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"I AM THE FUTURE OF TEXAS!"

Hear more from Texas kids at forabettertexas.org/investinkids.html
Introduction

“I am the future of Texas!” Those are powerful words. When spoken by a child, those six words evoke a sense of optimism about what can be. They show the potential for innovation and leadership that can come from the next generation.

And Texas has a lot to look forward to. We have abundant natural beauty and resources in our state. And we are repeatedly rated as the number one state to do business. But we also rank as the 42nd state to be a kid.

Too many of our kids get an unequal start in life because their families struggle just to make ends meet. Child poverty remains far too high; and although the numbers have decreased, we still have too many kids uninsured, dropping out of school, and having babies while in their teens.

We know what to do to make sure that the future of Texas kids is full of opportunity. We’ve done it before and seen great results.

In a recent Texas KIDS COUNT study, Invest in Texas Kids. It Matters, we found that over the last 20 years when Texas increased our investments in children, we saw improvements in their overall well-being. And, vice versa, when we decreased investments, we saw worse outcomes for kids. And outcomes for kids are interrelated; for example, our education investments also influenced health, safety, and youth behavior outcomes.

Unfortunately, Texas’ spending on children as part of the state budget (health, education and support services), has remained comparatively small and largely unchanged over the last decade, even as our child population grows. Texas has continued to decrease state revenue, made massive cuts to education, women’s and infant health, and most recently refused to expand access to health services for our most vulnerable populations. During this period of austere state spending and large population growth, Texas has seen a dramatic increase in child poverty, and ranks poorly in comparison to the nation as a whole on many indicators of child well-being.

Texas children deserve a fighting chance to realize their fullest potential, pursue their biggest dreams, and live a better life. Our state elected officials can offer that chance by investing in kids.

We’ve done it before and can do it again. Because Texas KIDS COUNT.

Ann Beeson
CPPP Executive Director

Frances Deviney, Ph.D.
Texas KIDS COUNT Project Director
WHEN I GROW UP, I WANT TO BE AN ARTIST.

I WANT TO BE A TEACHER.

I WANT TO BE A RACE CAR DRIVER.

I WANT TO HELP ANIMALS THAT ARE SICK.

Hear more from Texas kids at forabettertexas.org/investinkids.html
"I WANT TO BE A SOCCER PLAYER."

"...A DOCTOR."

"...A VOLCANOLOGIST!"

"I WANT TO BE A ROCK STAR."
Child Population

Texas Kids: A Whole Lot of Potential

We recently asked a group of Texas kids what they wanted to be when they grew up. The answers were as diverse as the children themselves: race car driver, veterinarian, volcanologist (a scientist that studies volcanoes!). Over the last decade, Texas has become home to one of the largest and most diverse child populations in the country. With more than 6.95 million, Texas kids represent more than a quarter of all Texans (25.7 million)—that’s a lot of aspirations, goals, and dreams.

Texas’ diversity is a point of pride and strength. And our children can benefit tremendously from the rich opportunities such diversity affords. But, these opportunities will be limited if we continue to underinvest in our children, Texas’ most important asset.

Demographers predict that the majority of our population growth over the next several decades will occur among the non-White, primarily Hispanic, population.¹ This means that Texas’ future economic and social potential is inextricably linked to the developmental experiences and success of our non-White child population today. Unfortunately, non-White children do not tend to fare as well on many measures of child well-being (e.g., poverty, health, educational attainment).² Ignoring disparities and our increased needs hurts children by underestimating both necessary resources (e.g., money for school books or medical services) and their potential.

Total Texas Child Population (ages 0-17) up 16% to 6,952,177 (up from 2001 to 2011)³,⁴

- **3,389,573** Hispanic (up 38%)
- **433,811** All Other Races/Ethnicities (up 132%)
- **2,317,712** Anglo (down 9%)
- **811,081** Black (up 5%)
Births driving our growth

While it is true that Texas has experienced unprecedented interstate migration in the last few years, our strong child birth rate is still the primary driver for our population explosion. More than 385,000 babies were born in Texas in 2010, giving Texas the third highest birth rate in the country behind Utah and Alaska.

Out of 254 counties, accounted for 61% of all births in Texas: Harris, Dallas, Tarrant, Bexar, Hidalgo, Travis, El Paso, Collin, Denton and Cameron.

Texas kids account for 1 of every 11 kids in the U.S.

WHAT CAN WE DO?

Because Texas kids account for one of every 11 kids in the U.S., they are poised to lead the nation over the next several decades. But as our numbers grow, so do our needs. For our children to successfully navigate the changing world ahead, it is our responsibility to see that they are healthy, educated, and prepared for the tasks ahead. We must make children the priority in our state budget by anticipating growth and investing in their potential so that we can meet their needs today and all of our needs tomorrow.
YOU LEARN THINGS YOU NEED TO KNOW FOR THE LIFE AHEAD OF YOU.
Education

When we invest in public education, we are investing in the futures of approximately 5 million Texas kids. That basic investment is the key to an individual child’s future economic mobility, the financial stability of Texas families, and the state’s long term economic prosperity.

The need to invest in our children has never been more vital, as slightly more than 60 percent (3,013,442) of our 5 million Texas public school students are now identified as “economically disadvantaged” (up from 52 percent in 2001-02). Because family income plays a pivotal role in educational success, the increase in low-income Texas students means that providing quality education becomes more difficult and more important.

Early Investments Can Yield Big Returns

The first and most important step to realizing the full potential of all our children is to reach out to our youngest Texans, and make sure they are ready to succeed in school.

In 2011-2012, Texas served 71,555 students in Head Start and an additional 7,600 in Early Head Start (0-3). Unfortunately, as a result of the automatic federal budget cuts known as “sequester,” 4,800 fewer 3 and 4 year olds enrolled in Texas’ Head Start Programs in 2013. Because Head Start primarily serves economically disadvantaged children, these cuts will reduce the number of children who will enter kindergarten ready to learn in 2014. The cuts to Head Start also compound the fact that Texas served fewer 4 year olds in prekindergarten programs in 2011-12 (50 percent) than in 2010-11 (52 percent).

Texas’ continued disinvestment is steering us in the wrong direction. Expanding and properly investing in quality preschool initiatives will not only lead to increased student test scores, but greater lifetime earnings, lower rates of criminal activity, and better health outcomes as adults.

Prekindergarten helps reduce the education gaps for economically disadvantaged children. After years of continued growth, recent data shows fewer Texas 4 year olds attending public prekindergarten.

52% (200,181 enrolled) 2010-2011

Decrease in 4 year olds in pre-k likely due, in part, to cuts in pre-k expansion grants

50% (196,517 enrolled) 2011-2012
The use of our state STAAR examinations to determine grade promotion and graduation put Texas’ low-income students at a significant disadvantage.

Economically poor students are five times less likely to make it to graduation than more affluent students. Though we have made significant improvements over the last decade, Texas is still losing 1 in 4 students before they graduate, and cuts to dropout prevention may endanger the positive trend of fewer kids leaving high school before graduation.

### Percentage of Texas 3rd–8th Grade Students Meeting the 2013 STAAR Standards

<table>
<thead>
<tr>
<th></th>
<th>NOT ECONOMICALLY DISADVANTAGED</th>
<th>ECONOMICALLY DISADVANTAGED</th>
<th>GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH</td>
<td>49% – 25% = <strong>24 POINTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>READING</td>
<td>58% – 28% = <strong>30 POINTS</strong></td>
<td></td>
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</table>

### Percentage of Texas High School Students Meeting the 2013 STAAR Standards

<table>
<thead>
<tr>
<th></th>
<th>NOT ECONOMICALLY DISADVANTAGED</th>
<th>ECONOMICALLY DISADVANTAGED</th>
<th>GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALGEBRA I</td>
<td>50% – 25% = <strong>25 POINTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGLISH II</td>
<td>77% – 51% = <strong>26 POINTS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Attrition Rates for Texas High School Students

Percentage of 9th graders who leave high school before graduation

- **CLASS OF 2001**
  - **40%**

- **CLASS OF 2012**
  - **26%**
State Investments in Education

In 2011 . . .

the Texas Legislature cut funding by approximately $500 per child for the 2011-12 and 2012-13 school years.

Due to cuts, many schools and districts handled their budget shortfall by cutting teachers, increasing class sizes and reducing perkindergarten programs.27

In 2013 . . .

Texas legislators put $3.2 billion back into public education for 2013-14 and 2014-15, or approximately $108 per student.28 But that’s not enough because $108 \neq $500.

Texas’ Rank in Adjusted Per-Pupil Spending26

43rd

WHAT CAN WE DO?

Targeted and substantial investments in quality early childhood education,29 well organized curricula,30 and a highly effective teaching force31 are the most proven ways to improve the education outcomes for Texas children. Unfortunately, we have tried everything under the sun to educate on the cheap at both the federal and state levels, and that’s not cutting it. As our schools continue to grow in population and the economic achievement gap remains, we must prioritize the funding of our institutions of public education for the benefit of all Texans.
IT’S HARD TO DO YOUR WORK WHEN YOU’RE HUNGRY.
Nutrition

Nutrition is the backbone of preventive health care and investing in programs to ensure the nutritional needs of Texas kids is one of the best investments we can make. Healthy and nutritiously fed children are more engaged in school, more involved in physical activity and grow to become healthier adults, all of which lead to greater outcomes for themselves and the whole of our state. But, not all Texans live near or are able to afford healthy food options like fruits and vegetables and instead have far greater access to high calorie, low nutrition food and drinks such as sugary snacks and sodas.

Because more than one of every four (27.6 percent) Texas kids does not know where their next meal will come from, our nutrition assistance programs are no longer “added help” for families. The Supplemental Nutrition Assistance Program (SNAP); Women, Infants and Children nutrition program (WIC); and school breakfast and lunch programs are the primary ways many Texas families access food. Although Texas has made great strides in making sure that our youngest Texans are healthier and more nutritiously fed, major obstacles remain to meeting the nutritional needs of Texas children.

**FOOD INSECURITY**

27.6% or 1,894,060

Texas children considered food insecure; or without access to enough food to remain healthy and active.

**WIC**

47,500

Decline in WIC enrollment for children ages 0-4, from 2010 to 2011.

**Why is WIC on the decline?**

Several factors impact the recent decline in both the number and percentage of children receiving WIC, such as:

- Lack of outreach to WIC eligible Texans.
- Recertification process that requires mothers to renew six weeks after birth.
More and more Texas students rely on their local public schools for food security and nutrition, making these programs a critical safety net for our kids. Recently, Texas made an important investment by passing the “school breakfast bill.” Expansion of the school breakfast program will go a long way toward helping Texas children secure the right kinds of food prior to each and every school day. This is a step in the right direction, but we must do more.

We must implement, expand, and support our school nutrition programs to make sure our youngest Texans are also able to access nutritious food during the summer months. It is often during this time that many students are at their most food insecure without the daily support of our public schools. As the nation absorbs a scheduled $11 billion cut to SNAP, and Texas sees a troubling decline in WIC enrollment, low-income Texas children and their families face a troubling road ahead. If we want a Texas that is fit, healthy and prosperous, we must prioritize the nutritional needs of our children.

**SNAP**

In 2011, **2,024,531** Texas kids, 0-17 received SNAP benefits. **29.1%** (of all kids)

**Benefits of Federal SNAP Program**
- The 2009 Federal American Recovery and Reinvestment Act (ARRA) increased SNAP benefits, which in turn reduced food insecurity for low income families.
- Children with access to SNAP benefits grow up to be healthier, less obese, adults.

**Impact of Federal Cuts**
- A family of four will now have $396 less in benefits for the year due to the expiration of ARRA federal stimulus dollars in November 2013.
- The decline in benefits, along with expected food inflation, will likely result in greater stress and insecurity for working low and moderate income families.

**What does the decline in SNAP look like monthly?**

- 9 gallons of milk or
- 23 loaves of bread or
- 23 lbs of apples

**WHAT CAN WE DO?**

More and more Texas students rely on their local public schools for food security and nutrition, making these programs a critical safety net for our kids. Recently, Texas made an important investment by passing the “school breakfast bill.” Expansion of the school breakfast program will go a long way toward helping Texas children secure the right kinds of food prior to each and every school day. This is a step in the right direction, but we must do more.

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IN 2012...

66% of kids in Texas’ public school system received free or reduced-price lunch

(Up from 54% in 2002)
Right now, millions of under or uninsured Texans wake up each morning praying their families won’t get sick. Regardless of race, zip code, or income, there’s nothing more painful than having a sick child and not being able to take her to the doctor—especially if it’s because you can’t afford it.

For most Texans, reliable access to preventive and consistent health care is available only if you have health insurance. It’s the way we’ve designed our health care market to work. And kids’ health outcomes are directly linked to their family’s access to health insurance. Uninsured kids are 20 percent less likely to be in excellent or very good health compared to kids who are insured.47

Fortunately, we know what works to reduce uninsured rates and have made significant progress in recent years. Fifteen years ago, 1 in 4 Texas kids were uninsured. Today, thanks to Medicaid and the Children’s Health Insurance Program (CHIP), the overall uninsured rate for Texas kids is down to 1 in 6 (nearly 1.2 million).48

The decline in the child uninsured rate is the result of choices we made to prioritize children’s access to health insurance. In addition to Texas’ implementation of CHIP in 2000, we reduced barriers to children’s Medicaid enrollment (e.g., allowing applications and renewal by mail); addressed systemic problems and provided additional resources for the state system that determines whether a child is eligible for public health insurance (e.g., hiring more staff and improving training);49 and implemented the first administrative rules of the Affordable Care Act.

The Affordable Care Act and Kids (Now and beginning in 2014)

- All insurance plans are required to cover essential health benefits, such as maternity and newborn care, preventive and wellness care, pediatric services and emergency services (now!)
- Preexisting conditions eliminated (now!)
- Kids can stay on their parent’s coverage until they turn 26 (now!)
- Children leaving foster care can receive health coverage until they are 26 (2014)
- Medicaid and CHIP Applications streamlined by eliminating asset tests and mandatory in-person interviews (2014)

Fewer Texas kids are uninsured, but still second highest rate in the nation50
One of the biggest ongoing barriers to increasing kids’ access to health insurance is making sure their parents have health insurance. Approximately 1.9 million Texas parents are uninsured, increasing the likelihood that their children are uninsured too. When parents are uninsured, their kids are less likely to have a regular health provider and more likely to fall into a coverage gap.

The good news is that more parents, and consequently more kids, have access to coverage through the new federal health insurance Marketplace. Though problems with the online portal have delayed enrollment for some, Texans can still shop the Marketplace now for 2014 health plans that fit their budgets and medical needs, while knowing that all plans available will have important, basic protections required by the new law (e.g., preventive and wellness care, maternity and newborn care, pediatric services, emergency services). In addition, many Texans will be eligible for federal subsidies to help pay for their health insurance premiums, making access to coverage more manageable within their family budgets.

The bad news is that too many parents still won’t have access to affordable coverage because Texas failed to accept the option, and the corresponding federal dollars, for Medicaid Expansion. And it’s a double whammy for Texas’ poorest uninsured parents.

Because the Affordable Care Act was written assuming our poorest adults would receive coverage through Medicaid, there was no provision for providing subsidies in place of Medicaid coverage. Texas’ refusal to expand Medicaid means that Texas parents in households living just below the poverty line (e.g., $23,000 a year or 98 percent of poverty for a family of four) aren’t eligible for either Medicaid or subsidies to help pay for insurance, while parents in households living just above poverty (e.g., $24,000 or 102 percent of poverty) can receive subsidies to make insurance more affordable. Even more frustrating is that next door in New Mexico and Arkansas, working poor parents will gain coverage through their states’ Medicaid expansion programs, while Texans will not.

Not expanding Medicaid to parents is a big deal for kids. First, we know that children living in states that have previously expanded Medicaid to parents have a 20 percentage point higher rate of insurance coverage through Medicaid. Second, with approximately half of all of Texas’ uninsured children currently income eligible for public health insurance, getting parents on Medicaid could significantly improve access to health coverage for a huge proportion of the state and the nation’s child uninsured population. Texas accounts for one of every six uninsured children in U.S. that also live in poverty.

The Coverage Gap for A Texas Family of Four

If Texas accepts the new Medicaid dollars, BOTH families can access affordable care

<table>
<thead>
<tr>
<th>THE JONES’S</th>
<th>THE JOHNSON’S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance worker and stay-at-home mom</td>
<td>Office clerk and part-time home health aide</td>
</tr>
<tr>
<td>$23,000 (98% FPL)</td>
<td>$24,000 (102% FPL)</td>
</tr>
<tr>
<td>$8,704</td>
<td>$8,704</td>
</tr>
<tr>
<td>NO – Income eligible for Medicaid according to Feds, but Texas didn’t accept Medicaid expansion option</td>
<td>NO – Income too high</td>
</tr>
<tr>
<td>$0 - Income not high enough to trigger tax credit</td>
<td>$8,224</td>
</tr>
</tbody>
</table>

Without the Medicaid option, Mr. and Mrs. Jones can’t afford coverage. With an $8,224 tax credit, Mr. and Mrs. Johnson can afford coverage.
Making sure kids have access to health insurance is the first step to improving their health outcomes. But the next step is to make sure they have access to a doctor. In 2012, 69 percent of Texas doctors surveyed said that they would either limit or accept no new Medicaid patients, up from 33 percent in 2000. This is largely due to rising medical care costs in the face of stagnant and even reduced Medicaid reimbursement rates for doctors—rates that are defined by the Texas Legislature.

For kids, the impact of having access to care starts before birth. The latest public health research suggests that if we really want to improve birth outcomes, we have to ensure women not only have family planning to help them space their births for optimal infant health, but also basic health care to support a healthy pregnancy.

Devastating budget cuts to family planning in 2011 caused widespread collateral damage, leaving 147,000 Texas women without services and the women’s health safety net in tatters. Ironically, these family planning cuts resulted in large cost increases to the state due to increases in unplanned pregnancies. Making policy choices that reduce access to basic care is shortsighted and fiscally irresponsible.

This session, the 2013 Texas Legislature attempted to repair the damage by funding family planning programs to serve approximately the same number of women as before the cuts. But because so many providers (at least 56 clinics) already closed their doors due to the 2011 cuts, it’s unclear that enough family planning providers are available.

Consistent quality prenatal care is paramount for the health of mom and baby. More than 1 of every 3 Texas babies (141,616 in 2010) are born to a mom that received late or no prenatal care, increasing the likelihood that their babies will be born too small or will die before their first birthday. The data are even more stark when you look at racial-ethnic differences, where Black babies are 50 percent more likely to be born prematurely and 87 percent more likely to be low-birth weight than White infants.

More than one of every three Texas babies is born to a mom who received late or no prenatal care.
WHAT CAN WE DO?

If we want Texas to be a leader in the 21st century, investing in our children’s health must rank right alongside educating and feeding them. Historically, when Texas invested more in children’s health care, we saw not only improved health outcomes, but kids also were better educated, safer, and less likely to engage in other risky behaviors (e.g., teen pregnancy).³⁷

Three specific strategies could significantly improve child and family health care coverage and access in Texas:

• Accept federal dollars for Medicaid Expansion to cover 1 million uninsured, U.S. citizen, Texas adults living below poverty;

• Rebuild the family planning infrastructure to ensure statewide access for women; and

• Ensure timely access to enough doctors to provide preventive and sick care by updating the Medicaid reimbursement rates to keep up with inflation.

It’s time to get back to basics. Improved health outcomes for Texas kids starts with state health care policies that match our goals for kids. We need to make policy choices that help women access both preconception and prenatal care, allow kids to see a doctor when they need one, and pay doctors enough to cover their costs. It doesn’t get any more basic than that.

Compared to White babies, Black newborns are:\n
\begin{itemize}
  \item 50% more likely to be preterm
  \item 87% more likely to weigh less than 5.5lbs
\end{itemize}
Family Economic Security = Child Economic Opportunity

Poverty is arguably the most important measure of child well-being. Poverty can create toxic stress that physically alters a young child’s developing brain and body,\(^6\) is related to gaps in health and education,\(^6\) and is predictive of worse employment outcomes as adults.\(^7\)

Because poverty is defined by a household’s income, parental economic opportunity and mobility is the best antidote to children falling into or lingering in poverty. Unfortunately, even after the end of the Great Recession, the percentage of Texas kids living in poverty continues to climb.

Even in a vibrant local economy, there can still be very little economic mobility. In fact, kids living in poverty in Brownsville only have a 10 percent chance of moving into the top fifth of income earners as adults; and only a 6.4 percent chance if they live in Dallas. Across the country, these differences are related to high income inequality in cities, income segregation in neighborhoods, the quality of local schools, the percentage of two-parent families, and level of civic engagement.\(^7\)
What is Poverty?

2012 Federal Poverty Thresholds

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>MAX. YEARLY INCOME (or less)</th>
<th>MAX. HOURLY WAGE (or less)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$11,945</td>
<td>$5.97</td>
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<tr>
<td></td>
<td>$18,480</td>
<td>$9.24</td>
</tr>
<tr>
<td></td>
<td>$23,283</td>
<td>$11.64</td>
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</table>

The Texas child poverty rate is growing faster than our child population
Between 2000 and 2011

TEXAS’ CHILD POPULATION GREW 18% from 5.9M to 6.9M

TEXAS KIDS LIVING IN POVERTY GREW 47% from 1.2M to 1.8M

Poverty and opportunity differ dramatically across Texas
Highest versus lowest county-level child poverty rates in Texas

IN 2011 BROOKS COUNTY had the highest child poverty rate in Texas.
CHILD POVERTY RATE 48.1% UNEMPLOYMENT RATE 8.9% MEDIAN HOUSEHOLD INCOME $24,567

IN 2011 ROCKWALL COUNTY had the lowest child poverty rate in Texas.
CHILD POVERTY RATE 9.1% UNEMPLOYMENT RATE 7.2% MEDIAN HOUSEHOLD INCOME $84,763

Poverty Continues to Climb Even as Economy Recovers

<table>
<thead>
<tr>
<th>Year</th>
<th>All Poverty</th>
<th>Child Poverty</th>
<th>Unemployment</th>
<th>Jobs Below or at Minimum Wage</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>4.7%</td>
<td>14.6%</td>
<td>4.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>2001</td>
<td>4.7%</td>
<td>6.8%</td>
<td>4.1%</td>
<td>3.2%</td>
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<tr>
<td>2002</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>2003</td>
<td>4.7%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>2004</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
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<tr>
<td>2005</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
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<tr>
<td>2006</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
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<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
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<td>6.8%</td>
<td>4.7%</td>
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<td>2009</td>
<td>5.3%</td>
<td>6.8%</td>
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<tr>
<td>2010</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>2011</td>
<td>5.3%</td>
<td>6.8%</td>
<td>4.7%</td>
<td>3.2%</td>
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</tbody>
</table>
What does a single parent with two kids need to get by?77
Most vs. least expensive metro areas in Texas

<table>
<thead>
<tr>
<th>METRO AREA</th>
<th>NEEDED ANNUAL SALARY</th>
<th>NEEDED HOURLY WAGE</th>
<th>JOBS IN THE AREA THAT DON’T PAY ENOUGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$$$ AUSTIN</td>
<td>$41,532</td>
<td>$20.77</td>
<td>65%</td>
</tr>
<tr>
<td>$ BROWNSVILLE-HARLINGEN</td>
<td>$26,508</td>
<td>$13.25</td>
<td>70%</td>
</tr>
</tbody>
</table>

Texas’ single-parent families are much more likely to live in poverty.76
Percentage of households in poverty, 2009-2011

WHAT CAN WE DO?

We can make choices at the local and state level that can reduce the occurrence and experience of poverty, and increase the opportunity to move up the economic ladder. The significant decline in elder poverty over the last 40 years is proof that deliberate action yields positive results. Thanks in large part to federal policies such as Supplemental Security Income and Medicare, elderly poverty now stands at about one-third of the child poverty rate.

We’ve also proven that state policy matters for Texas kids. Over the last 20 years, when Texas invested in policies that improve families’ economic security (i.e., child care subsidies, child support enforcement, Temporary Assistance for Needy Families [TANF], and youth job training), we saw an improvement in children’s economic well-being, meaning they were less likely to live in poverty, be food insecure, or housing burdened.79

But when Texas still ranks 30th in child economic well-being,78 we know we can do more. That means investing in proven tools that protect kids from the effects of poverty and give them and their families a chance to move up the economic ladder—receiving a strong public education, making higher education affordable, providing access to doctors before they get sick, and helping put healthy food on the table. Our policy choices can significantly reduce poverty. We’ve done it before, and we can choose to do it again.
Child Protection

All children need safe, loving, and permanent homes. The best-case scenario is that all families safely care for children in their own homes. When that’s not possible, Child Protective Services (CPS) may have to step in to provide in-home services to a family or remove the child from a home. Although the majority of cases involve providing services to families with the child remaining at home, about a third of cases lead to substitute care.

After large budget cuts to prevention and early intervention services during the 2011 legislative session, the 2013 Texas Legislature restored funding and increased investments by $24.8 million for the biennium. The Texas Legislature also added $18 million for other at-risk services and added $10.1 million to provide substance abuse services for families. Supporting these services is the right move. In 70 percent of CPS family cases, children remain in the home, and 97 percent of these cases are closed without need for further intervention. But in tight budget times, prevention and early intervention are often the first area cuts—it happened in 2003 and again in 2011.

WHAT CAN WE DO?

No child should fall through the cracks, even in lean years. Protecting our most vulnerable kids means investing to keep them with or return them to their families whenever possible. This approach is typically better for kids and cheaper for the state—a win-win solution.

In 2012...

16,969 kids entered substitute care
Substitute care, or conservatorship, is when a child is removed from a home. In 2012, about 30 percent of CPS family cases opened for services resulted in substitute care. That’s up from 20 percent in 2009.

42,725 kids total lived in foster care or with kin

30,571 in foster care
In 2012, 4.3 out of every 1000 children ages 0-17 lived in foster care in Texas, a 12 percent increase since 2009. Furthermore, foster care is not always available where needed. In August 2013, only 43 percent of children in foster care lived in their home county.

12,154 in kinship placement
Children in substitute care generally live in foster care or with a relative (an unrelated adult with an established relationship is also considered “kin”). Relatives get preference as placements for children.

17,619 kids exited substitute care

- Family reunification: 5,873 (33%)
- Custody given to relatives: 5,129 (29%)
- Non-relative adoption: 2,682 (13%)
- Relative adoption: 2,358 (15%)
- Aged out/emancipated: 1,363 (8%)
- Other: 214 (1%)

Under federal law, the preferred way to leave substitute care is for a child to be safely reunified with the family, and in Texas, one in three kids exited substitute care through reunification. The least preferred outcome is for kids to “age out” of the foster care system, or turn 18 and lose eligibility to remain in care before finding a permanent home. These kids are much less likely to graduate from high school and much more likely to experience homelessness, joblessness, and poverty as adults.
Risky Youth Behavior

Committing a violent crime or becoming a parent at a young age can have far-reaching consequences in children’s lives. Fortunately, both experiences are becoming less common for Texas teens.

Over the last 10 years, the teen birth rate has slowly fallen, but the number is still too high. In 2010, 48,417 babies were born to teen mothers ages 13-19, accounting for 12.6 percent of all live births.90 Teen mothers are more likely to drop out of school, narrowing their employment opportunities and increasing the likelihood they will live in poverty. Children of teen moms are more likely to experience health problems and developmental delays, drop out of school, and experience poverty. They are also more likely to become teen parents themselves.90

Although the trend is moving in the right direction, Texas could do more by encouraging comprehensive education on the benefits of delaying pregnancy until adulthood and reducing risky behaviors, and improving access to reproductive health services for teens. Repeat births to teens remains a significant challenge. About 23 percent of mothers age 17 and under did not report using contraceptives after giving birth,91 and more than one in five were born to teens who were already mothers.92

Juvenile violent crime arrests also continue to fall. The violent crime arrest rate for children ages 10-17 fell 34 percent between 2007 and 2011,93 mirroring a national trend—nationally, juvenile violent crime arrests fell 32 percent during the same period. The decrease in juvenile violent crime contributed significantly to the overall decline in crime, outpacing the drop for other age groups—adult arrests fell only 7 percent in the same period, and young adult crime (ages 18-24) fell 12 percent.94

We know that when we invest in children’s health and education, juvenile violent crime and teen birth rates decrease.97 Healthy, educated kids have more opportunities and are better prepared to live up to their potential.

Focusing on prevention is the smartest way to tackle both juvenile violent crime and teen births. Chief among preventive strategies is positively connecting kids to school or work. Nationally, 20 percent of teen mothers have already dropped out of school before becoming pregnant. Strengthening connections to college and the workforce provides a positive and attainable vision for the future, giving kids a reason to stay in school, delay pregnancy, and avoid risky behaviors.98

WHAT CAN WE DO?

The juvenile violent crime arrest rate fell from 185 arrests per 100,000 children ages 10-17 in 2007 to 122 arrests per 100,000 children in 2011.

The rate of births to teens improving, but primarily for married teens.96
CUTTING BACK ON THE YOUNG IS LIKE EATING THE SEED CORN: SATISFYING A MOMENTARY NEED BUT LEAVING NO WAY TO GROW A PROSPEROUS FUTURE.

Anna Bernasek, Newsweek, Oct. 25, 2013

Conclusion

Every child should have the chance to reach his or her full potential. That means seeing a doctor when they need one, having access to nutritious food, feeling safe at home, and obtaining a high quality education. But positive or negative outcomes for kids don’t just happen. They are the inevitable results of effective or failed policy choices.

Our policy choices reflect our priorities and what we choose to invest in for the future. But you can’t expect returns on investments you don’t make. With devastating cuts in 2011 that were only barely soothed by meager investments during the 2013 legislative session, our future returns may be quite small. It’s time we made kids a state priority the same way good parents make them a family priority.

Who keeps kids healthy? Who keeps kids safe? Who helps educate our kids? We do . . . with our voice. Talk to your families, friends, neighbors, and leaders about how our choices matter. Because Texas KIDS COUNT.
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Access Data on Child Well-Being Through the Improved KIDS COUNT Data Center

The Annie E. Casey Foundation’s KIDS COUNT Data Center is now easier to use. Access hundreds of child well-being indicators related to education, employment and income, health, poverty and youth risk factors. Data are available for the nation and for states, as well as for many cities, school districts, counties and congressional districts.

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Endnotes

2. For data on racial inequities in child well-being, visit http://datacenter.kidscount.org
3. Unless otherwise noted, all population data are CPPP analyses of 2011 Population Estimates, Texas State Data Center.
4. Racial and ethnic categories and definitions are provided by the source agency for the data, which may lead to differences in labels between indicators.
5. See note 1
7. CPPP analysis of Texas Department of Health 2010 birth data.
8. See note 5
11. CPPP analysis of 2011-2012 Texas Enrollment Data, Texas Education Agency. TEA defines economically disadvantaged as students eligible for free or reduced-price lunch. http://bit.ly/1gOvHd
15. CPPP Analysis of 4 year olds in Texas enrolled in Pre-Kindergarten programs.
23. CPPP analysis of 2013 STAAR data, TEA.
27. See note 22
37. 2011 Women, Infant and Children Program Participation data from Department of Health Services.
40. 2011 SNAP data from Texas Department of Health and Human Services.
45. Based on calculations for the average price of milk, bread and apples for 2013, U.S. Department of Agriculture. http://1.usa.gov/1bPdxOZ
50. See note 48
51. 3-year average (2010-2012). Current Population Survey’s March Supplement, U.S. Census Bureau, as reported in the KIDS COUNT Data Center.
56. See note 55
58. See note 48.
65. See note 7.
66. See note 7.
72. 2012 Federal Poverty Thresholds; Hourly Wage assumes 200 hours of work annually.
73. CPPP analysis of population: Texas State Data Center; and Poverty: Small Area Income and Poverty Estimates, U.S. Census Bureau.
The Center for Public Policy Priorities believes in a better Texas, where economic and social opportunity is available in fair measure to all. We work on public policies to improve conditions for low- and moderate-income Texans through independent research, policy analysis, public education, and advocacy.

About CPPP

This book was authored by Frances Deviney, Ph.D., Texas KIDS COUNT Director, Anthony Vincent LeClair, Texas KIDS COUNT Intern, Jennifer Lee, Research Associate, and Kaeley Bobbitt, Ph.D., Texas KIDS COUNT Intern. For more information on this research, visit www.forabettertexas.org/childwellbeing.html

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We believe in the people of Texas—our friends and neighbors, our sons and daughters. All Texans. We stand for community. People from all walks of life. United. We stand for justice. Working to improve public policy. Advocating at the Capitol and on the Hill. We stand for telling the truth—respectfully but with courage. And we mean the whole truth based on hard facts and rigorous analysis. When 1 in 5 of us lives in poverty. 1 in 4 doesn’t have health care. And 1 in 5 children in this state is at risk of going hungry. Things have to change. And that’s why we’re here. Together we can make our state a better place for all of us. A place of opportunity and prosperity. Because we all do better when we all do better. We never shy away from the tough conversations. About affordable health care, strong schools and colleges, good jobs, and child well-being. We stand for economic and social opportunity for all Texans. Because Texans believe in opportunity. For over a quarter of a century, we’ve strived to do our best. Finding meaning in our work. Fighting for what’s right.

Because we believe in a better Texas.