THE FUTURE OF NORTH TEXAS
Assessing The Quality of Life of Our Children

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The mission of CHILDREN AT RISK is to serve as a catalyst for change to improve the quality of life for children through strategic research, public policy analysis, education, collaboration and advocacy. CHILDREN AT RISK strives to make children’s needs a priority and ensure ample resources are available for children and their families to thrive. Since its opening in November 2011, the North Texas office has focused primarily on improving public education, combatting human trafficking, decreasing the effects of food insecurity, and enhancing mental health services to divert youth from the juvenile justice system. In addition to conducting original research and educating the community on these issues, CHILDREN AT RISK has collaborated with over 100 organizations and public officials in North Texas, utilizing its expertise as a convener in the community to facilitate productive conversations to change policies and practices to better meet the needs of our youth.

Some of CHILDREN AT RISK’s foremost accomplishments in North Texas include:

- Successfully advocating for Dallas ISD to implement Universal School Breakfast in the classroom district wide, ensuring that the 86,000 children that were eligible due to their income level, will be much more likely to start the day fed and ready to learn.
- Creating the Texas Anti-Human Trafficking Resource Database, compiling information from 123 survey respondents to identify resources across the state for victims of human trafficking, gaps in service, and areas for enhanced collaboration.
- Catalyzing the opening of the first North Texas juvenile mental health court with Dallas County to reduce costs to taxpayers, reduce recidivism rates, and ensure quality treatment for children with mental health services in their own communities.
- Drawing tremendous public attention to the quality of public schools across the state, as well as the qualities needed to make a superior elementary, middle, and high school through its 5th annual Public School Rankings Report, reaching more than 1 million readers, through partnerships with the Dallas Morning News, Texas Tribune, Houston Chronicle, Austin American-Statesman, and San Antonio Express-News.
- Directly educating over 950 individuals on pressing child issues at educational events and community forums such as the Children’s Summit, Texas Human Trafficking Summit, and a series of policy lunches.
- Representing over half of Texas’ children at the state capitol, speaking out for their needs by forming a united front with advocates in the Houston and Dallas/Fort Worth metroplex.

About CHILDREN AT RISK

Become a part of CHILDREN AT RISK’s online initiative to educate community members and child advocates on pressing issues regarding Texas’ children, as well as information on upcoming educational opportunities. Members receive informational updates on the needs of Texas’ children and calls-to-action as the Legislative Session progresses. We urge you to join our initiative to improve the quality of life of North Texas’ children.

Sign up at www.childrenatrisk.org.

SPEAK OUT! and Drive Change for Children!

Join our E-Advocacy Network!
The people of North Texas are enthusiastic investors in our region’s future. The economic opportunity available here is the envy of the nation, luring large companies to move their headquarters to our city. Major investments, like the Margaret Hill Hunt Bridge and the Perot Museum of Nature and Science, have followed. North Texans continue to invest in our community to make it a better, thriving region.

As a flourishing and forward-thinking community, it is cause for great concern that many of our children are still falling behind. Texas is ranked 46th in the nation for the percentage of youth living in poverty. While North Texas is home to some of the best public high schools in the nation, across North Texas, more than 23% of public school students will not graduate from high school. In the last legislative session, $5.4 billion was cut from public education, leading to the reduction of teachers and teaching assistants in schools. The quality of instruction in our classrooms will determine if our city continues to grow and thrive or whether our progress will falter.

In all the measures we use to judge the well-being of children in our community, we fall near the bottom: 360,468 children in North Texas live in poverty, Texas is ranked last in per capita mental health spending across the US, and North Texas remains a national hub for human trafficking. To guarantee a successful future for our children, we must ensure that they have their basic needs met, are in good health, live in a safe environment, and have access to educational opportunity.

Despite these sobering statistics, I know that there is still hope for the children of North Texas. We must work together to make North Texas a community where children can and will succeed. With the continued support of North Texas community members, CHILDREN AT RISK can continue its work of improving children’s lives. I look forward to partnering with you as we work to make Texas a better place for children!

My very best,

Jaime Hanks Meyers
Managing Director, North Texas

Highlighted in this publication are 11 key priorities:

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Statement of Need
Living in poverty is an unfortunate reality for many Texans. When compared to other states, Texas has the 6th highest rate of child poverty – a shocking 26% of Texas children are poor. There are more than 360,000 children living in poverty in North Texas, which is enough children to fill the Dallas Cowboys stadium four times over.

On average, a family will need an income of twice the federal poverty rate to meet the most basic needs.

In the nine-county North Texas region, Dallas County has the highest rate, with 29% of children living in poverty. In 2012, a family of four is considered poor by federal guidelines if the family’s income is less than $23,050. This guideline is used to determine a family’s eligibility for federal programs that are designed to assist those experiencing poverty. However, the guidelines are based on a calculation established in the 1960’s, and may not consider the diverse circumstances today’s families experience. Researchers have estimated that on average, a family will need an income of twice the federal poverty rate to meet the most basic needs.

For young children, poverty is linked to impaired cognitive and emotional development, lack of educational success, and health consequences that can last into adulthood. Children who suffer from these problems will have a more difficult time finding their way through high school and into college, making it harder to find gainful employment, and more likely that they will continue to live in poverty and have children that do as well. As intractable and inevitable as the vicious cycle of poverty may seem, it is clear that education can move families out of desperate circumstances and offer opportunities for children to succeed and thrive.

The state and federal government play a primary role in providing for children living in poverty. Programs like Children’s Health Insurance Program (CHIP) and Medicaid specifically address the health care needs of children living in poverty, while the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) address the nutrition needs. Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) provide cash assistance to families struggling to support themselves. Both of these programs consider income, living arrangements, and family status when determining who is eligible.

Recommendations
Every child should have access to a quality public education that provides the skills and knowledge necessary to succeed. Addressing a child’s overall well-being, including food security and physical and mental health, is paramount to their success academically and beyond. Public schools are often the best avenue for providing services, and efforts such as the universal school breakfast program are examples of successful and innovative avenues to ameliorating child poverty.

1 in 4 Children in Texas Live in Poverty

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<tr>
<th>COLLIN COUNTY</th>
<th>DALLAS COUNTY</th>
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<th>ROCKWALL COUNTY</th>
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<tr>
<td>9.6%</td>
<td>29.3%</td>
<td>9.4%</td>
<td>17.1%</td>
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<td>21,450</td>
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<td>17,060</td>
<td>7,321</td>
<td>5,883</td>
<td>7,383</td>
<td>5,105</td>
<td>2,132</td>
<td>104,120</td>
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Source: KIDS COUNT Data Center
Statement of Need
Childhood hunger plagues many children living in North Texas. Approximately 20% of households in Dallas County and 17% of households in Tarrant County struggle with food insecurity, which is defined as “limited or uncertain availability of nutritionally adequate and safe foods or uncertain ability to acquire acceptable foods in socially acceptable ways.” Hunger impacts a child’s health, academic performance, and general quality of life, with effects ranging from poor performance in school to an increased risk of childhood obesity. Food insecurity has also been linked to reduced attention in class, behavioral issues, increased school absences, higher rates of special education or mental health counseling, and more suicidal or depressive tendencies among children.

The Supplemental Nutrition Assistance Program (SNAP) provides financial assistance for low-income individuals to purchase food using a debit card system, referred to in Texas as the Lone Star Card. SNAP enables families to put food on the table, and the North Texas community has been working to make nutritious food more readily available to SNAP participants. As part of an effort to expand access to fresh produce in North Texas, the Dallas Farmers Market began accepting the Lone Star Card in 2012. While 27.1% of children in Dallas County and 20.3% of children in Tarrant County are currently enrolled in SNAP, there are many more children in North Texas that are eligible but not receiving benefits.

CHILDREN AT RISK has partnered with local schools to increase school breakfast participation for eligible children by collecting data on participation rates, advocating for policies that increase participation, educating principals and administrators on universal free school breakfast, and aiding schools with implementation. Most recently, CHILDREN AT RISK worked closely with Dallas ISD’s board members and administrators to successfully mandate that breakfast in the classroom be implemented district-wide, which will help ensure the 86,000 students that were eligible for breakfast but not receiving it, will be much more likely to do so.

On average, 67.9% of eligible students in North Texas (420,246 students) did not participate in the School Breakfast Program on a typical school day.

Schools that have high concentrations of students eligible for a free breakfast can receive up to a full federal reimbursement for each meal served. Serving breakfast universally in the classroom to all students immensely increases participation by eliminating both the stigma attached with receiving a free meal and the schedule limitations of arriving before school to eat.

While school meal programs address hunger during the school year, summer food programs are essential to ensure children in low-income areas continue to receive nutritious meals during long school vacations. Schools, community centers, churches, and other eligible sponsors serve as food sites during the summer months. While programs like the North Texas Food Bank’s Summer Food Service Program feed over 2,000 children daily, only 9% of Texas children who receive free or reduced lunch during the school year also participate in summer food programs. Limited awareness of summer food offerings and difficulty accessing food sites are two likely barriers to participation for qualifying children.

Recommendations
CHILDREN AT RISK proposes that the Texas Legislature require schools with student populations of 80% or more classified as economically disadvantaged to provide universal free school breakfast. In Texas, roughly 2.7 million public school students, students in North Texas, live at or below 185% of the federal poverty level and qualify for federally-funded free or reduced-price school meals. The research is clear: school breakfast programs reduce hunger among low-income children, increase academic achievement, lead to improved health and nutrition, and help build lifelong healthy eating habits. The importance of a school breakfast program cannot be overstated.

Percent of children receiving Supplemental Nutrition Assistance (SNAP, formerly Food Stamps), 2010

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<td>6.5%</td>
<td>27.1%</td>
<td>8.8%</td>
<td>20.1%</td>
<td>24.3%</td>
<td>23.4%</td>
<td>21.9%</td>
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Source: KIDS COUNT Data Center
Statement of Need
Childhood obesity is a growing problem in Texas, which ranks as the 12th most obese state in the nation.\textsuperscript{1} In the nine-county North Texas region, Dallas and Hunt Counties have the highest percentage of children at risk for obesity: 49% in Dallas County and 47% in Hunt County.\textsuperscript{2}

Texas teens drink more soda, watch more television, and have fewer family meals than the national average.

Those at risk for obesity have a Body Mass Index (BMI) of 25.3 or higher, indicating that they are out of the healthy zone and either overweight or already obese. Separate studies reveal that on average 32% of children and teens are overweight or obese both in Texas and nationally.\textsuperscript{3} The CDC has identified several behavioral indicators that affect childhood obesity, including consumption of sugary beverages, time spent watching television, and eating family meals together. Nationally, 29.2% of teens drink more than one soda per day, 32.8% of teens spend more than 3 hours per day watching television, and 30.7% of teens do not eat family meals most days of the week. Texas teens drink more soda (32.8%), watch more television (36.3%), and have fewer family meals (33.7%) than the national average.\textsuperscript{4}

The health risks for obese children are numerous. Obese children often experience joint problems, gallbladder problems, and sleep apnea.\textsuperscript{5} Metabolic syndrome, defined as a group of risk factors that heighten a child’s risk for coronary failure, stroke, and diabetes, is found much more frequently in obese adolescents than in non-obese adolescents.\textsuperscript{6} Mentally, obese children can suffer from low self-confidence, which is correlated to lower test scores, more absences, and a path that leads to a low-income job as an adult.\textsuperscript{7} In addition to the health risks, obesity can also be a financial burden for both families and the state. Medical bills for asthma, pneumonia and appendicitis are more costly when children are obese,\textsuperscript{8} and obese children tend to visit the doctor more often than non-obese children. According to a report released by the Texas Comptroller, it is estimated that obesity cost Texas businesses more than $9.5 billion in 2009.\textsuperscript{9}

Recommendations
In order to prevent childhood obesity, children need to be more active and have access to nutritious foods. North Texas communities should ensure that parks and green spaces are safe, clean, and accessible. Schools should offer recess and physical education for students. Encouraging supermarkets to open locations in low-income areas, increasing shelf area for fresh produce in small corner stores, and starting community gardens help eliminate food deserts and give greater numbers of children access to healthful foods. Schools can offer universal free school breakfast to ensure that students who arrive at school hungry have convenient and stigma-free access to a nutritious breakfast. Finally, reinstating FitnessGram as a mandatory data collection tool would go a long way toward helping researchers gauge the true extent of the childhood obesity problem.

In 2008, Texas introduced FitnessGram, a physical fitness assessment tool developed by the Cooper Institute of Dallas, to 84% of school districts across the state. FitnessGram collects health data (including data around weight and obesity) and informs parents about their child’s physical health on a number of indicators. However, the collection of FitnessGram data is no longer mandatory, meaning that data around childhood obesity in Texas is not comprehensive. This year in North Texas, only 6% of elementary students, 24% of middle school students, and 15% of high school students fell in the “Healthy Fitness Zone” on all six FitnessGram tests.\textsuperscript{10}

CHILDREN AT RISK’s policy luncheons provide important policy solutions to issues impacting Texas’ children, including childhood obesity. CHILDREN AT RISK served on the United Way of Metropolitan Dallas’ County Committee for Child Health Promotion to create a community wide plan to end childhood obesity.

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<th>Percent of children classified as overweight or obese by the 2012 FITNESSGRAM assessment</th>
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<td>Collin County</td>
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<td>35%</td>
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Source: FITNESSGRAM data supplied by the Texas Education Agency
Statement of Need

Health care access during childhood plays an important role in a child’s overall well-being. Insured children are more likely to have been current on their immunizations and preventive care visits, resulting in fewer emergency room visits and fewer school absences due to illness. In contrast, uninsured children are ten times more likely to have unmet medical needs and five times more likely to go more than two years without seeing a doctor.

Lack of health care impacts every facet of a child’s life, from their performance in school to their risk of obesity.

In North Texas, quality health care is unaffordable for many. In 2009, Texas was forty-ninth in the nation for uninsured children, with 16% of children not receiving any type of health coverage. This means that in 2010, 16.3% or 1.15 million Texas children under the age of 18 were uninsured. In North Texas, the percentage of uninsured children ranges from 11% in Denton County to 23% in Dallas County. There is a great need for increased access to affordable health insurance, as those without health insurance can face astronomical costs for health care procedures and hospital stays. Additionally, the uninsured are unlikely to regularly visit a primary care doctor, relying instead on the emergency room to deal with even basic health needs.

Currently, there are several federal insurance programs available to Texas children and their families. Both Medicaid and the Children’s Health Insurance Program (CHIP) provide health care coverage to children of low-income families. CHIP provides coverage to children whose family’s annual income level is at or below two hundred percent of the federal poverty level (about or $46,100 per year for a family of four). It is estimated that 74% of the 1.15 million uninsured children in Texas in 2010 would have qualified for Medicaid or CHIP had they applied.

Additional healthcare services at the state and federal level also exist to serve this low income children who lack health insurance. These include Texas Health Steps (THSteps) and Early Childhood Intervention (ECI). THSteps provides preventive and treatment services for children, including periodic vision, hearing, and dental screenings. It also aims to increase awareness around available health care assistance programs for children up to age 20. Early Childhood Intervention (ECI) provides support services to children under age four who have disabilities or developmental delays. This early intervention helps reduce the need for further treatment later in life.

Recommendations

The Texas Legislature must continue to find strategies for expanding community health programs and develop additional funding sources for them. In addition, under-enrollment remains a significant problem. Many children who qualify for health care through programs such as CHIP fail to enroll, leaving them without much-needed health services. Increased education and awareness about existing programs, as well as improved, streamlined enrollment processes, can help many more children receive the care they need to grow up healthy and well.

In 2011, CHILDREN AT RISK, along with many other fellow advocates, successfully advocated during the 82nd Texas Legislative session, to pass legislation that expands training for community volunteers and health navigators. Community health workers significantly reduce health care costs by directing low-income patients away from hospital emergency departments and other high-cost medical care and instead connecting these patients to state and federal programs designed to serve their health care needs.

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<th>Percent of children who are uninsured, 2008</th>
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Source: KIDS COUNT Data Center
MENTAL HEALTH

Statement of Need
Mental illness is a significant public health issue for American children. Just over one in five adolescents in the United States has suffered from a seriously debilitating mental health disorder at some point in their lives, and 13% of young people have faced mental illness within the past year. Mental health comprises how people think, feel, and act as they process daily life. This broad definition invites a multifaceted approach to evaluating mental health in children, encompassing the prevalence of substance abuse, teen suicide rates, and students enrolled in special education programs. The most commonly diagnosed mental health co-morbidities (e.g. co-existing illness) among North Texas children are ADD/ADHD, developmental delays, and learning disorders. Children suffering from such mental health conditions can face academic and social struggles, in addition to the emotional toll these conditions inflict.

Suicide is the third-leading cause of death among 15-24 year olds. Among Texas high school students in 2011, 29% reported feeling sad or hopeless for at least two weeks in a row, 16% seriously considered suicide, 13% made a plan to commit suicide, and 11% of students attempted to kill themselves. In 2011, there were a total of 58 juvenile suicide deaths in the nine-county North Texas region. Ellis, Hunt, Johnson and Kaufman Counties had the lowest incidents with one juvenile suicide death per county, while Tarrant County had the highest incidence with eight.

Appropriate funding and access to community-based services are paramount to efficiently meeting the needs of children and families. Funding for mental health services in Texas continues to remain low: Texas ranks last nationally in per capita mental health spending, at $38.38 per person. In a study conducted by the University of North Texas, 20% of families in North Texas that have a child with mental illness reported that they were unable to access the services they needed.

Recommendations
Adequate funding and implementation of community-based programs is recommended in order to promote mental health in North Texas. Children and families in wraparound care can overcome the pitfalls of mental illness and avoid self-harm or incarceration. Treatment offered through Mental Health Mental Retardation Centers and Early Childhood Intervention programs decrease the burden on the less effective and costly treatment alternatives of emergency rooms and the juvenile justice system. Implementation of mental health and specialty courts across North Texas that focus on juveniles with mental health conditions will better serve the mental health needs of children and reduce the juvenile justice system population.

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<th>Mental health spending per capita, FY 2009</th>
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Source: National Alliance on Mental Illness
JUVENILE JUSTICE

Statement of Need
Each year, thousands of youth are referred to county juvenile probation departments across the state of Texas for reasons ranging from minor offenses (such as theft) to serious offenses, including sexual assault and homicide. In 2010, there were 86,548 formal referrals of youths to juvenile probation departments in Texas. In the nine-county North Texas region, which covers a total juvenile age population of approximately 600,000, there were 18,931 referrals made in 2009. Dallas County, which has the largest juvenile age population, saw 8,395 referrals that year—about 3% of its juvenile population.

Local juvenile probation departments face the challenge of providing high-quality rehabilitative services and treatment for the youth in their care. As the largest provider of mental health services for youth in the state of Texas, the juvenile justice system is often the first opportunity for mental health treatment. Many of the offenses committed by youth can be attributed to mental illness, and it is estimated that 70% of youth in the juvenile justice system suffer from mental illness. Specialized court programs have also been developed within the North Texas community. Instead of being processed through the traditional avenues of the juvenile justice system, specialty courts provide cost-effective rehabilitation services that are tailored to the individual needs of the youth while reducing recidivism rates. Dallas County Juvenile Department has four fully functioning diversion courts: a mental health court, a drug court, the high risk juvenile girl’s court, and a high risk minority juvenile boy’s court. The Tarrant County Juvenile Department has created a specialty court that focuses on drug abuse.

In addition to referrals to the juvenile justice system, hundreds of thousands of youth are referred to the adult criminal system each year in Texas. A small percentage of these youth have been transferred to the adult system through the process of adult certification, where youth who commit more serious offenses are removed from the juvenile justice system and certified to stand trial as adults in the criminal system. The remaining youth have been sent to the adult system through Class C misdemeanor referrals. The issuance of Class C misdemeanor tickets for student misconduct in schools has resulted in large numbers of Texas students being issued tickets for low-level offenses, with a disproportionate number of minority and disabled students being ticketed. When a student is charged with a non-traffic-related Class C misdemeanor, the student’s parent must appear in municipal or justice of the peace court with his or her child. The fine for a Class C misdemeanor can be as much as $500, and if the student fails to appear in court or pay the fine, a warrant for the child’s arrest may be issued upon their 17th birthday.

Recommendations
Initiatives which address prevention of delinquent behavior and the reduction of recidivism at the community level must continue to remain a priority. Increased funding for community-based mental health services is vital in helping to reduce the number of children who enter the system as well as to stop the cycle of youth who exit the system from returning. Although many of the juvenile specialty courts in North Texas are still within their first few years of operation, the preliminary data show low recidivism among participating youth, positive outcomes for families, and cost savings. Alternative school discipline programs, such as Positive Behavioral Interventions and Supports, provide highly effective school-wide disciplinary measures that do not result in criminal records for students.

To ensure that issues surrounding Class C misdemeanor ticketing are addressed, the practice and consequences of the citations are being examined in CHILDREN AT RISK’s Impact Litigation, Education, and Juvenile Justice Committees. In 2011 CHILDREN AT RISK published The State of Juvenile Justice in Texas in order to report on the current state of the juvenile justice system as well as advocate for improved policies. In 2013, CHILDREN AT RISK will evaluate the specialty courts across Texas to provide a framework for improving juvenile justice outcomes in alignment with community priorities as they vary from county to county.

Juvenile Probation Referral Rate per 1,000 Juveniles, 2009

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<th>County</th>
<th>Collin County</th>
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<td>26</td>
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<td>34</td>
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Source: Texas Juvenile Probation Commission
Statement of Need

Human trafficking is modern day slavery. Trafficking of persons is among the most lucrative criminal enterprises in existence today, second only to drug trafficking. The Trafficking Victims Protection Act (TVPA) defined human trafficking as “the recruitment, harboring, transportation, providing or obtaining of a person by means of force, fraud or coercion for the purpose of a commercial sex act or labor service.” With an increased demand for labor and advances in technology that facilitate communication and travel across the globe, more people are victims of human trafficking worldwide today than at any other time in history. Victims of human trafficking are not just smuggled into the country; U.S. citizens and legal residents are also coerced into sexual slavery. Runaways who have left home due to neglect or abuse can be targeted by pimps and lured into sex trafficking.

Texas is a hub of human trafficking. The I-10 corridor was identified as the number one human trafficking route in the country by the Department of Justice, with as many as one in four victims in the U.S. passing through Texas. In 2011, Texas was responsible for the second highest number of calls to the National Human Trafficking Hotline; 14% of all calls to the hotline are received from Texas. North Texas is considered a hub for all forms of human trafficking due to the existence of national airports, major intersecting highways, close proximity to the border, and major sporting events.

Texas has taken bold steps to respond to this problem. Our state is a national leader on human trafficking legislation and recently opened its first safehouse, Freedom Place, in March 2012 under the leadership of Arrow Family & Child Ministries. The safehouse has the ability to house 30 girls and is one of the largest long-term safe houses in the United States for victims of domestic minor sex trafficking.

More than 200,000 U.S. children are at risk for sexual exploitation every year.¹

Texas Human Trafficking
Database Public Profile

CHILDREN AT RISK developed the Texas Human Trafficking Resource Database, which provides a directory of anti-trafficking resources across the state, as well as facilitates better communication and coordination across agencies. CHILDREN AT RISK also annually holds the Texas Summit on the Trafficking and Exploitation of Children to educate the community about this horrible crime.
The Dallas Police Department has received national recognition for their cutting-edge human trafficking prevention program overseen by its High Risk Victims Unit (HRV). The HRV Unit identifies and flags minors who have run away at least four times in the previous twelve months, been previous victims of sexual abuse, or have been associated with sex trafficking in the past. The HRV program requires patrol officers and others to contact the HRV Unit if a minor who meets one of the above criteria is found. The HRV Unit works closely with the LeTot Center to provide runaway youth with rehabilitative services to prevent future victimization.

Anti-trafficking organizations, public officials, businesses, and community members have rallied together in protest of websites that advertise prostitution services and serve as avenues for traffickers to exploit victims, such as Backpage.com. In addition to these efforts, Dallas County started its ESTEEM Court in 2012. This court is aimed at diverting female juveniles who have experienced sexual exploitation out of juvenile detention and into a specialty court that provides services tailored to meet their specific needs.

**Recommendations**

CHILDREN AT RISK proposes the implementation of a comprehensive and cohesive system, involving cooperation between the Department of Family and Child Protective Services and the juvenile justice system, targeting juveniles who have been placed in the juvenile justice system and are victims of sexual exploitation. Without such cooperation, victims will continue to be detained as criminals, run from foster homes, or be left to fend for themselves. In addition to a cohesive legal response, increased training for those likely to have contact with victims is recommended in order to improve their ability to identify and rescue victims of human trafficking. Finally, comprehensive, accurate data around human trafficking is lacking, and a statewide system for identifying and tracking victims is needed.
Statement of Need

In Dallas County, the 4-year graduation rate for the 2006-2007 first-time freshman cohort was 66.7%; in Tarrant County, that rate was 70.0%\(^1\). This means that of the class of students that entered Dallas and Tarrant County high schools in the fall of 2006, 30-33% failed to graduate within four years.

While there is no single root cause of the dropout problem, there are clear factors that put students at risk. The Texas Education Agency identifies students at risk of dropping out using a set of criteria, which includes students who were held back a grade, failed core classes, did not perform satisfactorily on assessments, are pregnant or a parent, have limited English proficiency, have been referred to the Department of Protective and Regulatory Services, are homeless, or reside in a placement facility\(^2\). Research shows that the road to dropping out can begin as early as third grade, with an especially strong link between third grade reading skills and graduation. Students who do not read proficiently by third grade are four times more likely to drop out than those who do read on grade level\(^3\). In some North Texas counties, as few as 44% of third graders were reading at the commended level on the TAKS exam in 2011\(^4\).

The repercussions of high dropout rates include a variety of social and economic challenges. Not surprisingly, dropping out severely limits economic potential. The lifetime earnings of a high school graduate are, on average, approximately $260,000 more than a high school dropout\(^5\). Unemployment rates are also lower for a high school graduate, as a dropout is 75% more likely to be unemployed\(^6\). This loss of potential income not only affects the dropout personally, but also represents a loss to the state and national economy. Researchers at Texas A&M University estimated that the Texas gross state product would lose at least $4.9 billion due to the loss of potential earned wages from class of 2012 dropouts\(^7\).

In addition to economic impacts, high school dropouts are also more likely to be involved with the criminal justice systems. While researching the link between high school dropouts and incarceration rates, the Texas Appleseed Project found that one in three juveniles sent to the Texas Juvenile Justice Department, formerly the Texas Youth Commission, were high school dropouts\(^8\). In Texas adult prisons, more than 80% of inmates did not complete high school\(^9\). National research on the impact of high school dropouts highlights that incarceration is a cost carried by the taxpayer. A high school dropout can cost taxpayers an estimated $292,000 when combining the costs of incarceration, lower tax revenues due to lower income potential, and providing government benefits such as food stamps and Medicaid\(^10\).

Recommendations

CHILDREN AT RISK recommends focusing efforts on early identification of students at risk of dropping out and supporting interventions to keep these students on track for graduation. Adoption of an early warning system to identify and monitor students who are off track is needed. Expanded learning time is another promising practice that provides increased quality time on task through longer school days or a lengthened school year for students who need it most.

---

### Dropout Rate

#### High School dropouts face limited earning potential and a higher likelihood of being incarcerated.

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of 3rd grade students who met commended performance on the TAKS</th>
<th>The average percentage of the freshman cohort that graduates within 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collin County</td>
<td>56%</td>
<td>81.1%</td>
</tr>
<tr>
<td>Dallas County</td>
<td>41%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Denton County</td>
<td>50%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Ellis County</td>
<td>43%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Hunt County</td>
<td>38%</td>
<td>68.7%</td>
</tr>
<tr>
<td>Johnson County</td>
<td>40%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Kaufman County</td>
<td>42%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Rockwall County</td>
<td>50%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Tarrant County</td>
<td>41%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

Source: Texas Education Agency
In an effort to raise community awareness about the dropout crisis and the need for school reform, CHILDREN AT RISK designed a school ranking system in 2006 to publicly evaluate and rank high schools in the Greater Houston area. In 2009, CHILDREN AT RISK expanded these rankings to include all public schools in the state of Texas, at the elementary, middle, and high school levels. For the Public School Rankings report released in 2013, CHILDREN AT RISK evaluated and ranked 7,070 public school campuses across Texas.

To conduct the rankings, CHILDREN AT RISK compiles and analyzes data collected by the Texas Education Agency. The ranking process utilizes a diverse array of indicators to evaluate campuses and encourage a holistic examination of school quality. Indicators include, but are not limited to, graduation rates, standardized test performance, advanced coursework, college-ready testing, and class size. The School Rankings serve not only as a resource for parents and students regarding the quality of local schools, but also provide information to campuses and districts on how they perform relative to their peers.

North Texas is home to an educational landscape that offers a variety of choices for students, including traditional public schools, magnet schools, and charter schools. In the midst of these diverse school choices, some schools have excelled, while others have faltered. CHILDREN AT RISK’s annual School Rankings provide a framework in which to understand the performance of schools in North Texas as well as across the state.

Examining the top schools across the state provides insight into what it takes to create a high-performing public school.

### Top Ten High Schools in North Texas

1. School for The Gifted and Talented (Dallas ISD)
2. School of Science and Engineering (Dallas ISD)
3. Irma Lerma Rangel Young Women’s Leadership School (Dallas ISD)
4. School of Health Professions (Dallas ISD)
5. Judge Barefoot Sanders Law Magnet (Dallas ISD)
6. Trinidad Garza Early College High School (Dallas ISD)
7. Middle College High School (Dallas ISD)
8. Rosie Sorrells School of Education and Social Services (Dallas ISD)
9. Highland Park High School (Highland Park ISD)
10. Uplift Education-North Hills Prep

### Top Ten Elementary Schools in North Texas

1. Skaggs Elementary (Plano ISD)
2. Borchardt Elementary (Frisco ISD)
3. Walnut Glen Academy for Excellence (Garland ISD)
4. Tanglewood Elementary (Fort Worth ISD)
5. Carroll Elementary (Carroll ISD)
6. Beverly Elementary (Plano ISD)
7. Kerr Elementary (Allen ISD)
8. Mathews Elementary (Plano ISD)
9. Hillside Academy for Excellence (Garland ISD)
10. Kimberlin Academy for Excellence (Garland ISD)

For the full statewide rankings, including individual campus level data, please visit the School Rankings page on our website at www.childrenatrisk.org.
CHILDREN AT RISK’s second issue of the Journal of Applied Research on Children: Teen Pregnancy, an open-access and peer-reviewed online journal, focuses on teen pregnancy in Texas. This issue contains articles from leading experts concerning the state of teen pregnancy in Texas.

TEEN PREGNANCY

Statement of Need
The rate of teen pregnancy in the U.S. declined by 9% from 2009 to 2010, resulting in an all-time low in the number of teen births: 34.3 births per 1,000 teens aged 15-19. In contrast, Texas, and the North Texas community specifically, still have high rates of teen births. In 2010, Texas had the fourth highest teen birth rate in the nation, with 52.2 births per 1000 women aged 15-19. Texas also has the highest rate in the nation for teens giving birth multiple times during their adolescence (24% statewide, versus 20% nationally).

Teen mothers and their children have an increased risk for dropping out of school, poverty, lack of health care coverage, and need for public assistance. Teen fathers are also impacted, and are more likely to experience depression, drop out of school, and live in an unstable family environment. Teen pregnancies cost Texas approximately $1 billion each year in public assistance through health care costs and child welfare.

In addition to the financial consequences, teen births pose serious health risks to both the mother and child. Teen mothers are less likely to receive proper prenatal care and more likely to engage in unhealthy behaviors while pregnant. This can result in babies born with serious health and developmental defects.

Recommendations
When comparing Texas to states with lower teen birth rates, one major difference is Texas’ lack of sex education programs in schools that are medically accurate and age-appropriate. The Texas Education Code requires that school sex education programs emphasize abstinence as the only effective method for teens to prevent pregnancy, STIs, HIV/AIDS, and emotional stress. The education code does allow abstinence-focused programs to teach age appropriate contraception methods in addition to abstinence. There is a need for a more widespread age-appropriate, medically accurate “abstinence-plus” approach to sex education in Texas schools. It is important to remember that parents play an important role in teens’ sex education. Teens whose parents talk about sex and relationships in the home are more likely to delay sexual initiation, have fewer sexual encounters, and demonstrate better communication skills in their relationships.

Studies report that in more than 80% of Texas school districts, the SHACs did not address sex education at all in their formal recommendations to their school boards.

<table>
<thead>
<tr>
<th>Percent of births to teens aged 13-19 out of all live births, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collin County</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>5.0%</td>
</tr>
</tbody>
</table>

Source: KIDS COUNT Data Center
According to the 2010 Census, the U.S. population grew to nearly 309 million people, representing approximately a 10% increase from the 2000 Census. Regionally, the South and West experienced the fastest growth nationwide.

Growing at twice the national rate, Texas experienced the highest numeric increase in population, up by 4.3 million people for a total population at just over 25 million. The Dallas-Fort Worth and Houston metro areas together accounted for almost 50% of Texas’ population and over 50% of its population growth. The nine-county North Texas region has grown by over 1 million residents since 2000.

A large part of Texas’ growth is due to an increase in our child population (ages 0-17), expanding from 5.9 million to 6.9 million children in the last ten years, an increase of 16.6% since 2000. The total U.S. child population grew by only 1.8 million children from 2000 to 2010 – and more than half of that growth occurred in Texas.

The child population growth since 2000 has also contributed to a shift in the racial/ethnic makeup of Texas. Statewide, the majority of growth occurred among the Latino population. Over 48% of the child population in Texas is Latinos in the North Texas region over 37% of the child population is Latino, which is a 9.1% increase from 2000. In fact, across the largest counties in Texas: Harris, Dallas, Travis, and Bexar, a majority of the child population from each is comprised of Latino children.

Statewide, Black and Other child populations have grown at a much slower pace, and the White child population has actually decreased in 200 of Texas’ 254 counties. In North Texas, the Black child population remained nearly the same, increasing slightly from 16.3% in 2000 to 16.6% in 2010. The White child population decreased from 49.1% in 2000 to 37.9% in 2010.

In order to meet the needs of Texas’ ever-changing population, we must focus on the impact that the rapidly growing population and increasing diversity will have on our state. Historically, the Latino and Black populations have been negatively represented in a number of quality of life indicators, such as levels of educational attainment and rates of poverty, and measures must be taken today in order to provide all of Texas’ children the opportunity to succeed in the future.

### CHILD POPULATION IN NORTH TEXAS COUNTIES

<table>
<thead>
<tr>
<th>County</th>
<th>Child Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collin</td>
<td>224,677</td>
</tr>
<tr>
<td>Dallas</td>
<td>654,263</td>
</tr>
<tr>
<td>Denton</td>
<td>182,260</td>
</tr>
<tr>
<td>Ellis</td>
<td>43,315</td>
</tr>
<tr>
<td>Hunt</td>
<td>21,419</td>
</tr>
<tr>
<td>Johnson</td>
<td>41,149</td>
</tr>
<tr>
<td>Kaufman</td>
<td>29,754</td>
</tr>
<tr>
<td>Rockwall</td>
<td>23,507</td>
</tr>
<tr>
<td>Tarrant</td>
<td>507,061</td>
</tr>
</tbody>
</table>

Source: 2010 KIDS COUNT Data Center

### BREAKDOWN OF RACE/ETHNICITY, 2010

**LATINO**
- 51.4% » Dallas
- 36.4% » Tarrant
- 51.3% » Harris
- 46.8% » Travis
- 68.8% » Bexar

**BLACK**
- 23.5% » Dallas
- 16.1% » Tarrant
- 19.3% » Harris
- 9.8% » Travis
- 7.3% » Bexar

**WHITE**
- 20.2% » Dallas
- 39.4% » Tarrant
- 23.9% » Harris
- 37.5% » Travis
- 21.4% » Bexar

**ASIAN**
- 4.3% » Dallas
- 4.2% » Tarrant
- 4.9% » Harris
- 5.2% » Travis
- 1.9% » Bexar

**OTHER**
- 0.6% » Dallas
- 3.8% » Tarrant
- 0.6% » Harris
- 0.7% » Travis
- 0.6% » Bexar

**TEXAS**
- 48.3% » Texas
- 34.9% » Texas
- 3.5% » Texas
- 12.6% » Texas

Source: Kids Count Data Center
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Shell Oil Company

Robert Zincke
Former President, Kroger

Robert Sanborn, Ed.D.
President & CEO
POVERTY
2 Ibid.
6 National Center for Children in Poverty, supra note 3.

HUNGER
1 Public information request to the Texas Department of Agriculture, Sept. 2012
3 Ibid.
6 Ibid.
7 Information request to the Dallas Independent School District Nutrition Department, Sept. 2012.

OBESITY
2 Public Information Request to Texas Education Agency, June 2012.
6 Ibid.
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8 Ibid.
10 Texas Education Agency, supra note 3.

HEALTH CARE
3 Ibid.
5 Centers for Disease Control and Prevention, High School Youth Risk Behavior Survey 2011 http://apps.nccd.cdc.gov/youthonline>
6 Marc Montrose, email to The Texas Department of State Health Services, Center for Health Statistics on 24 Sept. 2012.
7 State Mental Health Cuts: The Continuing Crisis, Nov. 2011, National Alliance on Mental Illness. Appendix V. 8 Aug 2012

MENTAL HEALTH
3 Ibid.
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5 Hammond, Sarah, supra note 1.
6 Texas Code of Criminal Procedure: § 45.0215.

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3 Ibid.
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6 Texas Code of Criminal Procedure: § 45.0215.

HUMAN TRAFFICKING
2 Ibid.
3 Ibid.

Continued on next page
DROPOUT RATES
1. All Texas state and county level graduation rates are based on Texas Education Agency data and calculated using CHILDREN AT RISK’s unique methodology which divides the number of graduates by the number of students in the first-time freshman year cohort minus any students in that cohort who died.
9. Ibid.
11. Ibid.

TEEN PREGNANCY
2. Ibid.
9. Ibid.
10. Ibid.
11. Ibid.

DEMOGRAPHICS
2. Ibid.
3. Ibid.
4. Ibid.
5. U.S. Census
7. Ibid.
8. U.S. Census
9. Ibid.
10. Ibid.
11. Ibid.
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- Human Trafficking
- Teen Pregnancy
- Latino Children

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- Spring 2013: New Morbidities 2.0
- Fall 2013: Accountable Communities: Vision, Action and Transparency

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