The North Texas Community Foundation, Child Care Associates, and CHILDREN AT RISK are pleased to present the inaugural edition of Growing Up In North Texas 2016: A Community Assessment for Tarrant County, a report of county level data on measures of child well-being, from economics and education to health and safety.

We commissioned this report because of our shared concern for the state of Tarrant County’s children and commitment to improving their opportunities for success. In North Texas we are accustomed to looking at indicators on employment, poverty, and education to gauge how we are doing as a region. What we need is a way to make sense of all the data and understand its impact on our children. We must bring analytic capacity to the challenge of improving child well-being in our region, especially for children at risk.

With this report the North Texas Community Foundation aims to provide all who have a stake in our children’s future with a tool to help identify the most strategic and pressing areas for intervention, chart new paths to move Tarrant County forward, and track progress over time. For Child Care Associates, this community assessment informs the design of its programs and policy interventions to impact our youngest children and families in Tarrant County. Beyond the report itself, CHILDREN AT RISK works to distill extensive statistical data and research in order to analyze policy decisions, make actionable policy recommendations to public officials, and educate the community on the state of children across Texas.

The good news is that reliable data and open conversations can improve what we do today and have far-reaching impact on outcomes for our children long into the future. Make this report your starting point to convene partners new and old toward nontraditional conversations and concepts that squarely address the children’s needs.

We can do better. Think beyond. Examine the data. Design solutions. And let’s get to work!

Nancy E. Jones
North Texas Community Foundation
President & CEO

Kara Waddell
Child Care Associates
President & CEO

Dr. Robert Sanborn
CHILDREN AT RISK
President & CEO
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DEMOGRAPHICS
The overall population of Tarrant County increased at a rate of 7.5% from 2010 to 2014, consistent with rapid growth statewide. While the Tarrant County population continues to grow, overall growth has slowed since the previous decade during which it exceeded 20%. Comparatively speaking, Tarrant County population growth lagged behind Harris County, but surpassed the growth of Dallas County. The city of Fort Worth has the largest population of children under 18 in Tarrant County, followed by Arlington, and the northeast suburbs. Child population in Tarrant County has grown from 2009-2014, while the child population rate in Dallas County remained stable. The 2014 estimated total child population in Tarrant County exceeds half a million and is racially diverse with 38% White, 37% Hispanic, 17% Black and 4% Asian. English is the predominant language with nearly 60% reporting English as a first language, and more than 70% reporting speaking English “very well.” Tarrant County also shows a stable household composition with nearly 70% of children in married households, and less than 10% of children being raised by family such as grandparents or individuals other than the biological, step or adopted parents. Nevertheless, 22.1% of all children in Tarrant County live below the federal poverty threshold according to 2014 estimates, an increase of 4 percentage points since 2009.
DEMOGRAPHICS

COUNTRY COMPARISON

CHILD POPULATION BY RACE/ETHNICITY, 2014

<table>
<thead>
<tr>
<th></th>
<th>Bexar County</th>
<th>Dallas County</th>
<th>El Paso County</th>
<th>Harris County</th>
<th>Tarrant County</th>
<th>Travis County</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>20%</td>
<td>19%</td>
<td>9%</td>
<td>23%</td>
<td>38%</td>
<td>36%</td>
</tr>
<tr>
<td>Hispanic (of any other race)</td>
<td>68%</td>
<td>52%</td>
<td>86%</td>
<td>52%</td>
<td>37%</td>
<td>47%</td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
<td>23%</td>
<td>4%</td>
<td>19%</td>
<td>17%</td>
<td>9%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>14%</td>
<td>12%</td>
<td>10%</td>
<td>8%</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Totals may not equal 100% as Hispanic origin is not mutually exclusive and numbers are rounded to the nearest whole percent.

Child Population by Household Type, 2014

- Married Households: 67%
- Single Male-headed Household: 26%
- Single Female-headed Household: 7%
- Other Households: 7%

Child Population by Primary Caregiver, 2014

- Biological/Adopted/Step: 90%
- Grandparent: 7%
- Other Relative: 2%
- Foster or Unrelated: 1%

Household Language Spoken, 2014

- English: 58%
- Spanish: 12%
- Asian or Pacific Island Languages: 18%
- Other Indo-European Languages: 8%
- Other Languages: 4%

English Proficiency When Language Other Than English is Spoken at Home, 2014

<table>
<thead>
<tr>
<th>Language Other Than English Spoken at Home</th>
<th>Speak English “very well”</th>
<th>Speak English “less than very well”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Asian or Pacific Island Languages</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Other Indo-European Languages</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Other Languages</td>
<td>68%</td>
<td>32%</td>
</tr>
</tbody>
</table>
## DEMOGRAPHICS

### Most Common Countries of Origin for Tarrant County Refugees and Special Immigrant Visas

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Number of Individuals Relocated (October 2014 - July 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myanmar (Burma)</td>
<td>368</td>
</tr>
<tr>
<td>Iraq</td>
<td>176</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>152</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>137</td>
</tr>
<tr>
<td>Somalia</td>
<td>116</td>
</tr>
</tbody>
</table>

### County Comparison

**Refugee Arrivals by County, 2015**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEXAR</td>
<td>1136</td>
</tr>
<tr>
<td>DALLAS</td>
<td>2513</td>
</tr>
<tr>
<td>HARRIS</td>
<td>5685</td>
</tr>
<tr>
<td>TARRANT</td>
<td>1728</td>
</tr>
<tr>
<td>TRAVIS</td>
<td>1752</td>
</tr>
</tbody>
</table>
ECONOMIC WELL-BEING
ECONOMIC WELL-BEING

Poverty

Living in poverty is correlated with poor health, lower academic performance in school, and behavioral issues along with many other negative outcomes. Poverty affects all facets of children’s lives, as they struggle to meet basic needs such as adequate housing, nutrition, and health care. Tarrant County children fare better in this regard than children across Texas: 22.1% of Tarrant County children live in poverty compared with 25.3% of children statewide. However, it is probable that many more Tarrant County families and children experience the impacts of poverty as it is estimated that families need two times the amount suggested by the Federal Poverty Guideline to provide for their basic needs. The impacts of poverty intensify when families experience unemployment or homelessness. Families’ need for services such as food assistance, employment services, transportation, and health care are magnified. Expanding family economic opportunity is crucial to ensuring the development and success of Tarrant County children moving forward.

TARRANT COUNTY CHILDREN IN POVERTY, 2014

113,084

25.3% of Texas Children Live in Poverty, 2014

COUNTY COMPARISON

CHILD POVERTY RATE BY COUNTY, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>Bexar</th>
<th>Dallas</th>
<th>El Paso</th>
<th>Harris</th>
<th>Tarrant</th>
<th>Travis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>25.4%</td>
<td>29.5%</td>
<td>32.3%</td>
<td>27.3%</td>
<td>22.1%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

Tarrant County Families in Poverty by Race, 2014

<table>
<thead>
<tr>
<th>% of Hispanic families</th>
<th>22.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Black families</td>
<td>20.3%</td>
</tr>
<tr>
<td>% of Asian families</td>
<td>12.9%</td>
</tr>
<tr>
<td>% of White families</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

FEDERAL THRESHOLD FOR FAMILY OF 4 LIVING IN POVERTY, 2014

$68,496

Median Household Income for Families in Tarrant County, 2014

$23,850

Tarrant County Unemployment Rate, 2014

5.4%
Hunger

A quarter of Tarrant County children experience food insecurity, meaning their families consistently lack access to adequate food. Additionally, 19% of the county lives in food deserts, without access to grocery store establishments and healthy food options. Children who suffer from chronic hunger experience developmental challenges, have poor overall health, are more likely to perform worse in school, and are at higher risk for childhood obesity. Meanwhile, children with healthy eating habits perform better academically, have better school attendance, and fewer behavioral and health problems.

Several programs effectively decrease chronic hunger experienced by children, such as Supplemental Nutrition Assistance Program (SNAP), Supplemental Nutrition for Women, Infants & Children (WIC), and the school breakfast and lunch programs which provide free & reduced priced lunches to low-income families. All available programs are used by Tarrant County families and children. Continuing to increase awareness and use of programs is essential to decreasing the chronic hunger experienced by children; increasing access to healthy food is vital to enhancing the holistic development of children.
ECONOMIC WELL-BEING

With over 22% of Tarrant County children living in poverty, it is essential that we address economic stability to create an environment for children to thrive. Through Family Pathfinders’ Financial Coaching program, clients work with their coach to create a plan for financial stability, including budgeting, saving, reducing debt, and building credit. Coaches provide financial tools and help clients prioritize and identify resources allowing them to take control of their finances.

Another promising strategy is the two-generation approach to family financial stability, which provides parent focused financial coaching while simultaneously providing their children services to improve school performance and encourage college preparation. This approach leads to financial strength for the family, which in turn provides an atmosphere in the home for children to succeed in school and learn sound financial behaviors they will carry into adulthood. The outcomes of this approach are fewer unplanned moves, improved school performance, and increased financial stability.
Early Education
Quality education during a child’s earliest years is essential to their social, emotional, and cognitive development. High quality educational experiences from birth through age 5 increase school readiness, particularly for low income children. With half of Tarrant County’s student population identified as economically disadvantaged, quality early education is a crucial area for investment.

A primary source of early education for many children is their child care provider. Texas Workforce Commission (TWC) subsidizes child care for low-income families, but those families have limited options for quality child care. To improve access to quality early education for Tarrant County’s most vulnerable children, the number of providers willing to accept subsidized children must increase and the providers already serving subsidized children must pursue quality certification through the Texas Rising Star program.

The children eligible for state-funded Pre-K are often the same children eligible for state-funded child care programs, according to income eligibility requirements. Despite this overlap, there is little to no coordination of resources, information, or systems between the state agencies that run these programs. Children from low-income families tend to lag behind their peers developmentally when they start Kindergarten, and research has shown that participation in quality child care and Pre-K programs are especially impactful for these at-risk children.

Per Child Care Associates Estimate, 25,785 0-5 year olds in poverty are not served by an early education program in Tarrant County.

Quality education during a child’s earliest years is essential to their social, emotional, and cognitive development. High quality educational experiences from birth through age 5 increase school readiness, particularly for low income children. With half of Tarrant County’s student population identified as economically disadvantaged, quality early education is a crucial area for investment.

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**Approximate Number of Children Under Age 5 in Tarrant County (2013)**

142,500

**Estimated 0-5 Year Olds in Poverty Not Served by an Early Education Program**

25,785

**5,505**

Average Number of Children Served Per Day Through Child Care Subsidies in Tarrant County Workforce Board (2013-2014)

**1,320**

Total State Licensed or Registered Child Care Providers in Tarrant County, 2015

32% Do not accept subsidized children

68% Accept subsidized children

**COUNTY COMPARISON**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Percentage Accepting Subsidized Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Solutions Alamo</td>
<td>12%</td>
</tr>
<tr>
<td>Workforce Solutions for Greater Dallas</td>
<td>14%</td>
</tr>
<tr>
<td>Workforce Solutions Borderplex</td>
<td>17%</td>
</tr>
<tr>
<td>Workforce Solutions Gulf Coast</td>
<td>11%</td>
</tr>
<tr>
<td>Workforce Solutions for Tarrant County</td>
<td>16%</td>
</tr>
<tr>
<td>Workforce Solutions Capital Area</td>
<td>14%</td>
</tr>
</tbody>
</table>

**Tarrant County Early Education Average Teacher Salaries in 2015**

- Child Care Teacher: $17,632
- Elementary School (including Pre-K) Teacher: $57,132

*Child Care Associates Estimate*
Tarrant County Early Education Enrollment

- Early Head Start (2014): 401
- Head Start (2014): 2,014
- Public Pre-Kindergarten (2014-2015): 13,798

Fort Worth ISD Pre-K Student Ethnicity, 2016

- Hispanic: 64.2%
- Black: 26.9%
- White: 5.8%
- Asian: 1.3%
- Other: 1.8%

*Calculation includes all independent school districts that fall either entirely or partially within Tarrant County borders.

**INVEST IN WHAT WORKS**

- Support a “pipeline” for developing early childhood professionals and strengthening public/private systems of early care and education;
- Develop community supply of quality-rated early learning programs especially for infants and toddlers as well as preschoolers;
- Analyze education data and integrate with community metrics to inform decisions and drive quality improvement;
- Support continuous training and on-the-job coaching for early childhood educators that counts toward degree attainment and improves compensation;
- Help parents foster their children’s development through evidence-based parenting education programs.

**AN EXPERT’S PERSPECTIVE**

Dr. Deborah J. Rhea, Texas Christian University LiiNK Founder & Director

*Play is at the core of learning. Academics without play produces a fragmented child: one who is disconnected with themselves and others. An unstructured, outside recess environment affords children opportunities to explore on their own terms; terms that are not necessarily limited to the physical world.*

*The Let’s Inspire Innovation ‘N Kids Project (LiiNK™) was created three years ago to build balance between academics and the social-emotional health of children and teachers. LiiNK targets students and prepares teachers and administrators to redesign learning environments by combining three system strategies – recess (unstructured, outdoor play sessions during a school day), character education (Positive Action curriculum), and teacher training (three full day trainings). Together these strategies combat critical issues affecting development of non-cognitive skills in students. The project focuses on improving academic behaviors, social-emotional skills, and empathy which in turn produces a more equitable school environment, develops students who can problem solve, create, think critically, and behave responsibly, and maximizes teachers’ ability to engage the learners. LiiNK results indicate students in Kindergarten through 3rd grade experience significant improvements in academic achievement, less attentional fatigue, more attentional focus, and show the creation of an environment that is productive for each child to learn.*
EDUCATION

Public Schools

Tarrant County’s student population is extremely diverse, with a majority of Hispanic and Black students. This diversity requires culturally-sensitive strategies to engage students and families. Further, 9 of the 20 independent school districts serving children in Tarrant County have an ethnically diverse population. Those 9 districts also have some of the highest concentrations of economically disadvantaged students and students at risk of dropping out of school. The future of nearly half of all students living in Tarrant County is threatened due to the negative impact these factors can have on academic success.

While poverty is a significant indicator of academic success, literacy rates in 3rd grade are also very telling of student achievement, with low rates linked to a higher likelihood of dropping out of high school. Tarrant County matches the state rate of 77% of students passing the STAAR reading exam in 3rd grade. Unfortunately, 3rd graders in the county’s largest districts, Fort Worth ISD and Arlington ISD, have two of the lowest passing rates at 67% and 69% respectively.

A standard used to assess school quality is CHILDREN AT RISK’s classification of Gold Ribbon schools—those with high academic performance (receiving at least a B- on CHILDREN AT RISK’s school rankings) and a high economically disadvantaged student population. Tarrant County has 5 Gold Ribbon elementary schools but has no Gold Ribbon middle or high schools. This establishes an opportunity for low performing, high-poverty schools across Tarrant County to explore strategies successfully used by Gold Ribbon schools with similar demographics across the state.

Student Ethnicity Tarrant County, 2015

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>38.6%</td>
</tr>
<tr>
<td>White</td>
<td>17.6%</td>
</tr>
<tr>
<td>Black</td>
<td>4.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other</td>
<td>35.7%</td>
</tr>
</tbody>
</table>

Average Educator Salaries in Tarrant County, 2015

<table>
<thead>
<tr>
<th>Position</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary and Secondary Teacher</td>
<td>$57,132</td>
</tr>
<tr>
<td>Campus Administrator</td>
<td>$76,927</td>
</tr>
<tr>
<td>District Administrator</td>
<td>$106,384</td>
</tr>
</tbody>
</table>

Gold Ribbon Schools in Tarrant County, 2015

<table>
<thead>
<tr>
<th>School Name</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.H. Moore Elementary</td>
<td>Fort Worth ISD</td>
</tr>
<tr>
<td>Edward Briscoe Elementary</td>
<td>Fort Worth ISD</td>
</tr>
<tr>
<td>Goodman Elementary</td>
<td>Arlington ISD</td>
</tr>
<tr>
<td>Cesar Chavez Primary</td>
<td>Fort Worth ISD</td>
</tr>
<tr>
<td>McRae Elementary</td>
<td>Fort Worth ISD</td>
</tr>
</tbody>
</table>

Percent of 3rd Grade Students in Tarrant County that Passed the 2015 STAAR Reading Exam

*Calculation includes all independent school districts that fall either entirely or partially within Tarrant County borders.
### Percent of All Students Who Passed the 2015 STAAR Reading Exam

<table>
<thead>
<tr>
<th>School</th>
<th>2015 STAAR Reading Exam Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas</td>
<td>80%</td>
</tr>
<tr>
<td>Aledo*</td>
<td>94%</td>
</tr>
<tr>
<td>Arlington</td>
<td>73%</td>
</tr>
<tr>
<td>Azle</td>
<td>83%</td>
</tr>
<tr>
<td>Birdville</td>
<td>81%</td>
</tr>
<tr>
<td>Burleson*</td>
<td>84%</td>
</tr>
<tr>
<td>Carroll</td>
<td>98%</td>
</tr>
<tr>
<td>Castleberry</td>
<td>69%</td>
</tr>
<tr>
<td>Crowley</td>
<td>71%</td>
</tr>
<tr>
<td>Eagle Mt. Saginaw</td>
<td>80%</td>
</tr>
<tr>
<td>Everman</td>
<td>75%</td>
</tr>
<tr>
<td>Fort Worth</td>
<td>67%</td>
</tr>
<tr>
<td>Godley*</td>
<td>83%</td>
</tr>
<tr>
<td>Grapevine Colleyville</td>
<td>90%</td>
</tr>
<tr>
<td>Hurst Euless Bedford</td>
<td>88%</td>
</tr>
<tr>
<td>Keller</td>
<td>89%</td>
</tr>
<tr>
<td>Kennedale</td>
<td>82%</td>
</tr>
<tr>
<td>Lake Worth</td>
<td>70%</td>
</tr>
<tr>
<td>Mansfield</td>
<td>85%</td>
</tr>
<tr>
<td>Northwest*</td>
<td>87%</td>
</tr>
<tr>
<td>White Settlement</td>
<td>79%</td>
</tr>
</tbody>
</table>

*Portion of ISD is in Tarrant County

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52% of Students in Tarrant County* are Economically Disadvantaged, 2015

33% of Fort Worth ISD Students Did Not Pass the 2015 STAAR Reading Exam

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*Calculation includes all independent school districts that fall either entirely or partially within Tarrant County borders.

**Economically disadvantaged as defined by TEA is the number of students eligible for free or reduced-price lunch or other public assistance.
The fundamental purpose of a public school system is to prepare students for high school graduation, as well as college or workforce entry. CHILDREN AT RISK calculates graduation rates using a more conservative method than the Texas Education Agency. Arlington ISD and Fort Worth ISD – serving over one-third of Tarrant County’s students – fall near the bottom with graduation rates of 77.8% and 73.1% respectively.

Students are considered college and career ready when they attain the knowledge, skills, and disposition needed to succeed in credit-bearing postsecondary coursework or a workforce training program aligned to career goals and offering a competitive salary. Tarrant County educators and employers have expressed serious concern that too many high school graduates arrive unprepared for the studies and employment opportunities that await them. A critical opportunity exists for philanthropists, businesses, parents, school leaders, policymakers, and the community to commit to a County-wide effort to reconnect youth with educational opportunity and help them attain future and lifelong success.

The Texas Higher Education Coordinating Board tracks the number of graduating students who enrolled in a Texas public or private 2-year or 4-year program the following fall. This calculation does not capture Texas graduates who attend college out-of-state. It also misses students who enroll in higher education 6 or more months after high school graduation and the small portion of students who have non-standard ID numbers. Despite these limitations, it is helpful in determining the trajectory for the vast majority of Texas graduates.
COUNTY COMPARISON

CHILDREN AT RISK GRADUATION RATES FOR THE STATE’S LARGEST DISTRICTS, 2015

<table>
<thead>
<tr>
<th>Districts with the Highest Graduation Rates</th>
<th>Districts with the Lowest Graduation Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aledo ISD – 94.5 %</td>
<td>Castleberry ISD – 80.0%</td>
</tr>
<tr>
<td>Grapevine Colleyville ISD – 91.3%</td>
<td>Arlington ISD – 77.8%</td>
</tr>
<tr>
<td>Godley ISD – 89.0%</td>
<td>Everman ISD – 74.2%</td>
</tr>
<tr>
<td>Keller ISD – 86.9%</td>
<td>Fort Worth ISD – 73.1%</td>
</tr>
<tr>
<td>White Settlement ISD – 86.7%</td>
<td>Lake Worth ISD – 71.6%</td>
</tr>
</tbody>
</table>

51 % – Tarrant County High School Graduates FY 2014 Enrolled in Texas Public or Private 2-or 4-Year Higher Education in Fall 2014

<table>
<thead>
<tr>
<th>Districts with the Highest Enrollment Rates</th>
<th>Districts with the Lowest Enrollment Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aledo ISD – 61.0 %</td>
<td>White Settlement ISD - 44.9%</td>
</tr>
<tr>
<td>Mansfield ISD – 59.4%</td>
<td>Fort Worth ISD - 44.6%</td>
</tr>
<tr>
<td>Kennedale ISD – 59.2%</td>
<td>Lake Worth ISD - 42.3%</td>
</tr>
<tr>
<td>Keller ISD – 55.2%</td>
<td>Azle ISD - 41.6%</td>
</tr>
<tr>
<td>Burleson ISD – 54.9%</td>
<td>Castelberry ISD - 41.2%</td>
</tr>
</tbody>
</table>
Fort Worth ISD is on a path to systemic change, transforming the way students engage and are encouraged to learn through programs and strong leadership in the district and local community.

By 2020, our nation will experience a shortage of engineers and scientists; Tarrant County faces the same challenge with a strong aerospace industry and a booming healthcare system. Lockheed Martin pledged to match $1 million to Project Lead the Way to provide Fort Worth ISD schools with the training and course materials necessary to implement high-quality STEM education programs.

In addition to innovative programs, parents play an important role in their children’s education. Through Fort Worth ISD’s Family Academy parents can attend free classes in English and Spanish on a variety of topics such as improving communication skills and how to balance work-family life. Community members also have a stake in the success of our schools. We recruit volunteers to work with children, campus leaders, and district administration. Fort Worth ISD encourages community members to lean forward and ask, “How can I help?”

The Board of Education is united for the educational success of all our students; under the new leadership of Superintendent Dr. Kent Scribner, we will continue to move in ways that support the development and education of our students. Tarrant County and Fort Worth ISD have vibrant futures. Continue to look for new programs, parent and community engagement, and committed education leaders working together to mold the future leaders of our community.
Maternal and Infant Health

Texas has the fourth highest birth rate in the United States with more than 400,000 babies born in the state in 2014. Maternal and child health indicators provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. Access to quality care before and during pregnancy, especially during the first trimester, decreases harmful risks during pregnancy and increases positive health outcomes for the mother and child. In Tarrant County, a staggering 46% of women do not receive prenatal care during the first trimester of pregnancy, indicating lack of knowledge of pregnancy or lack of access to prenatal care.

Infant mortality is the death of an infant in the first year of life; in 2013 the infant mortality rate for Tarrant County was 7.2 per 1,000 live births compared to 6.05 per 1,000 live births for the rest of the state in the same year. The leading causes of infant death in Tarrant County include sudden infant death syndrome (SIDS), birth defects, perinatal conditions, unintentional injury, maternal health complications, and preterm birth. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and set children on the right path to reach their full potential. Perinatal enrollment in health insurance is critical to early identification and treatment of health conditions; in Texas, total perinatal enrollment in Children’s Health Insurance Program (CHIP) in October 2013 included 33,606 mothers and children.

In addition to identification and treatment of health conditions, vaccinations are important to keeping young children on the path towards healthy futures. Vaccinations protect children against preventable, communicable diseases. The recommended vaccination dosage for children aged 19-35 months consists of at least 4 doses of DTaP, 3 doses of Polio, 1 dose of Measles Mumps Rubella (MMR), 3 doses of Hepatitis B, 3 or 4 doses of Hib, and 1 dose of Varicella (4:3:1:3:3:1). In Texas, 66.5% of children between 19-35 months have completed the 4:3:1:3:3:1 vaccination schedule, lower than the national average of 74.6%.

**Most Common Causes of Infant Health Related Deaths in Tarrant County, 2011**

- 41% SIDS
- 29% Birth Defects
- 24% Other
- 6% Perinatal Conditions

**Percent of Texas Children 19-35 Months Completed the Recommended Vaccination Schedule**

66.5%

*Recommended Vaccination Schedule: 4:3:1:3:3:1*
Access to affordable health insurance coverage is important to child well-being. Children with access to health insurance generally have better health throughout their childhood and better health outcomes overall. They are less likely to get sick, more likely to receive treatment when they are sick or injured, and more likely to receive preventative care. While the majority of children are covered under their parents’ employer-provided insurance, Medicaid and the Children’s Health Insurance Program (CHIP) help cover those low-income children who may otherwise go uninsured. Additional healthcare services at the state level such as Texas Health Steps (THSteps) and Early Childhood Intervention (ECI) fill other gaps in coverage.

Since the passage of the Affordable Care Act in 2010, overall rates of uninsured children have decreased across the country, though rates remain relatively high in the south and west. In Texas, 9% of children were uninsured in 2014, compared with the United States average of 6%. In 2013, the rate of uninsured children in Tarrant County was 12.2%, or 65,874 children – double the U.S. average. For those children living at or below 200% of the federal poverty guideline, their uninsured rate was even higher at 16.1%. In Tarrant County, 53,077 children were enrolled in the CHIP program in 2014 and 179,863 were enrolled in Medicaid as of 2013.

Support families with health and development interventions that optimize children’s holistic development.

- Connect all families with a medical home, particularly pregnant mothers in need of quality prenatal care;
- Scale health and development screenings for young children across diverse settings and systems and support systems of service referrals;
- Provide home visitation services to those in highest need.
Sexual Health

Sexual health plays an important role in the future health and quality of life outcomes for young adults. Among high school students in Texas, 51.6% report having had sexual intercourse. Teenage pregnancy is an important health outcome that affects teen parents, their children, and society as a whole. Teen parents have an increased risk for dropping out of school, poverty, mental health issues, need for public assistance, and lack of health care coverage. Children born to teen parents are more likely to have academic and behavioral problems. At the state level unintended pregnancies cost Texas $2.9 billion dollars in 2010, the most in the United States. Of that cost, $1.1 billion was associated with unintended teen pregnancies.

Texas, like the rest of the country, has seen decreases in the teen birth rate since 1991, especially since 2007. This drop has been particularly steep for Hispanic and Black youth, declining 46.5% for Hispanic youth and 41.1% among Black youth in the past 10 years. However, rates of teen births in Texas remain high compared to the rest of the country. Texas had an 8% decline in the teen birth rate from 2013 to 2014; the state had the fifth highest teen birth rate in the nation at 37.8 births per 1,000 women. In Tarrant County, the teen birth rate is higher than the state average at 50.1 per 1,000 women. While some progress has been made, decreasing the number of teen pregnancies and teen births is necessary to the health, continuing education, and overall well-being of Tarrant County adolescents.

In addition to pregnancy, sexually transmitted diseases (STDs) are an important aspect of sexual health. Chlamydia and Gonorrhea top the list of communicable diseases in Tarrant County. Tarrant County ranks 21st of all counties in the United States for reported cases of Chlamydia, 24th for reported cases of Gonorrhea, and 27th for primary and secondary Syphilis. Of high school students in Tarrant County who are sexually active, 81% used some form of contraception, decreasing their chance of unplanned pregnancy, but 53.8% did not use a condom, increasing their risk of contracting STDs. Youth cases of Chlamydia, Gonorrhea, and Syphilis account for 21% of all respective cases in the Tarrant County population.
Chronic Conditions

Obesity is an ongoing epidemic in the United States. From 1980 to 2012 the percentage of obese children, 6-11 years, increased from 7% to 18% and the percentage of obese adolescents, 12-19 years, increased from 5% to 21%.14,15 Obese children and adolescents carry with them short and long term health effects. For example, they are at risk for cardiovascular diseases, type 2 diabetes, bone and joint problems, sleep apnea, several types of cancer, and social and psychological problems. They are also more likely to be obese as adults and continue to carry many of the same health risks as they grow older.16,17 Texas ranks 10th for childhood obesity in the country, with 19.1% of children being obese. Tarrant County ranks slightly better than state average, with only 17.8% of 2-15 year olds being obese.18 Physical activity plays an important role in obesity rates. Among high school students the rate of participation in physical activity at least five days out of the week in Texas (48.3%) remains similar to the national average (47.3%).20 In Tarrant County, 56% of individuals live within a half mile of a park, where they have access to places they can play and exercise.21 Children and families should be encouraged to maintain healthy, balanced diets and be physically active to reduce obesity and its associated health risks.

Another prevalent chronic condition is asthma which can cause shortness of breath, wheezing, coughing, and tightness in the chest. It can lead to lowered quality of life and economic burden of treatment.22 Asthma is one of the most prevalent chronic conditions among children, and prevalence rates have remained steady in Texas. In 2013 11% of children 0-17 in the Health Service Region 3, which contains Tarrant County, had been diagnosed with asthma compared to 9.1% of children across Texas. Access to medical care and healthy air environments are important to helping reduce the prevalence of asthma in children.23

Children are also affected by disabilities and developmental delays that can inhibit health and development. Children that experience disabilities or developmental delays need early diagnosis, treatment and access to resources, and monitoring. One way children and families can access needed services is through the Department of Assistive and Rehabilitative Services’ Early Childhood Intervention services who contract with local providers to serve children birth to three years of age. Children with disabilities ages 3-5 years can access Preschool Programs for Children with Disabilities (PPCD), through their local school districts. While in 2015 over 4,600 Tarrant County children were given access to necessary resources through ECI, this represents only a small percentage, 4.1% of all Tarrant County children, and it is likely that many more are in need of services but lack access or appropriate resources.24 Continuing to ensure that children with delays and disabilities receive the services they need is imperative to putting young children on a path to a healthier future.
### County Comparison

**Children (0-3) Receiving Early Childhood Intervention (ECI) Services by County, 2015**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
<th>Number served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar</td>
<td>4.7%</td>
<td>5,427</td>
</tr>
<tr>
<td>Dallas</td>
<td>2.2%</td>
<td>3,682</td>
</tr>
<tr>
<td>El Paso</td>
<td>4.9%</td>
<td>2,895</td>
</tr>
<tr>
<td>Harris</td>
<td>2.1%</td>
<td>6,028</td>
</tr>
<tr>
<td>Tarrant</td>
<td>4.1%</td>
<td>4,637</td>
</tr>
<tr>
<td>Travis</td>
<td>2.5%</td>
<td>1,847</td>
</tr>
</tbody>
</table>

### INVEST IN WHAT WORKS

- Conduct health screenings across diverse settings and systems;
- Increase access to affordable, healthy foods;
- Support programs that promote physical activity (youth sports leagues, hiking clubs, etc.).

### Mental and Behavioral Health

Mental health is an important facet of overall child well-being and impacts social, emotional, and physical health. In the United States, the most common mental health disorders in children 3-17 years of age are attention-deficit/hyperactivity disorder (6.8%), behavioral or conduct problems (3.5%), anxiety (3.0%), depression (2.1%), and autism spectrum disorders (1.1%). Mental health disorders if not diagnosed and treated can impact children’s physical and cognitive development as well as lead to issues at home and school and deter formation of positive, nurturing relationships.

Only 7.3% of Tarrant County families surveyed reported their children had been diagnosed with a mental health issue in 2012 compared to 9.7% in 2008. It is likely that many more children are suffering from a mental health issue but have yet to be diagnosed. Around 10% of children reported bullying, 5.8% had experienced trauma, and 8.8% reported having self-esteem issues. According to the community survey, of those who needed services, 1.2% did not receive the services that they needed. Children and families need increased awareness of mental and behavioral health issues and access to services, as it is likely that many more children need services.

In the United States 4.7% of adolescents aged 12–17 years reported an illicit drug use disorder in the past year, 4.2% reported an alcohol abuse disorder in the past year, and 2.8% reported cigarette dependence in the past month. In Texas, 50% of high school students had tried smoking at least once and 17% had smoked at least once in the past 30 days. Among high school students, 40% had reported having at least one drink in the past 30 days and 23% reported binge drinking at least one day in the past 30 days. The most common illicit substances used by Texas high school students were marijuana, inhalants, and cocaine.

In terms of spending, the Texas State Mental Health Agency mental health expenditures totaled $40.65 per capita in 2013, much lower than the U.S. average of $119.62 per capita and second lowest in the U.S. behind Idaho. In total, 46,807 Medicaid and indigent children received mental health services in 2013 from the Texas Department of State Health Services. Ensuring that funding for treatment of mental health issues and risky adolescent behavior is available, if necessary, gives all children the care they need to grow, develop, and perform optimally in Tarrant County and across Texas.
### Most Common Mental Health Disorders in Children (3-17) in the U.S., 2013

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD/ADHD</td>
<td>6.8%</td>
</tr>
<tr>
<td>Behavioral or Conduct</td>
<td>3.5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>3.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>2.1%</td>
</tr>
<tr>
<td>Autism Spectrum</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

### Most Common Illicit Substances Reportedly Used by High School Students in Texas, 2013

<table>
<thead>
<tr>
<th>Substance</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>40%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>11%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4%</td>
</tr>
</tbody>
</table>

### 36 Cases of Teen Suicide

36 cases of teen suicide in Tarrant County, 2013

### 7.3% Children with Reported Mental Health Issues, 2012

7.3% of children reported mental health issues in 2012.

### $40.65

Texas Mental Health Spending Per Capita, 2013

### $119.62

U.S. Average Mental Health Spending Per Capita, 2013

### 46,807

Texas Medicaid and Indigent Children Received Mental Health Treatment from Texas DSHS, 2014

### 4.7%

4.7% of U.S. Adolescents Reported Illicit Drug Use, 2013
**HEALTH**

**INVEST IN WHAT WORKS**

- Ensure access to early intervention services for infants and toddlers; ensure preschoolers access to quality early education programs that screen for developmental delays and support children with disabilities;

- Ensure access to quality social, emotional, and behavioral healthcare;

- Provide companionship/mentoring services that offer recreational, vocational, educational, outreach or supportive services;

- Offer positive youth development strategies to prevent out of home placement, deter juvenile delinquency, promote safety, prevent teen pregnancy, and help adolescents transition safely to adulthood.

**AN EXPERT’S PERSPECTIVE**

Dr. Elizabeth Trevino  
CEO, North Texas Area Community Health Centers, Inc.

According to The Center for Children’s Health 17.8% of Tarrant County children ages 2-15 are estimated to be obese, and figures are highest in the Hispanic community. These children have greater than a two-thirds chance of remaining obese at age 35. With short and long term health effects such as cardiovascular disease, pre-diabetes, type 2 diabetes, and social and psychological problems, it is important that interventions to address this problem are comprehensive and involve families, communities, schools and medical care providers.

North Texas Area Community Health Centers (NTACHC) provide children and families with access to culturally competent and timely behavioral and medical health care regardless of families’ ability to pay. Access is particularly important for children who do not have a medical home. In 2015, close to 75% of NTACHC patients served were Hispanic and approximately 65% were uninsured.

NTACHC serves obese children using a team-based approach that links medical and behavioral care providers and community health workers with parents. The goal is to educate families on healthy eating habits, optimal physical activity, and healthy cooking. Further, behavioral goals are set. Psychological impacts are discussed with parents and caretakers and services to address social needs are coordinated with other agencies. As younger patients present complications from diagnosed conditions such as diabetes, this strategy is helping to educate families on disease management and the prevention of further complications.
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Child Abuse, Violence, and Instability

Children are a vulnerable population, and sadly, many kids in Texas are not safe even in their own homes. Each year, tens of thousands of young Texans are confirmed to be victims of abuse and neglect; in 2014, there were more confirmed cases of abuse and neglect in Tarrant County than any other jurisdiction in the state. This child maltreatment results in long-term negative outcomes for kids and society. Abused children often experience poor academic performance, increased involvement with the criminal justice system, emotional and behavioral problems, and an increased likelihood of abusing others.

With high caseloads and limited resources, the state’s child welfare program is heavily burdened in responding to allegations, working with families, and providing safe placements to children. Unfortunately, removal from the home does not always guarantee a child’s future well-being, and youth in foster care are repeatedly identified as a particularly vulnerable population. Additionally, older children and children who spend more than 12 to 18 months in foster care are unlikely to achieve a permanent placement.

Over 1,600 children were living in foster care in Tarrant County in 2014 with total paid foster expenditures exceeding $21 million.

Abuse and violence need not be committed directly against a child in order to have serious consequences. Exposure to violence is a traumatic stressor for children, and research shows that living with domestic violence in conjunction with other adverse childhood experiences is associated with a host of negative health and behavioral outcomes such as depression, alcoholism, and poor physical health. Each year, approximately one-third of completed CPS investigations involve an indicator of family violence.

A variety of other factors and life events can impact a child’s well-being and result in negative outcomes. For example, having a parent in prison is associated with emotional trauma, family instability, and financial hardship. Over 150,000 adult men and women were incarcerated at any given time in county and state correctional facilities in Texas in 2014, and over 10,000 of these individuals were convicted in Tarrant County. National research estimates that about 75% of incarcerated women are mothers with an average of 2.4 dependent children and approximately 60% of incarcerated men are fathers with an average of 2 dependent children.

When a parent is incarcerated, their children are often cared for by another parent or family member, but a significant number of children also land in foster care. Mothers are the most common caregiver for the child of an incarcerated father, but grandparents are the most likely caregivers for children of incarcerated mothers. Additionally, 1 in 10 incarcerated mothers report that their children are in the care of a foster home or agency.

Parenting skills, steady employment, adequate housing, access to care, and community support are all protective factors which have the potential to mitigate risks of maltreatment. It is crucial for stakeholders to work together to develop clear policies and adequate resources in order to provide children with a safe and stable environment.
### Tarrant County Children in the Care of Child Protective Services, 2014

<table>
<thead>
<tr>
<th>DFPS Legal Responsibility</th>
<th>2,104</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removals</td>
<td>673</td>
</tr>
<tr>
<td>Substitute Care</td>
<td>1,992</td>
</tr>
<tr>
<td>Foster Care</td>
<td>1,661</td>
</tr>
</tbody>
</table>

### 2014 Foster Family Daily Reimbursement

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Reimbursed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$23.10</td>
</tr>
<tr>
<td>Moderate</td>
<td>$40.44</td>
</tr>
<tr>
<td>Specialized</td>
<td>$51.99</td>
</tr>
<tr>
<td>Intense</td>
<td>$92.43</td>
</tr>
</tbody>
</table>

### Average Length of Time in Months for Children Leaving DFPS Custody by Type of Exit, 2014

* The Permanency Care Assistance (PCA) Program provides a monthly subsidy to relatives and fictive kin that take legal custody of children who cannot reunify and for whom adoption has been ruled out.

### Tarrant County Confirmed Victims of Abuse & Neglect by Race/Ethnicity, 2014

- White: 9%
- Hispanic: 34%
- Black: 27%
- Other: 30%

### Family Violence Incidents Reported by Fort Worth Police Department, 2014

- 12,875

### Family Violence Incidents Reported by Police Departments in Tarrant County, 2014

- 6,269
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INVEST IN WHAT WORKS

The best prevention starts with aligning resources, coordinating efforts and engineering a safe and healthy environment to strengthen families and communities at risk.

• Training parents and educators to prevent abuse and respond appropriately when children are maltreated;
• Educating first responders and medical providers to identify abused children before serious or fatal abuse takes place;
• Supporting counseling services that provide a continuum of care from prevention to early intervention, with the goal of preserving the family.

AN EXPERT’S PERSPECTIVE

Dr. Wayne Carson, Chief Executive Officer, ACH Child and Family Services

In September 2014 North Texas’ Our Community Our Kids (OCOK) became the first urban Foster Care Redesign in Texas. Redesign is a Texas Department of Family Protective Services (DFPS) initiative to improve foster care through a regional control approach allowing DFPS to manage the contracts with Single Source Continuum Contractors (SSCC) that are responsible for the child-placing agencies within their respective regions. The goals of Foster Care Redesign are to keep children and youth closer to home, connected to their communities and siblings, improve the quality of care and outcomes for children in care, and reduce the number of times children are moved between foster homes.

OCOK has been successful in implementing Redesign. Eighty-three percent of OCOK children placed in care were within 50 miles of their homes and 79% of children were placed in a family setting compared to the state’s benchmark of 62.5% and 71.5% respectively. Additionally, OCOK has increased the number of foster children they are able to place, streamlined medical services ensuring children have quick access to care, and now provide counseling and rehabilitation services in their homes.

Technology, program innovations, and local partnerships are the key to improving services for children; a regional approach through Redesign makes that possible. OCOK’s work is just a beginning to a clearer path to achieving meaningful change in the foster care system.

Human Trafficking

Human trafficking is defined as exploitation of an individual for sexual or labor purposes through the use of force, fraud or coercion.22 Essentially, human trafficking is the commodification of human beings and is one of the most lucrative criminal industries in the world.23 The International Labour Organization estimates that this industry accounts for $150 billion in annual profits, $99 billion of those profits stem from commercial sexual exploitation.23

Any form of commercial sexual exploitation of a child, regardless of force, fraud or coercion is considered to be sex trafficking and the most vulnerable children in our community are at high risk of becoming victims of this heinous crime.

Even with the growing awareness of domestic minor sex trafficking, reliable data is difficult to come by, and arrest practices, referral processes, and crime reports are difficult to access. The response of state systems to this issue is complicated and policymakers must continue to work toward solutions. Although federal law recognizes children engaged in commercial sex acts as victims of crime, many of these children continue to be apprehended by law enforcement and the justice system remains the primary opportunity for many of these youth to access necessary services.24
KEY INDICATORS AMONG VICTIMS OF CHILD SEX TRAFFICKING

<table>
<thead>
<tr>
<th>Risk Factors for Child Sex Trafficking</th>
<th>Health Risks Associated with Child Sex Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running Away</td>
<td>Physical Impact</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Psychological Impact</td>
</tr>
<tr>
<td>Dysfunctional Family Environment</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>Parental/Caregiver Substance Abuse</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>History of Sexual, Emotional, Physical Abuse</td>
<td>Human Immunodeficiency Virus (HIV)</td>
</tr>
<tr>
<td>History of Neglect and/or Maltreatment</td>
<td>Dental or Oral Problems</td>
</tr>
<tr>
<td>Interpersonal Trauma</td>
<td>Musculoskeletal Trauma</td>
</tr>
<tr>
<td>Involvement with the Juvenile Justice System</td>
<td>Untreated Chronic Conditions (asthma, diabetes, skin conditions)</td>
</tr>
<tr>
<td>Involvement with the Foster Care System</td>
<td>Other Infectious Diseases such as Hepatitis and Tuberculosis</td>
</tr>
</tbody>
</table>

RISK FACTORS FOR CHILD SEX TRAFFICKING BY THE NUMBERS

223 In 2012, Tarrant County referred 223 minors to the Texas Juvenile Justice Department for status-related charges.30

STATUS OFFENSES INCLUDE Truancy Running Away From Home Curfew Violation Failure To Attend School

2,007 In 2014, Fort Worth Independent School District served 2,007 homeless children through their Student Support Services.33

3,323 In 2012, there were 3,323 referrals to Texas Juvenile Probation Department under the runaway status offense.32

Breakdown of Students Served by FWISD’s Student Support Services in 2014

- Hispanic: 2% (18%)
- Black: 43%
- White: 37%
- Other: 2%
SAFETY

737

Human Trafficking Related Incidents Reported by Texas Law Enforcement to the Human Trafficking Reporting System, January 2007 - August 2014

Juvenile Justice

In the eyes of the criminal justice system, a child in Texas becomes an adult at the age of 17. Children younger than 10 do not face prosecution for offenses, and youth who are 10-16 years of age fall within the jurisdiction of juvenile courts and the management of local juvenile probation departments. In Tarrant County, when youth have allegedly engaged in delinquent behavior, they are referred to Tarrant County Juvenile Services.

The number of referrals in Tarrant County has consistently decreased over the past several years, and 2,477 juveniles were referred in 2014. The majority of referrals are for non-violent offenses, and as is the case in many other jurisdictions, the rate of contact with African American youth is disproportionate to the local population. African American youth make up less than 20% of the Tarrant County juvenile population but represent approximately 40% of local referrals. This phenomenon is seen across the state of Texas and local stakeholders are working with the Center for the Elimination of Disproportionality and Disparities to address this issue.

A recent study which calculated expected recidivism rates and compared them with actual recidivism rates among juveniles in Texas counties gives additional cause for concern: Tarrant County had an anticipated re-arrest rate of 36% but an actual re-arrest rate of 46%.

Research shows that the cost of juvenile incarceration is high, with each juvenile offender in a state facility costing $134,000 each year. The state of Texas has made numerous reforms to its juvenile justice system over the past decade, emphasizing a preference for community-based alternatives to state operated facilities. Diversion of low-risk youth away from the juvenile justice system has been identified as a promising practice and this is occurring in Tarrant County with high frequency. Over one-third of all local referrals were diverted, and over 90% of diverted youth were identified as low-risk for re-offending based on a risk and need assessment tool.

INVEST IN WHAT WORKS

• Multi-sector collaboration between child-focused systems to identify youth at risk of being trafficked and create prevention plans to mitigate risk;
• Training that includes tools for identification, reporting and prevention strategies required for all employees of child-focused systems such as schools, health care facilities, service providers and child protection agencies;
• Monitor victim service systems for child trafficking survivors to ensure safe, collaborative, trauma-informed recovery process.
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2010-2014 Referrals to the Tarrant County Juvenile Justice System

![Graph showing referrals to the Tarrant County Juvenile Justice System from 2010 to 2014.](image)

- **CINS**: Conduct In Need of Supervision
- **VIOLATION OF PROBATION**
- **CLASS A & B MISDEMEANOR**
- **FELONY (NON-VIOLENT)**
- **FELONY (VIOLENT)**

Referrals by Ethnicity in Tarrant County, 2014

![Pie chart showing referrals by ethnicity in Tarrant County, 2014.](image)

- **Black**
- **Hispanic**
- **White**
- **Other**

COUNTY COMPARISON

JUVENILE ESTIMATED & ACTUAL RE-ARREST RATES BY COUNTY, 2015

![Bar chart showing re-arrest rates by county in 2015.](image)

- **Estimated**
- **Actual**

*Conduct In Need of Supervision*
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INVEST IN WHAT WORKS

- Provide a positive academic environment, where students can excel and build fundamental skills to be successful when they return to their home campuses;
- Promote self-sufficiency and self-discipline as a healthy alternative to academic misconduct and criminal activity;
- Involve the youth’s family during the education and treatment process.

AN EXPERT’S PERSPECTIVE

Todd Landry, CEO, Lena Pope

Lena Pope provides the Second Opportunity for Success® Program formerly known as the First Offender Program for youth that have found themselves involved with the juvenile justice system with no previous record of law violation. In Second Opportunity for Success®, youth and families learn valuable skills to improve their relationships, school performance, and behavior.

For seven weeks, youth and their families attend small groups. During small group sessions, the students learn topics based on proven methods of preventing youth criminal behavior.

Once this foundation has been set the students enter a three month probationary period where they are given support through a Family Specialist. The Family Specialist will discuss the progress or regression the student may be experiencing, and offers guidance to the student and their family. After the probationary period has expired, the student has the opportunity to have their charges dropped if they did not commit another crime.

This program has seen great success. Last year 95% of youth who completed the program did not have another criminal violation for six months. Second Opportunity for Success® has been recognized nationally for its ability to prevent future criminal behavior in youth.
ENDNOTES

DEMOGRAPHICS


ECONOMIC WELL-BEING


ENDNOTES


EDUCATION


ENDNOTES


7 Personal communication, September 2015.

8 Personal communication, September through January 2016.

9 Workforce Solutions Tarrant County (2015, February). Highest Ranked Industries: Top 50 Industries (6-Digit) in Tarrant County, TX


**HEALTH**


ENDNOTES


ENDNOTES


50 Texas Department of State Health Services (2014). The Health Status of Texas 2014.


57 Texas Department of State Health Services (2014). The Health Status of Texas 2014.


69 Texas Department of State Health Services (2014). *The Health Status of Texas 2014*.


76 Texas Department of State Health Services (2014). *The Health Status of Texas 2014*.

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**SAFETY**


42. Tarrant County Juvenile Services Annual Report. www.access.tarrantcounty.com/content/dam/main/juvenile-services/Documents/Annual%20Report%202014.pdf?linklocation=Button%20List&linkname=CLICK%20HERE%20TO%20VIEW%202014%20ANNUAL%20REPORT
Child Care Associates as a Head Start and Early Head Start grantee conducts a Community Assessment every 3 years and must include the following information:

<table>
<thead>
<tr>
<th>§ 1305.3 Determining community strengths and needs</th>
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<tbody>
<tr>
<td><strong>45 CFR1305 - Regulation</strong></td>
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<tr>
<td>(1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;</td>
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<td>(2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;</td>
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<tr>
<td>(3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;</td>
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<tr>
<td>(4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;</td>
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<tr>
<td>(5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;</td>
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<tr>
<td>(6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.</td>
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</tbody>
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