

Children's Health Initiative: Bexar County Report

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EXECUTIVE SUMMARY

Children’s health and early development are shaped by the environments in which families live, learn, and access care. Across Bexar County, longstanding community assessments and partner input consistently identify three interconnected priorities that most influence children’s long-term well-being: mental health, nutrition and related chronic disease, and kindergarten readiness. These domains are deeply interdependent and are shaped by broader social, economic, and structural conditions that affect families’ ability to thrive.

This report presents findings from the Children’s Health Initiative (CHI) Bexar County, which was designed to better understand community needs, assess access to services, map local assets, and identify opportunities for coordinated action that can improve outcomes for children and families, particularly in historically under-resourced communities. Findings show that while Bexar County benefits from a strong network of service providers and community organizations, access to supports is uneven, leaving West and South San Antonio particularly under resourced. Families in certain parts of the county face overlapping challenges related to affordability, transportation, service availability, and system complexity. Mental health services are in particularly high demand, with barriers tied to workforce capacity, geography, insurance coverage, and stigma. Nutrition support plays a critical role in family stability, yet gaps in coordination, benefits navigation, and access to healthy food options remain. Early childhood education and kindergarten readiness programs are valued by families, but awareness, enrollment processes, and limited supply continue to restrict access.

Structural factors such as economic instability, the built environment, and environmental conditions reinforce these challenges across all three focus areas. Families experiencing housing instability, limited transportation options, and neighborhood disinvestment face compounded barriers that reduce the effectiveness of otherwise strong programs and services. At the same time, community partners and residents identified positive assets which offer powerful entry points for more integrated, family-centered approaches.

With support from San Antonio Area Foundation and the Mays Family Foundation, this research and subsequent report highlight opportunities to strengthen impact through cross-sector coordination, place-based strategies, and alignment with evidence-based practices. Schools, early childhood settings, and trusted community organizations emerge as critical hubs for delivering services, improving outreach, and reducing fragmentation.

Overall, the findings underscore both the urgency of addressing persistent inequities and the potential for collective action. By building on existing assets, simplifying pathways to care, investing in community-rooted solutions, and aligning partners around shared priorities, Bexar County is well positioned to advance more equitable outcomes for children. Coordinated efforts across mental health, nutrition, and kindergarten readiness can help ensure that all children enter school healthy, supported, and ready to succeed, setting the foundation for lifelong well-being.

BACKGROUND

Community Health Needs Assessments (CHNAs) conducted by Bexar County, local health systems, and community partners consistently identify mental health, nutrition and related chronic diseases, and kindergarten readiness as high priority issue areas across the community. Data across multiple sources indicate that childhood experiences related to emotional well-being, access to nutritious food, and early learning opportunities strongly influence school success, physical and mental health, and economic mobility later in life.

In Bexar County, CHNA findings consistently point to inequitable access to early supports around children’s mental health, nutrition and related chronic disease, and kindergarten readiness. Children’s mental and behavioral health needs are significant, with an estimated one in five children—more than 80,000 countywide—expected to experience a mental health condition in their lifetime, and unaddressed needs in early childhood linked to developmental delays, behavioral challenges, and poorer educational outcomes¹. At the same time, food insecurity affects an estimated 22% of children in the county, particularly among families with young children in areas of concentrated poverty, contributing to adverse health outcomes, increased stress, and difficulties with learning and concentration². These factors directly influence kindergarten readiness, as reflected in Early Development Instrument (EDI) data showing that only 24% of children countywide were assessed as “very ready” for kindergarten in 2017³. These averages elevate significant neighborhood-level inequities tied to access to quality early childhood education, health care, and nutritious food.

Geographic Disparities

Across all three focus areas, disparities are most pronounced in parts of San Antonio’s West Side, South Side, and select East Side communities, where families face overlapping challenges related to income, access to services, and systemic barriers. These areas are consistently identified in CHNAs as having higher rates of childhood poverty, food insecurity, and unmet mental health needs, alongside lower kindergarten readiness scores. The concentration of risk factors in these neighborhoods highlights the need for coordinated place-based strategies that align early childhood education, health, and family support systems.

THE CHILDREN’S HEALTH INITIATIVE

The Children’s Health Initiative Bexar County (CHI), operated in partnership by CHILDREN AT RISK (C@R), Family Service, and the Baker Institute for Public Policy at Rice University, was launched in response to Community Health Needs Assessments (CHNAs) in Bexar County that consistently identify children’s mental health, nutrition and related chronic disease, and kindergarten readiness as urgent and interconnected challenges, particularly within Latino and other historically under-resourced communities. The CHI model was designed to better understand community health priorities, map existing resources, and strategically leverage partnerships to reduce service gaps.

CHI Framework



C@R leveraged the Pediatric Vital Signs, an initiative led by Nationwide Children’s Hospital in collaboration with community partners⁴. This nationally trusted, data driven model assesses child well-being and supports targeted actions focused on improving population health outcomes. The Pediatric Vital Signs Model is a framework that uses research-based indicators to measure how well children in a community are doing. Just as doctors track vital signs like heart rate or blood pressure to understand an individual child’s health, this model tracks key population-level measures—such as health, education, safety, and economic stability to marry clinical and community health understanding for the overall well-being of children.

Because the model is evidence-backed, the indicators are grounded in proven research and reliable data sources. This ensures that trends being tracked are meaningful, and that changes over time reflect real improvements or challenges, not guesswork. By consistently monitoring these “vital signs,” **the model helps policymakers, advocates, and community leaders to identify gaps and disparities affecting children, track progress over time toward better outcomes, and guide data-driven decisions about programs, policies, and investments.**

This report explores mental health, nutrition and related chronic disease, and kindergarten readiness indicators around access to services to drive lasting improvements in children’s well-being by strengthening early supports and addressing disparities that begin in early childhood. As part of CHI, C@R serves as the fiscal agent, project manager, and conducts the research and analysis; the Baker Institute led the development of an online virtual resource map; and Family Service supported Bexar County convenings and partnership building to ensure community-informed implementation.

METHODOLOGY

C@R is focused on understanding the social, structural, and systemic factors that may impact health outcomes tied to mental health, nutrition and chronic diseases, and kindergarten readiness. C@R relied heavily on existing secondary data to inform the report—such as CHNAs, county specific data/surveys, and census level data—coupled with meaningful community engagement, cross-sector collaboration, and the inclusion of voices that have traditionally been underrepresented in local decision-making. Secondary sources are noted throughout the report.

C@R engaged in qualitative primary data collection to understand community stakeholders’ and community members’ perspectives around resources and designed all data collection

protocols. From May to July 2025, C@R conducted 10 structured virtual interviews: three kindergarten readiness stakeholders, four mental health, and three nutrition and related chronic disease community stakeholders. C@R also partnered with Family Services to support three in-person community member focus groups with a total of 30 participants. Outreach efforts resulted in two Spanish-language focus groups to better engage the increasing Latino population in Bexar County. Across all three focus groups, participants identified as Hispanic/White with the majority residing in ZIP code 78227, followed by 78237, 78207, 78228, and 78201. All participants had children between the ages of 3-7 years old in their household, with the majority reporting the highest level of education as a high school degree and incomes below \$35,000 per year. Domains across these community engagement sessions included demographics, access and utilization of resources and services, built environment, economic instability, gaps/needs, and recommendations. C@R utilized thematic analysis for qualitative findings.

C@R partnered with Rice University's Baker Institute Center for Health Policy to develop an online user interface [Resource Map](#). The map was constructed using Atlas.co, a web-based geographic information system. Address-level data were geocoded within the platform. ZIP code shapefiles were obtained from the U.S. Census Bureau, and school district boundary files were sourced from the Texas Education Agency. The map presents multiple indicators of children's health, including measures of education, economic conditions, public safety, mental health, and food access. Underlying data were derived from a range of public and private sources, including the American Community Survey, the Texas Education Agency, the Bexar County Data Dive, the Texas Child Mental Health Care Consortium, the Texas Medical Board, the U.S. Census Bureau, and the Bexar County Open Data Portal.

COMMUNITY NEEDS ASSESSMENT

Bexar County represents a snapshot of Texas's shifting demographics across the state and the nation with nearly 2.1 million residents. It stands as the 17th largest county in the United States with the vast majority of its 1.5 million population residing at its urban core of San Antonio. Bexar County has built a reputation for utilizing community assets to address the social determinants of health, including food, housing, transportation, health, financial support, caretaking, education, employment, legal services, and more. As exhibited by the social determinants of health domains highlighted in Figure 1, compared to the state, Bexar County has a much higher Hispanic population, with a lower median household income, a lower college attainment rate, and higher overall and child poverty rates. With Bexar County projected to add 1.1 million new residents by 2040⁵, examining health equity and outcomes across the region through these social indicators is both timely and critical.

Figure 1: Bexar County/Texas Population Profile

Demographic	Bexar County	State
Population		
Hispanic population ^a	64.4%	40.3%
Median Age ^b	35.2	35.9
Economic Stability		
Median Household Income ^c	\$72,568	\$79,721
Poverty Rate ^d	14.7%	13.4%
Child Poverty Rate ^d	18.5%	17.9%
Employment rate ^e	60.7%	62.1%
Highest Educational Attainment		
High School Diploma Attainment ^f	26.1%	24.4%
College Attainment ^f	19.3%	22.1%
Neighborhood and Built Environment		
Child Food insecurity ^g	21.10%	22.20%
Walkability Index ^h	37*	40*
Healthcare Access and Quality		
Uninsured Rate ⁱ	15.8%	16.7%
Depression Symptoms in Youth	25% ^j	16% ^k
Social and Community Context		
Crime Rate per 1,000 residents ^l	61.5	37.4
Social Vulnerability Index (SVI) ^m	0.83	-

The following findings are extrapolated from community partner interview respondents (community partners) and community member focus groups respondents (community members) that identify specific needs around access and utilization of services, built environment impacts, and challenges.

Demographics and Priorities of Service Beneficiaries

Community partners described the populations they serve and engage; they emphasized the importance of focusing on underserved and low-income communities. Key characteristics of the population(s) served included:

- Low-income families
- Hispanic/Latino & African American populations
- Uninsured or on Medicaid families
- Children and youth, with growing needs in the early years
- High need areas (West, South, East)

While community members communicated the importance of all the focus areas for their children, they ranked the three indicators in following priority order:

1. Mental Health
2. Nutrition and Chronic Disease
3. Kindergarten Readiness

Access and Utilization of Resources and Services Cross-Cutting Findings

Bexar County has a strong network of organizations and providers committed to supporting its most vulnerable residents. While these assets may exist within Bexar County, they are not equitably distributed, **with the Northern sector of the county holding a far greater share of these assets than the Southern sector of the county.**

Figure 2 presents key indicators across each issue area that illustrate access and utilization outcomes, highlighting where local performance exceeds or falls below state benchmarks. While several indicators show relative strengths compared to state averages—such as the availability of Texas Child Health Access Through Telemedicine (TCHAT) across school campuses, subsidized childcare center seats, and SNAP participation—other areas, such as percent of kindergarten ready students, lag state levels. When compounded by Bexar County’s higher poverty rates and lower household incomes, these gaps point to substantial unmet need and suggest that existing services are insufficient to fully meet community demand.

Figure 2: CHI Access Indicator Dashboard		
	Bexar County	State
Mental Health		
% of campuses that have access to TCHAT ^a	89%	80%
Student to counselor ratio ^b	1:425	1:567
Food Security		
% of households with children under 18 received SNAP in last 12 months ^c	21%	17%
% of lunches served for students who qualify for free and reduced ^d	88%	89%
Kindergarten Readiness		
% of kindergarten ready students ^e	49.6%	51%
Subsidy seats per 100 children of low-income working parents ^f	24.4	21.5

Effective access to services requires both proactive community outreach by organizations and active engagement from community members. Community partners across mental health, nutrition and related chronic disease, and kindergarten readiness emphasized the importance of community-rooted, relationship-based outreach strategies to promote access and utilization of services. **A consistent theme was the need for partnerships with entities that have built trust in the community: schools, churches, and neighborhood organizations.** Additional strategies to effectively engage the community include:

- **Community-based strategies:** Tabling, mobile outreach, flyers, and events in trusted spaces build visibility.
- **Relationship development:** Partner alongside organizational staff working within the communities to connect with other community members. This practice builds a community of trust, rapport, and credibility.
- **Informal Networks:** Utilizing informal networks remains the most effective outreach channel for families. Community members specifically felt word of mouth, social media (e.g., Facebook), and English classes were key access channels for outreach.

“Effective outreach partnerships with organizations like Communities in Schools enhance resource visibility and referrals for families.”

Community Partner

Figure 3 highlights areas that community partners and members recognized as overlapping challenges and gaps that limit access to services across issue areas with more detailed, issue-specific insights outlined below across the mental health, food insecurity, and kindergarten readiness focus areas.

Figure 3: Overall Access and Utilization of Resource Needs Themes

- Service deserts:** Large geographic gaps in mental health and food resources, particularly on the West and South sides.
- Transportation barriers:** Universal challenge across all domains, limiting paths to consistent access.
- System fragmentation:** Lack of coordinated referrals between healthcare, social services, and schools and the need for more resources to devote to federal benefits navigation.

Health Specific Findings

The following sections outline issue-specific findings tied to each of the domains explored with local community partners and members.

Mental Health

The Texas Department of State Health Services designated 246 of 254 Texas counties as Mental Health Professional Shortage Areas (MHPSAs)⁶. According to Kaiser Family Foundation, the state can only meet 31% of the need for mental health services⁷. Federal workforce designations indicate that Bexar County faces a more pronounced mental health provider shortage than many other counties in Texas. Although the overall behavioral health workforce expanded substantially—growing by more than half between 2020 and 2025, from approximately 4,100 to more than 6,200 providers—the distribution of this growth has been uneven. **CMS data show that the majority of new providers were concentrated in the county’s northern areas, which added roughly 1,900 professionals, while southern portions of the county saw an increase of only about 150 providers over the same period**⁸. These effects are verified as community partners report a growing demand for mental health services, specifically in the southern sector. Persistent service deserts, compounded by provider shortages, continue to limit access, particularly for families requiring in-person services, which community partners identify as essential for addressing more severe youth mental health needs. Community partners also noted challenges in finding services for younger children. While adolescents ages 12–16 remain the most served group, **an increasing number of children ages 6–12 are requiring care. The growing presence of younger children with identified needs suggests a shift toward earlier onset of mental health concerns.**

“San Antonio definitely has treatment deserts. There are certain zip codes without providers and we're in the medical center. Our location on south side is 35 miles away, but it's still within San Antonio. If you're a family with a couple of kids and they're trying to get to weekly therapy, there's no way you're going to be able to make a 35-mile, two-way trip, you know, not to mention the expense of the gas and everything else, not just the schedule.”

Community Partner

On the upside, community members noted that access pathways have expanded in recent years, particularly for individuals with Medicaid, private insurance, or sufficient financial resources, through broader provider networks and telehealth options. However, uninsured

families remain largely excluded, reinforcing a significant equity gap in preventive and ongoing mental health care.

Community members highlighted the following interrelated barriers:

- Cost and Affordability
- Lack of Information
- Cultural Minimization
- Negative Service Experiences
- Language and immigration status
- Transportation

Cost emerged as the most substantial barrier, with reported therapy rates reaching up to \$400 per hour, placing sustained treatment beyond the reach of many low-income households. School-based counseling systems are similarly strained, with counselors often serving hundreds of students across multiple campuses, resulting in delayed follow-up and unmet referrals. Consequently, **many families rely on crisis services, such as**

emergency department visits or inpatient care for self-harm or suicidal ideation, rather than accessing timely early-intervention supports.

“Families under stress create children under stress.”

Community Partner

Mental Health Summary: Bexar County is experiencing mental health workforce shortages combined with service deserts, growing demand of services at a young age, and equity gaps by insurance status and in person services.

Nutrition and Related Chronic Disease

More than half of low-income households with children in Bexar County spend over 50% of their income on housing, limiting their ability to afford food, utilities, and medical care. At the same time, only 63.4% of SNAP-eligible residents receive benefits⁹. Community food support systems play a critical role in meeting local needs, as demonstrated by the San Antonio Food Bank’s provision of food and related resources to more than 105,000 residents each week¹⁰. Moreover, childhood obesity stands as a formidable public health charge in San Antonio. Living in food deserts, such as San Antonio’s District 3 with the most food deserts¹¹, children are more likely to develop heart disease, obesity, and Type 2 diabetes. The impacts of poverty, nutrition, and environmental factors set the stage for children’s health across their lifespan. San Antonio is facing high childhood obesity rates with 27% of Hispanic children in Bexar County noted as obese¹².

Community members expressed strong appreciation for food security programs in Bexar County. SNAP was universally recognized as essential, particularly for families with children, due to its flexibility and ability to support bulk purchases of staple foods. WIC was viewed as helpful but constrained by a limited list of eligible items. Food banks were generally described positively; however, distributions were often dominated by canned and packaged goods, with limited availability of fresh produce. Nutrition education programs provided by local stakeholders show promise in combatting chronic disease like diabetes and obesity, but these residents face barriers to accessing these programs such as limited program times and locations, participant time-constraints, and transportation challenges.

Community partners identified transportation barriers and built environment limitations as primary obstacles to food access, compounded by technology gaps that restrict families' ability to obtain information and navigate services online. Program-level challenges, including language barriers, time constraints, and limited capacity for benefits navigation—further hinder access. These issues are especially pronounced in West and South Bexar County, where limited availability of fresh food retailers contributes to ongoing health disparities and reliance on convenience stores and fast-food options.

Community members expressed additional barriers and challenges to accessing healthy food.

- **Trade-offs:** Many households face painful choices between covering rent, groceries, and medical bills.
- **Dietary needs:** Allergies and lapses in benefits coverage force families to travel to multiple pantries seeking specialty or allergy-friendly foods as a result of the high number of food deserts in south, east, and west parts of Bexar County¹³.
- **School meals:** Children often reject cafeteria offerings, prompting parents to request menu overhauls and permission to send uneaten food home.
- **Program timing conflicts:** Food assistance programs predominately operate during work hours, creating access barriers for employed parents.

Nutrition and Related Chronic Diseases Summary: Anchor programs such as SNAP, WIC and food banks are essential for Bexar County, but system level coordination for available resources is lacking. Access barriers include affordability and lack of healthy or allergen-free foods.

Kindergarten Readiness

Texas measures kindergarten readiness using state-approved prekindergarten progress-monitoring instruments that are grounded in valid, reliable research¹⁴. These tools are designed to thoroughly assess key developmental domains deemed practical and user-friendly for teachers working with young learners. The approved instruments evaluate five essential areas of early development: Emergent Literacy-Reading, Emergent Literacy-

Writing, Emergent Literacy–Language and Communication, Health and Wellness, and Mathematics. Assessments are available in English and Spanish. Building on these assessments, early childhood education plays a pivotal role in strengthening the skills that support kindergarten readiness¹⁵. Early childhood education can help ensure that children enter kindergarten with the foundational skills needed for academic and social success.

As of 2025, 24 zip codes were identified as childcare deserts in Bexar County, an area where the need for childcare far exceeds the supply, highlighting ongoing access and equity challenges¹⁶. Community partners noted that city-supported programs—such as summer initiatives, childcare, and Pre-K for SA—are often underutilized. While this may be a result of a variety of factors, community partners mentioned that some families may be hesitant to engage in publicly or community-funded services due to uncertainty about eligibility and fears related to the immigrant family experience. To counter these barriers, recruiters and parent ambassadors play a critical role in building trust within underserved communities, helping families navigate enrollment processes and addressing misconceptions. Their on-the-ground engagement, combined with insights drawn from application data, allows programs to refine recruitment strategies, better target outreach efforts, and improve utilization among populations most likely to benefit.

While community members praised early childhood offerings, specifically Head Start and Early Head Start—when pressed to prioritize needs across the three focus areas of this report, kindergarten readiness placed last. However, parents saw the academic growth, independence and socialization, and parental support that Head Start and Early Head Start provided as particularly valuable in laying a strong foundation for kindergarten success. These programs are often visible in the community through signage on school bulletins, school referrals, and outreach at local events like flea markets.

By contrast, unsubsidized private preschool tuition remains out of reach financially for most families, and families equated early education costs with monthly rent payments. Community members expressed access challenges stemming from lack of awareness that children could qualify for services; waitlists, long delays, and unresponsive staff; transportation barriers to reach centers with available seats; and language and administrative hurdles.

Kindergarten Readiness Summary: The community values the early childhood education programs in Bexar County, but there are gaps in communication on available programs and their criteria, and burdensome enrollment applications obstruct pathways for entry.

Structural Drivers of Need

Structural drivers of need in Bexar County shape health outcomes across multiple domains and contribute to persistent inequities in access to services and resources. These drivers operate upstream of individual behaviors, influencing where people live, the resources available in their neighborhoods, and their ability to meet basic needs. **Community partners highlighted several areas tied to economic instability and the built environment as**

foundational factors underlying challenges related to mental health, food security, and kindergarten readiness.

Economic Stability

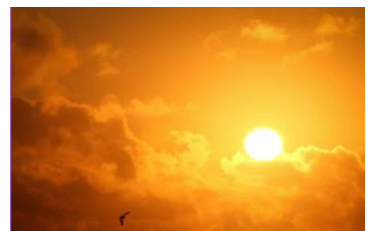
Economic instability emerged as a central driver affecting families' ability to access and sustain essential supports. Fluctuating income, rising housing and utility costs, and limited financial buffers force households to make difficult tradeoffs between food, healthcare, childcare, and other basic needs. This financial strain exacerbates stress, anxiety, and depression, while also limiting families' capacity to pursue preventive care or early intervention services. **Community partners emphasized that unmet basic needs—such as stable housing and food security—undermine the effectiveness of health and social services, creating cyclical patterns of crisis-driven service utilization rather than continuous, preventive support.** Emphasis was placed on the importance of sustaining funding for existing programs to ensure their ongoing availability to the community and the value of local partnerships to strengthen the broader support system by providing targeted assistance that benefits both families and the workforce serving them.

"They're able to have heat maps by zip code here in San Antonio...It's just much hotter in certain zip codes...they attribute it to the physical spaces, buildings, lack of greenery, you name it. ...people are trying to correlate that [heat] between not only financial and mental wellbeing, but also life expectancy."

Community Partner

Built Environment

The built environment further reinforces or reduces inequities through factors such as infrastructure, water quality, weather, and greenspace. The role these play often disproportionately affect certain areas of the county more than others and play a significant role in shaping challenges or benefits to the community, often through several interconnected factors.



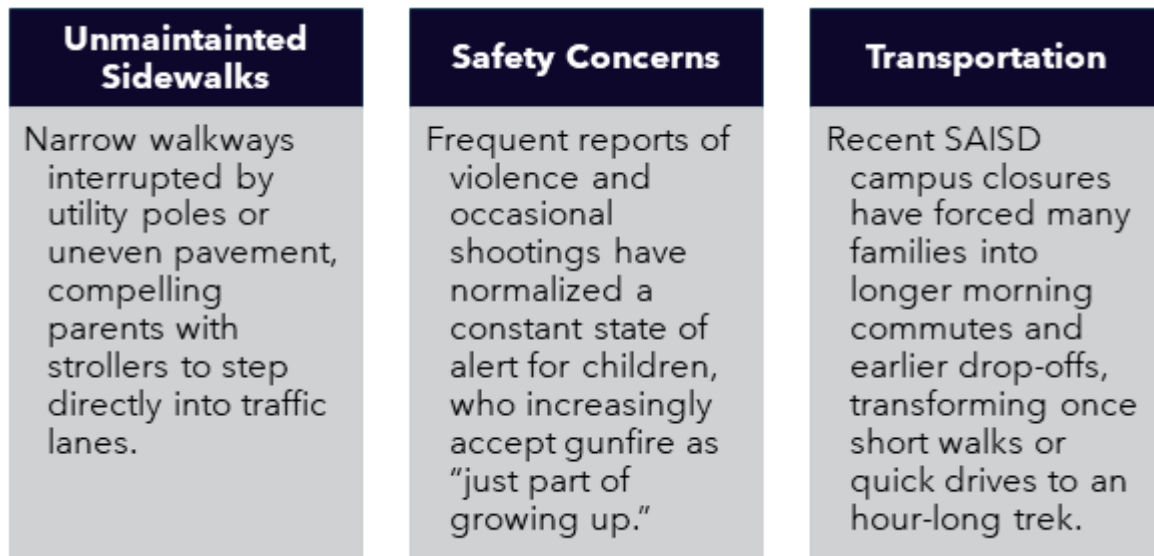
Environmental Inequalities

Gaps in the built environment can negatively impact health. Conditions noted of concern were directly linked to asthma and diabetes, which were frequently cited as consequences of prolonged exposure to poor environmental conditions. Amongst community partners strong themes rose up as the most concerning built environmental factors:

- **Environmental conditions** such as poor air and water quality, extreme heat, and increasingly severe weather events are often intensified by inadequate infrastructure, limited green space, and aging systems.
- **The physical absence of healthy, affordable food retailers** reflects land-use patterns that have produced food deserts, alongside limited availability of community gardens and supportive food infrastructure.
- **Safety concerns** related to stray dogs, busy highways, insufficient pedestrian crossings, and prolonged construction zones restrict outdoor play and create hazards for families trying to reach nearby resources.
- **Limited public transportation options** as a result of inadequate routes, inconvenient time schedules, and car-dependent development patterns hinder access to healthcare, food, and social services that are not located within immediate neighborhoods, further isolating residents from essential supports.

Community members painted bleak pictures of neighborhoods highlighting many of the built environment challenges. These range from accident risks because of unmaintained infrastructure, long-term mental health effects of violence, and the closure of community anchors (e.g., schools).

Figure 4: Build Environment Challenges



Positive Assets

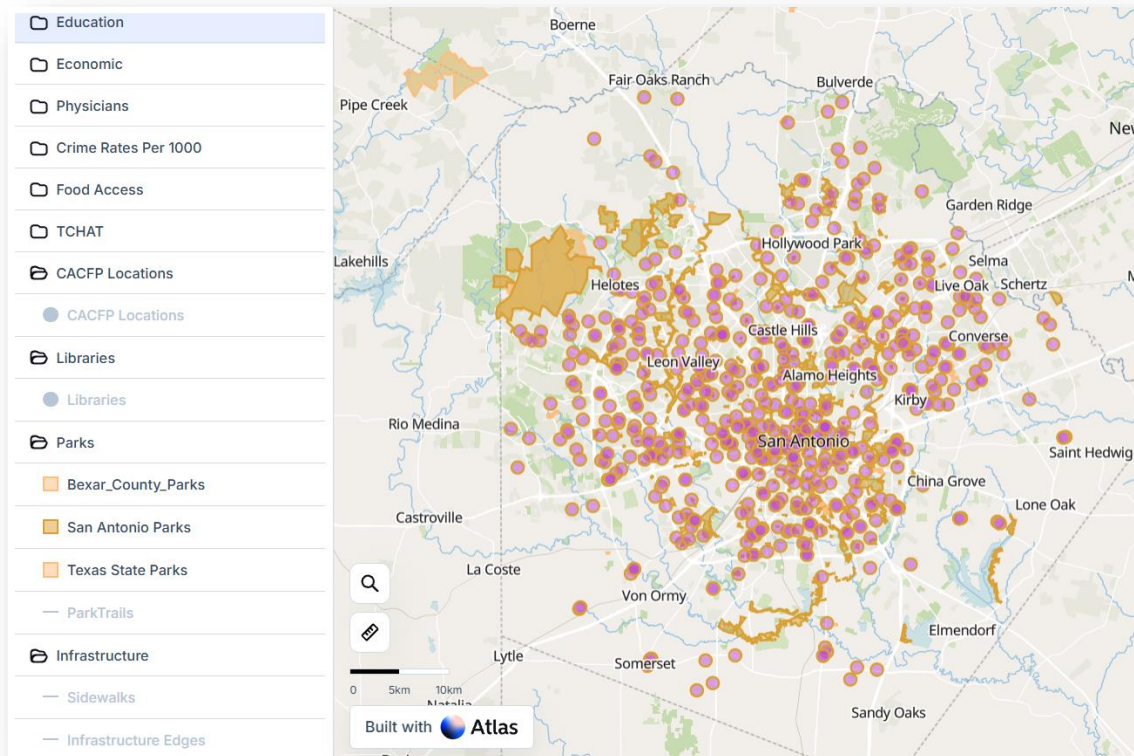
Key stakeholders voiced examples of how thoughtful built environment design can positively influence well-being, particularly for children. Investments in green spaces, parks, and splash pads were noted as supportive of children’s mental health. Mental health facilities designed with human centered approaches were noted to foster greater trust and experience fewer incidents compared to more restrictive, secured facilities. Some community members expressed gratitude for access to basic utilities such as electricity, potable water, and street lighting—amenities that were not consistently available in their home countries—and therefore did not perceive the built environment as presenting significant challenges.

COMMUNITY ASSET MAP

The Bexar County Community Asset Map provides a comprehensive visual representation of health stakeholders and community resources across the county, with particular focus on the three interconnected domains central to CHI: mental health, nutrition and related chronic disease, and kindergarten readiness.

The map presents multiple indicators of children's health, including measures of education, economic conditions, public safety, mental health, and food access.

Access the Interactive Asset Map: <https://bit.ly/4rnOsH6>



Map Domains and Index Definition

The resource map organizes health stakeholders and resources with a capacity index that measures the density and accessibility of resources within each geographic area, helping identify both resource-rich zones and underserved communities that require additional investment.

The interactive map includes multiple data layers that users can toggle on and off to explore specific indicators of children's health:

- Education indicators (school performance, kindergarten readiness, childcare access)
- Economic conditions (poverty rates, income levels, housing burden)
- Mental health resources (provider locations, service density)
- Food access (food retailers, pantries, SNAP participation)
- Public safety indicators (crime rates, instances of child abuse)
- Service provider locations (geocoded address-level data)

Users can click on individual map features to view pop-up details including organization names, addresses, services offered and contact information. The map's layer toggle functionality allows users to isolate specific resource types or overlay multiple indicators to identify service gaps and opportunities for coordination.

Geographic Distribution of Resources

While Bexar County has a strong network of organizations and providers committed to supporting its most vulnerable residents, these assets are not equitably distributed. Disparities are most pronounced in parts of San Antonio's West Side, South Side, and some East Side communities, where families face compounding challenges related to income, access to services, and systemic barriers.

Accessing Community Resources

Residents can locate and connect with services through:

- **CHI Interactive Asset Map:** <https://bit.ly/4rnOsH6>
- **FindHelp.org:** Search by ZIP code for local programs
- **United Way 211:** Call 211 or visit 211texas.org
- **Summer Meals Locator:** Text FOOD or COMIDA to 877877

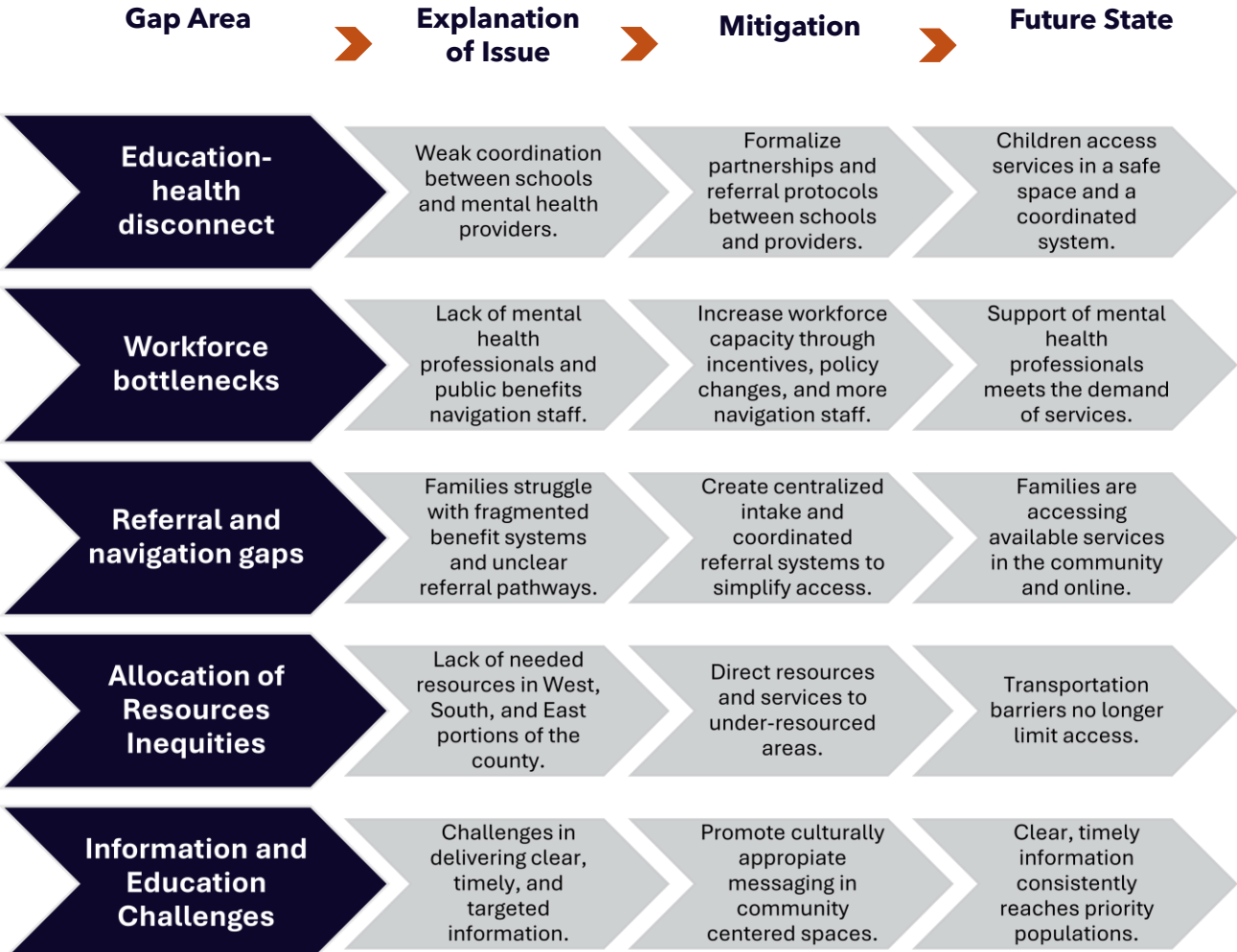
GAP ANALYSIS AND OPPORTUNITY REPORT

Clear structural gaps that limit families' ability to access timely, coordinated, and effective services were identified across key stakeholders and community member respondents. Identifying these areas and customizing mitigation plans present opportunities for actionable change.

Gap Analysis

The gap analysis highlights shared systemic challenges affecting mental health, nutrition and related chronic disease, and kindergarten readiness across Bexar County. Weak coordination between systems, workforce limitations, fragmented referral pathways, uneven geographic distribution of resources, and information sharing challenges all constrain access to preventive and early-intervention services. Figure 5 below offers a blueprint for the differences between where things are now, what can be done to address issues, and where they should be.

Figure 5: Gap Analysis Framework



Together, these findings point to opportunities to strengthen cross-sector coordination, expand workforce and navigation capacity, simplify access pathways, and target investments in high-need areas. Addressing these shared drivers across mental health, kindergarten readiness, and food security offers a pathway to improve access, reduce inequities, and support healthier outcomes for children and families throughout Bexar County.

OPPORTUNITIES FOR IMPACT

Despite the challenges identified in the community needs assessments, Bexar County possesses significant assets that can be leveraged to improve outcomes for children and families. The community asset map reveals a strong network of organizations, and both providers and community members identified opportunities to strengthen systems and expand access. By building on existing infrastructure and aligning with evidence-based practices, stakeholders can pursue actionable strategies to address mental health, food security, and kindergarten readiness. There is opportunity by leveraging the following resources:

- **Schools:** Co-locate mental health services, food distribution, and family support within school settings where families already have established relationships and trust. Distribute information to families on the importance of programs like Head Start and Early Head Start to prepare their younger children for kindergarten.
- **Early Childhood Programs:** Utilize Head Start, Pre-K 4 SA, and childcare centers as hubs for wraparound services and parent engagement.
- **Community Organizations:** Partner with churches, neighborhood associations, and trusted local entities that have built credibility with hard-to-reach populations and distributed information around services, especially around mental health and kindergarten readiness.

Evidence-Based Approaches: Healthy People 2030

Healthy People 2030, the federal government's 10-year agenda for improving the nation's health, identifies evidence-based interventions that align directly with CHI's focus areas. These resources provide a framework for developing programs and policies that are effective, replicable, and sustainable. Below are opportunities that have been uplifted to serve as examples of feasible and actionable evidence-based programs.

Figure 6: Recommendations from Healthy People 2030

Focus Area	HP2030 Evidence-Based Interventions
Mental Health	School-based cognitive behavioral therapy (CBT) programs to reduce depression and anxiety; school-based health centers; preventive mental health care in schools; parent training interventions for ADHD
Nutrition & Chronic Disease	Gardening interventions to increase vegetable consumption; family healthy weight programs combining nutrition, physical activity, and behavioral modification; Summer Food Service Program expansion; nutrition education in community settings

Kindergarten Readiness	Center-based early childhood education programs; full-day kindergarten; home visiting programs; parenting programs for improved psychosocial outcomes; early intervention services for developmental delays
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Mental Health

Bexar County's existing mental health infrastructure, including Bexar County Behavioral Health, Center for Health Care Services, and University Health, provides a foundation for expansion. The behavioral health workforce grew by more than 50% between 2020 and 2025, demonstrating capacity for continued investment¹⁷. Opportunities exist to address persistent service deserts in the southern and western portions of the county through targeted recruitment and telehealth expansion, increased public awareness, and reduced stigma around participation in mental health services or programs.

Community members identified mental health as their top need, but they also expressed feeling confused or unsatisfied with services they had accessed and experiencing some hesitation to access resources due to stigma. Community partners emphasized the value of school-based mental health services as a primary access point. Healthy People 2030 identifies school-based CBT programs and school-based health centers as evidence-based interventions that can increase the proportion of children receiving preventive mental health care. Community partners also highlighted the potential of Medicaid-reimbursable peer support positions, including Certified Family Partners and youth peer specialists—to expand the workforce while creating economic opportunities for community members.

“It’s the shortage of providers and then number two...communicating those services being available and what they’re actually for... And then of course that stigma is just the biggest hurdle for us.”

Community Partner

Nutrition & Related Chronic Diseases

Evidence-based strategies from Healthy People 2030 and children's hospital programs point toward "Food as Medicine" approaches that integrate nutrition intervention with healthcare. Community partners recommended developing culturally responsive food options, expanding community health worker capacity for benefits navigation, and strengthening

SNAP enrollment. Summer meal programs and school-based nutrition education offer additional opportunities to reach children during critical developmental periods.

Hospital-community partnership models, such as those implemented by Boston Children's Hospital and Brenner Children's Hospital in North Carolina, demonstrate how health systems can extend obesity prevention and treatment programs into community settings. These models emphasize family-centered approaches that address social determinants of health through teaching kitchens, mobile food resources, community health worker navigation, and partnerships with schools and community centers. The CDC recognizes family healthy weight programs that provide 26 or more contact hours over 3-12 months as evidence-based treatments for childhood obesity.

Working with families too, that experience, maybe it's like cyclical food insecurity. So, they may not be food insecure at the beginning of the month, but maybe at the end of the month."

Community Partner

Kindergarten Readiness

Bexar County benefits from established early childhood programs including City of San Antonio Head Start, Family Service Head Start/Early Head Start, Pre-K 4 SA, Parent/Child Incorporated, and Educare San Antonio. These programs were praised by community members for promoting academic growth, independence, and socialization. Coalitions like Early Matters San Antonio and ReadyKidSA strengthen the early childhood system through advocacy and cross-sector coordination.

Healthy People 2030 identifies center-based early childhood education, full-day kindergarten, and early intervention services as evidence-based strategies to increase kindergarten readiness. CDC research confirms that high-quality ECE programs can counteract developmental disadvantages and provide protective factors against future health problems. Opportunities exist to address the 24 identified childcare deserts through targeted expansion, improved utilization of existing programs through parent ambassadors and community outreach, and integrated health and developmental screening into early childhood settings.

“We found that there is a gap in families who do not have children in licensed care being able to access programs and activities that help with developmental growth for children. So that would be one barrier then the other part to that is we’re working with our early childhood education childcare centers and helping them reach quality. So even in the care and education that our 0- to 5-year-olds are receiving, there’s such a large disparity between the quality of instruction and the curriculum that they’re receiving in order to prepare them for kindergarten”

Community Partner

PARTNERSHIP ACTION PLAN

Aligned with CHI’s commitment to leveraging existing resources for greater collective impact, a “partnership workshop” convening was held in Fall 2025 to advance a shared vision for collaborative efforts to address health disparities. Twelve community-based organizations serving Bexar County—across mental health, food security, and kindergarten readiness—along with one local foundation, participated in this discussion.

Organizations engaged in multiple activities from value exchange mapping—learning about the assets of each organization and how they serve within the health and social service ecosystems—to co-design sessions that utilized a human centered design approach. The following issues were identified across providers, regardless of service area (i.e., mental health, food, kindergarten readiness), that inhibit service impact.

Figure 7: Community Partner Perspectives on Service Impact Challenges

Drawing on these challenges, participants in the partnership workshop developed the following cross cutting strategies that were identified as feasible and actionable steps that could be taken collectively and independently within each organization to amplify services for the Bexar County population.

System Level Challenges Identified	Access Level Challenges Identified	Program Level Challenges Identified
<ul style="list-style-type: none"> •Collaboration across sectors is inconsistent •Funding gaps signify a barrier to launch a coordinated plan to address community needs •Demand for services outpaces supply 	<ul style="list-style-type: none"> •Significant service deserts persist (geographically) •Information and access to community resources are not easily accessible •Families are challenged with accessing services in multiple locations 	<ul style="list-style-type: none"> •Intake requirements deter vulnerable populations •Cultural needs (e.g., food) are not consistently met

“We’re going to be an extension of your family and we’re here to support that child and you to achieve certain goals and access certain resources that you may need.”

Community Partner

Figure 8: Partnership Action Plan Prospects



Bexar County benefits from a strong network of organizations working collaboratively to support early childhood development, family well-being, and kindergarten readiness. Providers such as the City of San Antonio Head Start Program, Family Service Head Start/Early Head Start, Parent/Child Incorporated, and Educare San Antonio and subsidized child care centers deliver high-quality early learning and family support services, while partners like Education Service Center, Region 20 (ESC-20) and Early Matters San Antonio strengthen early childhood systems through professional development, technical assistance, and advocacy for quality standards. Home-visiting and early intervention programs, including Healthy Families Bexar and the Early Childhood Intervention (ECI) Program, play a critical role in supporting

families and addressing developmental needs during the earliest years. These efforts are complemented by broader health, nutrition, and mental health initiatives led by organizations such as the San Antonio Metropolitan Health District, University Health, Bexar County Behavioral Health, San Antonio Food Bank, and community coalitions like ReadyKidSA and Bexar CARES, which address social determinants that directly impact children’s readiness to learn.

Together, these organizations are well-positioned to develop a shared pediatric vital sign model that links population-based outcomes to targeted strategies for addressing community gaps and needs.

RECOMMENDATIONS

The following recommendations have been developed as actionable and practical advocacy topics, as gleaned from the needs assessment, opportunities expressed by local service providers and community members, and the current Texas landscape.

Two overall cross-cutting community level recommendations that stand out are:

- 1) To establish regular community partner convenings among food providers, schools, health systems, early childhood programs, and social services.
- 2) To invest in local public messaging and awareness campaigns, especially in the areas of mental health (reducing stigma, advertising available programs, and educating the public on therapy methods and efficacy), available nutrition and physical activity programs, and kindergarten readiness to improve participation rates for existing programs.

Below are focus area specific recommendations that stem from research gathered.

MENTAL HEALTH	
Strategies For Action	Locality For Action
1. Empower schools with the capacity and resources for children’s mental health to be prioritized and valued.	
Extend school day by 30 minutes to accommodate counseling appointments, parent meetings, and additional support services without disrupting core classes. In the 89 th Legislative Session, HB2 included the Additional Days School Year (ADSY) Program which addresses additional days or hours to calendar.	Community

Mandatory behavioral health education for all teachers beyond current limited suicide prevention training to better support students with autism, neurodivergence, and other conditions.

**Community/
State**

Advocate for policy requiring mental health education as mandatory school subject. In the 89th Legislative Session, SB 185 focused on requiring public high school students to complete at least one mental health education course. Bill was proposed but not enacted.

State

2. Mitigate the Service Provider Gap.

Conduct local advocacy campaigns in partnership with health insurance providers, pediatricians, and local mental health advocacy organizations to empower eligible community members to serve as paid peer providers.

Community

Promote underutilized Medicaid-reimbursable positions that create additional income opportunities for families. The Certified Family Partner program allows parents who received mental health services to become certified support providers. In the 89th Legislative Session, SB 1 *indirectly* supported Medicaid-reimbursable paid caregiver/attendant roles.

Community

Allow provisionally licensed therapists to bill within Medicaid system. LMSW/LPCA roles have to get approximately 3,000 hours of supervision. Many agencies are unable able to hire these positions because they are not a reimbursable service. While they did not pass, HB1716/SB469 made in-roads to explicitly making license-eligible / supervised clinicians Medicaid-billable.

State

NUTRITION AND RELATED CHRONIC DISEASE

Strategies For Action

**Locality For
Action**

3. Promote youth chronic disease prevention community-based programming through local collaborations.

Explore Health People 2030 established Evidence-Based Resources and recommendations to put into action (e.g., diabetes prevention, obesity, etc.).

Community

Youth-focused nutrition and diabetes prevention; "Food as Medicine" partnerships. Ensure that community level programming supports culturally responsive food options and bilingual staff. In the 89th Legislative Session, HB2946 attempted to authorize Medicaid reimbursement for food-based interventions, including "food prescriptions" and medically appropriate nutrition supports.

**Community/
State**

4. Invest in growing public benefit submissions of eligible families.	
Expand benefits navigation (e.g., SNAP/federal benefits) as a mandatory training for community health worker certification to increase access points.	Community
Pool funding for community health workers to support complex navigation of public benefits in existing service provider spaces, community gathering spaces, and door to door outreach.	Community
Strengthen food access policies that expand eligibility thresholds and streamline enrollment for programs such as SNAP, WIC, and school meals.	State
5. Strengthen cross-sector coordination for successful referral completions.	
Develop a robust referral repository of food/physical activity/social determinants of health programming and by leaning into existing systems (e.g., Find Help, etc.) that are effective for community members to access and complete referrals. Additionally, conduct community wide referral coordination meetings with identified staff at each organization to build stronger pathways and systems.	Community
Kindergarten Readiness	
Strategies For Action	Locality For Action
1. Prioritize holistic services in kindergarten readiness.	
Integrate onsite holistic wraparound services (e.g., health and wellness) supports into early education locations that support children and the whole family.	Community
2. Establish system coordination through an early education continuum of care.	
Develop an early childhood response system that convenes all public/private providers (i.e., Head Start, PreK for SA, and early childcare providers) to identify areas with low PreK enrollment numbers and communicate their available seats by area to strategically advocate for funding to increase additional seats and incentivize providers to reduce childcare deserts.	Community/ State
3. Expand professional development opportunities to strengthen early childhood workforce pipeline and compensation.	
Strengthen existing training courses for early education (e.g., workforce boards, Educare, headstart, community colleges, universities) as stackable credits that could be applied to certificates or degrees	Community/ State

CLOSING

Taken together, these findings highlight both the depth of need and the strength of existing community assets across Bexar County. While families continue to face persistent barriers related to access, capacity, and equity, the county is supported by a committed network of providers, partners, and community organizations working to meet these challenges. Addressing nutrition and related chronic diseases, mental health, and kindergarten readiness will require coordinated, cross-sector action that builds on these strengths, targets investments to areas of greatest need, and reduces systemic barriers for families. With aligned strategies, sustained funding, and shared accountability, Bexar County is well positioned to advance more equitable outcomes for children and families.

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GLOSSARY OF TERMS

Access to Services The ability of individuals and families to locate, reach, afford, and effectively use available programs and supports, including considerations such as transportation, cost, language, eligibility, and awareness.

Asset Map / Community Asset Map An interactive, geographic tool developed as part of the Children’s Health Initiative that visualizes community resources and indicators related to children’s health, including mental health services, food access, early childhood education, and social determinants of health.

Built Environment The physical characteristics of neighborhoods and communities, such as housing, transportation systems, parks, sidewalks, food retailers, and public infrastructure, that influence health, safety, and quality of life.

Childcare Desert A geographic area where the supply of licensed childcare slots is insufficient to meet the demand of children who need care, particularly among low-income working families.

Community Health Needs Assessment (CHNA) A systematic process conducted by health systems, public agencies, and community partners to identify priority health needs, disparities, and opportunities for intervention within a community.

Cross-Sector Collaboration Coordination among organizations and systems across different sectors, such as healthcare, education, social services, and community-based organizations, to address complex community needs more effectively.

Early Childhood Education (ECE) Programs and services that support the development of children from birth through age five, including childcare centers, Head Start, Early Head Start, Pre-K programs, and home visiting services.

Equity The principle of ensuring that resources, opportunities, and supports are distributed based on need, recognizing that different communities face different barriers due to historical, structural, and systemic factors.

Food Insecurity The lack of consistent access to enough nutritious food for an active, healthy life. Food insecurity is influenced by income, food availability, transportation, and affordability.

Food Desert An area with limited access to affordable, nutritious food retailers, such as grocery stores or fresh produce markets, often resulting in reliance on convenience stores or fast food.

Healthy People 2030 A federal initiative that establishes national, evidence-based objectives to improve health outcomes, reduce disparities, and promote well-being over a ten-year period.

Kindergarten Readiness A measure of how prepared children are to enter kindergarten across multiple developmental domains, including early literacy, language, math, health and wellness, and social-emotional development.

Mental Health Professional Shortage Area (MHPSA) A designation used to identify geographic areas with insufficient mental health providers relative to population need.

Navigation / Benefits Navigation Support provided to individuals and families to help them understand eligibility requirements, apply for services or public benefits, and successfully complete referrals across systems.

Pediatric Vital Signs A research-based framework that uses population-level indicators, such as health, education, safety, and economic stability, to assess child well-being, similar to how clinical vital signs assess individual health.

Place-Based Strategy An approach that targets interventions, investments, and coordination efforts within specific geographic areas to address concentrated needs and disparities.

Service Desert A geographic area with limited or no availability of essential services, such as mental health providers, food resources, or early childhood programs.

Social Determinants of Health The social, economic, and environmental conditions in which people live, learn, work, and play influence health outcomes, including income, education, housing, transportation, and neighborhood conditions.

Wraparound Services A coordinated approach that integrates multiple supports, such as health care, mental health services, nutrition assistance, and family support, around children and families to address their holistic needs.

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Figure 1: Bexar County/Texas Population Profile

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Figure 2: CHI Access Indicator Dashboard

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