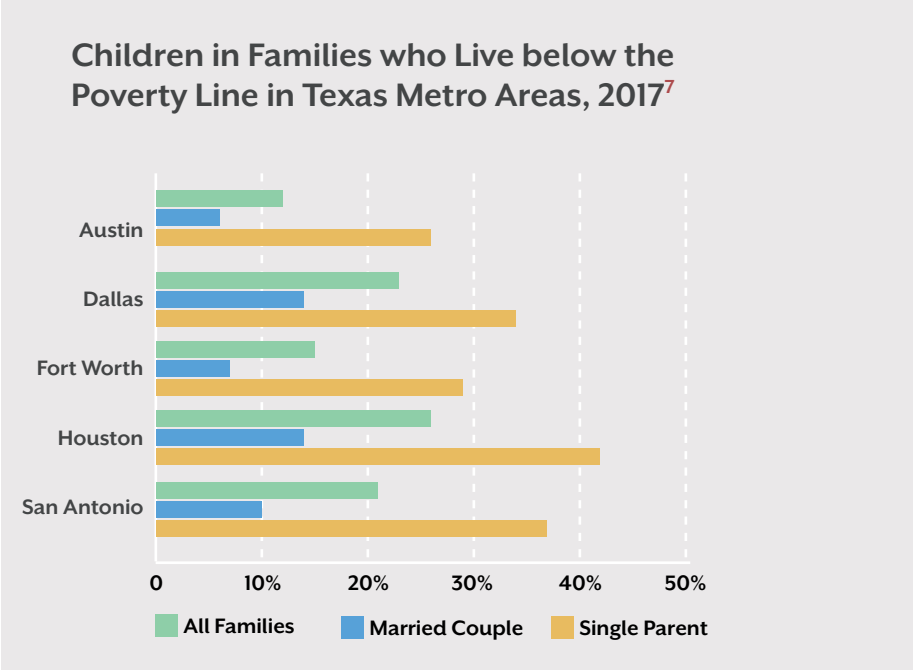
Across all Texas metropolitan cities, Houston has the highest poverty rate.[25] One in three Houston children lives in poverty. One in five Texas children lives in poverty, compared to Houston where one in three lives in poverty.[26] Furthermore, 12% of Texas children under age six live in deep poverty, in a household earning an income at or below 50% of the federal poverty level posing significant additional challenges for children's well-being during a critical time in their life and development.[27]For a family of four, this translates to a little more than $12,000 each year.[28]In Harris County, 12%, more than 47,000 children, under the age of six live in deep poverty.[29]While one in three children in Houston live below the poverty level, many Houston children live just above it. It is important to keep in mind that children who don't qualify as "in poverty," but are low-income and frequently struggle to make ends meet as the federal poverty guidelines were have not been meaningfully updated in recent years and do not take into account cost of basic needs other than food.[30]

Single-parent homes are significantly more likely to be in poverty as they only have one income.



Forty-two percent of single-parent homes in Texas are in poverty, compared to the 15% of homes where the couple is married.[31]Likewise, individuals of a minority race are more likely to live in poverty.[32]Approximately 31% of Texas families with children living in poverty are Hispanic or Latino, compared to only 10% who are white.[33]

Though poverty negatively affects a child's



development, nurturing parent-child relationships and school readiness play a unique role in providing a pathway out of poverty. The effects of poverty can be lessened when children engage in high-quality early childhood experiences, such as quality early childhood education or interactive primary caregivers that promote physical, cognitive, social, and emotional development. [34] This suggests the importance of providing early interventions and experiences for both children and their families.

Supports Available to Houston Families

PARENT EDUCATION

Parenting can be difficult in the best of times, but when parents face additional challenges like poverty or language barriers, the stresses can be magnified. Parent education offers "training, programs, or other intervention helping parents to acquire skills to improve their parenting of and communication with their children in order to minimize the risk of child maltreatment and/or children's disruptive behaviors."[35]Parent education curricula focus on the basics of child development and developmentally appropriate discipline methods while connecting parents to community resources and other parents.[36]Evidence-based parent education is developed from a strong theoretical foundation, with program effectiveness affirmed by data analysis. As such, the importance and value of evidence-based parent education provide much needed supports to struggling families.

Adverse Childhood Experiences (ACEs) are traumatic events that have lasting effects on

SMART PARENTS DEVELOP STRONG FAMILIES

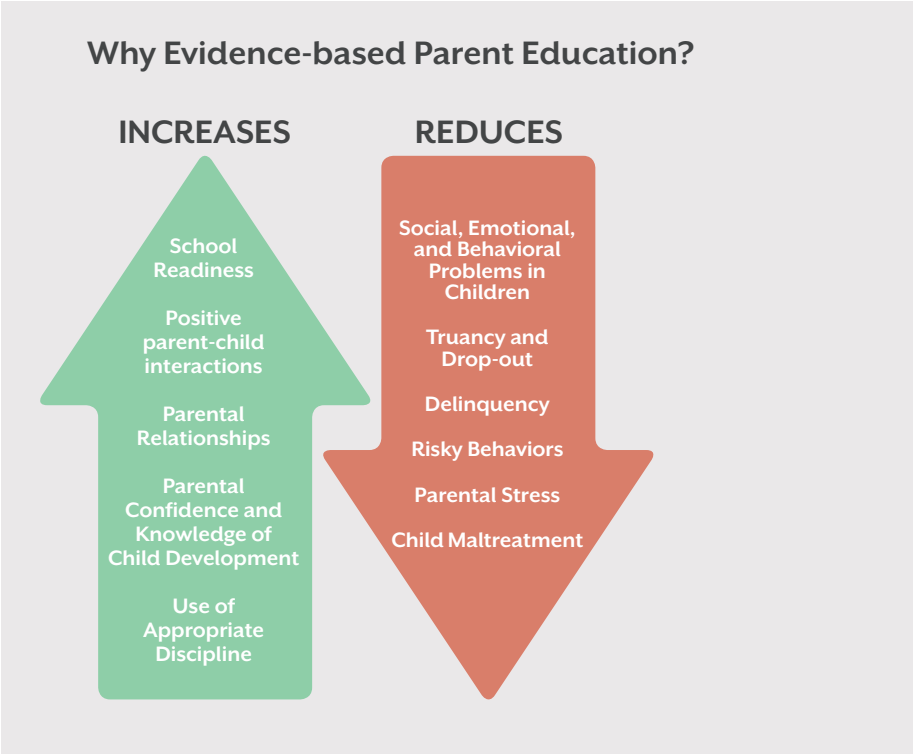
Smart parents develop strong families

Parents are a child's first teacher and the primary source of guidance and reassurance. But life can be complicated and parents need guidance too. Quality parenting programs and resources can be found throughout Houston to give parents the tools they need to improve parent-child relationships and improve family harmony.

Taking part in evidence-based parenting programs can:

- *Lower your stress*
- *Help your child be ready for school*
- *Reduce anxiety and stress in the whole family*
- *Result in happier, healthier children*
- *Parents and organizations can access valuable parent education resources and classes by visiting SmartParents.org*

well-being, and are highly connected to chronic illness, mental illness, and substance use in adulthood.[37]When children are exposed to negative experiences such as maltreatment, loss, or other forms of trauma, they are more likely to be distrusting of others and to view the world as unsafe.[38]Early negative experiences make it more difficult for children to regulate emotions, to feel safe, and to have healthy relationships later in life.[39]Evidence-based parent education helps to prevent and minimize the impact of ACEs and improves cognitive development, child safety, socioemotional development, and parenting skills, while increasing school readiness and reducing child abuse, neglect, injury, and parental involvement with the criminal justice system.[40]



The Texas Department of Family and Protective Services offers evidence-based parent education classes via their Prevention and Early Intervention (PEI) program. The work of PEI follows a four-tiered program through which PEI: 1) helps communities identify and meet their needs; 2) manages programs that help prevent child abuse and other poor outcomes; 3) educates parents and communities on information to ensure the safety of children; and 4) recommends best practices and policies to reduce child abuse.[41]

PEI provides funding and resources to voluntary services and community collaborations striving to produce systemic changes, which operate via more than 140 contracts with nonprofit organizations and local governments throughout the state. Other contracted service providers conduct research, evaluation, and provide technical assistance. For the 2018fiscal year, the PEI program is operating under a budget of $106 million.[42] During the 85th Texas Legislative Session in 2017, the legislature approved an increase in funding for four PEI programs: the Service to At-Risk Youth and Families (STAR), Help through Intervention and Prevention (HIP), Texas Home Visiting, and the Nurse-Family Partnership. Additionally, PEI allocated nearly $23 million to the Project Healthy Outcomes through Prevention and Early Support (HOPES) program, a near $3 million increase from the year prior.[43] The increase in funding from the 85th Texas Legislature, coupled with the increase in allocation from PEI, amounted to an increase in total funding of roughly $25 million. PEI is also working to increase local capacity for serving families through a two-year task force that will provide implementation recommendations regarding the department's five-year strategic plan.

All of these programs are offered across Greater Houston by various organizations. Courses are offered in various locations, times, and languages to ensure that all parents have access to evidence-based parenting courses. While some courses focus on specific aspects or stages of child-rearing, others provide a foundational overview of parenting skills.

FAMILY ENGAGEMENT

As the old adage says, "it takes a village to raise a child," and family engagement partnerships seek to develop this village. Family engagement emphasizes the mutual responsibility of families, schools, and communities—the village, in essence—to build relationships to support common goals and family well-being. Family engagement activities take a "family-centered and strengths-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes."[44]

In Texas, publicly supported family engagement activities are required in four key arenas managed by two state agencies, the Texas Workforce Commission and the Texas Education Agency, and a federal agency, Administration for Children and Families, a division of the Department of Health and Human Services. These agencies require parent engagement programs through four key funding streams: 1) Public schools with federal Title I funding; 2) District Pre-K programs participating in the High Quality Pre-K Grant program; 3) Child care providers receiving state funds through the subsidy program and designated as Texas Rising Star; and 4) federally funded Early Head Start and Head Start Programs. In addition to these required family engagement activities, the Texas Department of Criminal Justice, the Texas Juvenile Justice Department, the Texas Department of Family and Protective Services, and the Office of the Attorney General also have critical touch points with parents. The programs in these agencies have been designed to support parents in crisis with the intention of improving family outcomes and to set parents and their children up for future success.

Investing in parents is a smart move toward developing strong families. While multiple agencies target parents, their work across different sectors has not lent itself to the opportunity for intentional coordination. As a result, there is a lack of coordination and services provided, which can lead to confusing overlap or gaps in services for families. Coordination of efforts and increased communication among agencies could close many of the gaps, increase efficiency, save money, and improve outcomes.

Across the Greater Houston Area, school districts, community organizations, faith-based institutions, and health-care providers recognize the importance and impact of collaboration between their institutions and families. Family engagement initiatives that include research-based practices have been shown to have overall higher-quality programs and lead to improved child outcomes, increased parent outreach, and higher levels of parent partnership.[45] While substantial resources have been utilized developing and implementing family engagement initiatives across the community, their success is largely dependent on its interpersonal development— valuing the family, building meaningful relationships, and implementing programming, activities, and strategies that speak to the priorities of individual communities in a culturally sensitive way.

An example of a community-centric family empowerment program can be found in Spring Branch ISD. During the 2016-17 school year, a committee of nearly 40 parents, staff, partners and family-serving organizations collaborated to develop the Spring Branch ISD Family Education, Engagement and Empowerment (Family E3) framework. The framework identifies district, campus and classroom level actions and expectations that will lead to all schools being true Partnership Schools working collaboratively with their communities to ensure Every Child succeeds.

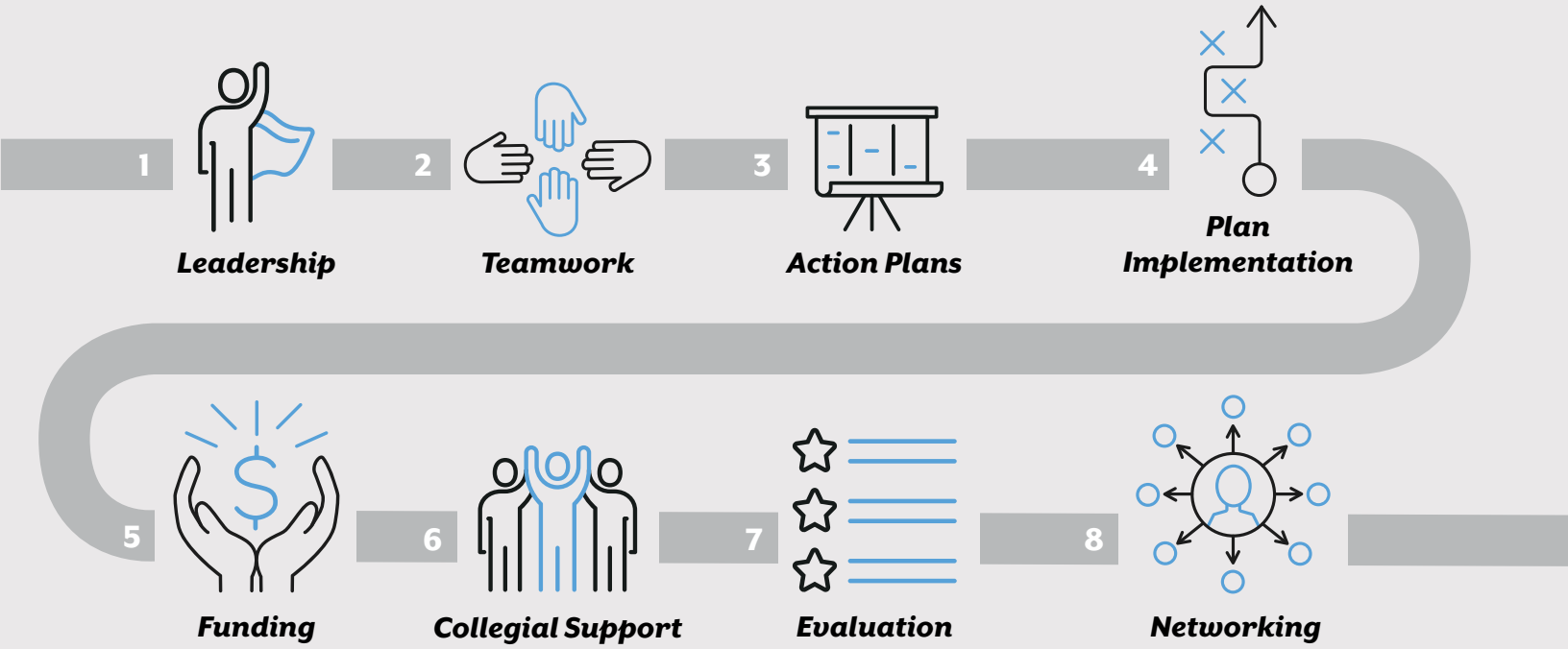
During the 2017-18 school year, the E3 team supported targeted projects aligned with both framework aspirations and specific campus

family engagement goals. These ranged from a middle school project to engage parents whose native language is neither English nor Spanish with targeted listening sessions yielding expanded communications in their native languages, to a data-driven parent communication plan to boost attendance of chronically absent students at another middle school. Parent centers were implemented at the district's five Pre-K centers, and a Spanish-language technology class conducted by Harris County library staff taught parents how to use email, access the internet, download educational apps and monitor their child's academic success through Skyward Family Access. A major project to expand engagement and education led to the purchase of interpretation equipment and expanded translation services and the addition of several languages such as Mandarin and Vietnamese to the district's mass communication system.

In addition, approximately 1,000 parents attended the district's Parent U education conferences and single-subject sessions in the spring of 2018.

Research-supported family engagement frameworks exist to provide a guiding infrastructure that can be adapted to meet the needs of families and communities served by their respective organizations.[46] Future family engagement initiatives should engage in meaningful strategic planning to determine which components of family engagement frameworks are most effective within their community and sector, as well as how to improve program development and implementation to meet the current and evolving needs of the parents with whom they work. This research will provide much-needed guidance to institutions implementing family engagement strategies.

EIGHT ESSENTIAL ELEMENTS OF EFFECTIVE PROGRAM FRAMEWORKS



FAMILY ENGAGEMENT

Barriers vs. Solutions

Competing Priorities & Trade-offs	*Accessible Time & Location,*
Cultural Differences,	*Cultural Sensitivity*
Language, Relationships & Trust	*Family-Focused Relationships*
Timing	*Innovative Communication Strategies*
Transportation & Location;	*Plan for Client Barriers*

Due to the unique needs of families and communities, differentiation when implementing these solutions is critical to creating an environment which fosters meaningful relationships.

A PATH FORWARD

- *Increase access to research-supported parent education programs through the utilization of non-traditional program partners.*
- *Develop partnerships in healthcare settings to implement age-appropriate parent education and engagement initiatives.*
- *Understand and take into account diverse cultures of communities served when implementing existing and new programs.*
- *Districts and schools can incorporate strategic family engagement plans into their district and campus strategic goals and priorities.*
- *Create a parent task-force across the state agencies that implement parent programs in order to increase collaboration and maximize utilization of state resources.*

Opportunity Youth & Young Adults

Introduction

Young adulthood is a critical period of development for children growing up in Greater Houston. It is a time of transition from adolescence to adulthood; a time when children are gaining greater independence from their parents and community, yet still rely on them for support and guidance.

What happens during these years is fundamental to children's long-term success and future—high school graduation, college and professional schooling, entry into the workforce—and determines how well they are able to support the next generation of Houstonians.

Providing youth with the right opportunities and support can help with the experience-influenced shaping of the adolescent brain, as brain development still occurs late through adolescence. With the right form of intervention during these formative years, public policies and programs benefiting adolescents are likely to have a positive and lasting impact on youth and young adults.[1]

In this chapter, we explore Houston's disconnected youth–referred to here as Opportunity Youth and Young Adults (OYYA). OYYA are young people ages 16-24 who are neither in school (for the past three months) nor employed in the labor force. Non-intervention can negatively impact the individual and our community as a whole. The opportunity-costs of not supporting opportunity youth are high. When money currently being spent on inadequate policies is combined with the opportunity costs associated with failing to invest in more effective policies, studies estimate that the 6.7 million opportunity youth in this country in 2011 resulted in lifetime losses of $1.6 trillion to the U.S. economy.[2] If we, as a community, have done our part, all youth and young adults will be either attending school, pursuing educational degrees and job certifications, or else employed in the labor force. Education, in particular, is a crucial resource for young adults' long-term economic opportunities, health and well-being.

Unfortunately, around 1-in-7 youth and young adults ages 16-24 in Greater Houston (14%) are disconnected from both school and the workforce.

In many respects, OYYA are as diverse as the rest of the young-adult population in the Houston area. Yet, there are key ways they stand out that highlight both the challenges OYYA face and potential ways the Houston community can help prevent disconnection and re-connect these marginalized young adults to school and work.[3]

(All analysis in this chapter is based on American Community Survey, 5-year estimates, 2012-2016.)

Houston's Opportunity Youth & Young Adults (OYYA) in Context

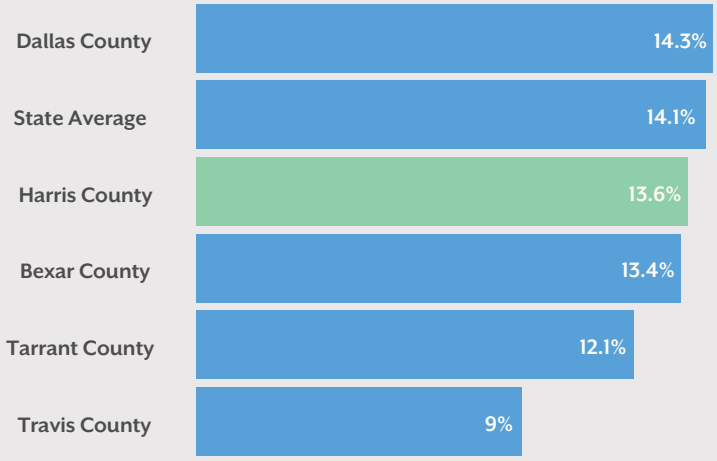
As of 2016, nearly 110,000 youth and young adults ages 16-24, or 14%, in the Houston metropolitan area are OYYA, meaning they are neither in school (for the past three months) nor employed in the labor force. This rate of disconnection is on par with the state average, which amounts to 478,700 opportunity youth,

Number of youth in Greater Houston who are disconnected from school and work

110,000

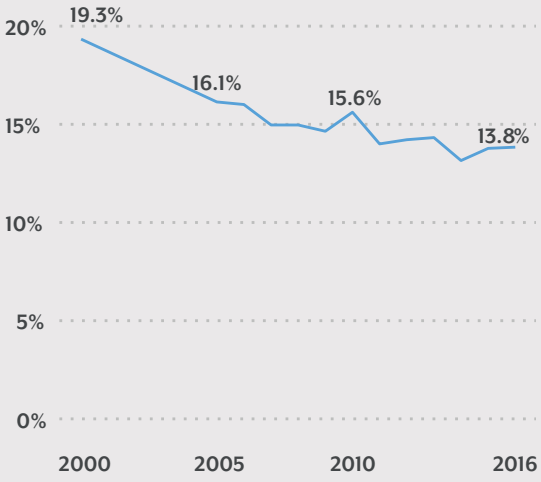
One-in-seven young adults in Harris County are disconnected from school and work[1]

% of youth ages 16-24 who are not in school or working



Youth disconnection in Houston has declined since 2000[2]

% of youth ages 16-24 who are not in school or working



and is comparable to other large metropolitan areas in Texas.[4] Among the five largest counties, Harris County ranks 2nd behind Dallas County with 13.6% of youth out of school and work. Travis County, one of the wealthiest counties in the state and home to UT-Austin, has the lowest share of OYYA at just 9%.

Disconnection among Texas youth is not confined to major urban centers but can also be found in suburban and rural parts of the state. In fact, young adults living outside the five largest counties have a slightly higher rate of disconnection: 15% of these youth are not in school or employed. Within Greater Houston, Liberty, Brazoria, Montgomery, and Galveston Counties have similar rates of youth disconnection as Harris County.

In recent years, disconnection has become less common among Houston-area youth. In 2000, nearly 20% of Houston youth were disconnected from school and work. By 2005, that number had decreased to 16% and continued to decline until 2010–the year after the Great Recession hit, when it increased slightly. Since 2010, however, the share of youth who are disconnected has tracked downward.

WHAT IS THE OYYA POPULATION?

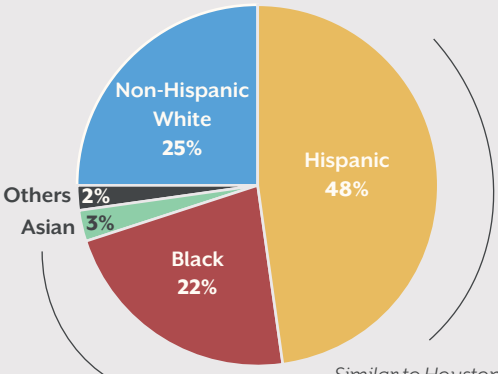
- *Opportunity Youth or Young Adult (OYYA) is another term for "disconnected youth."*
- *A person ages 16-24 who is neither in school or employed.*
- *This applies to 1-in-7 youth and young adults in Greater Houston.*

Who Are Houston's Opportunity Youth &Young Adults (OYYA)?

Opportunity youth in Houston are diverse and Texas-born[3]

Youth ages 16-24 who are not in school or working by:

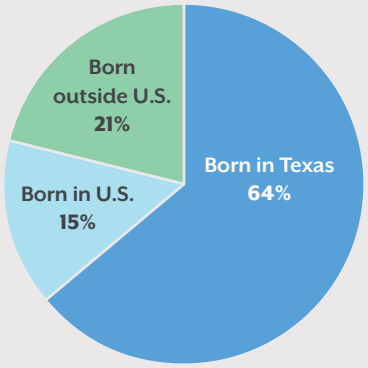
Race-Ethnicity



Similar to Houston's young-adult population as a whole, ***3-in-4*** *diconnected young adults are youth of color.*

Likewise, more than ***6-in-10*** *disconnected youth were born in Texas. This pattern is similar to the general population.*

State and Country of Origin



Opportunity youth and young adults (OYYA) in Houston are a diverse population that, in many respects, reflects the broader demographics of the city as a whole. Similar to the general young-adult population in Houston, some 70% of OYYA are Hispanic or African-American (48% and 22%, respectively). A quarter of Houston's OYYA are non-Hispanic white, 3% are Asian, and roughly 2% identify with another race-ethnic group or multiple groups.

Hispanic and African-American youth have slightly higher rates of disconnection compared with other youth, a pattern that largely reflects higher rates of poverty and fewer educational and economic opportunities. Some 16% of African-American youth and 15% of Hispanic youth are disconnected at ages 16-24 compared with 12% of non-Hispanic white youth and 7% of Asian youth.

The vast majority of Houston's opportunity youth —nearly 8-in-10—were born in the United States. In fact, 64% of OYYA were born in Texas. Just 21% were born outside the United States, which mirrors Houston's general population of young adults.

1-in-5

Young adults ages 19-24 is disconnected

Disconnection from school and employment is far more common at older ages (19-24) than younger ages (16-18). Nearly 1-in-5 young adults ages 19-24 in Houston (18%) are disconnected compared with fewer than 6% of 16-18-year-olds. This is key to understanding Houston's OYYA:

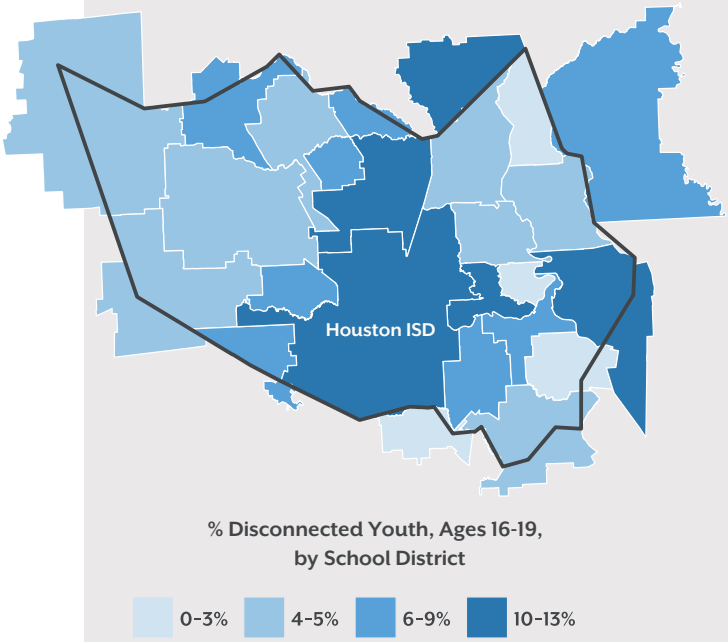
the majority of youth who are disconnected have aged out the public-school system. Efforts to address the *current* population of young adults who are out of school and work, therefore, need to focus on this group of young adults.

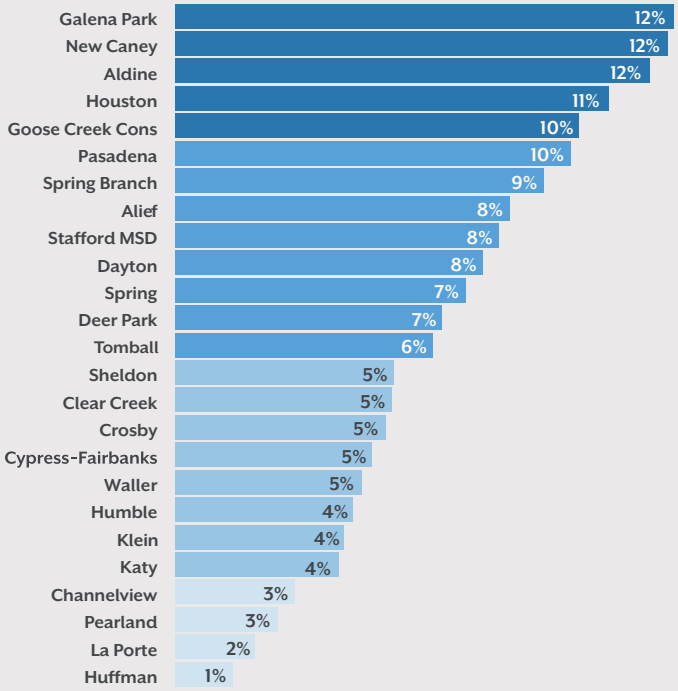
At the same time, there are a number of steps that schools and school districts can take to help keep high school students on track to graduate and prevent future disconnection. For instance, high-quality early childhood education, such as Pre-K, sets students up for long-term academic success and increases their odds of graduating high school.[5] Schools can also be effective in combating summer learning loss and preparing students to graduate high school ready for college.[6]

Moreover, there is important variation across Harris County school districts in the share of youth who are disconnected. Galena Park ISD, New Caney ISD, Aldine ISD, Houston ISD, and Goose Creek Consolidated ISD have the highest rates of youth disconnection with more than 1-in-10 youth ages 16-19 out of school and not working. By contrast, fewer than 5% of youth are disconnected in suburban districts like Katy ISD, Channelview ISD, Pearland ISD, La Porte ISD, and Huffman ISD.

Youth disconnection in Harris County varies widely across school districts[4]

% of youth ages 16-19 who are not in school or working, by school district 2012-2016

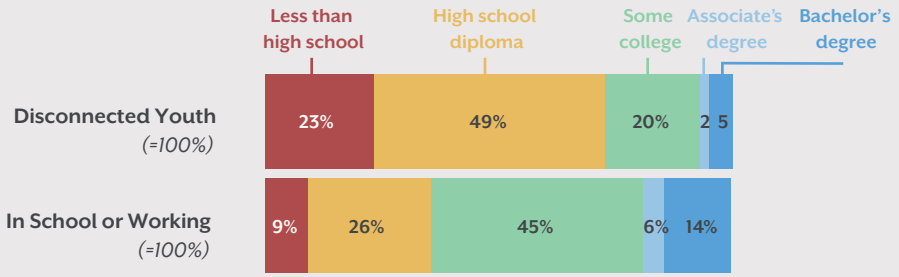




Education and Work Experience

Most opportunity youth in Greater Houston have not attended college; nearly 1-in-4 lacks a high school diploma[5]

% of youth ages 19-24 by level of educatioun attainment and disconnection status



Education is key to understanding some of the challenges opportunity youth and young adults face and potential pathways to re-connection. Although, by definition, OYYA are not currently in school pursuing degrees and credentials, they also tend to have lower levels of educational attainment and less college experience than other youth and young adults in Houston.

Overall, the majority of OYYA have a high school diploma. Among those ages 19-24, 75% of OYYA have graduated high school or earned their GED. But that graduation rate is far lower than among their peers: over 90% of young adults who are *not* disconnected have a high school diploma.

Opportunity youth and young adults are also less likely to have any college experience. Among 19-24 year-olds who graduated high school, only a third of OYYA have at least a year of college compared with 70% of their peers. This points to a key gap in the education pipeline that needs to be addressed for opportunity young adults: the transition from high school to college.

College persistence and graduation is another challenge for many opportunity young adults. Among young adults who attended college, only a third of OYYA have earned an associate's or bachelor's degree by ages 22-24 compared with more than half of non-OYYA.

Education is a critical factor behind disconnection in at least two ways. First, young adults who perform poorly in school or fail to graduate have a harder time continuing their education after high school, which increases their risk of disconnection as they age out of the education system. Moreover, many colleges have GPA requirements and other markers of academic success, in addition to graduation, that make it difficult for some students to enter college. In these ways, lack of education is often a barrier to staying in school and receiving more education during young adulthood.

Second, education is an increasingly important determinant of job opportunities. Education, especially post-secondary education, has always provided workers with greater human capital and skills, making them more attractive to potential employers and increasing their odds of getting hired. Educational credentials also act as important signals to employers of a potential employee's job skills. Yet, by 2020, an estimated 60% or more of all jobs will require

a post-secondary degree.[7] For young adults without college experience, finding a job is already difficult and will be even more so in the years to come.

For these reasons, education is tightly linked to a young adult's risk of disconnection. In Houston, young adults with lower levels of educational attainment, especially those without any college experience, are far more likely to be disconnected than their peers. Among young adults ages 19-24, 38% of those without a high school degree and 31% of those with a high school degree are disconnected from school and work compared with fewer than 10% among those with at least some college experience.

Overall, a third of opportunity young adults have held a job in the past year

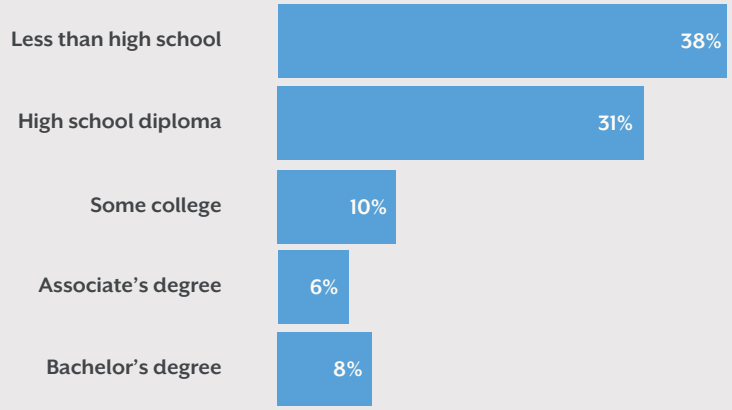
34%

Opportunity young adults—22-24 year-olds without college experience are also less likely to have worked a job in the recent past. Overall, a third of opportunity young adults have held a job in the past year (34%). For OYYA without a high school degree, only 26% have worked in the past year—in other words, nearly 3-in-4 have been unemployed for at least a year. By contrast, 40% of opportunity young adults who have at least some college experience have worked in the past year.

The types of jobs that OYYA have worked in the past reveal the lack of opportunities for these youth in the labor market. Topping the list of most frequently held occupations are cashier, retail salesperson, waiter, laborer, and cook—low-skill jobs that earn low wages, have little job security, and often have unpredictable work schedules. Interestingly, for OYYA women, the fifth most commonly held occupation is child care worker, which highlights the precarious nature of care work for young women, many of whom are mothers themselves. For many young adults in these positions, the lack of quality job opportunities likely fuels a weak attachment to the labor force, making disconnection from work more likely and more common.

Disconnection is more common among young adults with less education[6]

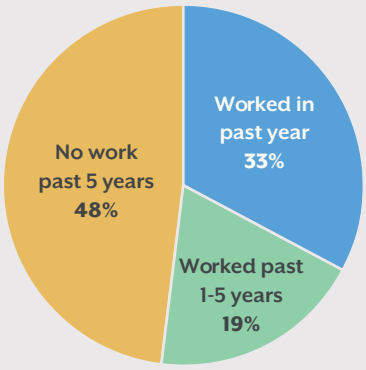
% of youth ages 22-24 who are not in school or working by eduction level



2-in-3 opportunity youth in Houston have not worked in the last year[7]

Work experience and previous occupations among disconnected youth

Work Experience among Opportunity Youth



Top 10 Previous Occupations among Opportunity Youth

1. *Cashier*
2. *Retail Salesperson*
3. *Waiter/Waitress*
4. *Laborer & Freight/Stock/Material Mover*
5. *Cook*
6. *Construction Laborer*
7. *Stock Clerk & Order Filler*
8. *Dishwasher*
9. *Child Care Worker*
10. *Customer Service Representative*

Teenage Pregnancy and Early Motherhood

For young women, disconnection from school and work is also strongly linked to having children.[8] In Houston, disconnected women are far more likely than their peers to have had a child: Over 4-in-10 OYYA women (ages 16-24) report living with at least one of their own children compared with 11% of other young-adult women and fewer than 5% of men.[9]

Early motherhood appears to be a driver of disconnection from school for girls and young women. In Houston, teenage girls ages 16-18 who have had a birth in the past year are five times more likely to have dropped out of school than their peers: 35% are no longer attending high school compared with just 7% of teenage girls who have not given birth. Teenage girls who have had a child are 5 times more likely to be out of school. Although teenage motherhood is rare in Houston and has seen a dramatic decline in recent decades, reducing rates of unintended pregnancy among teenage girls should be at the forefront of efforts to prevent disconnection among young adults.[10]

Teenage girls who have had a child are

5 times more likely

to be out of school

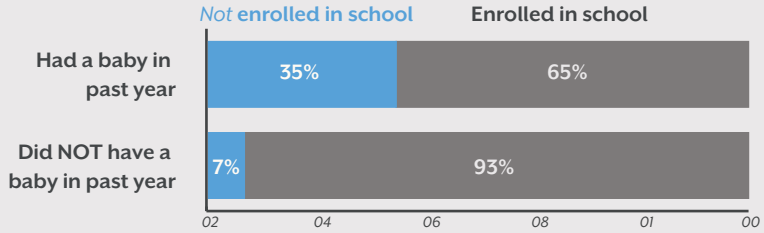
Motherhood also appears to increase the risk of dropping out of college. Among women ages 19-24 who have at least one year of college experience in the Houston area, 72% of those who had a child in the previous year are no longer enrolled in college compared with just 44% of those who did not have a child.

Dropping out of school is likely to have long-term economic consequences for many of these mothers. Given the importance of a post-secondary degree on the job market, young mothers who do not complete high school or fail to earn an Associate's or Bachelor's degree will have a harder time finding a good-paying job to support their families, increasing their risk for poverty and need for government assistance.

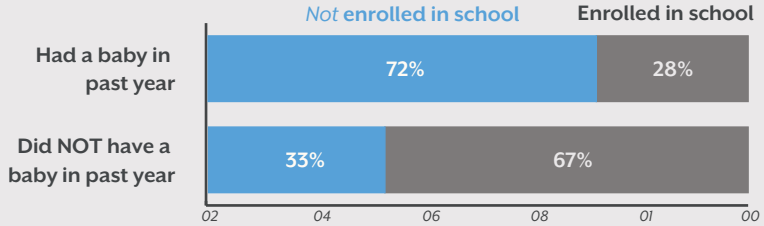
Of course, some women choose to take time off from school or work following the birth of a child on a temporary basis. But for many others, dropping out of school and the labor force is driven by lack of access to affordable child care. For low-income families in Harris County, there simply are not enough subsidized child care seats: there are only 28 affordable child care seats for every 100 children in low-income, working families. Child care is also out of reach for many middle-income families. For the

Young mothers in Houston are more likely to have dropped out of school than peers[8]

School enrollment status of **teenage girls ages 16-18** *by birth in past year*



School enrollment status of **young women ages 19-24 who have at least one year of college** *by birth in past year*



average family of four with one infant and one toddler in Harris County, child care can take up nearly a third of their annual income.[11]

Lack of affordable child care options also makes it difficult for young mothers to return to school and the workforce once their children are older. With the cost of child care at an all-time high and government subsidy for child care in short supply, it can often make more economic sense, even in two-parent households, for mothers to stay at home and raise children rather than pursue higher education or earn a second income. Getting OYYA single mothers back to school and back to work, therefore, requires addressing the lack of affordable child care. Supporting young parents and helping them avoid poverty will not only reduce disconnection among today's young adults, but it will have the added benefit of reducing the risk of disconnection for their children and the next generation of Houstonians.

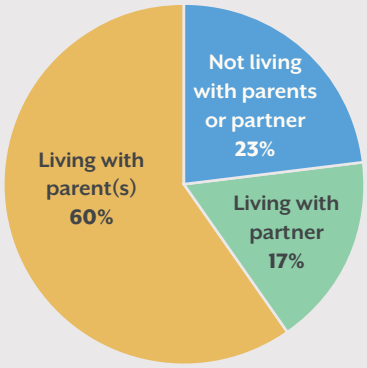
Social and Financial Supports for Opportunity Youth & Young Adults (OYYA)

Out of school and out of work, opportunity youth are an economically and socially vulnerable population. Fortunately, most opportunity youth in Houston remain connected to their parents and families. In fact, nearly 6-in-10 opportunity Houston-area youth live with their parents. This compares with 72% of non-OYYA at these ages. Research finds that parents can be instrumental in keeping their youth and young adults on track in school and prepare them for college and the workforce. But most parents, after investing time and energy into shepherding their children through early childhood education and elementary schools, often pull back during middle school and high school—right when their children need their help and guidance the most. Parental education on how to engage with their opportunity youth or youth at-risk-of-being-disconnected is an important opportunity for addressing youth disconnection.[12]

Parental living varies between men and women. OYYA men are actually just as likely as other youth (men and women) to be living with their parents (72%). By contrast, only 50% of OYYA women share the same household as their parents. Gender differences in family living arrangements are driven, in part, by earlier entry into marriage for women. Some 27% of OYYA women (ages 18+) in Houston are currently married, as are 5% of OYYA men. Another 9% of OYYA women and 2% of OYYA men are living with a partner (i.e., cohabitation). Most spouses and partners of opportunity young adults are employed, providing them with financial support as well as an important connection to the world of work.

Nearly 6-in-10 opportunity youth in Houston live with their parents[9]

Youth ages 16-24 who are not in school or working by household living arrangement



Source: American Community Survey, 2012-2016

The majority of OYYA mothers over 18 (56%) are either married or living with a romantic partner. Of those with a partner, nearly all have a partner who is employed in the workforce (93%) and most are not currently looking for paid work (88%). Even still, many will likely need help re-entering school or the labor force as their children age. Access to quality, affordable child care, in particular, is crucial.

44%

of OYYA women with children are single mothers

The need for affordable child care is even greater for single mothers, who cannot rely on support from a spouse or partner. In Houston, more than 4-in-10 OYYA women with children are single mothers (not living with a partner). Fortunately, nearly 7-in-10 (67%) of these young women are living at home with their parents, which means that they and their children have some kind of family support system. At the same time, OYYA single mothers are more likely to be looking for work (unemployed rather than out of the labor force). In fact, twice as many OYYA single mothers are unemployed and looking for work compared with OYYA mothers with partners (26% vs. 12%).

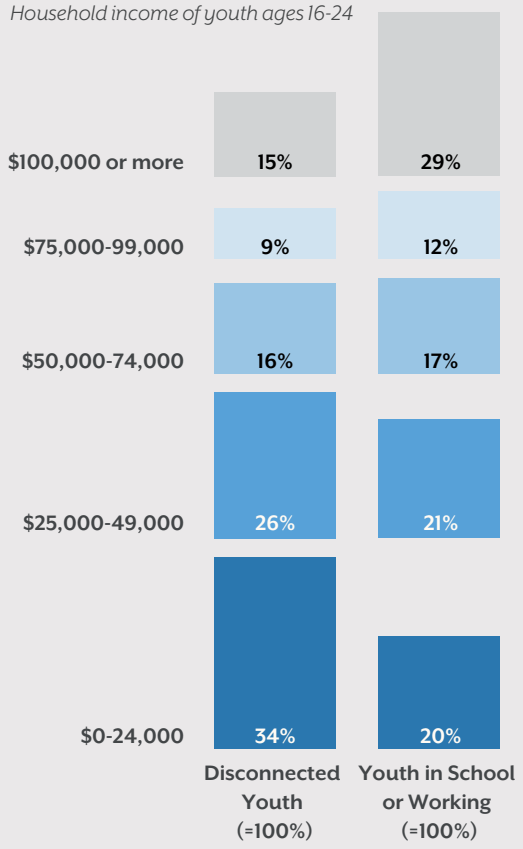
More generally, opportunity youth and young adults tend to have fewer financial resources and supports to draw from than their peers, especially if they do not live with their parents. For instance, fully 60% of OYYA live in households making fewer than $50,000 annually—more than 1-in-3 live in households making less than $25,000 a year. By contrast, 41% of other Houston-area 16-24 year-olds live in households making less than $50,000 annually and 20% live in households making less than $25,000 a year.

1/3

of opportunity youth in Houston live in poverty

Opportunity youth are more likely to live in low-income households[10]

Household income of youth ages 16-24



Opportunity youth are also twice as likely to be living in poverty. More than 1-in-3 disconnected youth live in households with incomes at or below the Federal Poverty Line compared with just 16% of youth who are in school or employed.

Income and poverty differences between OYYA and their peers are present regardless of family living arrangements. To be sure, opportunity young adults who live with a partner or who live on their own have lower household incomes

15%

of opportunity youth live in households making over $100,000 annually

and are more likely to be in poverty than those living with their parents. But opportunity youth living with parents are still more likely to be economically disadvantaged relative to other young adults living with parents.

It is also worth noting that a significant share of opportunity youth in Houston live in high-income households. In fact, some 15% of OYYA live in households making over $100,000 a year (the majority of these youth are living with their parents). Although this pales in comparison to the share of non-OYYA in high-income households (29%), it is an important reminder that Houston's OYYA are an economically diverse group with different levels of economic support and vulnerability as well as different capabilities and opportunities for re-engagement. Also important to note is that although some of these youth are disconnected by choice, they still need the same support as their peers to reintegrate.

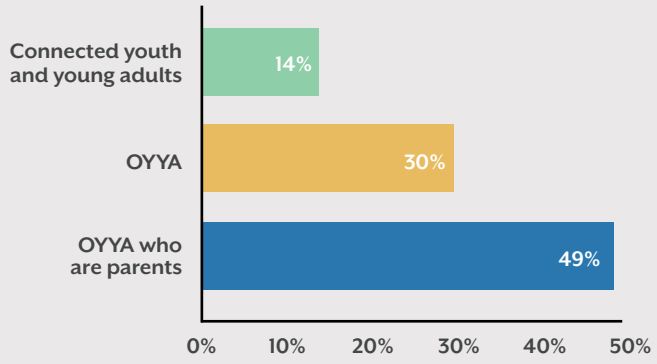
Food insecurity is another pressing problem for many opportunity youth in Houston. Unsurprisingly, given higher levels of poverty, OYYA are much more likely to be enrolled in the federal Supplemental Nutrition Assistance Program (SNAP), aka food stamps. The difference is striking: fully 30% of opportunity youth in Houston are on food stamps compared with just 14% of their peers. This rate is even higher for OYYA parents: 49%. This pattern highlights both the level of food insecurity among Houston's opportunity youth as well as the economic costs of disconnection for the larger community.

30%

of opportunity youth are on food stamps

Opportunity youth are twice as likely as their peers to be without health insurance. Nearly half of all OYYA in Houston do not have any health insurance compared with just a quarter of other Houston youth. This is concerning because health insurance is both a health resource as well as an economic one. Not only are many opportunity youth unlikely to visit a doctor when they are sick due to lack of health insurance, but many could also be dealt a severe economic blow should they experience a sudden accident, injury, or illness. Additionally, when they do have health insurance, disconnected youth are more likely to be on public rather than private insurance.

SNAP (or food stamp) usage among Houston's youth and young adults[11]



A PATH FORWARD

- **Provide parents and families with the right assistance to better support their young adults.** *Most opportunity youth and young adults in Houston are not living on their own; they are living with their parents. As a result, parents can and should be on the frontlines of addressing disconnection among OYYA. By staying involved in their children's lives during adolescence, parents can better monitor behavior and identify warning signs of disconnection early on. Research shows that a number of parenting behaviors are critical to academic success: supporting development of autonomy, providing clear and consistent rules and guidelines, building a warm and loving relationship , and holding their children accountable to a high standard. The community must invest in parental education to empower parents with the tools they need to stay involved in their young-adult children's lives and help them achieve success in school and the workforce.*

- **Repair leaks in the education pipeline to help more youth graduate college.** *With over 60% of jobs of requiring a post-secondary degree by 2020, we need to help OYYA enroll (or re-enroll) and finish college so they can get good jobs that pay a living wage. This starts with preparing students to graduate high school college-ready, which involves investing heavily in early education so all children have a strong start. Moreover, schools, principals, and teachers need to create a culture of high-expectations in which going to college or career training is normal and expected, even for students in high-poverty schools. We also need to support students when they get to college. Many first-generation college students, low-income students, and students of color get lost in the system and struggle with paying for the high-cost of college. Many students are also food insecure and have families to raise. Programs that support at-risk college students graduate on time are critical to preventing and addressing youth disconnection.*

- **Prevent teen pregnancy and support young mothers.** *Addressing youth disconnection in Houston will also require greater attention to teen pregnancy and early motherhood. It is clear from the data that motherhood is a driver of disconnection from school for girls and young women. Preventing unintended pregnancy and keeping girls in school requires an all-hands-on-deck approach: greater parental supervision and involvement, comprehensive sex education, and access to contraception are all important tools. But for young mothers who are already disconnected, access to affordable, high-quality child care is a critical and much-needed support. We need to expand access to affordable, quality child care and Pre-K so that young mothers can support their families. Supporting young mothers will also benefit Houston by ensuring that the next generation of Houstonians are at lower risk of disconnection when they reach young adulthood.*

- **Community outreach and support for marginalized youth.** *Opportunity OYYA are socially and economically vulnerable young people who need all of our support. As a community, we need to identify youth who are disconnected, or at risk for disconnection, and re-connect them to school and the workforce. At a personal level, Houstonians can engage with marginalized youth in their community one-on-one through mentoring programs like Big Brothers Big Sisters. Many OYYA feel that the community that they live in does not care about or see them, leaving them to drift, perpetuating a cycle of disconnection.*

Endnotes

STATUS OF CHILDREN

1 CPS - *Texas Child Population* (ages 0-17) by Region - FY08- FY17 | State of Texas Open Data Portal. (2018, April 24). Retrieved from https://data.texas.gov/Social-Services/CPS-Texas-Child-Population-ages-0-17-by-Region-FY0/3zr7-gztw

2 KIDS COUNT Data Center | *Child population by age group.* (n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/6422-child-population-by-age-group?loc=45&loct=2#detailed/5/6529,6571,6615,6734,6741/false/573,869,36,868,867,133,38,35,18,17/1594,2730,2731,179/1331

3 KIDS COUNT Data Center | *Child population by nativity.* (2017). Retrieved from https://datacenter.kidscount.org/data/tables/116-child-population-by-nativity?loc=45&loct=2#detailed/3/55,60,64,89,107/true/870,573,869,36,868,867,133,38,35,18/76,77/447,448

4 Ura, A., & McCullough, J. (2015). *As Texas Population Grows, More Languages are Spoken at Home*. Retrieved from https://www.texastribune.org/2015/11/26/languages-spoken-texas-homes/

5 United States Census Burea. 2012-2016. *American Community Survey 5-Year Estimates: Languages Spoken at Home.* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

6 Ura, A., & McCullough, J. (2015). *As Texas Population Grows, More Languages are Spoken at Home*. Retrieved from https://www.texastribune.org/2015/11/26/languages-spoken-texas-homes/

7 US Census Bureau. (2015). *Detailed languages spoken at home and ability to speak English for the population 5 years and over 2009-2013.* Retrieved from https://www.census.gov/data/tables/2013/demo/2009-2013-lang-tables.html

8 KIDS COUNT Data Center. (2018). *Children in immigrant families.* (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/115-children-in-immigrant-families?loc=45&loct=2#detailed/2/45/true/870,573,869,36,868,867,133,38,35,18/any/445,446

9 New American Economy analysis of U.S. Census Bureau's 2016 American Community Survey, 1-year microdata sample, downloaded from IPUMS-USA, University of Minnesota, www.ipums.org; These numbers only include children who have parents in the home. The total number of children and New American Children may be larger.

10 Capps, Randy and Ariel G. Ruiz Soto. (2018). *A Profile of Houston's Diverse Immigrant Population in a Rapidly Changing Policy Landscape.* Washington, DC: Migration Policy Institute.

11 American Census Bureau. (2012-2016) *American Community Survey 5-year Estimates.* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

12 KIDS COUNT Data Center. (2017). Children in poverty (100 percent poverty).. Retrieved from https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=45&loct=3#detailed/3/55,59-60,64,89,107,9429/false/870,573,869,36,868,867,133,38,35,18/any/321,322

ENDNOTES

13 Ekono, M., Jiang, Y., & Smith, S. (2016). *Young Children in Deep Poverty*.

14 Center for Poverty Research. University of California, Davis. (2018). *What is "deep poverty"?*. Retrieved from https://poverty.ucdavis.edu/faq/what-deep-poverty

15 U.S. Census Bureau. QuickFacts: *Houston city, Texas.* (n.d.). Retrieved from https://www.census.gov/quickfacts/fact/table/houstoncitytexas/PST045217#; American Census Bureau. (2012-2016) *American Community Survey 5-year Estimates.* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

16 American Census Bureau. (2012-2016) *American Community Survey 5-year Estimates.* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

17 CHILDREN AT RISK School Rankings Files.

18 American Census Bureau. (2012-2016) *American Community Survey 5-year Estimates.* https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF.

19 KIDS COUNT Data Center | *Child population by age group.*(n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/6422-child-population-by-age-group?loc=45&loct=2#detailed/5/6529,6571,6615,6734,6741/false/573,869,36,868,867,133,38,35,18,17/1594,2730,2731,179/1331

20 CHILDREN AT RISK. (2017). *Hurricane Harvey keeps 1.4 million students out of public schools for at least a week.* Retrieved from https://childrenatrisk.org/hurricane-harvey-keeps-1-4-million-students-out-of-public-schools-for-at-least-a-week/

21 CPS 3.8 Abuse/Neglect Investigations - State of Texas Open Data Portal. (2018). *CPS 3.8 Abuse/ Neglect Investigations- Alleged and confirmed victims by county FY08-FY17.* . Retrieved from https://data.texas.gov/Social-Services/CPS-3-8-Abuse-Neglect-Investigations-Alleged-and-C/v63e-6dss/data

22 National Human Trafficking Hotline. Texas. Polaris. https://humantraffickinghotline.org/state/texas.

23 State of Texas Open Data Portal. (2018). *CPS 8.2 Foster Care Placements by Fiscal Year and County FY08-FY17.* . Retrieved from https://data.texas.gov/Social-Services/CPS-8-2-Foster-Care-Placements-By-Fiscal-Year-And-/sxsx-qqtg/data

Status of Children Chart Endnotes

1 National Center for Children in Poverty calculations using county-level data from the 2013-2017 American Community Survey.

EDUCATION

1 Center on the Developing Child. *Five numbers to remember about early childhood development*. Harvard University. Retrieved from https://developingchild.harvard.edu/resources/five-numbers-to-remember-about-early-childhood-development/.

2 Ruzek, E., Burchinal, M., Farkas, G., & Duncan, G. J. (2014). The quality of toddler child care and cognitive skills at 24 months: Propensity score analysis results from the ECLS-B. *Early Childhood Research Quarterly*, 29(1), 12–21. Retrieved from https://doi.org/10.1016/j.ecresq.2013.09.002 ; Perisner-Feinberg, S., & Burchinal, M. (1997). Relations between preschool children's child-care experiences and concurrent development: The cost, quality, and outcomes study. *Merrill-Palmer Quarterly*, 43(3), 451-477. ; Dearing, E., McCartney, K., & Taylor, B. A. (2009). Does Higher Quality Early Child Care Promote Low-Income Children's Math and Reading Achievement in Middle Childhood? *Child Development*, 80(5), 1329–1349. https://doi.org/10.1111/j.1467-8624.2009.01336 .x ; Hill, J., Waldfogel, J., & Brooks-Gunn, J. (2002). Differential effects of high-quality child care. *Journal of Policy Analysis and Management*, 21(4), 601–627. https://doi.org/10.1002/pam.10077 ; Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development: Age 15 follow-up. *Child Development*, 81(3), 737–756. Retrieved from https://doi.org/10.1111/j.1467-8624.2010.01431 ; McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... Shonkoff, J. P. (2017). Impacts of early childhood education on medium- and long-term educational outcomes. *Educational Researcher*, 46(8), 474–487. Retrieved from https://doi.org/10.3102/0013189X17737739 ; Campbell, F. A., Wasik, B. H., Pungello, E., Burchinal, M., Barbarin, O., Kainz, K., ... Ramey, C. T. (2008). Young adult outcomes of the Abecedarian and CARE early childhood educational interventions. *Early Childhood Research Quarterly*, 23(4), 452–466. Retrieved from https://doi.org/10.1016/j.ecresq.2008.03.003

3 Center on the Developing Child at Harvard University (2011). *Building the brain's "air traffic control" system: How early experiences shape the development of executive function: Working Paper No. 11*. Retrieved from www.developingchild.harvard.edu.

4 Heckman, James J. (June 30, 2006). *Skill formation and the economics of investing in disadvantaged children*. American Association for the Advancement of Science. Retrieved from http://science.sciencemag.org/content/312/5782/1900.

5 UT Austin (2017). *2017 Texas child care market rate survey.* Retrieved August 14, 2018, from https://txicfw.socialwork.utexas.edu/2017-texas-child-care-market-rate-survey/ ; American Community Survey 5-Year Estimates, 2012-2016. IPUMS-USA, University of Minnesota, www.ipums.org.

6 CHILDREN AT RISK calculations using data from a Public Information Request to the Texas Workforce Commission, received June 15, 201, and Child Care Licensing search from https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/.

7 Texas Department of Family and Protective Services (April 2017). *Minimum standards for childcare centers*. https://www.dfps.state.tx.us/Child_Care/Child_Care_Standards_and_Regulations/default.asp.

8 Texas Department of Licensing and Regulation. (2018). *Barber frequently asked questions.* Retrieved from https://www.tdlr.texas.gov/barbers/barberfaq.htm#l1

ENDNOTES

9 CHILDREN AT RISK calculations using data from the American Community Survey 5-Year Estimates 2012-2016, IPUMS-USA, University of Minnesota, www.ipums.org; a Public Information Request to the Texas Workforce Commission, received June 15, 2018; and Child Care Licensing search from https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/.

10 Collaborative for Children (2017). *Response and recovery dashboard.* Retrieved from https://collabforchildren.org/response-and-recovery-dashboard.

11 National Institute for Early Education Research (2016). *State(s) of Head Start*. Retrieved from http://nieer.org/wp-content/uploads/2016/12/HS_Full_Reduced.pdf

12 Texas Education Agency. (2018). *Eligibility for pre-kindergarten*. Retrieved from https://tea.texas.gov/ece/eligibility.aspx

13 U.S. Census Bureau; American Community Survey, 2012-2016 American Community Survey 5-Year Estimates, Table B23008; generated by Patrick Gill; using American FactFinder; <http://factfinder2.census.gov>; (27 July 2018).; U.S. Census Bureau; American Community Survey, 2012-2016 American Community Survey 5-Year Estimates, Table B23008; generated by Patrick Gill; using American FactFinder; <http://factfinder2.census.gov>; (27 July 2018). ; Analyzed by Good Reason Houston using Texas Public Education Information Resource. (2017). *Texas Public Prekindergarten Programs.* Retrieved from http://www.texaseducationinfo.org/.

14 TPEIR (2017). *Texas public kindergarten programs and kindergarten readiness*. Texas Education Agency. Retrieved from http://www.texaseducationinfo.org/Home/Topic/Kindergarten%20Programs%20and%20Readiness?br=PK-12.

15 National Institute for Early Education Research. (2018). *Texas state pre-K profile*. Retrieved from http://nieer.org/wp-content/uploads/2018/04/Texas_YB2017.pdf

16 Texas Education Agency (2018). *Rider 78 FAQ.* Retrieved from https://tea.texas.gov/Academics/Early_Childhood_Education/Rider_78_FAQ/

17 TPEIR (2018). *Texas public kindergarten programs and kindergarten readiness.* Texas Education Agency. Retrieved from http://www.texaseducationinfo.org/Home/Topic/Kindergarten%20Programs%20and%20Readiness?br=PK-12.

18 Texas Education Agency (2018). *2017-2018 Texas academic performance reports*. Retrieved from https://rptsvr1.tea.texas.gov/perfreport/tapr/2018/index.html.

19 CHILDREN AT RISK. (2018). *Building brains and economies: Quality child care as an engine for economic development in a 21st century Texas.* Retrieved from https://childrenatrisk.org/wp-content/uploads/2018/12/CaR-Kellogg-Full-Report-2018.pdf

20 Klineberg, S. L. (Apr. 2018). *The 2018 Kinder Houston are survey: tracking responses to income inequalities, demographic transformations, and threatening storms.* Kinder Institute for Urban Research. Retrieved from https://kinder.rice.edu/sites/g/files/bxs1676/f/downloads/Presentation%20-%20Kinder%20Institute%20Luncheon.pdf

21 CHILDREN AT RISK & The Meadows Foundation (2016). *Pre-K in Texas: A critical component for academic success*. Retrieved from http://childrenatrisk.org/wp-content/uploads/2017/08/161203-Pre-K-Exec-Summary-VF-6.pdf.

22 Ruzek, E., Burchinal, M., Farkas, G., & Duncan, G. J. (2014); Perisner-Feinberg, S., & Burchinal, M. (1997); Dearing, E., McCartney, K., & Taylor, B. A. (2009); Hill, J., Waldfogel, J., & Brooks-Gunn, J. (2002); Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (2010); McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... Shonkoff, J. P. (2017).; Campbell, F. A., Wasik, B. H., Pungello, E., Burchinal, M., Barbarin, O., Kainz, K., ... Ramey, C. T. (2008).

23 Hernandez, Donald J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation.* The Annie E. Casey Foundation. Retrieved from http://www.aecf.org/m/resourcedoc/AECF-.

24 Source: American Community Survey 2012-2016 5-year Estimate, IPUMS-USA, University of Minnesota, www.ipums.org.

25 Texas Education Agency. *STAAR Resources*. Retrieved from https://tea.texas.gov/student.assessment/staar/.

26 Texas Education Agency (2017). *STAAR Raw Score Conversion Tables*. Retrieved from https://tea.texas.gov/student.assessment/staar/convtables/.

27 Texas Education Agency (2018). *Charter schools.* Retrieved from https://tea.texas.gov/Texas_Schools/Charter_Schools/.

28 CHILDREN AT RISK (2018). *Texas School Guide – Greater Houston 2018 School Rankings. Retrieved from https://texasschoolguide.org/greater-houston/.*

29 Quinn, David. Polikoff, Morgan (September 14, 2017). *Summer learning loss: What is it, and what can we do about it?* Brookings. https://www.brookings.edu/research/summer-learning-loss-what-is-it-and-what-can-we-do-about-it/.

30 CHILDREN AT RISK & The Meadows Foundation (2016). *Pre-K in Texas: A critical component for academic success*. Retrieved from http://childrenatrisk.org/wp-content/uploads/2017/08/161203-Pre-K-Exec-Summary-VF-6.pdf.

31 Ruzek, E., Burchinal, M., Farkas, G., & Duncan, G. J. (2014); Perisner-Feinberg, S., & Burchinal, M. (1997); Dearing, E., McCartney, K., & Taylor, B. A. (2009); Hill, J., Waldfogel, J., & Brooks-Gunn, J. (2002); Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (2010); McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... Shonkoff, J. P. (2017).; Campbell, F. A., Wasik, B. H., Pungello, E., Burchinal, M., Barbarin, O., Kainz, K., ... Ramey, C. T. (2008).

32 Hernandez, Donald J. (2012). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation.* The Annie E. Casey Foundation. Retrieved from http://www.aecf.org/m/resourcedoc/AECF-.

33 Yes Prep Public Schools. *College Initiatives Redefined: A Responsive Approach to College Counseling & Alumni Support.* Retrieved from College Initiatives Redefined: A Responsive Approach to College Counseling & Alumni Support.

ENDNOTES

34 Castleman, B. L., Page, L. C., & Snowdon, A. L. (2013). *SDP Summer Melt Handbook: A Guide to Investigating and Responding to Summer Melt*. Strategic Data Project.

35 The Institute for College Access and Success (2017). *Student debt and the class of 2016*. Retrieved from https://ticas.org/content/pub/student-debt-and-class-2016.

36 The Texas Tribune (2018). *Texas higher ed outcomes: Tracking 8th graders' post-secondary success*. Retrieved from https://schools.texastribune.org/outcomes/.

37 Texas Higher Education Coordinating Board (Spring 2018*). 2018 Texas Higher Education Almanac*. Retrieved from http://www.thecb.state.tx.us/index.cfm?objectid=F2D7FB8C-D425-8C01-D9AE60ADFA4FD2F0

38 Carnevale, A.P., Smith, N., & Strohl, J. (2013). *Recovery: Job growth and education requirements through 2020*. Georgetown Public Policy Institute. Retrieved from https://cew.georgetown.edu/wp-content/uploads/2014/11/Recovery2020.FR_.Web_.pdf

39 *Merriam-Webster. Definition of automation*. Retrieved from https://www.merriam-webster.com/dictionary/automation.

40 Lund, Susan et al. (2017*)*. Jobs lost, jobs gained: Workforce transitions in a time of automation. Mckinsey Global Institute. retrieved from: https://www.mckinsey.com/global-themes/future-of-organizations-and-work/what-the-future-of-work-will-mean-for-jobs-skills-and-wages.

Education Chart Endnotes

1 Workman, Simon and Ullrich, Rebecca. (February 13, 2017). Quality 101: Identifying the core components of a high-quality early childhood program. Center for American Progress. Retrieved from https://www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/.; Wechsler, Marjorie, Melnick, Hanna, Maier, Anna, and Bishop, Joseph. (April 20, 2016). The building blocks of high-quality early childhood education programs. Learning Policy Institute. Retrieved from https://learningpolicyinstitute.org/product/building-blocks-high-quality-early-childhood-education-programs.

2 U.S. Census Bureau; American Community Survey, 2012-2016 *American Community Survey 5-Year Estimates.* ; Analysis based on Public Information Request, Texas Workforce Commission (2018).

3 Analysis based on Public Information Request, Texas Workforce Commission (2018).

4 Analysis based on Public Information Request, Texas Workforce Commission (2018) ; CHILDREN AT RISK calculations using American Community Survey 5-Year Estimates, 2012-2016. IPUMS-USA, University of Minnesota, www.ipums.org.

5 TPEIR (2017). *Texas public kindergarten programs and kindergarten readiness*. Texas Education Agency. Retrieved from http://www.texaseducationinfo.org/Home/Topic/Kindergarten%20Programs%20and%20Readiness?br=PK-12. ; Texas Education Agency (2017). 2016-2017 *Texas Academic Performance Reports*. Retrieved from https://rptsvr1.tea.texas.gov/perfreport/tapr/2017/index.html.

6 CHILDREN AT RISK (2018). Texas School Guide – Greater Houston 2018 School Rankings. Retrieved from https://texasschoolguide.org/greater-houston/.

7 CHILDREN AT RISK (2018). *Texas School Guide – Greater Houston 2018 School Rankings.* Retrieved from https://texasschoolguide.org/greater-houston/.

8 CHILDREN AT RISK (2018). *Texas School Guide – Greater Houston 2018 School Rankings.* Retrieved from https://texasschoolguide.org/greater-houston/.

9 CHILDREN AT RISK (2018). *Texas School Guide – Greater Houston 2018 School Rankings.* Retrieved from https://texasschoolguide.org/greater-houston/.

10 Texas Education Agency (2018). *2017-2018 Texas Academic Performance Reports.* Retrieved from https://rptsvr1.tea.texas.gov/perfreport/tapr/2018/srch.html?srch=R.

11 CHILDREN AT RISK analysis based on publicly available school closure information following Hurricane Harvey

12 Texas Higher Education Coordinating Board (2017). *High school graduates enrolled in higher education the following fall by high school, county, school District.* Retrieved from http://www.txhighereddata.org/index.cfm?objectid=4BB95F16-E5BF-AF8A-CF4C46B0CF2D8185.

13 *Texas Higher Education Coordinating Board (Spring 2018). 2018 Texas Higher Education Almanac.* Retrieved from http://www.thecb.state.tx.us/index.cfm?objectid=F2D7FB8C-D425-8C01-D9AE60ADFA4FD2F0. ; The Institute for College Access and Success (2017). *Student debt and the class of 2016*. Retrieved from https://ticas.org/content/pub/student-debt-and-class-2016.

14 CHILDREN AT RISK (2018). *Texas School Guide – Greater Houston 2018 School Rankings.* Retrieved from https://texasschoolguide.org/greater-houston/. ; Texas Higher Education Coordinating Board (Spring 2018). *2018 Texas Higher Education Almanac.* Retrieved from http://www.thecb.state.tx.us/index.cfm?objectid=F2D7FB8C-D425-8C01-D9AE60ADFA4FD2F0.

ENDNOTES

HEALTH

1 March of Dimes. (2017). *Peristats*. Retrieved from https://www.marchofdimes.org/peristats; Kaiser Family Foundation. (2018). *Early Prenatal Care per 1,000 Women Ages 15-44.* Retrieved from https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=48201&top=5&stop=21&lev=1&slev=6&obj=9

2 U.S. Department of Health and Human Services Office on Women's Health. (2018). *Prenatal Care.* Retrieved from https://www.womenshealth.gov/a-z-topics/prenatal-care

3 National Institute of Child Health and Human Development. (2018). *What is Prenatal Care and Why Is It Important?* Retrieved from https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

4 National Center for Health Statistics. (2019). *Final natality data.* Retrieved from www.marchofdimes.org/peristats; Texas Department of State Health Services. (2017). *Healthy Texas Babies Data Book*. Retrieved https://www.dshs.texas.gov/healthytexasbabies/data.aspx, p. 33.

5 Steering Committee for Reducing Maternal Mortality, A Project of Houston Endowment. (2018). *Improving Maternal Health in Harris County, A Community Plan.* Retrieved from https://36su8y45dw4h332koa18cw3v-wpengine.netdna-ssl.com/wp-content/uploads/HE-Community-Plan-to-Improve-Maternal-Health-4-20-18.pdf, p. 12.

6 Steering Committee for Reducing Maternal Mortality. (2018), p.18.

7 Steering Committee for Reducing Maternal Mortality. (2018), p.7.

8 Texas Department of State Health Services. (n.d.). *Maternal Mortality and Morbidity Task Force*. Retrieved from https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm

9 Steering Committee for Reducing Maternal Mortality. (2018), p.12.

10 Steering Committee for Reducing Maternal Mortality. (2018), pp. 24-26.

11 Texas Department of State Health Services. (2016). *2014 Texas Vital Statistics, Resident Infant, Maternal and Fetal Deaths.* Retrieved from https://www.dshs.texas.gov/chs/vstat/vs14/data.aspx

12 Texas Department of State Health Services. (2017). *Healthy Texas Babies Data Book*. Retrieved https://www.dshs.texas.gov/healthytexasbabies/data.aspx, p. 13.

13 Nehme E., Mandell D., Oppenheimer D., Karimifar M., Elerian N., Lakey D. (2018). I*nfant Mortality in Communities Across Texas. Austin, TX: University of Texas Health Science Center at Tyler/University of Texas System*. Retrieved from http://www.utsystempophealth.org/imr-texas/

14 Texas Department of State Health Services. (2017). *Healthy Texas Babies Data Book*. Retrieved https://www.dshs.texas.gov/healthytexasbabies/data.aspx. p. 17.

15 Dubin, Alexandria. (2016). The Best and Worst Cities for Preemies. *Parents*. Retrieved from https://www.parents.com/pregnancy/everything-pregnancy/the-best-and-worst-cities-for-preemies-where-does-yours-rank/

16 American Pregnancy Association. (2017). *Premature labor*. Retrieved from http://americanpregnancy.org/labor-and-birth/premature-labor/

17 March of Dimes. (2018). *2017 Premature Birth Report Card.* Retrieved from https://www.marchofdimes.org/materials/premature-birth-report-card-texas.pdf

18 Pregnancy & Postpartum Health Alliance of Texas. (n.d.). *What is Postpartum Depression?* Retrieved from http://pphatx.org/what-is-postpartum-depression/

19 Center for Disease Control and Prevention. Retrieved from https://deserthopetreatment.com/co-occurring-disorders/postpartum-depression/

20 Texas Medical Center Health Policy Institute. (2013). *Prevalence of Postpartum Depression*. Retrieved from http://www.tmc.edu/health-policy/wp-content/uploads/sites/5/2017/02/005.3-TMC72-Response-PPD.pdf

21 Center for Disease Control and Prevention. (2017). *What are the Reasons to Vaccinate My Baby?* Retrieved from https://www.cdc.gov/features/reasonstovaccinate/index.html

22 Texas Department of State Health Services. (2017). *National Immunization Survey - Vaccination Coverage Levels.* Retrieved from https://www.dshs.texas.gov/immunize/coverage/NIS/#vaccination-levels

23 Kurosky, Samantha K.; Davis, Keith L.; Krishnarajah, Girishanthy. (2016). *Completion and compliance of childhood vaccinations in the United States*, 34(3), 387-394. Retrieved from https://www.sciencedirect.com/science/article/pii/S0264410X15016163

24 Kurosky, Samantha K.; Davis, Keith L.; Krishnarajah, Girishanthy. (2016). *Completion and compliance of childhood vaccinations in the United States,* 34(3), 387-394. Retrieved from https://www.sciencedirect.com/science/article/pii/S0264410X15016163

25 Vaccines Today. (2015). *What is Herd Immunity?* Retrieved from https://www.vaccinestoday.eu/stories/what-is-herd-immunity/

26 Alker, J., & Pham, O. (2018). *Nation's Progress on Children's Health Coverage Reverses Course. Washington, DC: Georgetown University, Center for Children and Families.*

27 *Texas Health and Human Services, Healthcare Statistics: Medicaid and CHIP Enrollment* https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics

28 Alker, J., & Pham, O. (2018). *Nation's Progress on Children's Health Coverage Reverses Course.* Washington, DC: Georgetown University, Center for Children and Families.

29 *Why health insurance is important*. (2018). Retrieved from www.healthcare.gov: https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/

30 Garfield, Rachel; Damico, Anthony; Orgera, Kendal. The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, Kaiser Family Foundation. (2018). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*

ENDNOTES

31 Pollitz, K., Tolbert, J., & Diaz, M. (2018). *DATA NOTE: FURTHER REDUCTIONS IN NAVIGATOR FUNDING FOR FEDERAL MARKETPLACE STATES.* Retrieved from https://www.kff.org/health-reform/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/

32 Wagnerman, K., Chester, A., & Alker, J. (2017). *Medicaid Is a Smart Investment in Children* . Washington, DC: Georgetown University Health Policy Institute.

33 Kormondy, M., & Archer, N. (2017). *2017 Healthy Texas Babies Data Book.* Austin: Division for Community Health Improvement, Texas Department of State Health Services.

34 CHILDREN AT RISK. (2017). *Hurricane Harvey keeps 1.4 million students out of public schools for at least a week.* Retrieved from. Retrieved from https://childrenatrisk.org/hurricane-harvey-keeps-1-4-million-students-out-of-public-schools-for-at-least-a-week/

35 *Health and Medical Services*. (2018). Retrieved from Houston ISD: https://www.houstonisd.org/healthclinics

36 United States Department of Agriculture Economic Research Service. *Food security status of U.S. households in 2017*. (2018). Retrieved from https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx

37 United States Department of Agriculture Economic Research Service. *Food security status of U.S. households in 2017*. (2018). Retrieved from https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx

38 Feeding America. http://map.feedingamerica.org/county/2016/overall/texas

39 Feeding America. (2018). Retrieved from https://www.feedingamerica.org/hunger-in-america/child-hunger-facts

40 The Perryman Group. Weekly Column. *The economic cost of hunger*. (2014). Retrieved from https://www.perrymangroup.com/2014/12/18/the-economic-cost-of-hunger/

41 US Department of Agriculture; *Food and Nutrition Service* https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

42 The Food Trust. The Snap Gap. *Understanding the Low Rates of Participation for Houston*.. Retrieved from http://thefoodtrust.org/uploads/media_items/houston-snap-gap-bifold.original.pdf

43 The Food Trust. The Snap Gap. *Understanding the Low Rates of Participation for Houston*. http://thefoodtrust.org/uploads/media_items/houston-snap-gap-bifold.original.pdf

44 Kids Count Data Center. (2015). *SNAP recipients.* Retrieved from https://datacenter.kidscount.org/data/tables/8984-supplemental-nutrition-assistance-snap-formerly-food-stamps-recipients-0-17?loc=45&loct=5#detailed/5/6615/false/869/any/17944,17943

45 The Food Trust. The Snap Gap. *Understanding the Low Rates of Participation for Houston*.. Retrieved from http://thefoodtrust.org/uploads/media_items/houston-snap-gap-bifold.original.pdf

46 United States Department of Agriculture Food and Nutrition Service. (2018). Retrieved from https://www.fns.usda.gov/wic/women-infants-and-children-wic

47 United States Department of Agriculture Food and Nutrition Service. (2018). Retrieved https://fns-prod.azureedge.net/sites/default/files/wic/wic-fact-sheet.pdf

48 United States Department of Agriculture. (2018). *WIC program: total participation.* Retrieved from https://fns-prod.azureedge.net/sites/default/files/pd/26wifypart.pdf

49 City of Houston, Houston Department of Health and Human Services. *Women, infants, and children program*. (2018). Retrieved from http://www.houstontx.gov/health/WIC/new-wic-index.html

50 Kids Count Data Center. (2015). *SNAP recipients.* Retrieved from https://datacenter.kidscount.org/data/tables/8984-supplemental-nutrition-assistance-snap-formerly-food-stamps-recipients-0-17?loc=45&loct=5#detailed/5/6615/false/869/any/17944,17943

51 USDA Food Nutrition Service, School Meals, Child Nutrition Programs. Retrieved form https://www.fns.usda.gov/school-meals/child-nutrition-programs

52 Texas Department of Agriculture, Data Request, 2016-2017 school year data.

53 Food Research and action Center. (2018). *Hunger doesn't take a vacation: Summer Nutrition Status Report.* June 2018. Retrieved from http://frac.org/wp-content/uploads/2018-summer-nutrition-report.pdf

54 Food Research and action Center. (2018). *Hunger doesn't take a vacation: Summer Nutrition Status Report*. June 2018. Retrieved from http://frac.org/wp-content/uploads/2018-summer-nutrition-report.pdf

55 Feeding America. Retrieved from http://map.feedingamerica.org/county/2016/overall/texas

56 Save the Children and Children at Risk, *Still at Risk: Children One Year After Hurricane Harvey*, Retrieved from https://www.savethechildren.org/content/dam/usa/reports/emergency-response/still-at-risk-children-one-year-after-hurricane-harvey-full-report.pdf

57 Harvard T.H.Chan School of Public Health. *Obesity Prevention Source: Physical Activity*. Retrieved from https://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/physical-activity-and-obesity/.

58 YRBS. (2016). Middle School. (n.d.)Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO, YRBS. (2017). High School. (n.d.). Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

59 YRBS. (2016). Middle School. (n.d.)Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO, YRBS. (2017). High School. (n.d.). Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

60 Center for Disease Control and Prevention. (2018). *Stats of the State of Texas.* Retrieved from https://www.cdc.gov/nchs/pressroom/states/texas/texas.htm

61 Barros, R.M., Silver, E.J., Stein, R.E. (2009). *School Recess and Group Classroom Behavior.* Pediatrics, 123(2), 431-436. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19171606

ENDNOTES

62 Haapala, Eero A. (2017). Physical Activity and Sedentary Time in Relation to Academic Achievement in Children. *Journal of Science and Medicine in Sport,* 20(6), 583-589. Retrieved from https://www.jsams.org/article/S1440-2440%2816%2930238-9/fulltext

63 Price, Joseph & Just, David R. (2015). Lunch, Recess, and Nutrition: Responding to Time Incentives in the Cafeteria. *Preventative Medicine,* 71. Retrieved from https://www.sciencedirect.com/science/article/pii/S0091743514004599

64 Barros, R.M., Silver, E.J., Stein, R.E. (2009). School Recess and Group Classroom Behavior. *Pediatrics*, 123(2), 431-436. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/19171606

65 Casey, J., James, P., Cushing, L., Jesdale, B., & Morello-Frosch, R. (2017). Race, Ethnicity, Income Concentration and 10-Year Change in Urban Greenness in the United States. *International Journal of Environmental Research and Public Health*, *14*(12), 1546. doi:10.3390/ijerph14121546

66 Younan, Diana et al.. Environmental Determinants of Aggression in Adolescents: Role of Urban Neighborhood Greenspace.J*ournal of the American Academy of Child & Adolescent Psychiatry,* Volume 55, Issue 7, 591-601. Retrieved from https://www.jaacap.org/article/S0890-8567(16)30172-1/pdf

67 SPARK School Park Program. Retrieved from http://sparkpark.org/

68 City Profiles. (n.d.). Retrieved from http://parkscore.tpl.org/city.php?city=Houston#sm.000ufxz2by3if6u10gm1zujy1fja

69 ParkScore 2018. City Profiles: Houston, TX. *The Trust for Public Land.* https://parkscore.tpl.org/rankings.php#sm.000ufxz2by3if6u10gm1zujy1fjau

70 *Binkovitz, Leah. (January 24, 2017). Houston's Air Quality is Improving, but Asthma Disparities Persist. Urban Edge. Rice Kinder Institute for Urban Research. https://kinder.rice.edu/2017/01/24/houstons-air-quality-is-improving-but-asthma-disparities-persist*

71 United States Environmental Protection Agency. (2018). *Air Quality Index Report.* Retrieved from https://www.epa.gov/outdoor-air-quality-data/air-quality-index-report

72 Centers for Disease Control and Prevention. *Asthma In Schools.* https://www.cdc.gov/healthyschools/asthma/

73 Leslie Sanchez, *Air Alliance*, December 20, 2018.

74 Olivia Milman, *'Your eyes start itching': pollution soars in Houston after chemical industry leaks,* The Guardian, https://www.theguardian.com/us-news/2017/sep/02/houston-hurricane-harvey-pollution-petrochemical-plants (Sept. 2, 2017).

75 Bakeyah Nelson, *Toxic homes: The invisible threat after Hurricane Harvey*, CBS News, https://www.cbsnews.com/news/hurricane-harvey-houston-toxic-homes-the-invisible-health-threat/ (Aug. 28, 2018).

76 Asthma. (2018, April 24). Retrieved from https://www.cdc.gov/asthma/default.htm

77 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

78 Binkovitz, Leah. (January 24, 2017). Research Shines Light on Asthma Rate Disparities in Houston. Urban Edge. Rice Kinder Institute for Urban Research. https://kinder.rice.edu/2017/03/21/research-shines-light-on-asthma-rate-disparities-in-houston/#.WNPflvLzLaI

79 Binkovitz, Leah. (January 24, 2017). Research Shines Light on Asthma Rate Disparities in Houston. *Urban Edge*. Rice Kinder Institute for Urban Research. https://kinder.rice.edu/2017/03/21/research-shines-light-on-asthma-rate-disparities-in-houston/#.WNPflvLzLaI

80 Healthy Schools. (2017, May 09). Retrieved from https://www.cdc.gov/healthyschools/asthma/

81 World Health Organization. (2018). *Sexual and Reproductive Health*. Retrieved from https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

82 YRBSS data, CDC, Houston, TX 2016 & 2017 results Middle School, High School.

83 Center for Disease Control and Prevention. (2018). *Sexual Intercourse Among High School Students*. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/mm665152a1.htm

84 Power to Decide. (2018). *State comparisons of teen birth rate, 2016*. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/teen-birth-rate

85 Texas Health and Human Services. (2015). *Birth Indicator Data Table Builder*. Retrieved from http://healthdata.dshs.texas.gov/VitalStatistics/Birth

86 Texas Health and Human Services. (2015). *Birth Indicator Data Table Builder*. Retrieved from http://healthdata.dshs.texas.gov/VitalStatistics/Birth

87 Amin, R., Decesare, J. Z., Hans, J., & Roussos-Ross, K. (2017). Epidemiologic Surveillance of Teenage Birth Rates in the United States, 2006-2012. *Obstetrics and gynecology*. 129. 10.1097/AOG.0000000000001897. Retrieved from https://journals.lww.com/greenjournal/Fulltext/2017/06000/Epidemiologic_Surveillance_of_Teenage_Birth_Rates.17.aspx

88 National Conference of State Legislatures. (2018). *Teen Pregnancy Prevention*. Retrieved from http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx

89 National Conference of State Legislatures. (2018). *Teen Pregnancy Prevention*. Retrieved from http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx

90 National Conference of State Legislatures. (2018). *Teen Pregnancy Prevention*. Retrieved from http://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx

91 Center for Disease Control and Prevention. (2018). *Sexual Risk Behaviors*. Retrieved from https://www.cdc.gov/healthyyouth/sexualbehaviors/

ENDNOTES

92 Center for Disease Control and Prevention. (2017). *Condom Effectiveness.* Retrieved from https://www.cdc.gov/condomeffectiveness/index.html

93 Center for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

94 University of Texas System Office of Health Affairs. (2017). *Missed Opportunity: Human Papillomavirus Vaccination in Texas*. Retrieved from https://www.utsystem.edu/sites/default/files/news/assets/HPV%20in%20Texas%20Report.pd

95 Reagan-Steiner, S., Yankey, D., Jeyarajah, J., et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years - United States, 2015. Morbidity and Mortality Weekly Report, 65(33), 850-858. Retrieved from https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm#T3_down

96 Stanger-Hall, Kathrin F., Hall, David W. (2011). *Abstinence-Only Education and Teen Pregnancy Rates.* PLoS ONE 6(10). Retrieved from http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0024658

97 Shapiro, Sarah & Brown, Catherine. (2018). *Sex Education Standards Across the States. Center for American Progress*. Retrieved from https://www.americanprogress.org/issues/education-k-12/reports/2018/05/09/450158/sex-education-standards-across-states/

98 Texas Freedom Network Education Fund. (2017). *Conspiracy of Silence*. Retrieved from http://a.tfn.org/sex-ed/tfn-sex-ed-report-2016-web.pdf

99 Texas Freedom Network Education Fund. (2017). C*onspiracy of Silence*. Retrieved from http://a.tfn.org/sex-ed/tfn-sex-ed-report-2016-web.pdf

100 Kaiser Family Foundation. (2018). *Abstinence Education Programs*. Retrieved from https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/

101 Texas Freedom Network Education Fund. (2017). *Conspiracy of Silence*. Retrieved from http://a.tfn.org/sex-ed/tfn-sex-ed-report-2016-web.pdf

102 American Psychological Association. (2009). Report of healthy development: A summit on young children's mental health. Retrieved from http://www.apa.org/pi/families/summit-report.pdf

103 Child Trends. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity*. Retrieved from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

104 American Psychological Association. (2009). *Report of healthy development: A summit on young children's mental health*. Retrieved from http://www.apa.org/pi/families/summit-report.pdf

105 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

106 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

107 Vega, Claudia & Ramos-Olazagasti, Maria A. (2018). LGB high schoolers are more likely than their straight peers to feel sad or hopeless, or attempt suicide. *Child Trends*. Retrieved from https://www.childtrends.org/high-schoolers-identify-lgb-likely-straight-peers-report-feeling-sad-hopeless-attempting-suicide

108 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

109 Child Trends. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity*. Retrieved from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

110 Crisis Prevention Institute. (2018). *Trauma-Informed Care Resources Guide*. Retrieved from http://resources.crisisprevention.com/Trauma-Informed-Care.html?code=BLIT01TICRG&src=Blog

111 Duchnowski, Albert & Kutash, Krista & Friedman, Robert. (2002). *Community-Based Interventions in a System of Care and Outcomes Framework*. 16-39. 10.1093/acprof:oso/9780195134575.003.0002.

112 Oral, Resmiye. (2016). Adverse Childhood Experiences and Trauma Informed Care: The Future of Health Care. International Pediatric Research Foundation, 79(1). Retrieved from https://www.nature.com/articles/pr2015197.pdf?origin=ppub

113 Save the Children and CHILDREN AT RISK. (September 25, 2018). *Still at Risk: Children One Year After Hurricane Harvey.* Retrieved from: https://www.savethechildren.org/content/dam/usa/reports/emergency-response/still-at-risk-children-one-year-after-hurricane-harvey-full-report.pdf

114 Texans Care for Children. (2017). *Student mental health after the storm.* Retrieved from https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/5a26c2bfe2c483d3d36df817/1512489667626/after-the-storm.pdf

115 American Psychological Association. (2009). *Report of healthy development: A summit on young children's mental health*. Retrieved from http://www.apa.org/pi/families/summit-report.pdf

116 Texans Care for Children. (2017). Retrieved from https://txchildren.org/reports/

117 National Institute on Drug Abuse. (2014). Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide. Retrieved from https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction

118 National Institute on Drug Abuse. (2014). *Drugs, Brains, and Behavior: The Science of Addiction.* Retrieved from https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction; Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

ENDNOTES

119 United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, & Center for Behavioral Health Statistics. (n.d.). *National Survey on Drug Use and Health, 2014* (ICPSR 36361). Retrieved from https://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/36361; see also Health and Medicine Division. (2018).*Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Retrieved from http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx

120 Center for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

121 Center for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

122 National Institute on Drug Abuse. (2018). *Electronic Cigarettes.* Retrieved from https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes#ref

123 U.S. Department of Health and Human Services. (2016). E-Cigarette Use Among Youth and Young Adults. Retrieved from https://e-cigarettes.surgeongeneral.gov/documents/2016_sgr_full_report_non-508.pdf

124 U.S. Department of Health and Human Services. (2016). *E-Cigarette Use Among Youth and Young Adults*. Retrieved from https://e-cigarettes.surgeongeneral.gov/documents/2016_sgr_full_report_non-508.pdf

125 University of Texas Health Science Center. (2017). T*he Appeal of E-Cigarette Flavors*. Retrieved from https://sph.uth.edu/news/story/appeal-of-e-cig-flavors/

126 Moreno, Megan A. (2011). Media Influence on Adolescent Alcohol Use. *Archives of Pediatrics & Adolescent Medicine*. 160(7), 680. Retrieved from https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107538

127 Dal Cin, S., Stoolmiller, M., & Sargent, J.D. (2012). When movies matter: Exposure to smoking in movies and changes in smoking behavior. J*ournal of Health and Communication*, 17(1), 76-89. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/10810730.2011.585697

128 Center for Disease Control and Prevention. (2017). *E-Cigarette Ads and Youth*. Retrieved from https://www.cdc.gov/vitalsigns/ecigarette-ads/index.html

129 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

130 University of Texas Health Science Center. (2017). *The Appeal of E-Cigarette Flavors*. Retrieved from https://sph.uth.edu/news/story/appeal-of-e-cig-flavors/

131 National Institute on Drug Abuse. (2018). *Electronic Cigarettes*. Retrieved from https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes#ref

132 Konkel, Lindsey. (2017). *Concerns Explode Over New Health Risks of Vaping. Science News for Students*. Retrieved from https://www.sciencenewsforstudents.org/article/concerns-explode-over-new-health-risks-vaping

133 National Institute on Drug Abuse. (2018). *Understanding Drug Use and Addiction*. Retrieved from https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

134 Singh, T., Agaku, I.T., Arrazola, R.A., Marynak, K.L., Neff, L.J., Rolle, I.T., & King, B.A. (2016). Exposure to Advertisements and Electronic Cigarette Use Among US Middle and High School Students. *Official Journal of American Academy of Pediatrics*, 137(5). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5221880/#R11

Health Chart Endnotes

1 Texas Department of State Health Services. (2017). *Healthy Texas Babies Data Book*. Retrieved https://www.dshs.texas.gov/healthytexasbabies/data.aspx

2 Maternal Mortality and Morbidity Task Force and Department of State Health Services. *(September 2018). Joint Biennial Report*. Retrieved from https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm

3 Texas Department of State Health Services. (2016). *National Immunization Survey - Vaccination Coverage Levels*. Retrieved from https://www.dshs.texas.gov/immunize/coverage/NIS/

4 KIDS COUNT Data Center. (n.d.).*Children who have health insurance by health insurance type*.Retrieved from https://datacenter.kidscount.org/data/tables/10183-children-who-have-health-insurance-by-health-insurance-type#detailed/1/any/false/871/4847,4848,4849,4153,2807,2811/19706,19707

5 Feeding America. (2018). *Map the Meal Gap*. Retrieved from http://map.feedingamerica.org/

6 United States Department of Agriculture. (2018). *WIC Program: Total Participation*. Retrieved from https://fns-prod.azureedge.net/sites/default/files/pd/26wifypart.pdf

7 Power to Decide. (2018). *State comparisons of teen birth rate, 2016*. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/teen-birth-rate

8 Reagan-Steiner, Sarah. (2015). National, Regional, State, and Selected Local Area Vaccination Coverage. *Morbidity and Mortality Weekly Report,* 64(29), 784-792. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a3.htm?s_cid=mm6429a3_w

9 Centers for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX

10 Center for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

11 Center for Disease Control and Prevention. (2018). *2017 State and Local Youth Risk Behavior Survey*. Retrieved from https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=HO

ENDNOTES

SAFETY

1 Centers for Disease Control and Prevention. (2016). Adverse Childhood Experiences. *Injury Prevention & Control: Division of Violence Prevention.* Retrieved from https://www.cdc.gov/violenceprevention/acestudy/ ; Centers for Disease Control and Prevention. (2016). Adverse Childhood Experiences. *Injury Prevention & Control: Division of Violence Prevention*. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/

2 Centers for Disease Control and Prevention. (2016). Childhood Abuse and Neglect: Consequences. *Injury Prevention & Control: Division of Violence Prevention.* Retrieved from https://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html

3 Centers for Disease Control and Prevention. (2016). Childhood Abuse and Neglect: Consequences. *Injury Prevention & Control: Division of Violence Prevention.* Retrieved from https://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html

4 Texas Family Code Title 5 Sec. 261.001. Retrieved from https://statutes.capitol.texas.gov/Docs/FA/htm/FA.261.htm

5 Texas Department of Family and Protective Services. (2017). *2017 Combined Annual Report and Data Book.* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Victims.asp

6 Texas Department of Family and Protective Services. (2017). *2017 Combined Annual Report and Data Book.* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Victims.asp

7 Texas Department of Family and Protective Services. (2017). *2017 Combined Annual Report and Data Book*. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Victims.asp

8 Texas Department of Family and Protective Services. (2018). *Fiscal Year 2017 Child Maltreatment Fatalities and Near Fatalities Annual Report.* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-03-01-Child_Fatality_Annual_Report-FY2017.pdf

9 Texas Department of Family and Protective Services. (2017). 2017 CPS Completed Abuse/Neglect Investigations: *Victims: Confirmed Victims.* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Victims.asp

10 Texas Office of the Attorney General. (2016). When You Suspect Child Abuse or Neglect: A General Guide. *Crime Victim Services.* Retrieved from https://www.texasattorneygeneral.gov/cvs/when-you-suspect-child-abuse-or-neglect-a-general-guide

11 Texas Department of Family and Protective Services. (2015). 2015 Combined Annual Report and Data Book. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Annual_Reports_and_Data_Books/2015/pdf/FY2015_AnnualRpt_Databook.pdf; Texas Department of Family and Protective Services. (2017). *CPS In-Home Intake: Sources of Allegations..* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Intakes/Source.asp

12 Texas Department of Family and Protective Services. (2017). *CPS Intakes: Initial Priority, Screening and Assignment*. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Intakes/Source.asp; Texas Department of Family and Protective Services. (2017). *CPS Intakes: Initial Priority, Screening and Assignment. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Intakes/Source.asp*

13 Texas Department of Family and Protective Services. (2017). *CPS Completed Investigations: Findings*. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Intakes/Source.asp

14 Texas Department of Family and Protective Services (2017). *CPS Completed Investigations: Findings*. Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Findings.asp

15 U.S. Department of Health and Human Services Administration for Children and Families. (2010). *National Incidence Study of Child Abuse and e*. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nis4_report_exec_summ_pdf_jan2010.pdf

16 U.S. Department of Health and Human Services Administration for Children and Families. (2010). *National Incidence Study of Child Abuse and Neglect* (NIS-4). Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nis4_report_exec_summ_pdf_jan2010.pdf

17 Ringeisen, H. (2013). Risk of long-term foster care placement among children involved with the child welfare system. *U.S. Department of Health & Human Services, Office of Planning, Research and Evaluation, Administration for Children and Families*. Retrieved from www.acf.hhs.gov/sites/default/files/opre/nscaw_ltfc_research_brief_19_revised_for_acf_9_12_13_edit_clean.pdf

18 *M.D. v. Abbott*; CIVIL ACTION NO. 2:11-CV-84, 2 (January 19, 2018; S.D. Tex.).

19 *M.D. v. Abbott; CIVIL ACTION NO. 2:11-CV-84, 4 (January 19, 2018; S.D. Tex.).*

20 M.D. v. Abbott; CIVIL ACTION NO. 2:11-CV-84, see generally (January 19, 2018; S.D. Tex.).

21 See generally Def. Obj. Sp. Masters' Rec., November 21, 2016.

22 Harris County Protective Services for Children and Adults. Child Protective Services. *(2016 Statistics and 2017 Program Information)*. Retrieved from http://hcps.harriscountytx.gov/Portals/41/Publications/Annual%20Report/HCPS_Annual_Report_2016-2017.pdf?ver=2018-04-12-104633-813; Viswanathan, Meera, et al, Primary Care Interventions to Prevent Child Maltreatment: An Evidence Review for the U.S. Preventive Services Task Force, Agency for Healthcare Research and Quality U.S. Department of Health and Human Services, 4, (2018) available at https://www.uspreventiveservicestaskforce.org/Home/GetFile/1/16820/child-maltreatment-draft-evidence-review/pdf

23 Harris County Protective Services for Children and Adults. (2015). *Kinder Emergency Shelter*. Retrieved from https://hcps.harriscountytx.gov/Our-Services/Youth-Services/Kinder-Emergency-Shelter

24 Harris County Protective Services for Children and Adults. (2015). *TRIAD Prevention Program*. Retrieved from http://hcps.harriscountytx.gov/Our-Services/Youth-Services/TRIAD-Prevention-Program ; Community Youth Services. https://hcps.harriscountytx.gov/Our-Services/Youth-Services/CYS

ENDNOTES

25 Texas Department of Family and Protective Services. *Prevention and Early Intervention Programs*. Retrieved from https://www.dfps.state.tx.us/prevention_and_early_intervention/about_prevention_and_early_intervention/programs.asp#STAR

26 In re Gault, 387 U.S. 1 (1967).; *"Protecting Juveniles' Rights: 50 Years of In re Gault"* https://www.wisbar.org/NewsPublications/WisconsinLawyer/Pages/Article.aspx?Volume=90&Issue=5&ArticleID=25596

27 In re Gault, 387 U.S. 1 (1967).; *"Protecting Juveniles' Rights: 50 Years of In re Gault"* https://www.wisbar.org/NewsPublications/WisconsinLawyer/Pages/Article.aspx?Volume=90&Issue=5&ArticleID=25596

28 In re Gault, 387 U.S. 1 (1967).; *"Protecting Juveniles' Rights: 50 Years of In re Gault"* https://www.wisbar.org/NewsPublications/WisconsinLawyer/Pages/Article.aspx?Volume=90&Issue=5&ArticleID=25596

29 *U.S. Department of Health & Human Services. Substance Abuse and Mental Health Services Administration. Adverse Childhood Experiences*. Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

30 Posttraumatic stress disorder and trauma in youth in juvenile detention. https://www.ncbi.nlm.nih.gov/pubmed/15066899https://www.ncbi.nlm.nih.gov/pubmed/15066899

31 National Prison Rape Elimination Commission Report Retrieved from https://www.ncjrs.gov/pdffiles1/226680.pdf

32 *"Protecting Juveniles' Rights: 50 Years of In re Gault"* https://www.wisbar.org/NewsPublications/WisconsinLawyer/Pages/Article.aspx?Volume=90&Issue=5&ArticleID=25596; Office of Child Development. Juvenile Justice: Rethinking Punitive Approaches to Addressing Juvenile Crime. *University of Pittsburgh*. Retrieved from http://ocd.pitt.edu/Default.aspx?webPageID=248; National Prison Rape Elimination Commission Report (2009) p. 156 retrieved from https://www.ncjrs.gov/pdffiles1/226680.pdf; Effects on Violence of Laws and Policies Facilitating the Transfer of Youth from the Juvenile to the Adult Justice System Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5609a1.htm

33 Office of Child Development. (2009). Juvenile justice: Rethinking punitive approaches to addressing juvenile crime. *University of Pittsburgh*. Retrieved from http://ocd.pitt.edu/Default.aspx?webPageID=248

34 National Prison Rape Elimination Commission Report https://www.ncjrs.gov/pdffiles1/226680.pdf

35 Campaign to Youth Justice. (2016). *Key facts: Youth in the Justice system*. Retrieved by http://cfyj.org/images/factsheets/KeyYouthCrimeFactsJune72016final.pdf

36 Campaign for Youth Justice, *Key Facts: Youth in the Justice System* last updated June 2016, retrieved from http://cfyj.org/images/factsheets/KeyYouthCrimeFactsJune72016final.pdf

37 Texas Appleseed and Texans Care for Children. (2016) "Dangerous Discipline How Texas Schools are Relying on Law Enforcement, Courts, and Juvenile Probation to Discipline Students" Retrieved from http://stories.texasappleseed.org/dangerous-discipline ; Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

38 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

39 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

40 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

41 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

42 Texas Appleseed and Texans Care for Children. (2016). Dangerous discipline: How Texas schools are relying on law enforcement, courts, and juvenile probation to discipline students. Retrieved from http://stories.texasappleseed.org/dangerous-discipline

43 Texas Appleseed and Texans Care for Children. (2016). Dangerous discipline: How Texas schools are relying on law enforcement, courts, and juvenile probation to discipline students. Retrieved from http://stories.texasappleseed.org/dangerous-discipline

44 CHILDREN AT RISK (2014) Juvenile specialty courts: An Examination of rehabilitative justice in Texas and across the nation. Retrieved from childrenatrisk.org/wp-content/uploads/2013/05/Juvinile-Specialty-Courts-2014-web.pdf

45 Harris County Protective Services for Children and Adults. (2015). *TRIAD Prevention Program*. Retrieved from http://hcps.harriscountytx.gov/Our-Services/Youth-Services/TRIAD-Prevention

46 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

47 Hammond, Sarah. (2007). Mental health needs of juvenile offenders. *National Conference of State Legislatures.* Retrieved from https://www.ncsl.org/print/cj/mentaljjneeds.pdf

48 Harris County Protective Services for Children and Adults. (2015). *TRIAD Mental Health*. Retrieved from https://hcps.harriscountytx.gov/Our-Services/Youth-Services/TRIAD-Prevention-Program/TRIAD-Mental-Health

49 Texas Juvenile Justice Department. (2017). *Community Juvenile Justice Appropriations, Riders and Special Diversion Programs*. Retrieved from https://www.tjjd.texas.gov/publications/reports/17_AnnualReport_for_Governor-LegBudgetBoard.pdf

50 *See* Texas Penal Code § 20A.02.

ENDNOTES

51 International Labour Organization. (2014). *Economics of Forced Labour*. Retrieved from http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_243201/lang--en/index.htm.

52 International Labour Organization. (2014). *Economics of Forced Labour*. Retrieved from http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_243201/lang--en/index.htm.

53 Human Trafficking Resource Center. *Why Trafficking Exists*. Retrieved from https://traffickingresourcecenter.org/type-trafficking/human-trafficking

54 Smith, L., Healy Vardaman, S., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. *Shared Hope International*. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf

55 Tex. Penal Code § 20A.01 (2007).

56 Busch-Armendariz, N.B., Nale, N.L., Kammer-Kerwick, M., Kellison,B., Torres, M.I.M.,... & Nehme, J. (2016). Human trafficking by the numbers: Initial benchmarks of prevalence & economic impact in Texas. *The University of Texas at Austin, School of Social Work*. Retrieved from https://utexas.app.box.com/s/y22yalqw55dr5ucjw3gbltqypcgan6s9; Joan A. Reid, Michael T. Baglivio, Alex R. Piquero, Mark A.Greenwald, Nathan Epps. (February 1, 2017). "Human Trafficking of Minors and Childhood Adversity in Florida", American Journal of Public Health107, no. 2. pp. 306-311. Retrieved from (https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303564?journalCode=ajph).

57 Busch-Armendariz, N.B., Nale, N.L., Kammer-Kerwick, M., Kellison,B., Torres, M.I.M.,... & Nehme, J. (2016). Human trafficking by the numbers: Initial benchmarks of prevalence & economic impact in Texas. *The University of Texas at Austin, School of Social Work*. Retrieved from https://utexas.app.box.com/s/y22yalqw55dr5ucjw3gbltqypcgan6s9

58 Busch-Armendariz, N.B., Nale, N.L., Kammer-Kerwick, M., Kellison,B., Torres, M.I.M.,... & Nehme, J. (2016). Human trafficking by the numbers: Initial benchmarks of prevalence & economic impact in Texas. *The University of Texas at Austin, School of Social Work*. Retrieved from https://utexas.app.box.com/s/y22yalqw55dr5ucjw3gbltqypcgan6s9

59 Human Trafficking Resource Center. *Hotline Statistics.* Retrieved from https://traffickingresourcecenter.org/states; Farrell, A., McDevitt, J., & Fahy, S. (2008): p. 99. Understanding and improving law enforcement response to human trafficking. Final report, 2008. Boston, MA: Northeastern University. Retrieved from http://hdl.handle.net/2047/ d10015802.

60 Smith, L., Healy Vardaman, S., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. *Shared Hope International*. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf

61 Smith, L., Healy Vardaman, S., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. *Shared Hope International*. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf

62 University of Houston Downtown (2018). *Professor Collaborating with Community Partners on Anti-Human*

Trafficking Initiative. Retrieved from https://news.uhd.edu/2018/05/09/professor-collaborating-with-community-partners-on-anti-human-trafficking-initiative/

63 Office of the Governor, Criminal Justice Division. (2016). *Funding announcement: Building capacity to recover and restore survivors of child sex trafficking*. Retrieved from https://egrants.gov.texas.gov/FileDirectory/VA-CST_Announce_com-PY18.pdf

64 Office of the Governor, Criminal Justice Division. (2016). *Child Sex Trafficking.* Retrieved from http://gov.texas.gov/cjd/topic_trafficking

65 CHILDREN AT RISK. *Human trafficking near schools: Analysis.*. Retrieved from: https://childrenatrisk.org/human_trafficking_near_schools_analysis/

Safety Chart Endnotes

1 Texas Department of Family and Protective Services. (2017). *CPS In-Home Intake: Sources of Allegations.* Retrieved from http://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Intakes/Source.asp

2 Children Waiting For Adoption on 31 August and Average Months Since TMC by Region FY08-FY17 | State of Texas Open Data Portal. (2018, March 7). Retrieved from https://data.texas.gov/Social-Services/CPS-8-1-Adoption-Children-Waiting-For-Adoption-on-/uatm-kqp7

3 Texas Juvenile Justice Department. (2017). *TJJD Reports on Juvenile Probation Data*. Retrieved from https://www.tjjd.texas.gov/statistics/2017_datacon/23TJJDReportsOnJuvenileProbationData.pdf

4 Polaris Project: National Human Trafficking Hotline: Texas. (2017 Statistics) https://humantraffickinghotline.org/state/texas

5 Children at Risk, Human Trafficking Near Schools: Analysis. Retrieved from: https://childrenatrisk.org/human_trafficking_near_schools_analysis

ENDNOTES

PARENTING

1 Li, Y. I., Starr, L. R., & Hershenberg, R. (2017). Responses to positive affect in daily life: positive rumination and dampening moderate the association between daily events and depressive symptoms. *Journal of Psychopathology and Behavioral Assessment*, 39(3), 412-425. doi:10.1007/s10862-017-9593-y; Paterson, T. S., Yeung, S. E., & Thornton, W. L. (2015). Positive affect predicts everyday problem-solving ability in older adults. *Aging & Mental Health*, 20(8), 871-879. doi:10.1080/13607863.2015.1043619; Center on the Social and Emotional Foundations for Early Learning. (2011). *Attachment: What Works?* Retrieved from http:// csefel.vanderbilt.edu/ briefs/wwb_24.pdf

2 Luby JL, Barch DM, Belden A, Gaffrey MS, Tillman R, Casey B, Tomoyuki N, Suzuki H, Botteron KN. (2012). Maternal support in early childhood predicts larger hippocampal volumes at school age. *Proceedings of the National Academy of Science*; 109(8):2854-5849.

3 Landry SH, Smith KE, Swank PR, Assel MA, Vellet S. (2001).Does early responsive parenting have a special importance for children's development or is consistency across early childhood necessary? *Developmental Psychology*;37(3):387-403.

4 *Child population by household type* | KIDS COUNT Data Center. (2017, October). Retrieved from https:// datacenter.kidscount.org/data/tables/105-child-population-by-household-type?loc=1&loct=2#detail ed/3/55,60,64,89,107/true/870,573/4290,4291,4292/427,428

5 *Children living with cohabiting domestic partners* | KIDS COUNT Data Center. (2017, October). Retrieved from https://datacenter.kidscount.org/data/tables/110-children-living-with-cohabiting-domestic-partners?loc=1&loct=2#detailed/3/55,60,64,89,107/true/870,573/any/437,438; *Children in the care of grandparents* | KIDS COUNT Data Center. (2017, October). Retrieved from https://datacenter.kidscount.org/data/tables/108-children-in-the-care-of-grandparents?loc=1&loct=2#detailed/3/10,55-56,58-61,64-77,79-84,86,88-94,96-109,9428-9429/true/870,573/any/433,434

6 The Williams Institute. (2016, May). Retrieved from https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=SS&area=48#density

7 *Children in single-parent families* | KIDS COUNT Data Center. (2017, October). Retrieved from https:// datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=1&loct=2#detailed/2/2-53/ true/871,870,573,11/any/429,430

8 *Children in single-parent families* | KIDS COUNT Data Center. (n.d.).

9 *Child population by household type* | KIDS COUNT Data Center. (n.d.).

10 *Child population by household type* | KIDS COUNT Data Center. (2017, October).

11 KIDS COUNT Data Center. *(2018)*. *Children in immigrant families*.(2018, January). Retrieved from https:// datacenter.kidscount.org/data/tables/115-children-in-immigrant-families?loc=45&loct=2#detail ed/3/55,59-60,64,89,107,9429/true/870,573,869,36,868,867,133,38,35,18/any/445,446

12 *Children in immigrant families who are U.S. citizens* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/5921-children-in-immigrant-families-who-are-us-citizens?loc=45&loct=2#detailed/3/55,59-60,64,89,107,9429/true/870,573,869,36,868,867,133,38,35,18/any/12547,12548; *Children in immigrant families in which resident parents have been in the country five years or less* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/135-children-in-immigrant-families-in-which-resident-parents-have-been-in-the-country-five-years-or-less?loc=45&loct=2#detailed/3/55,59-60-,64,89,107,9429/true/870,573,869,36,868,867,133,38,35,18/any/484,485

13 *Children in married-couple families by family nativity* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/130-children-in-married-couple-families-by-family-nativity?loc=1&loct=2#detailed/3/55,60,64,89,107/true/870,573/78,79/474,475

14 *Children in single-parent families by family nativity* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/131-children-in-single-parent-families-by-family-nativity?loc=1&loct=2#detailed/3/55,60,64,89,107/true/870,573/78,79/476,477

15 *Children in immigrant families in which resident parents have difficulty speaking English* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/132-children-in-immigrant-families-in-which-resident-parents-have-difficulty-speaking-english?loc=1&loct=2#detailed/3/55,60,64,89,107/true/870,573/any/478,479; *Children living in linguistically isolated households by family nativity* | KIDS COUNT Data Center. (n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/129-children-living-in-linguistically-isolated-households-by-family-nativity?loc=1&loct=3#detailed/3/10,55-56,58-61,64-77,79-84,86,88-94,96-109,9428-9429/false/870,573,869,36,868,867,133,38,35,18/78,79/472,473

16 Child Trends Databank. (2015). *Daily Cigarette Use*. Available at: https://www.childtrends.org/?indicators=daily-cigarette-use; Child Trends Databank. (2015). *Binge Drinking*. Available at: https://www.childtrends.org/?indicators=binge-drinking; U.S. Department of Health and Human Services. (2008). Health, United States, 2008: *With special feature on the health of young adults* [Electronic Version] from http://www.cdc.gov/nchs/data/hus/hus08.pdf; Hair, E., McPhee, C., Martin, L. T., Milot, A., & Halle, T. (2007). *Parents Matter: Parental Education, Parenting and Child Well-Being*. Paper presented at the Society for Research in Child Development (SRCD). April 1, 2007.

17 *Children by household head's educational attainment* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/5203-children-by-household-heads-educational-attainment?loc=45&loct=3#detailed/3/55,59-60,64,89,107,9429/true/870,573,869,36,868,867,133,38,35,18/5925,1315,1316,1313,1312/11679,11680

18 *Children by household head's educational attainment* | KIDS COUNT Data Center. (2018, January).

19 Employment Characteristics of Families: 2012-2016 *American Community Survey 5-Year Estimates.* (2010, October). Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S2302&prodType=table

20 *Low-income working families with children* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/5052-low-income-working-families-with-children?loc=45&loct=2#detailed/3/55,59-60,64,89,107,9429/true/870,573,869,36,868,867,133,38,35/any/11459,11460

ENDNOTES

21 Ratcliffe, C. (2015). *Child poverty and adult success*. Urban Institute. Retrieved from https://www.urban.org/sites/default/files/publication/65766/2000369-Child-Poverty-and-Adult-Success.pdf

22 Consumer Expenditures for the Houston Area: 2015–16. (2017, November). Retrieved from https://www.bls.gov/regions/southwest/news-release/pdf/consumerexpenditures_houston.pdf

23 *Median family income among households with children* | KIDS COUNT Data Center. (2017, October). Retrieved from https://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-withchildren?loc=45&loct=2#detailed/3/55,60,64,89,107/true/870,573,869,36,868,867,133,38,35,18/any/365

24 *Low-income working families with children* | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/5052-low-income-working-families-with-children?loc=45&loct=2#detailed/3/55,59-60,64,89,107,9429/true/870,573,869,36,868,867,133,38,35/any/11459,11460

25 *Population in poverty* | KIDS COUNT Data Center. (2017, September). Retrieved from https://datacenter.kidscount.org/data/tables/52-population-in-poverty?loc=45&loct=2#detailed/3/55,60,64,89,107/true/870,573,869,36,868,867,133,38,35,18/any/339,340

26 KIDS COUNT Data Center. *(2017). Children* in poverty (100 percent poverty).. Retrieved from https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=45&loct=3#detailed/3/55,59-60,64,89,107,9429/false/870,573,869,36,868,867,133,38,35,18/any/321,322; https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=45&loct=3#detailed/2/2-53/false/871,870,573,869,36,868,867,133,38,35/any/321,322

27 National Center for Children in Deep Poverty. (2018)

28 Nguyen U. and Granja, M. R. (2018). *Texas County Level Data on Young Children in Deep Poverty*. Unpublished data. National Center for Children in Poverty, Mailman School of Public Health, Columbia University.

29 Nguyen U. and Granja, M. R. (2018).

30 Nguyen U. and Granja, M. R. (2018).

31 *Families with related children that are below poverty by family type* | KIDS COUNT Data Center. (2017, September). Retrieved from https://datacenter.kidscount.org/data/tables/55-families-with-related-children-that-are-below-poverty-by-family-type?loc=45&loct=2#detailed/3/55,60,64,89,107/false/870,573,869,36,868,867,133,38,35,18/994,1297,4240/345,346

32 *Children in poverty by race and ethnicity* | KIDS COUNT Data Center. (2017, September). Retrieved from https://datacenter.kidscount.org/data/tables/44-children-in-poverty-by-race-and-ethnicity?loc=1&loct=1#detailed/2/45/false/870,573/10,11,9,12,1,185,13/324,323

33 KIDS COUNT Data Center. *(2017). Children* in poverty (100 percent poverty)..

34 Morris, A. S., Robinson, L. R., Hays-Grudo, J., Claussen, A. H., Hartwig, S. A., & Treat, A. E. (2017). Targeting Parenting in Early Childhood: A Public Health Approach to Improve Outcomes for Children Living in Poverty. *Child Development*,88(2), 388-397. doi:10.1111/cdev.12743; Engle, P. L., & Black, M. M. (2008, July). *The Effect of Poverty on Child Development and Educational.* Retrieved from http://www.bing.com/cr?IG=71CA12E0F2724B25B14524874226085 5&CID=00BA6BB8ADAC66E7246C6798AC51674F&rd=1&h=3NCKMLa02HHi2t6BmGNycOUb8cjjO0HrlNxCByOfDvk&v=1&r=http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psycd_fac&p=DevEx.LB.1,5511.1

35 Children's Bureau Child Welfare Information Gateway. (2013). *Parent education to strengthen families and reduce the risk of maltreatment.* Retrieved from https://www.childwelfare.gov/pubPDFs/parented.pdf

36 Texas Department of Family and Protective Services. (n.d.). *Parenting class information*. Retrieved from https://www.dfps.state.tx.us/child_protection/Child_Safety/parenting_classes.asp

37 Mock, S.E. & Arai, S.M. (2011). Childhood trauma and chronic illness in adulthood: Mental health and socioeconomic status as explanatory factors and buffers. *Frontiers in Psychology*. 246(1). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC3153850/

38 Read, J. & Bentall, R.P. (2012). Negative childhood experiences and mental health: theoretical, clinical and primary prevention implications. *The British Journal of Psychiatry*. 200(2), 89-91. Retrieved from http://bjp.rcpsych.org/content/200/2/89; The National Child Traumatic Stress Network. (n.d.). *Effects of Complex Trauma*. Retrieved from http://www.nctsn.org/traumatypes/complex-trauma/effects-of-complex-trauma

39 Volling, B., McElwain, N., Notaro, P., & Herrera, C. (2002). Parents' emotional availability and infant emotional competence: Predictors of parent-infant attachment and emerging self-regulation. *Journal of family psychology*, 16, pp 447-465.

40 Harris County Protective Services for Children and Adults. Child Protective Services. (2015). CPS In Harris County Annual Report *At the Heart of Families*. Retrieved from http://www.hc-ps.org/Content/Annual_Reports/HCPS_Annual_Report_2014-2015.pdf

41 Texas Department of Family and Protective Services: Prevention and Early Intervention Fiscal Year 2018 Business Plan. (2018). Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-03-15-

42 Prevention and Early Intervention Fiscal Year 2018 Business Plan. (n.d.).

43 Operating Budget for Fiscal Year 2018 As Submitted December 2017. (2017, December). Retrieved from https://www.dfps.state.tx.us/About_DFPS/Budget_and_Finance/Operating_Budgets/FY18-Operating_Budget.pdf

44 U.S. Department of Health and Human Services. (n.d.). Definitions of Family Engagement. Retrieved from https://www.childwelfare.gov/fei/definition/

45 Catsambis, S. (2001) Expanding knowledge of parental involvement in children's secondary education: Connections with high school seniors' academic success. *Social Psychology of Educatio*n, 5, 149-177.; Epstein, J. L. (2005). Links in a professional development chain: Preservice and inservice education for effective programs of school, family, and community partnerships. *The New Educator*, 1(2), 125-141.; Simon, B. S. (2004). High school outreach and family involvement. *Social Psychology of Education*, 7, 185-209

ENDNOTES

46 Epstein, J. L. (2001). School, *School, family, and community partnerships: preparing educators and improving schools.* Boulder, CO: Westview.; Epstein, J. L., Sanders, M. G., Simon, B. S., Salinas, K. C., Jansorn, N. R., & Van Voorhis, F. L. (2002). *School, family and community partnerships: your handbook for action, second edition.* Thousand Oaks, CA: Corwin Press.

Parenting Chart Endnotes

1 *Child population by household type* | KIDS COUNT Data Center. (n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/105-child-population-by-household-type?loc=1&loct=2#detailed/3/55,60,64,89,107/true/871/4290,4291,4292/427,428

2 KIDS COUNT Data Center. *(2018). Children in immigrant families*.(2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/115-children-in-immigrant-families?loc=45&loct=2#detailed/2/45/true/870,573,869,36,868,867,133,38,35,18/any/445,446

3 *Children in married-couple families by family nativit*y | KIDS COUNT Data Center. (2018, January). Retrieved from https://datacenter.kidscount.org/data/tables/130-children-in-married-couple-families-by-family-nativity?loc=1&loct=2#detailed/3/55,60,64,89,107/true/870,573/78,79/474,475

4 Ura, A., & McCullough, J. (2015, November). *As Texas Population Grows, More Languages are Spoken at Home*. Retrieved from https://www.texastribune.org/2015/11/26/languages-spoken-texas-homes/

5 *Poverty (0-17)* | KIDS COUNT Data Center. (n.d.). Retrieved fromhttps://datacenter.kidscount.org/data/tables/3065-poverty-0-17?loc=45&loct=2#detailed/5/6522,6529,6615,6734,6741/true/871/any/8190,8191

6 Ekono, M., Jiang, Y., & Smith, S. (2016, January). *Young Children in Deep Poverty*.

7 *Families with related children that are below poverty by family type* | KIDS COUNT Data Center. (n.d.). Retrieved from https://datacenter.kidscount.org/data/tables/55-families-with-related-children-that-are-below-poverty-by-family-type?loc=45&loct=2#detailed/3/55,60,64,89,107/false/871/994,1297,4240/345,346

9 The American family today. (2015, December). Retrieved from http://www.pewsocialtrends.org/2015/12/17/1-the-american-family-today/

OPPORTUNITY YOUTH AND YOUNG ADULTS (OYYA)

1 Spear, L.P. February, (2013). Adolescent Neurodevelopment. *Journal of Adolescent Health* Retrieved from https://www.sciencedirect.com/science/article/pii/S1054139X12002078

2 Belfield, C.R., Levin, H. M., September, 2012. The Economics of Investing in Opportunity Youth. Queens College, City University of New York. http://disconnectedyouth.issuelab.org/resource/the-economics-of-investing-in-opportunity-youth.html

3 Houston's Opportunity: Reconnecting Disengaged Youth and Young Adults to Strengthen Houston's Economy. (n.d.). Retrieved from https://kinder.rice.edu/research/houstons-opportunity-reconnecting-disengaged-youth-and-young-adults-strengthen-houstons

4 Youth Disconnection in America. (n.d.). https://measureofamerica.org/DYinteractive/

5 García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2016). The Life-cycle Benefits of an Influential Early Childhood Program (Working Paper No. 22993). *National Bureau of Economic Research*. https://doi.org/10.3386/w22993; Campbell, F. A., Wasik, B. H., Pungello, E., Burchinal, M., Barbarin, O., Kainz, K., ... Ramey, C. T. (2008). Young adult outcomes of the Abecedarian and CARE early childhood educational interventions. *Early Childhood Research Quarterly*, 23(4), 452–466. https://doi.org/10.1016/j.ecresq.2008.03.003; McCoy, D. C., Yoshikawa, H., Ziol-Guest, K. M., Duncan, G. J., Schindler, H. S., Magnuson, K., ... Shonkoff, J. P. (2017). Impacts of Early Childhood Education on Medium- and Long-Term Educational Outcomes. *Educational Researcher*, 46(8), 474–487. https://doi.org/10.3102/0013189X17737739

6 Quinn, David. Polikoff, Morgan. (September 14, 2017). Summer learning loss: What is it, and what can we do about it? Brookings. https://www.brookings.edu/research/summer-learning-loss-what-is-it-and-what-can-we-do-about-it/.

7 Carnevale, A.P., Smith, N., & Strohl, J. (2013). Recovery: Job growth and education requirements through 2020. *Georgetown Public Policy Institute*. Retrieved from https://cew.georgetown.edu/wp-content/uploads/2014/11/Recovery2020.FR_Web_.pdf

8 Houseman, A. (2003). Introduction in Leave no youth behind: Opportunities for Congress to reach disconnected youth. *Washington, DC: Center for Law and Social Policy.*

9 American Community Survey does not ask about children ever born, only those living in the household, which likely leads to underestimates of the numbers of youth who are mothers and fathers.

10 Martin, J.A., Hamilton, B.E., Osterman, M.J., Driscoll, A.K., & Drake, P. (2018). *Births: Final data for 2016. Hyattsville, MD*: National Center for Health Statistics. https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html

11 Cost estimates based on median household income in Harris County from American Community Survey, 2012-2016, and median market rate for child care from University of Texas' annual Child Care Market Rate Survey Retrieved from https://txicfw.socialwork.utexas.edu/research/project/child-care-market-rate-survey/

ENDNOTES

12 Wang, Hill, and Hofkens. (2014). "Parental Involvement and African American and European American Adolescents' Academic, Behavioral, and Emotional Development in Secondary School." *Child Development*.

Opportunity Youth and Young Adults (OYYA) Chart Endnotes

1 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

2 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

3 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

4 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

5 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

6 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

7 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

8 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

9 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

10 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

11 United States Census Bureau. 2012-2016 American Community Survey 5-Year Estimates

About CHILDREN AT RISK

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 health. We would like to extend a special recognition and thanks to the United Way of Greater Houston, JPMorgan Chase & Co, and Rice University Center for Civic Leadership 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.

BOARD OF DIRECTORS

Chris Watt, Chairman - Reed Smith

Erich Almonte - King and Spalding

Claire Bocchini, MD - Baylor College of Medicine

Chris Bell - Bell Rose & Cobos

Donald Bowers - Federal Reserve Bank

Erich Canseco - Morgan Stanley

David Cordúa - Cordúa Hospitality

Nancy Edgar - Community Health Choice

Kindel Elam - The Mattress Firm

Sukanti Ghosh - APCO Worldwide

Lance Gilliam - Waterman Steele

William Gordon - Hercules Offshore

Theresa Hildreth - Metromorphis Design

George Hittner - Major, Lindsey and Africa

Rebecca Hove – Greater Houston Community Foundation

Pam Humphrey - Chubb

Kyle Jennings - American International Group

Steven Jones – WaterBridge Resources LLC

Manon Kebodeaux - Sable Permian Resources

Devika Kornbacher - Vinson & Elkins

Madhura Kulkarni - PepsiCo

Nicole Lewis - Fort Bend ISD

Timmy Newsome - Newtec Business Solutions

Manish Panjwani - Accenture

Jay Pasale – Rice University Board Fellow

LaToyia Watkins Pierce - XL Catlin

H. Benjamin Samuels - Victory Packaging

Robert Sanborn, EdD - CHILDREN AT RISK

Sebastien Solar - Commerce Bank

Myron F. Steves Jr. - Myron F. Steves & Co.

Jasmine Turner - LyondellBasell

Larry Wisniewski - SensorWise

ABOUT CHILDREN AT RISK

NORTH TEXAS ADVISORY BOARD

Timmy Newsome, Chairman - Newtec Business Solutions

Breanna Anderson - Cook Children's Health Care

Calvert Collins-Bratton - Methodist Health System Foundation

Madhura Kulkarni - PepsiCo

W. Steve Love - DFW Hospital Council

Genai Walker-Macklin - Morgan Stanley

Shara McClure - BlueCross BlueShield of Texas

Jamie Hanks Meyers - Victory Search Group

Scott Murray - Murray Media USA

Lee Papert - Community Advocate

Nick Parker - Environ Partners

LaToyia Watkins Pierce - XL Catlin

Colette Portis - Destined Designs

Todd Ranta - PricewaterhouseCoopers

Greg Rubel - Myron F. Steves & Co.

Kate Sudol - Cushman & Wakefield

Amanda Willis - CROSSMARK

Michael Zangoei - LegacyTexas Bank

EMERITUS BOARD

Philamena Baird – Community Volunteer

Michael Maher – Presenture, LLC

Jeffrey Starke, M.D. – Texas Children's Hospital

Robert Westendarp – Griffin Americas

Robert Zincke – Former President, Kroger

CHILDREN AT RISK INSTITUTE

Jean Raphael, M.D., MPH - Chair, Texas Children's Hospital, Baylor College of Medicine

Andrea Backscheider Burridge, Ph.D. – University of Houston

Jayna Dave, Ph.D. - Baylor College of Medicine

Alan Dettlaff, Ph.D, MSSW - University of Houston

Angelo Giardino, M.D., Ph.D. – University of Utah

Christopher Greeley, M.D., FAAP – Texas Children's Hospital, Baylor College of Medicine

Deanna Hoelscher, Ph.D. – The Michael & Susan Dell Center for Advancement of Healthy Living, UT School of Public Health

Quianta Moore, M.D., J.D. - Rice University, Baker Institute for Public Policy

Stephen L. Klineberg, Ph.D. – Rice University, Kinder Institute for Urban Research

Rebecca Pfeffer, Ph.D. – University of Houston- Downtown, Department of Criminal Justice

Cathy L. Rozmus, Esq. – University of Texas Health Science Center- Houston

Diane Santa Maria, DrPH, MSN, RN, PHNA-BC, University of Texas Health Science Center School of Nursing

Ruth SoRelle, M.P.H. – Baylor College of Medicine

Whitney Stewart Ph.D. - University of Texas at Dallas

Lori Taylor, Ph.D. – Bush School of Government and Public Service, Texas A&M University

Ben Wright Ph.D. - University of Texas at Dallas

ACKNOWLEDGEMENTS

A+ Challenge

Center for Houston's Future

City of Houston

Community Health Choice

Harris County Health Department

Doctors for Change

Early Matters Houston

Episcopal Health Foundation

Families Empowered

Go Healthy Houston

Harris Center for Mental Health and IDD

Legacy Community Health

Barbara Bush Houston Literacy Foundation

My Brother's Keeper Houston

Neighborhood Centers, Inc.

Spring Branch ISD

Texas Department of Agriculture

Texas Department of Family and Protective Services

Texas Health and Human Services Commission

United Way of Greater Houston

UT Health, Department of Psychiatry and Behavioral Sciences, Trauma and Grief Center for Youth